



July 1, 2024

**VIA EFIS**

Morris L. Woodruff, Secretary  
Missouri Public Service Commission  
200 Madison Street, PO Box 360  
Jefferson City, MO 65102-0360

Re: 2024 ETC Annual Report of Grand River Mutual Telephone Corporation d/b/a Grand River Networks (MO) Study Area Code 421888

Dear Mr. Morris Woodruff:

On behalf of Grand River Mutual Telephone Corporation d/b/a Grand River Networks (MO) ("Grand River"), JSI files the attached confidential version of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Grand River seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also attached to be filed via the EFIS.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

*/s/ Kim M. Waldvogel*

Kim M. Waldvogel  
Senior Consultant - JSI  
301-459-7590  
Kim.waldvogel@jsitel.com



STATE OF MISSOURI                    )  
  ) SS  
COUNTY OF MERCER                 )

**OFFICER'S CERTIFICATE FOR  
GRAND RIVER MUTUAL  
TELEPHONE CORPORATION  
D/B/A GRM NETWORKS**

Mark Yungeberg of lawful age, being duly sworn, certifies under penalty of perjury as follows:

1. My name is Mark Yungeberg. I am employed by Grand River Mutual Telephone Corporation D/B/A GRM Networks as its Vice President and am authorized to execute this Certificate on its behalf;
2. The company has policies and procedures in place to ensure Lifeline subscribers are eligible to receive Lifeline service.
3. The company is in compliance with all federal Lifeline certification procedures.
4. The company complies with the minimum service levels set forth in FCC rule §54.408.
5. The company's Missouri operations solely use the name of the Company, as recognized by the Commission for ETC designation, in all marketing and other USF-related materials, including filings with the Federal Universal Service Fund Administrator (FUSFA) and the Federal Communications Commission (FCC);
6. The electronic address of Company's website whereby the Company maintains information regarding its Lifeline service is as follows: [www2.grm.net/lifeline/](http://www2.grm.net/lifeline/);
7. The company does participate in the Disabled program and Attachment A is a current copy of the Company's Disabled program enrollment form;
8. All federal high-cost support provided to the Company within Missouri was used in the preceding calendar year and will be used in the coming calendar year only for the provision, maintenance and upgrading of facilities and services for which the support is intended;
9. The Company's study code area for high cost service in Missouri is 421888.



Mark Gungeberg  
(Signature)

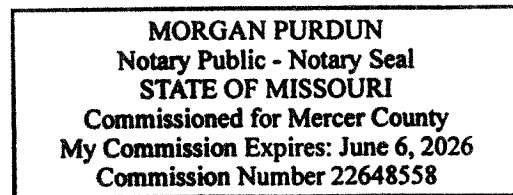
Vice President  
(Title)

Subscribed and sworn to me this 28th day of May, 2024.

Morgan Purdun  
Notary Public

My Commission expires:

June 6, 2026





**GRAND RIVER MUT-MO**

**State: MO**

**Sac: 421888**

**498 ID: 143002342**

OMB Control #: 3060-0986 (High Cost) &  
3060-0819 (Low Income), December 2020

**Program Year: 2025**

## Filing Type and Contact Info

### Filing Type

This information has been preselected based on High Cost and Lifeline program support paid out in the previous calendar year. If you think the filing type is incorrect, [please contact USAC](#).



High Cost (Section 54.313)



Lifeline (Section 54.422)

### Contact Information

Include contact information for the person best able to answer questions about this form.

#### Contact Name (030)

Mark Yungeburg

#### Phone # (035)

(660)748-3231

(xxx) xxx-xxxx

#### Ext. (optional)

#### Contact Email Address (039)

marky@grm.net



GRAND RIVER MUT-MO

FCC Form 481

State: MO

OMB Control #: 3060-0986 (High Cost) &

Sac: 421888

3060-0819 (Low Income), December 2020

498 ID: 143002342

Program Year: 2025

## Functionality in Emergency Situations (600)

### Certify

#### Functionality in Emergency Situations Certification (600)

Is the carrier able to function in emergency situations?



