

Library Name: _____



RE: Letter of Agency for E-Rate Funding Year 2024 (July 1, 2025, through June 30, 2026)

This is to confirm our participation with the Department of Education and Early Development and the State of Alaska for the purposes of procurement and ordering of Internet Services and Internal Connections. I hereby authorize the State of Alaska and its appointed agents, the Department of Education and Early Development, to submit FCC Form 470, FCC Form 471, and other E-rate forms to the Schools and Libraries Division of the Universal Service Administrative Company (USAC) on behalf of the undersigned library/library system. I authorize the State of Alaska to solicit bids for services on behalf of the _____ (Library Name).

I understand that in submitting these forms I am allowing the State of Alaska and its appointed agents to make certifications for the _____ (Library Name).

By signing this Letter of Agency, I make the following certifications:

- a) I certify that the _____ (Library Name) is eligible for assistance from a State Library Administrative Agency under the Library Services and Technology Act of 1996, Pub. L. No. 104-208, § 211 et seq., 110 Stat. 3009 (1996) that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary, secondary schools, colleges, or universities).
- b) I certify that the _____ (Library Name) has secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the forementioned resources are not eligible for support. I certify that to the extent that the billed entity is passing through the non-discounted charges for the services requested under this Letter of Agency, that the entities I represent have secured access to all of the resources to pay the non-discounted charges.
- c) I certify that no technology plan is required by FCC rules for the Internet services covered under this LOA and that the above-mentioned library has complied with the requirements of the Children's Internet Protection Act (CIPA), as codified at 47.2.C § 254(h) and (l).
- d) I certify that the services our library purchases at discounts provided by 47 U.S.C. § 254 will be used solely for E-rate eligible purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the rules of the Federal Communications Commission (Commission or FCC) at 47 C.F.R. § 54.500(et seq.).
- e) I certify that the _____ (Library Name) has and will continue to comply with all program rules, including the Children's Internet Protection Act (CIPA) and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

- f) I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- g) I certify that the _____ (Library Name) will retain required documents for a period of at least ten years after the last day of service delivered. I certify that the library will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, we will make such records available to the Administrator. I acknowledge that we may be audited pursuant to participation in the Schools and Libraries Program.
- h) I certify that I am authorized to both procure and order telecommunications and, other supported services, for the eligible entities covered by this Letter of Agency. I certify that I am authorized to make this request on behalf of the _____ (Library Name), that I have examined this Letter, that all of the information on this Letter is true and correct to the best of my knowledge, that the entities that will be receiving discounted services under this Letter pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- i) I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the Schools and Libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed and will notify USAC should I be informed or become aware that I or any of the entities, or any person associated in any way with my entity and/or the entities, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the Schools and Libraries support mechanism.
- j) I certify that, to the best of my knowledge, the non-discount portion of the costs for eligible services will not be paid by the service provider. I acknowledge that the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all the cost of the supported services.
- k) I certify that I am authorized to sign this Letter of Agency and, to the best of my knowledge, that the information provided to the State of Alaska for E-rate submission is true. I agree to keep the State of Alaska current with contact information for my library/library system.
- l) I certify that the _____ (Library Name) will be responsible for responding to information requests made by the State of Alaska, and that the review of forms for correct information prior to submission will remain my responsibility. This library/library system recognizes that the State of Alaska efforts to secure funding may not be successful and will not hold the state accountable if for any reason funding is denied. Failure of the library/library system to supply information or written documentation as requested will negate this agreement and may result in the removal of the library/library system from subsequent funding applications.

Name of Entity: _____

Signature: _____

Date: _____
(month, day, year)

Name: _____

Title: _____