

GOVERNMENT OF THE DISTRICT OF COLUMBIA

BILATERAL MODIFICATION



1. CONTRACT NO/TASK ORDER <b>GAGA-2023-T-0250</b>	2. CONTRACT DATE: June 26, 2023	3. MODIFICATION NO 01	4. MODIFICATION DATE: See Block 12
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5. CAPTION: Student and Staff Devices

6. ISSUED TO: (Contractor) MVS, Inc 1020 19th Street NW, suite 475 Washington Dc, 20036 Tel: 202-722-7981	7. ISSUING OFFICE: District of Columbia Public Schools (DCPS) Office of Contracts and Acquisitions 1200 First Street NE, Suite 9 <sup>th</sup> Floor Washington, DC 20002
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8. PROGRAM OFFICE: District of Columbia Public Schools (DCPS), Office of Data and Technology (ODT)

In accordance with Article 15, changes of the Standard Contract Provisions for use with the District of Columbia Supply and Services Contracts, dated July 2010 and the DCMR – Chapter 36, the subject contract is hereby modified as follows:

1. The purpose of this modification is to add additional invoice payment language to section 7 of the Task Order that will clarify the source of funding; and provide instructions on payment and invoicing.
  - a) **Add 7.2. & 7.3**

**7.2.** Service providers shall file FCC Form 474, Service Provider Invoice (SPI) Form, to request reimbursement from USAC for the discount amount for eligible services and equipment provided to the applicant and approved on the FCC Form 471. The service provider must provide the service and/or equipment and bill the applicant for its non-discount share before submitting an SPI Form to USAC. Form 474 can be completed electronically at <https://forms.universalservice.org/portal/login>

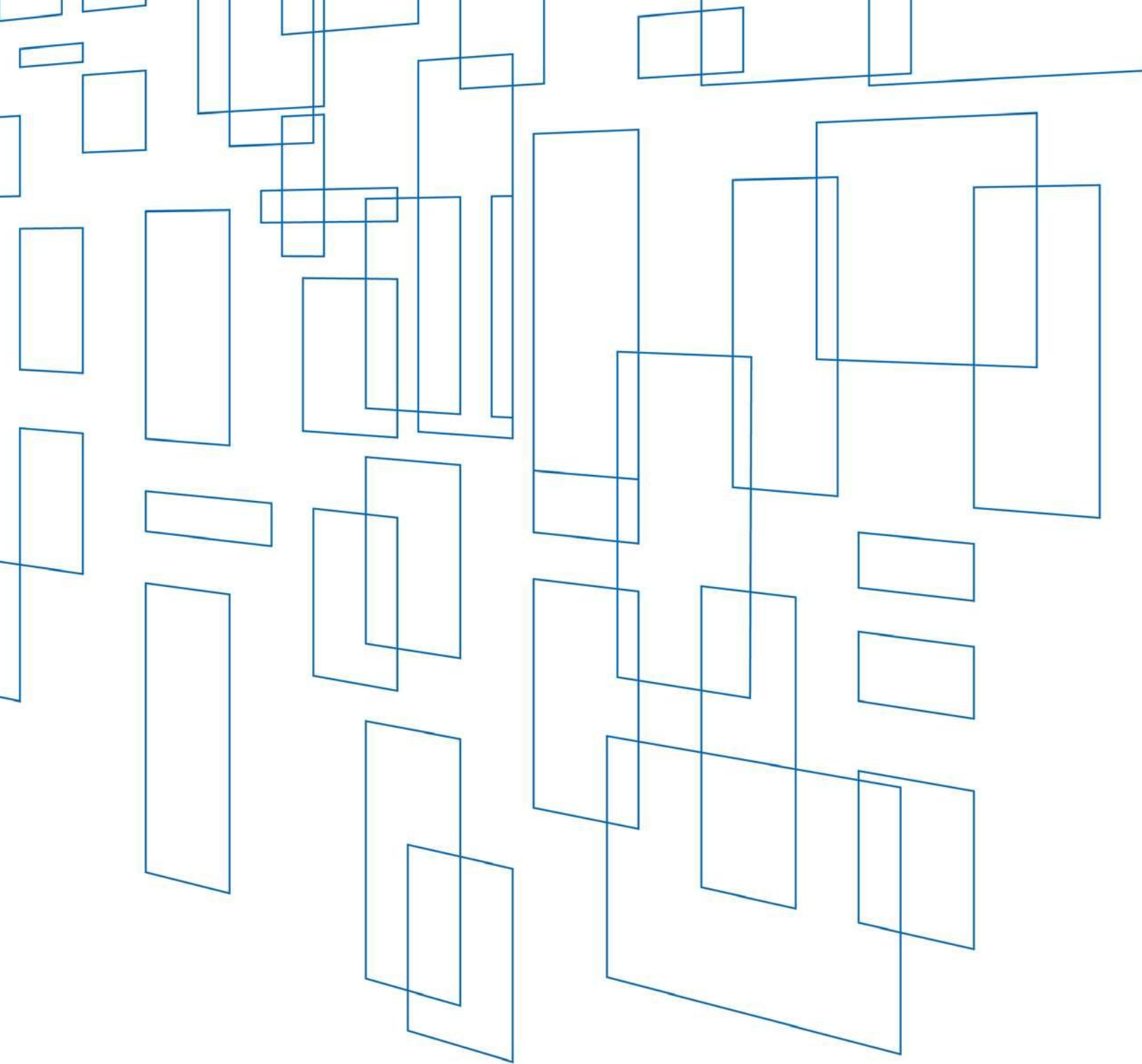
**7.3.** Contractors shall reference the attached User Guide for assistance in submitting the request for reimbursement. Other information on the ECF program can be found at <https://www.usac.org/e-rate/service-providers/step-5-invoicing/>
  - b) The current value of the task order remains **\$8,815,942.50** (that consists of ECF \$3,415,055.10 and Local funds \$5,400,887.40), and the performance period is from June 26, 2023, through September 30, 2023.
  - c) Add to B.4.1: "This total consists of \$3,415,055.10 of Emergency Connectivity Funds and \$5,400,887.40 of local funds."

