



Universal Service
Administrative Co.

PAYMENT QUALITY ASSURANCE (PQA) PROGRAM

Notification of Federal Universal Service Fund E-Rate Program PQA Assessment

November 08, 2023

CASE ID: SL-2023-02-CASE-xxx

To Who It May Concern:

The Beneficiary referenced below received a payment or discount through the federal Universal Service E-Rate program. The Universal Service Administrative Company (USAC), as administrator of the program on behalf of the Federal Communications Commission (FCC) and pursuant to its authority under Sections 54.514, 54.516 and 54.707 of the FCC's rules, has selected the payment referenced below for assessment under the Payment Quality Assurance (PQA) program. The purpose of the PQA program is to prevent waste, fraud and abuse of Universal Service Funds by determining if payments made from the E-Rate program were accurate, properly documented and in compliance with FCC rules as set forth in Title 47, Part 54 of the Code of Federal Regulations.

As the recipient or beneficiary of this funding, you are required to respond fully to the requests for documentation detailed in this letter. Please read this letter carefully and follow all instructions within the designated timeframe. The USAC website will provide additional information and frequently asked questions (FAQ).

The following information should enable you to identify the payment being assessed. Please keep this information for your records, as you may need to refer back to your case ID.

BEN: 125xxx

BENEFICIARY: xxxxxxxx SCHOOL DIST

FRN: 2200011586

SPIN: 1430039xx

SERVICE PROVIDER: Example Service Provider

FUNDING YEAR: 2022

SLC INVOICE #: xxxx

CUSTOMER BILLED DATE: 07/01/2022

CUSTOMER SERVICE PRODUCT DELIVERY DATE:

DISBURSEMENT AMOUNT: xxxxx

USAC DISBURSEMENT DATE: xxxxxx

What you need to do

1. Confirm receipt of this notification **within 2 business days** by replying in an email to **PQA@USACcms.i-sight.com**. A PQA Compliance Analyst will be assigned to your case and will be your point of contact throughout the duration of the assessment.
2. Click on this link to access the [PQA Program Confirmation Letter](#). Print and fill out the letter as appropriate. Once this letter has been signed and dated, please return it along with the items listed in the PQA Beneficiary Documentation Request Checklist below.
3. Provide requested documentation listed under the **PQA Beneficiary Documentation Request Checklist**, which identifies the documentation needed to perform the assessment. Please read the instructions carefully and return all documentation to USAC.

All collected and labeled documentation associated with this assessment must be **delivered to USAC within 14 calendar days of the date of this notification**.

How to send documents to USAC

When sending any documentation, or when contacting us, please reference this **Case ID: SL-2023-02-CASE-xxx**.

Sending by email:	PQA@USACcms.i-sight.com
Sending by fax:	877-549-9036

If you have any questions regarding this notification, the payment being assessed, or the PQA program in general, you may contact a PQA Compliance Analyst at 866-348-5943.

Thank you in advance for your cooperation and quick response to our payment inquiry.

USAC - Payment Quality Assurance Program

PQA Document Request Checklist

CASE ID: SL-2023-02-CASE-xxx

BENEFICIARY: xxxxxxxx SCHOOL DIST

INSTRUCTIONS:

Please review the list of documents below. These documents must be collected, labeled, and **delivered to USAC within 14 calendar days of the date of this notification**. Please note that:

- **If you have not acknowledged the receipt of the PQA notification, please do so immediately by replying to the email.**
- **All documents requested below are required for USAC to perform a full assessment of the payment selected for examination.**
- Each document submitted to USAC in reference to the PQA Program should contain its associated **Case ID Number and Document Reference Identifier** written clearly in the upper right-hand corner.
- If you believe that some documentation may have been previously provided to USAC either through a BCAP audit or a Program Integrity review for the disbursement identified above, please indicate accordingly in your response rather than providing the requested documentation again. When responding, specify the type of review and the date of submission to USAC.
- The PQA Compliance Analyst may ask for additional documentation if necessary to perform the assessment.

PQA BENEFICIARY DOCUMENTATION REQUEST LIST	DOCUMENT REFERENCE IDENTIFIER	DOCUMENT PROVIDED? (If answer is No, provide brief explanation)
<p>Non-public entities only:</p> <p>A document that indicates the beneficiary's non-profit or government subdivision/unit status. Provide one of the examples below:</p> <ul style="list-style-type: none"> • Most recent audited financial statement (stating the type of entity or requiring compliance with Single Audit procedures) • IRS Not-for-Profit Determination Letter 	1a	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Non-public entities only:</p> <p>A document that indicates status as a primary/secondary school/district, or library eligible under Library Services and Technology Act (LSTA). Provide one of the examples below:</p>	1b	Yes <input type="checkbox"/> No <input type="checkbox"/>