Yes



No

#### Descriptive Document for Functionality in Emergency Situations (610)



421888MO610.pdf (155 KB)



PDF only



**GRAND RIVER MUT-MO**

**FCC Form 481**

**State: MO**

OMB Control #: 3060-0986 (High Cost) &

**Sac: 421888**

3060-0819 (Low Income), December 2020

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**Program Year: 2025**

## Operating Companies (800)

### Carrier Names

**Reporting Carrier (810)**

Grand River Mutual Telephone Corporation

**Holding Company (811)**



Grand River Mutual Telephone Corporation

Validate the information listed above (811) by selecting one of the following:



Holding Company/Affiliate name listed above is correct. (811A)



Holding Company/Affiliate name listed above is NOT correct. (811B)



This study area does not have a Holding Company/Affiliate name. (811D)

### Operating Company

**Operating Company (812)**

Grand River Mutual Telephone Corporation

**Upload Operating Company Data (813A, 813B, 813C) (Optional)**

[Operating Company Data Template](#)



421888MO812.csv (252 BYTES)



CSV only



**GRAND RIVER MUT-MO**

**FCC Form 481**

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3060-0819 (Low Income), December 2020

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## Tribal Lands Reporting (900)

### Tribal Land Services

Does the filing entity offer Tribal land services? (900)



Yes



No



**GRAND RIVER MUT-MO**

**FCC Form 481**

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3060-0819 (Low Income), December 2020

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## Voice and Broadband Service Rate Comparability (1000)

### Certify Voice

#### Voice Services Rate Comparability Certification (1000)

Is the carrier's pricing of fixed voice services no more than two standard deviations above the applicable national average urban rate for voice service? If you answer No to line 1000, please provide an explanation for non-compliance.



Yes



No



Not Applicable

#### Attach Detailed Description for Voice Services Rate Comparability Compliance (1010)



**421888MO1010.pdf** (92 KB)

PDF, XLS, XLSX only

### Certify Broadband

#### Broadband Comparability Certification (1020)

Does the carrier's broadband services pricing meet one of the following criteria? If you answer No to line 1020, please provide an explanation for non-compliance.



Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau.



Yes - Pricing is no more than the non-promotional price charged for a comparable fixed wireline service in urban areas in the states or U.S. Territories where the eligible telecommunications carrier receives support.



No - Unable to certify broadband rate comparability



Not Applicable.



**GRAND RIVER MUT-MO**

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Attach Detailed Description for Broadband Rate Comparability Compliance (1030)

 **421888MO1030.pdf** (38 KB) 

PDF, XLS, XLSX only



**GRAND RIVER MUT-MO**

**FCC Form 481**

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3060-0819 (Low Income), December 2020

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## Terrestrial Backhaul Reporting (1100)

### Certify

#### Terrestrial Backhaul Certification (1100)

Do terrestrial backhaul options exist?



Yes



No



**GRAND RIVER MUT-MO**

**State: MO**

**Sac: 421888**

**498 ID: 143002342**

OMB Control #: 3060-0986 (High Cost) &  
3060-0819 (Low Income), December 2020

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## Lifeline Terms and Conditions (1200)

### Upload Document or Link Website

Upload a descriptive document(s) AND/OR reference a specific link to your company's website.

#### Terms & Conditions of Voice Telephony Lifeline Plans (1210)


**421888MO1210.pdf** (1 MB)
 

PDF only

AND/OR

#### Link to Public Website(1220)

### Confirm Information

Check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to Section 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers (1221)



Details on the number of minutes provided as part of the plan (1222)



Additional charges for toll calls, and rates for each such plan (1223)



**GRAND RIVER MUT-MO**

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## Rate of Return Data (3005)

### Certify

Select from the drop down menus or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

#### Certification of Public Interest Obligations (3010A)

Does the carrier certify compliance with the requirements in 47 CFR Sections 54.313(f)(1)(i)?

- ☒ Yes - Attach Explanation
 ☐ No - Attach Explanation  
☐ Not Applicable - No Attachment Required

#### Please Provide Attachment (3010B)

 **421888MO3010.pdf** (35 KB) 

PDF, XLS, XLSX, DOC, DOCX only

#### Rate-of-Return Community Anchor Institutions (3012A)

Indicate if the carrier newly deployed broadband service to community anchor institution(s) in the previous calendar year.

- ☒ Yes - Attach New Community Anchors
 ☐ No - No New Community Anchors  
☐ Not Applicable - No Attachment Required

#### Please Provide Attachment (3012B)

Using link, download template and list the number, name and address for each community anchor institution. As required by 47 CFR Section 54.313(f)(1)(ii), attach the document which contains the community anchor institution details.