**All other terms and conditions of the contract remain unchanged.**

10. AMOUNT OF MODIFICATION:	\$0.00	CURRENT VALUE OF CONTRACT:	<b>\$8,818,942.50</b>
CURRENT COMPLETION DATE:	September 30, 2023		<b>5 FT 12JUN23</b>

11 CONTRACTORS			
By: <u><i>Sekhar Mylavarapu</i></u>	Name:	<u>Sekhar Mylavarapu</u>	<u>07/06/23</u>
Signature of Authorized Representative	Title:	<u>Vice Presidnet</u>	Date

12. ACCEPTANCE BY THE GOVERNMENT OF THE DISTRICT OF COLUMBIA			
<u><i>Fatmata Tibbs</i></u>	Name:	<u>Fatmata Tibbs</u>	<u>7JUN23</u>
Signature	Title:	<u>Contracting Officer</u>	Date



# **Schools and Libraries (E-rate) Program**

## **FCC Form 474 (SPI) User Guide**

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# SCHOOLS AND LIBRARIES (E-RATE) PROGRAM

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**Last Modified:** April 2017

## Filing FCC Form 474

### Service Provider Invoice (SPI) Form

## Purpose of FCC Form 474

Service providers use the FCC Form 474, Service Provider Invoice (SPI) Form, to request reimbursements from the Universal Service Administrative Company (USAC) for eligible services provided at discounted prices. The service provider must provide the service and give a discounted bill to the applicant prior to submitting the FCC Form 474.

## Before You Begin

This user guide does not include all of the rules and requirements for the Schools and Libraries (E-rate) Program. Before you start preparing your FCC Form 474, you should be familiar with the eligibility rules and filing procedures. Additional information is available on the [USAC website](#).

ALL of the following conditions must occur before a service provider prepares and submits the FCC Form 474 to USAC:

1. The service provider receives a Funding Commitment Decision Letter (FCDL) from USAC which approves eligible discounts for services; AND
2. The eligible applicant is already receiving or has received these services; AND
3. The service provider has billed the applicant for its non-discount share of the services; AND
4. The service provider has received its FCC Form 486 Notification Letter; AND
5. The service provider has filed an FCC Form 473, Service Provider Annual Certification Form, for the corresponding funding year.