<ul style="list-style-type: none"> • Items from Document Reference Identifier • Website • Other published or official document 		
<p>Libraries only:</p> <p>The general budget for the library or library system's finances related to the funding year under review.</p>	2	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Completed, printed, and signed Confirmation Letter, include ALL pages.</p> <p>NOTE: Please provide a detailed explanation for any “no” answers. To access the Confirmation Letter, please click the link POA Program Confirmation Letter.</p>	3	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Service provider bill(s) related to the Customer Billed Date or Customer Service Product Delivery Date identified on the notification letter that supports the disbursement under review. Please follow the instructions below:</p> <ul style="list-style-type: none"> • Note on the bill the Funding Request Number (FRN); • Circle on the bill the relevant products and/or services AND charges associated with the FRN under review, and distinguish between eligible and ineligible charges; and • Note on the bill the date the beneficiary first received the products and/or services for the funding year under review. <p>NOTE 1: If the undiscounted charges filed with USAC were incurred over more than one month and/or on more than one bill, be certain to send ALL the bills over which these undiscounted charges were incurred. Provide a reconciliation in an Excel format that shows the billed amounts that support the invoice to USAC.</p> <p>NOTE 2: If any single service provider bill related to the FRN under review exceeds 20 pages, or if the undiscounted charges are spread over more than 24 service provider bills, please provide a reconciliation in an Excel format that shows the billed amounts that support the invoice to USAC. The PQA Compliance Analyst will review the reconciliation and request copies of sampled bills.</p>	4a	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Service Provider Invoice (SPI) Method Only:</p> <p>If the SPI method was used to invoice USAC, provide a copy of the service provider bill(s) showing the discount amount credited or a reimbursement check from the service provider for the disbursement amount under review.</p> <p>NOTE 1: If providing a reimbursement check from the service provider, please also provide documentation showing it was deposited, such as the cancelled deposit slip or relevant bank statement.</p> <p>NOTE 2: If the total amount on the discount credit or reimbursement check is larger than the disbursement under review, please provide the breakdown to substantiate that the disbursement is included in the discount or check total.</p> <p>NOTE 3: If the discount amount credited consists of smaller credits that add to the disbursement under review, please provide all relevant bills and provide a reconciliation to show how the credits support disbursement under review.</p>	4b	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Billed Entity Applicant Reimbursement (BEAR) Method Only:</p> <p>If the BEAR method was used to invoice USAC then a direct payment from USAC was received by the beneficiary. Provide a copy of the bank statement that shows the disbursement amount was deposited. The bank statement must show the name of the holder of the bank account.</p>	4c	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>List of all entity names and entity numbers (at the school/library branch level) that received funded products and/or services associated with the FRN identified on this notification letter. Please include the physical address and county of all entities.</p> <p>If there are more than five entities that received the funded services, please provide the listing in an Excel format.</p>	5	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Provide all of the documentation listed below for the Service Provider selection process for the FRN under review.</p> <ul style="list-style-type: none"> Bid evaluation worksheet(s) that detail the criteria and weighting of the criteria or documents that support the service provider selection process, <p>OR</p> <ul style="list-style-type: none"> If one bid or no bids were received, please provide a statement to that effect. 	6a	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Provide documentation to support the contract/legally binding agreement for the FRN under review except for products and/or service covered by non-contracted tariff/month to month or State Master Contract.</p> <ul style="list-style-type: none"> • Provide the relevant signed and dated contract(s) between the beneficiary and service provider, <p>OR</p> <ul style="list-style-type: none"> • Provide the relevant legally binding agreement between the beneficiary and service provider. Absent the existence of a signed contract, in determining whether a legally binding agreement is in place, the existence of a written offer from the service provider containing all the material terms and conditions and a written acceptance of that offer as evidence of the existence of a legally binding agreement. 	<p>6b</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Proof of payment to the service provider for the relevant service provider bill(s). Examples of the types of accepted documentation are listed below.</p> <p>One form of documentation from each bullet point is required in order to satisfy the testing requirements.</p> <ul style="list-style-type: none"> • Proof of payment, e.g. the front of the payment check(s), subsequent bill(s) showing payment received, or a credit card statement. <p>AND</p> <ul style="list-style-type: none"> • Proof the payment was deposited, e.g. the back of the payment check(s), monthly bank statement(s) showing the check(s) cleared, or a credit card statement. <p>If the in-scope service provider bills reflect a credit balance, provide the previous 6 months of service provider bills that demonstrate a credit balance. If there is an amount due on any of the previous 6 months, provide the payment documentation identified above.</p>	<p>7</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<p>If the FRN referenced above is for Internet Access, Internal Connections, Managed Internal Broadband Services or Basic Maintenance of Internal Connections, provide a brief description of how your entity was in compliance with the requirement of the Children’s Internet Protection Act (CIPA). CIPA requires that a technology protection measure was in place that protected both adults and minors against obscene visual depictions or harmful web content, which could have been otherwise accessed through the beneficiary’s computers. Please provide a statement to include the following:</p> <ul style="list-style-type: none"> • The name of the filtering product (e.g. Barracuda); • The product title (e.g. Barracuda NG Firewall); and • A description of the product’s capabilities to secure the beneficiary’s web content. <p>If applicable, the documentation could instead include, for example, the contract number for the technology protection measure.</p> <p>NOTE: Minutes from a Board Meeting are NOT sufficient documentation.</p>	8	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Internal Connections Only</p> <p>Please provide the following documentation:</p> <ul style="list-style-type: none"> • An Excel spreadsheet of the asset and inventory records reflecting equipment purchased under the FRN referenced in this letter. This listing should include the following items: <ul style="list-style-type: none"> ▪ Make ▪ Model ▪ Serial number (if available) ▪ Current physical location (include entity name and room number) ▪ Date installed ▪ FRN ▪ Customer bill reference number(s) • If the FRN included the installation of cabling, a floor plan or as-built drawings showing the locations of all cabling drops installed with the disbursement under review and all MDF/IDF locations. 	9	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>