



## CALIFORNIA TELECONNECT FUND (CTF) APPLICATION

### **General Information for Receiving the CTF Discounts**

Applicants shall provide all information required on the application and return the completed application to the Communications Division (CD) of the California Public Utilities Commission (CPUC) for review. Discounts will not become effective until application has been reviewed and approved by the California Public Utilities Commission (CPUC) staff.

If the application is approved, the CD will send an approval letter electronically to the e-mail address provided in the application. It is the responsibility of the approved applicant to contact its service provider within 30 days of the date of the approval letter to make the CTF discount retroactive to the date the application was received by CD, which is the "Date Filed" indicated in the approval letter. If the contact is made after 30 days of the approval letter date, the discount will be effective from the date of the contact. The provider will ask for a copy of the approval letter. Please note that participation is subject to the availability of program funds, which are administered on a first-come, first-served basis.

If approved applicants add to or change subscribed services after they start participating in the program, they must inform their service provider at the time changes are made that they are CTF participants. The effective date of the discount will be the date of contact. This information is necessary to ensure accurate claims information and timely program payments.

Applicants are responsible for notifying the CPUC of any change in any statements attested to in the application within 30 days from the date of the change by sending a letter to the CD, along with any required attachments, and a brief explanation of the change.

### **Instructions for Application**

Send completed application (Pages 2 – 4 of this document) and all required attachments to:

California Public Utilities Commission  
Communications Division – CTF Program  
505 Van Ness Avenue  
San Francisco, CA 94102

**Applicants with more than one site:** a separate application must be completed for each individual site. Please note that an administrative office of an organization with several locations that does not offer any CTF-qualifying activities is ineligible to participate in the CTF program.

### **Application and Attachments Checklist**

For a complete application, ensure each item has been included before sending application to CPUC:

- ☐ Section 1; must be completed by all applicants
- ☐ Section 2 – 7; only one section must be completed; whichever corresponds to your particular organization
- ☐ Section 8; must be completed by all applicants
- ☐ Attachments; any and all attachments mentioned in your designated section (2 – 7).

Please remember: applications without **all** required attachments will be **automatically rejected**.



## CALIFORNIA TELECONNECT FUND APPLICATION

### Section 1 - Required Information

Name of Institution or Organization

Physical Address

City

Zip Code

County

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Mailing Address (if different from physical address)

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**Select one of the following eligible entities and continue to designated section:**

- ☐ K - 12 Public School/District **(Go to Section 2)**
- ☐ K - 12 Non-Profit Private School **(Go to Section 3)**
- ☐ Community College **(Go to Section 4)**
- ☐ Library **(Go to Section 5)**
- ☐ Community-Based Organization or Non-Government Owned and Operated Hospital or Health Clinic **(Go to Section 6)**
- ☐ Government Owned and Operated Hospital or Health Clinic **(Go to Section 7)**

### Section 2 – Public Schools and Districts

County-District-School (CDS) Code:

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\*Please ensure the address and name on this application matches the CDS code on the California Department of Education's website at [www.cde.ca.gov/re/sd/](http://www.cde.ca.gov/re/sd/)

Does this school's endowment fund exceed \$50 million?

☐ Yes☐ No

Is this a small school district, defined by Section 42280 of the Education Code?

☐ Yes☐ No

If applying as a charter school, state sponsoring district: \_\_\_\_\_

- Proceed to Section 8 -

### Section 3 – Non-Profit Private Schools

County-District-School (CDS) Code:

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\*Please ensure the address and name on this application matches the CDS code on the California Department of Education's website at [www.cde.ca.gov/re/sd/](http://www.cde.ca.gov/re/sd/)

Does this school's endowment fund exceed \$50 million?

☐ Yes☐ No

If applying as a charter school, state sponsoring district: \_\_\_\_\_

**Must attach the following:**☐ Copy of IRS tax-exempt letter**If the IRS tax-exempt letter is addressed to an entity other than the school, the following documents are required:**☐ A signed letter stating the school's relationship to the entity☐ Copy of the school's directory cover page☐ Copy of the page in the school's directory listing the name of the school and the affiliated entity

- Proceed to Section 8 -



## CALIFORNIA TELECONNECT FUND APPLICATION

### Section 4 – California Community College

Management Information System (MIS) Code:

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- Proceed to Section 8 -

### Section 5 – Libraries

Attach a copy of the California Teleconnect Fund Certification from the California State Library. Please ensure that the library's name and address on the CTF application match the name and address shown on the certificate.