## What is a Funding Commitment Decision Letter (FCDL)?

USAC will issue an FCDL to each applicant that submitted the FCC Form 471 and to each service provider identified on an FCC Form 471 as the provider of the services for which discounts have been requested. The FCDL will identify the discount amount that has been approved for each Funding Request Number (FRN) as well as the Service Provider Identification Number (SPIN) for the service provider that is authorized to provide the discounted services.

## What is a Funding Request Number (FRN)?

An FRN identifies a service or group of services for which an applicant has requested funding on their FCC Form 471, Description of Services Ordered and Certification Form.

## What If You Receive a Revised FCDL?

If the service provider receives a Revised FCDL as a result of an appeal or other post-commitment decision, the service provider should complete the form using information from the Revised FCDL instead of the original FCDL.

## Service Provider Annual Certification Form

The service provider must submit the FCC Form 473, Service Provider Annual Certification (SPAC) Form, to confirm that their invoice forms will be completed in compliance with the FCC rules governing the schools and libraries universal service support mechanism. The service provider must complete the FCC Form 473 prior to submitting its first invoice form to USAC. USAC will not pay any invoices without an FCC Form 473 filed for the pertinent funding year.

## Who Must File?

Service providers that have provided discounted eligible services and discounted bills to eligible schools, school districts, libraries, library consortia, and consortia of multiple entities must file the FCC Form 474 to seek reimbursement for the cost of the discounts.

The filing service provider must be the entity whose SPIN is associated with a service or group of services in a USAC approved FRN.

## How Many FCC Forms 474 Should You File?

You must submit an FCC Form 474 line entry for each FRN associated with a Billed Entity Number (BEN) whose services you have already provided since your actual service start date. For each BEN, your FCC Form 474 should contain information for each FRN for services delivered to that applicant AND for which you have received your FCDL. Your FCC Form 474 may include multiple BENs and multiple FRNs. Please be sure each FCC Form 474 that you complete contains only one SPIN.

## Deadline to File

The FCC Form 474 deadline is 120 days after the last day to receive service or 120 days after the date of the FCC Form 486 Notification Letter, whichever is later. For most applicants and service providers, the invoice deadline for recurring services is 120 days after June 30, the last day to deliver recurring services. For most applicants and service providers, the invoice deadline for non-recurring services is 120 days after September 30, the last day to deliver non-recurring services.

## Extension to File Late

USAC can grant one 120-day extension of the invoice deadline. The applicant or the service provider must request the extension on or before the invoice deadline. If your deadline is October 28, you must submit your request on or before October 28. USAC cannot process late requests.

## Where to File

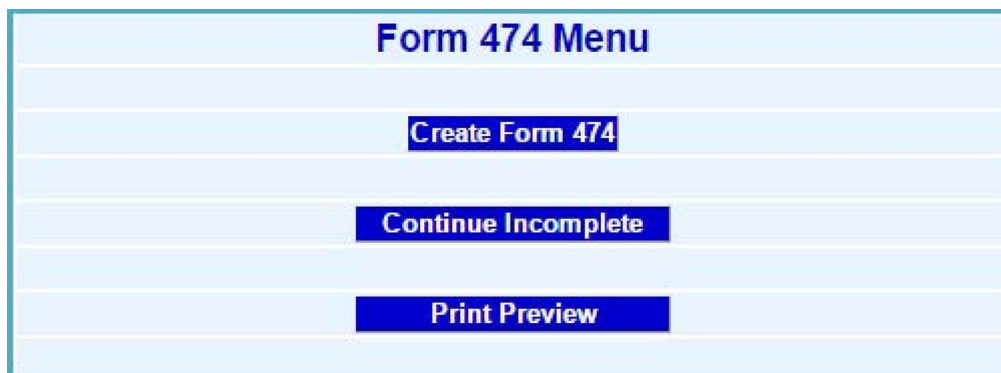
You can submit the FCC Form 474 through the [online system](#) or [electronically \(by email\)](#).