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[Community Anchor Template](#) XLS

 **421888MO3012B.xlsm** (58 KB) 

XLSM only

As defined in 47 CFR Section 54.313(f)(2), is your company a Privately Held ROR Carrier? (3013)



Yes



No

Does your company file the RUS annual report? (3014)



Yes



No

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to Section 54.313(f)(2) compliance requires:



Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3015)



Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows (3016)

**Annual Report (3017)**



**421888MO3017.pdf** (67 KB)



PDF, XLS, XLSX, DOC, DOCX only

## Financial Data Summary

Enter the specified financial data below which is located on your RUS Report (attached on Line 3017) or your reviewed/audited financial statements (attached on Line 3026).

**Revenue (3027)**

**Operating Expenses (3028)**



**GRAND RIVER MUT-MO**

**FCC Form 481**

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**Sac: 421888**

3060-0819 (Low Income), December 2020

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**Program Year: 2025**

Net Income (3029)

Telephone Plant In Service (TPIS) (3030)

Total Assets (3031)

Total Debt (3032)

Total Equity (3033)

Dividends (3034)



**GRAND RIVER MUT-MO**

**FCC Form 481**

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3060-0819 (Low Income), December 2020

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## Certifications

### Supply Chain Certifications

#### Section 54.9: Prohibition on the Use of Funds

I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.

If **No** is selected, a waiver is required for each SAC which is not certified.

☒ Yes ☐ No

#### Section 54.10: Prohibition on the Use of Certain Federal Subsidies

I certify that no federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, otherwise obtained, as required by 47 C.F.R. Section 54.10.

If **No** is selected, a waiver is required for each SAC which is not certified.

☒ Yes ☐ No

#### Section 54.11: Requirements to Remove and Replace



**GRAND RIVER MUT-MO**

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Prior to answering, review section 54.11 of the Commission's rules (47 CFR Section 54.11). Answer Yes if either (1) you comply with section 54.11(a), meaning you do not use covered communications equipment or services, or (2) section 54.11(d) applies to you, meaning you are not yet subject to section 54.11(a) because you are a Reimbursement Program recipient with an unexpired removal, replacement, and disposal term per section 1.50004(h) of the Commission's rules (47 CFR Section 1.50004(h)). Answer No if you do not comply with section 54.11(a), meaning you do use covered communications equipment or services.



Yes



No

## Accuracy Certifications

### Certify



I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.



I understand that making willful false statements in any part of this report and/or in these certifications is punishable by fine or imprisonment pursuant to 47 U.S.C. Sections 416(c), 503(b)(1)(B), and 18 U.S.C. Section 1001.

### Signature

**Officer Name**

Mark Yungeberg

**Title**

Vice President



I understand this is a digital signature, and is the same as if I signed my name with a pen.



**Grand River Mutual Telephone Corp Ability to Function in Emergency Situations for voice and broadband services:**

Grand River Mutual Telephone Corp (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part § 54, Subpart C, 54.202(a)(2)<sup>1</sup> and the Missouri Code of State Regulations. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require. In addition, the Company has redundancy for connectivity purposes via additional routes and electronic equipment for both voice and broadband services.

Specifically, each central office building is supplied with standby generators and battery reserve that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites and has a maintenance program in place as described in section 4 CSR 240-32.060 of the Missouri Code of State Regulations.

The company’s standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

The company complies with the FCC’s backup power requirements, effective October 16, 2015.

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<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”



**REDACTED FOR PUBLIC INSPECTION**

Affiliates*	SAC	Doing Business As Company or Brand Designation
South Central Communications, LLC	351888	SCC Networks
Lathrop Telephohe Company	421932	LTC Networks
Grand River Mutual Telephone Corporation-IA	351888	GRM Networks
Mi-Fiber, LLC		



**Line 1010 – Description of Voice Services Rate Comparability**

Grand River Mutual Telephone Corporation rate for voice service is \$23.50 which is no more than two standard deviations above the applicable national average urban rate (\$59.62) as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(2).



