

Oklahoma Corporation Commission

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OKLAHOMA PUBLIC SCHOOLS AFFIDAVIT IN SUPPORT OF REQUEST FOR SPECIAL UNIVERSAL SERVICES

<u>DISCLAIMER</u>: Please be advised that this Oklahoma Public Schools Affidavit in Support of Request for Special Universal Services ("Affidavit"), along with all requested information must be received by the Public Utility Division of the Oklahoma Corporation Commission, within ten (10) business days. Failure to provide any of the requested information may result in a loss of Oklahoma Universal Service Fund ("OUSF") funding. This document and all of the attachments provided, may be subject to filing in any cause filed on behalf of the public school/school district.

DATE OF AFFIDAVIT:	
NAME OF SCHOOL OR SCHOOL DISTRICT:	
SUPERINTENDENT'S NAME:	
Please include the address, telephone number, and e-mail address for the Superintendent.	
NAME AND TITLE OF AFFIANT COMPLETING THIS AFFIDAVIT:	
If Affiant is <u>not</u> the Superintendent, please include the address, telephone number, and e-mail address for the Affiant completing this Affidavit on behalf of the school or school district.	
PRIC	OR SERVICE PROVIDER INFORMATION
PRIOR SERVICE PROVIDER:	
BANDWIDTH PROVIDED:	
TOTAL MONTHLY CHARGE:	
DISCONNECT DATE:	

1. Please provide a copy of the verification of disconnect date or the disconnect notice.

THE SPECIAL UNIVERSAL

REQUESTING FUNDING?

SERVICES FOR WHICH YOU ARE

	CURRE	ENT SER	RVICE PR	OVIDER I	NFORMATION	1	
	RRENT SERVICE PROVIDER: NDWIDTH PROVIDED:						
то	TAL MONTHLY CHARGE:						
2.	Please provide all monthly invoices from present.	n the begin	ning of your o	contract/agreen	nent with your current	service pro	ovider to the
3.	Please provide a copy of your current co	ontract.					
4.	Please provide a list identifying all buildings in the district, which contain classrooms.						
5.	Please provide a detailed copy of your building list to include an affidavit that includes the number of buildings where classrooms are located.						
6.	Please provide a detailed diagram identifying your firewalls, along with an affidavit/documentation from the Fire Marshal, if available.						
7.	Please provide a detailed network diagram, including but not limited to: circuit identifications, all leased and/or owned lines, bandwidth on each, identification of all service providers, etc.						
	O YOU USE THE SERVICES OF A POSULTANT?	Yes	☐ No				
]	If "YES," please provide the business nan	ne, contact j	person, addres	ss, telephone n	umber, and e-mail add	dress for the	e consultant used.
8.	If a consultant was used, please provide on behalf of the school or school distric		Agency, which	ch authorizes th	ne consultant and the C	Commission	1 to correspond
PR	O YOUR CURRENT SERVICE OVIDER ASSIST YOU IN THE VELOPMENT OF YOUR RFP?	Yes No			U POST YOUR RFP ON TO FCC FORM		Yes No
9.	Please provide a copy of any and all bid	ls received f	for current ser	rvices including	g: scoring rubrics.		
DII	O VOU COMPETITIVELY RID	☐ Yes		нож м	ANY BIDS WERE		

RECEIVED?

No

DID YOU SELECT THE LOWEST COST BIDDER ("LCB")?	Yes No				
If you did <u>not</u> select the LCB, please prov	If you did <u>not</u> select the LCB, please provide a detailed explanation as to the reason for your decision.				
WERE THERE ANY BIDS THAT WERE <u>NOT</u> CONSIDERED?	Yes No				
If "YES," please explain why you chose r	ot to consider them.				
DID THE WINNING BIDDER PROVIDE THE SCHOOL WITH MORE THAN THE MINIMUM BANDWIDTH, AS REQUESTED IN THE RFP?	Yes No	HOW MUCH BANDWIDTH WAS PROVIDED?			
PLEASE LIST ALL EQUIPMENT, PROVIDED BY THE CURRENT SERVICE PROVIDER, AS PART OF THE CONTRACT FOR INTERNET, LAN, WAN SERVICE, ETC:					
PLEASE LIST ALL PAYMENTS MADE INTERNET SERVICE:	FOR EQUIPMENT, <u>SE</u>	CPARATE FROM THE CHARGE(S) O	R FEES FOR		

PLEASE LIST ALL SERVICES OR SUPPORT, PROVIDED AS PART OF THE CONTRACT:
PLEASE LIST ALL CHARGES OR FEES FOR ALL SERVICES OR SUPPORT PROVIDED, <u>SEPARATE FROM</u> THE CHARGE(S) OR FEES FOR INTERNET SERVICE:
PLEASE LIST ANY AND ALL BENEFITS, INCLUDING BUT NOT LIMITED TO: GIFTS, INDUCEMENTS, INCENTIVES, OR PROMOTIONS, RECEIVED IN CONJUNTION WITH EITHER THE REQUEST FOR PROPOSAL OR PROVISION OF THE INTERNET SERVICES, WHETHER OR NOT THE BENEFIT(S) WAS OF VALUE OR NOT, FROM ANY BIDDER WITHIN THE LAST THREE (3) YEARS TO THE PRESENT:

ATTACHMENT CHECK LIST

Each of your attachments <u>must be labeled</u> according to the numbers listed in the check list below. For any attachment <u>not</u> included, please provide a detailed explanation as to why it is either not applicable or not available from your entity.

Attachment 1 Copy of verification of disconnect date or the disconnect notice	
	Included
	Not Applicable
	Not Available
Attachment 2 Copies of all monthly invoices from the beginning of your contract/agreement with your current service provider to the present	
	Included
	Not Applicable
	Not Available
Attachment 3 Copy of current contract with current service provider	
	Included
	Not Applicable
	Not Available
Attachment 4 Written building list	
	Included
	Not Applicable
	Not Available
Attachment 5 Detailed building diagram identifying all buildings with classrooms contained within them	
	Included
	Not Applicable
	Not Available
Attachment 6 Detailed physical building firewall diagram	
	Included
	Not Applicable
	Not Available

Attachment 7 Affidavit or documentation from State Fire Marshal or local fire department detailing firewalls	
	Included
	Not Applicable
	Not Available
Attachment 8 Detailed network diagram	
	Included
	Not Applicable
	Not Available
Attachment 9 Letter of Agency from any and all consultants used	
	Included
	Not Applicable
	Not Available
Attachment 10 Copy of any and all bids and scoring rubrics	
	Included
	Not Applicable
	Not Available
ADDITIONAL NOTES:	_

VERIFICATION

COUNTY OF)) ss:)		
I,		, Affiant, certify that on this	day of
		ontained in the above and foregoing Oklahoma rue and correct to the best of my knowledge and	
every attachment included, has been properly			
TITLE OF AFFIANT	– <u>Signature</u>	OF AFFIANT	
		, 20, the Affiant,	
foregoing Oklahoma Schools Affidavit in Su	pport of Request for Sp	ests that the information contained in the above pecial Universal Services, is true and correct to included has been properly labeled as requested	the best of
	NOTARY PU	IBLIC	
My Commission Expires:		[SEAL]	
My Commission Number:			