If you choose to file electronically (by email), you can submit your invoice information to USAC in a comma-delimited file. Follow the instructions [on our website](#).

## Navigation Within the Form

### FCC Form 474 Menu

From the [FCC Form 474 homepage](#), you can navigate to the various functions within the form by clicking the following buttons:

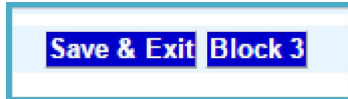


- **Create Form 474** - File a new form
- **Continue Incomplete** - Continue an incomplete form
- **Print Preview** - View a copy of your incomplete or certified form

These functions are described in more detail in this user guide.

## Block Buttons

Each section of the form is assigned a **Block** number. Use the buttons provided on each page advance to the next section of the form or return to a previous section.



## Exiting the Form and Returning Later

If, after completing part of your form, you want to save your work and return to it later, click the **Save and Exit** button at the bottom of the page.

You can log back into the system from the **FCC Form 474 Menu** by entering the **Invoice ID** and **Security Code** that the system provided you with when you started the form.

## Question/Problem Button

Throughout the form, you will see a blue **Question/Problem** button. Clicking this button will bring you to a page with information on how to submit an inquiry through the [Submit a Question](#) feature on our website.



## Red System Prompts

While you are filling out the form, you may receive system messages in red that provide information about data validation or mandatory fields.

1.	Service Provider Name	<input type="text"/>	Please enter a valid Service Provider Name
2.	Service Provider Identification Number (SPIN)	<input type="text"/>	Please enter a valid 9-digit Service Provider Identification Number
3.	Contact Person's Name	<input type="text"/>	Please enter Contact Person's Name
4a.	Contact Telephone Number	<input type="text"/> - <input type="text"/> Ext: <input type="text"/>	Please enter a valid Area Code Please enter a valid Telephone Number
4b.	Contact Fax Number	<input type="text"/> - <input type="text"/>	
4c.	Contact E-Mail Address	<input type="text"/>	Please enter a valid E-mail Address

## Document Retention

After certifying and submitting your FCC Form 474, print or save a copy of the form for your records.

FCC rules require E-rate Program participants to [retain program documents](#) for a period of 10 years after the last day of the funding year or the service delivery deadline for the funding request, whichever is later.

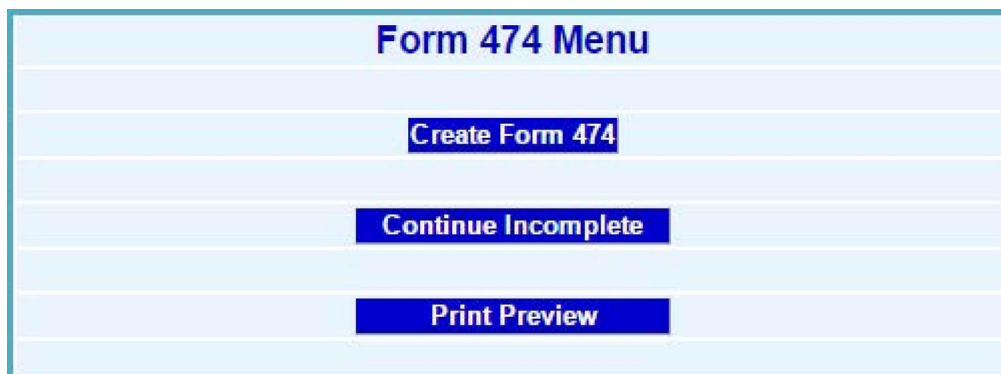
## Assistance

If you have any questions about completing this form, please contact the E-rate Program's Client Service Bureau (CSB) at (888) 203-8100.

You may call CSB between 8:00 AM and 8:00 PM ET on weekdays for more information on how to complete this or other universal service forms. Information is also available on the [USAC website](#).