Grand River Mutual Telephone Corporation  
d/b/a GRM Networks

P.S.C. MO. NO. 1  
10<sup>th</sup> Revised Sheet No. 9.1  
Cancelling 9<sup>th</sup> Revised Sheet No. 9.1  
Section No. 1

**LOCAL EXCHANGE SERVICE TARIFF  
LIFELINE SERVICE**

Lifeline Service

Lifeline Service is a government benefit program established by the Federal Communications Commission (FCC) and Missouri Public Service Commission (Commission) and is available to qualifying low-income subscribers for certain residential telecommunications services. The terms and conditions of Lifeline service, including monthly discount amounts, are set forth in rules established by the FCC and Commission and available at the Company's office.

In addition, the terms and conditions of Lifeline service are available on the Company's website as follows: [www.grm.net](http://www.grm.net)

Disabled Service

Disabled Service is a government benefit program established by the Missouri Public Service Commission (Commission) as part of the Missouri Universal Service Fund (MoUSF). It is a residential retail service that offers a qualifying disabled customer reduced charges for certain telecommunications services. The terms and conditions of disabled service, including monthly discount amounts, are set forth in rules established by the Commission and available at the Company's office.

In addition, the terms and conditions of Disabled Service are available on the Company's website as follows: [www.grm.net](http://www.grm.net)

(T)

(T)



# Lifeline Program Application Form



## 1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

### Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

### What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

### Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

### Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

### You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

Visit [lifelinesupport.org](http://lifelinesupport.org) to see the full list of accepted documents.

### Apply

To apply for a Lifeline benefit, fill out the required sections of this form, initial every agreement statement, and sign on page 6.

To apply, bring or mail this form to your phone or internet company.





**Universal Service  
Administrative Co.**



# Lifeline Program Application Form



**Universal Service  
Administrative Co.**

2.  
Your  
Information  
(continued)

\* Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony; including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

**What is your home address?** (The address where you will get service. Do not use a P.O. Box)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Number and Name

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt., Unit, etc. City

--	--

--	--	--	--	--	--

State Zip Code

Is this a temporary address? ☐ Yes ☐ No Check if you live on Tribal Lands\* ☐

**What is your mailing address?** (Only fill this out if it is not the same as your home address.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Number and Name

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt., Unit, etc. City

--	--

--	--	--	--	--	--

State Zip Code



# Lifeline Program Application Form



**Universal Service  
Administrative Co.**

2.  
Your  
Information  
(continued)

**Only fill this section out if you are applying through a child or dependent.**

☐ Check if you are qualifying through a child or dependent in your household.  
If so, answer the following questions:

**What is their full legal name?**



First



Middle (optional)



Suffix (optional)



Last

**What is their date of birth?**







Month







Day















Year

**What are the last 4 numbers of their Social Security Number (SSN)?**















If they do not have a SSN, what is their Tribal Identification Number?



## Lifeline Program Application Form



Universal Service  
Administrative Co.

### 3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

#### Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Tribal Head Start (only households that meet the income qualifying standard)

Or

#### Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)				
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii		
<input type="checkbox"/> 1	\$17,226	\$21,533	\$19,818	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 2	\$23,274	\$29,093	\$26,771	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3	\$29,322	\$36,653	\$33,723	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 4	\$35,370	\$44,213	\$40,676	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 5	\$41,418	\$51,773	\$47,628	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 6	\$47,466	\$59,333	\$54,581	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 7	\$53,514	\$66,893	\$61,533	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 8	\$59,562	\$74,453	\$68,486	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$6,048	Add \$7,560	Add \$6,953	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**135% of the 2020 Federal Poverty Guidelines**  
\*The Federal Poverty Guidelines are typically updated at the end of January.



# Lifeline Program Application Form



## 4. Agreement

I agree, under penalty of perjury, to the following statements:

*You must initial next to each statement.*

Initial I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

Initial I agree that if I move I will give my service provider my new address within 30 days.

Initial I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

Initial I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

Initial I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

Initial All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

Initial I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

Initial My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

Initial I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature

Today's Date





**Universal Service  
Administrative Co.**



# Lifeline Program Application Form



## Notice

**PAPERWORK REDUCTION ACT NOTICE:** Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PER, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

**PRIVACY ACT STATEMENT:** The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

**Authority:** Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. §254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

**Purpose:** We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

**Routine Uses:** We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

**Disclosure:** You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.



Anchor Institutions  
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**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**