\*CTF eligibility applies to Libraries eligible for funds in the state-based plans under Title III of the Library Services and Construction Act, now the Library Services and Technology Act.

- Proceed to Section 8 -

### Section 6 – Non Profit Community-Based Organizations

Select the following eligible service that your organization provides, and complete additional steps:

<input type="checkbox"/> 2-1-1 Referral and Information Service*	<input type="checkbox"/> CBO offering programs eligible for federal subsidies:
<input type="checkbox"/> Educational Instruction	<input type="checkbox"/> Head Start
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Job Training	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Job Placement	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Community technology program offering access to and training in the Internet and other technologies	If you selected one above, are you receiving the federal E-rate discount? <input type="checkbox"/> Yes <input type="checkbox"/> No

Federal Employment Identification Number (EIN):

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Located on tax exempt letter and IRS Form 990

#### Must attach a copy of the following:

- ☐ Mission statement
- ☐ Brochure of the organization
- ☐ 501(c)(3) or 501(d) IRS tax-exempt status letter that is addressed to the organization
- ☐ Latest IRS Form 990 that is prepared for the organization (Attach Page 1 and Part III of the form that describes the organization's activities/accomplishments only)

*\*\*\*If the organization's corporate name changed after the issuance of the IRS tax-exempt status letter, or it is using a different business name, please provide a Certificate of Amendment of Articles of Incorporation from the Secretary of State, fictitious business name filed with the County Clerk, or similar document(s) indicating the name change. In addition, if the address on the application does not match the address shown on the IRS tax-exempt status letter and Form 990, please provide an explanation by a signed letter.*

#### Additional requirements for CBOs offering Healthcare:

- ☐ Attach a list of the names and residential addresses of the board of directors, and description of how the board of directors is representative of the community it serves.
- ☐ Attach a description of the geographic community or neighborhood, community of identity, or community of interest to which services are provided.
- ☐ Yes ☐ No Is this organization located in a rural area? If yes please attach a description of that area.
- ☐ Yes ☐ No Is this organization receiving federal Rural Health Care Program funding on communication services?
- ☐ Yes ☐ No Is this organization a California Telehealth Network participant?
- ☐ Yes ☐ No Is this organization's yearly total revenue under \$50 Million? If yes state amount: \_\_\_\_\_

- Proceed to Section 8 -

\*2-1-1 provider approved by the CPUC through a Resolution process.

Need assistance? Contact the CTF Help Desk at (866) 742-8587 or [ctfhelpdesk@rhainc.com](mailto:ctfhelpdesk@rhainc.com)

Revised 11/10/11



## CALIFORNIA TELECONNECT FUND APPLICATION

### **Section 7 – Government Owned and Operated Hospitals and Health Clinics**

**(Municipal, county government, or hospital district owned and operated hospital or health clinic)**

Is this facility located in a rural area or serving population residing in a rural area? ☐ Yes ☐ No  
Is this organization a California Telehealth Network participant? ☐ Yes ☐ No  
Is this organization receiving federal Rural Health Care Program funding? ☐ Yes ☐ No

#### **Must attach the following:**

- ☐ Letter stating that this facility is owned, operated, and maintained by government employees
- ☐ Copy of the clinic or hospital's directory showing the name and title of the person signing the letter

**- Proceed to Section 8 -**

### **Section 8**

**Please indicate the category of service(s) that you plan to apply the CTF discounts.**

- ☐ Telephone
- ☐ Internet Access (Stationary)
- ☐ Mobile Internet Access
- ☐ Point to Point Data Service
- ☐ VoIP

**- Proceed to Section 9 -**

***Applicant is responsible for notifying the California Public Utilities Commission in writing within 30 days of any change to any of the above statements.***

### **Section 9**

I, (please print name and title) \_\_\_\_\_,  
\_\_\_\_\_, declare under penalty of perjury under the laws of the State of California that I am authorized to act on behalf of the above-named institution, that the above statements are true and accurate to the best of my knowledge and belief, that the validity of such statements are subject to audit at any time by the State of California, and that the subscribed discounted communications services will not be sold, resold, lease, transferred, shared with any other non-qualifying entity or person, used for personal purpose, or used to purposes other than the intended goals of the California Teleconnect Fund to bridge the digital divide.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone Number**

**Email**

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For CPUC use only:

Certification Application Complete:

Yes ☐ No ☐ Initials: \_\_\_\_\_ Date: \_\_\_\_\_