## Filing FCC Form 474

1. Go to the [FCC Form 474](#).
2. Click **Create Form 474**.



3. Using the field provided, create a **Service Provider Form Identifier** by typing a number that you can use to identify this Service Provider Invoice Form. You can use the same number from your billing system or create one specifically for this purpose.

This identifier is for your own records. USAC may use it to refer to this particular invoice if we need to contact you about it in the future.



Service Provider Form Identifier:  
(Create an identifier for your own reference)



## Block 1: Service Provider Information

Form 474 - Block 1: Service Provider Information		
1.	Service Provider Name	<input type="text"/>
2.	Service Provider Identification Number (SPIN)	<input type="text"/>
3.	Contact Person's Name	<input type="text"/>
4a.	Contact Telephone Number	<input type="text"/> - <input type="text"/> Ext: <input type="text"/>
4b.	Contact Fax Number	<input type="text"/> - <input type="text"/>
4c.	Contact E-Mail Address	<input type="text"/>
5.	Total Invoice Amount	<input type="text"/> Please do not use this field. The system will complete this field.

1. Enter the following information:

**Item (1) - Service Provider Name.** Provide the name of the service provider as indicated on the corresponding Funding Commitment Decision Letter (FCDL).

**Item (2) - Service Provider Identification Number (SPIN).** Provide the number assigned to your company for delivering the services included within the Funding Request Numbers (FRNs) for which you are submitting this Service Provider Invoice Form.

**Item (3) - Contact Person's Name.** Provide the name of the person who should be contacted with questions about this form. The contact person must be able to answer questions in a timely manner regarding the information included in this form and the eligible services provided.

**Item (4) - a. Contact Telephone Number and Ext.** Enter the area code and telephone number for the contact person listed. Do not use hyphens or dashes. You may also include an extension (optional).

**b. Contact Fax Number.** (Optional) Provide the fax number with area code.

**c. Contact Email Address.** Provide the email address for the contact person.

**Item (5) - Total Invoice Amount.** The system will complete this field after you enter more data in the form. This amount should be the sum of the **Total (Undiscounted) Amount for Service per FRN** times the **Discount Rate**.

2. To continue, click the **Block 2** button. On the next page, the system will produce an **Invoice ID** and **Security Code** for this form.

## Invoice ID and Security Code


The system will produce an **Invoice ID** and **Security Code** for this form.

<b>IMPORTANT</b>	
Please record this invoice's information in a secure place for future records	
InvoiceID: 2418934	
Security Code: 43079	
<a href="#">Continue&gt;&gt;</a>	

3. Save this information for your records.
4. Click **Continue** to proceed.

## Block 2: Funding Request Number (FRN) Information

1. Enter the information requested in **Items 6** through **13**.



### Form 474 - Block 2: Funding Request Number Information

6.	Form 471 Application Number	<input type="text"/>
7.	Funding Request Number	<input type="text"/>
8.	Bill Frequency	<input type="text" value="Please select"/>
Complete items 9 or 10 - not both		
9.	Customer Billed Date (mm/yyyy)	<input type="text" value="v"/> <input type="text" value="v"/>
10.	Shipping Date to Customer or Last Day Of Work Performed (mm/dd/yyyy)	<input type="text"/>
11.	Total (Undiscounted) Amount for Service per FRN	<input type="text"/>
12.	Discount Rate	<input type="text"/>
13.	Discount Amount Billed to USAC	<input type="text"/>

[Block 1](#) | [Accept Invoice Line](#) | [Question/Problem](#)

FRN's added so far:

471#	FRN	Bill Frequency	Bill Date	Delivery Date	Total Amount(UnDiscounted)	Discount Rate	Total Discount Amount	Delete
							<b>Total:\$0.00</b>	

[Save & Exit](#) | [Block 3](#)

Complete each line as follows:

**Item (6) - FCC Form 471 Application Number.** USAC assigns this number to the FCC Form 471 that the applicant submitted. You should obtain this number from the FCDL.

Form 474 - Block 2: Funding Request Number Information	
6.	Form 471 Application Number <input type="text"/>
7.	Funding Request Number <input type="text"/>

**Item (7) - Funding Request Number.** USAC assigns this number to each funding request on the FCC Form 471 application containing a request for funding of discounts for a service or group of services. Each FRN is set forth on the FCDL.

**Item (8) - Bill Frequency.** Select the appropriate billing frequency from the dropdown menu.

8.	Bill Frequency	<input type="text" value="Please select"/>
		Annually
		Every Two Months
		Monthly
		On Delivery
		One Time
		Other
		Quarterly
		Semi-Annually
		Twice A Month
		Weekly
		Every Two Weeks

**Item (9) - Customer Billed Date.** Use this field for reimbursement of bills for recurring services and for multiple installments for non-recurring services. The month and year you enter in this item should be for the first month you provided services represented by the **Discount Amount Billed to USAC** in Item (13). The date must be in month/4-digit year (mm/yyyy) format and must be within the funding year. For example:

- If you send your customer a monthly bill dated June 15, 2016, for recurring services from July 1 to July 31, you should enter 07/2016.
- If you send your customer a quarterly bill dated November 1, 2016, for recurring services from October 1 to December 31, you should enter 10/2016.
- If you send your customer a bimonthly installment bill dated September 10, 2016, for non-recurring services from September 1 to October 31, you should enter 09/2016.

Complete items 9 or 10 - not both

9.	Customer Billed Date (mm/yyyy)	<input type="text"/>	<input type="text"/>
10.	Shipping Date to Customer or Last Day Of Work Performed (mm/dd/yyyy)	<input type="text"/>	

**Item (10) - Shipping Date to Customer or Last Day of Work Performed.**

Use this field for reimbursement for non-recurring services billed one time only such as Internal Connections. The date in this field should be either the date that the products were shipped or the last date that you performed your work. This date should be in month/day/four- digit year (mm/dd/yyyy) format.

**NOTE:** Complete either the **Customer Billed Date** or **Shipping Date to Customer or Last Day of Work Performed** for each FRN (i.e., each line on the form), not both.

**Item (11) - Total (Undiscounted) Amount for Service per FRN.** This item represents the total undiscounted monthly and one-time charges for all eligible services on the individual invoice or bill issued to the customer. This item represents the total price for eligible service before any eligible discount is applied. The total undiscounted amount may include all reasonable associated charges, such as federal and state taxes, that the customer incurs when they obtain services.

11.	Total (Undiscounted) Amount for Service per FRN	<input type="text"/>
12.	Discount Rate	<input type="text"/>
13.	Discount Amount Billed to USAC	<input type="text"/>

**Item (12) - Discount Rate.** Use this item to list the applicant's approved discount percentage. You can find this discount percentage for each FRN in the FCDL.

**Item (13) – Discount Amount Billed to USAC.** Calculate this item by multiplying the **Total (Undiscounted) Amount for Service per FRN** amount in Item 11 by the applicant's **Discount Rate** in Item 12. This total is the amount of funds that the service provider is requesting that USAC reimburses them for on this invoice. This is the amount of support that, when combined with the school or library payment to the service provider, equals the **Total (Undiscounted) Amount for Service per FRN**.

- When you are done entering the information in Items 6-13, click the **Accept Invoice Line** button. This information will now be displayed in the table at the bottom of the page.

FRN's added so far:

471#	FRN	Bill Frequency	Bill Date	Delivery Date	Total Amount(UnDiscounted)	Discount Rate	Total Discount Amount		Delete
123456	7654321	MONTHLY	07/01/2016		1000	90	900	<a href="#">Edit</a>	<a href="#">x</a>
							<b>Total:\$900.00</b>		

- Repeat steps 1-2 to add additional FRN line items.
- When you are done entering items, click the **Block 3** button to continue to the next section of the form.

### Block 3: Service Provider Certifications and Signature

A person authorized to sign this form must be responsible for the service provider's preparation and submission of invoice forms to seek reimbursement from the schools and libraries universal service support mechanism. This person must be able to certify to the accuracy of the invoice forms and their compliance with FCC rules.

- Read the certifications and the click the box to the left of each certification to affirm the statement.

**Form 474 - Block 3: Service Provider Certifications & Signature**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:

A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.

B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.

C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

The authorized person must certify under penalty of perjury, to the best of his/her knowledge, information and belief, that:

- This Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and acknowledges that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.
- The certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.
- I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

## Authorized Person

Authorized Person	
14.	Signature <input checked="" type="checkbox"/> By checking this box, and clicking the "Certify and Submit" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.
15.	Date 1/19/2017

2. Check the **Item (14) Signature** box.

By checking the signature box, and clicking the "Certify and Submit" button at the end of the form, you have electronically signed the form. An electronic signature is the same as a handwritten signature on the form. An authorized person is an individual who works for the service provider and who has the knowledge required by the Acknowledgment.

3. The system will populate **Item 15** with the date that the service provider signed the Acknowledgment.
4. Enter the information requested in **Items 16** through **19**.

16.	Printed Name	<input type="text"/>
17.	Title or position	<input type="text"/>
18.	Telephone Number	<input type="text"/> - <input type="text"/> Ext: <input type="text"/>
19.	Address 1	<input type="text"/>
	Address 2	<input type="text"/>
	City	<input type="text"/>
	State	<input type="text"/>
	Zip	<input type="text"/>

**Certify and Submit**

**Item (16) - Printed Name.** Please provide the name of the authorized person whose signature was provided on this form.

**Item (17) - Title or position.** Please provide the title or position of the authorized person whose signature was provided on this form.

**Item (18) - Telephone Number.** Please provide the telephone number of the authorized person, so that USAC may contact the authorized person if necessary. Do not use hyphens or dashes. You may also include an extension (optional).

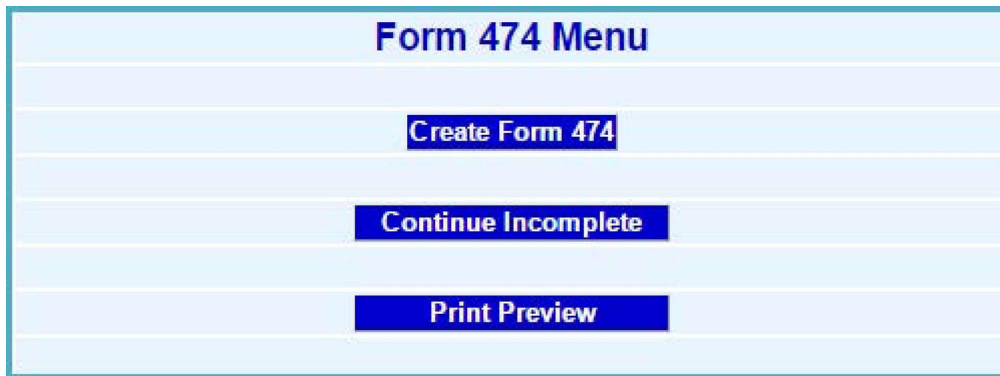
**Item (19) - Address.** Please provide the address of the authorized person.

5. To submit your form for processing, click the **Certify and Submit** button.

6. A black and white copy of your certified form will appear. This is your official record.
7. Print and save a copy for your records.
8. Click the blue FCC **Form 474 Menu** button at the bottom of the page to return to the main menu.

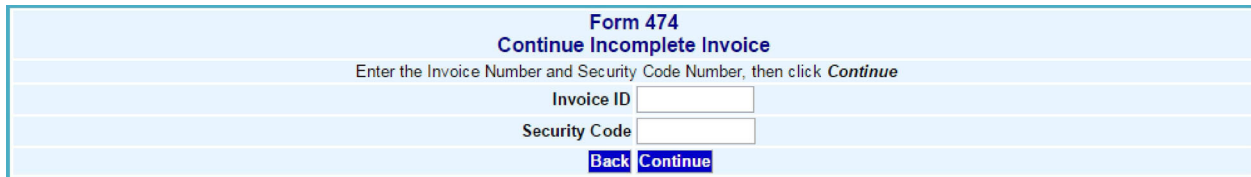
## Continue an Incomplete Invoice

1. Go to the [FCC Form 474](#).
2. Click **Continue Incomplete**.



The screenshot shows a light blue rectangular box with a dark blue border. At the top, the text "Form 474 Menu" is centered in a bold, dark blue font. Below this, there are three dark blue buttons with white text, each centered on a light blue background. The buttons are labeled "Create Form 474", "Continue Incomplete", and "Print Preview" from top to bottom.

3. In the fields provided, enter the **Invoice ID** and **Security Code** provided by the system when you started your form.



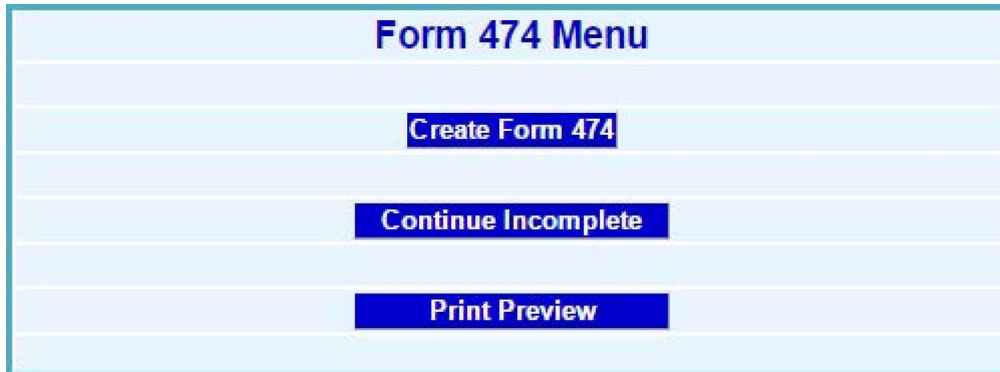
The screenshot shows a light blue rectangular box with a dark blue border. At the top, the text "Form 474" is centered in a bold, dark blue font, followed by "Continue Incomplete Invoice" in a bold, dark blue font. Below this, the text "Enter the Invoice Number and Security Code Number, then click *Continue*" is centered in a smaller, dark blue font. There are two input fields: "Invoice ID" and "Security Code", each with a white text box and a dark blue border. Below the input fields, there are two dark blue buttons with white text: "Back" and "Continue".

4. Click **Continue** to proceed. Your incomplete form will open and you can complete your filing.

**NOTE:** The **Back** button will take you to the FCC **Form 474 Menu**.

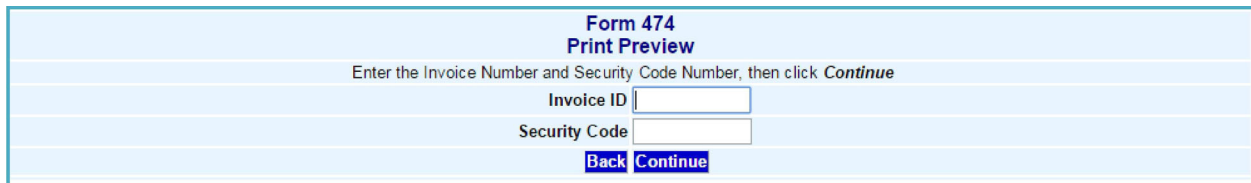
## Print Preview

1. Go to the [FCC Form 474](#).
2. Click **Print Preview**.



The screenshot shows a light blue rectangular box titled "Form 474 Menu". Inside the box, there are three dark blue buttons with white text, arranged vertically and centered. The top button is labeled "Create Form 474", the middle button is labeled "Continue Incomplete", and the bottom button is labeled "Print Preview".

3. In the fields provided, enter the **Invoice ID** and **Security Code** that the system provided when you started your form.



The screenshot shows a light blue rectangular box titled "Form 474 Print Preview". Below the title, there is a line of text: "Enter the Invoice Number and Security Code Number, then click *Continue*". Below this text are two input fields: "Invoice ID" and "Security Code". At the bottom of the box, there are two buttons: "Back" and "Continue".

4. Click **Continue** to proceed. A black and white copy of your form will appear. You can use this function for both incomplete and certified forms.

**NOTE:** The **Back** button will take you to the FCC **Form 474 Menu**.