

ARKANSAS EXTENSION OF TELECOMMUNICATIONS FACILITIES FUND

Grant True-Up Application Instructions

I. Filing Requirements and General Instructions

A. Introduction

On January 18, 2002, the General Staff of the Arkansas Public Service Commission (APSC) and several local exchange carriers brought a motion to request the APSC to establish a rulemaking proceeding to comply with Arkansas State Act 1771 of 2001. Act 1771, codified in Ark. Code Ann. §23-17-404(e)(8), required the APSC to establish a grant program for the extension of facilities to persons unserved by an eligible telecommunications carrier's (ETC's) wire line services. This motion was established in Docket No. 02-012-R. On April 24, 2002, the APSC issued Order No. 3, Docket No. 02-012-R, which approved the revisions to the APSC's Telecommunications Providers Rules. Effective January 1, 2012, the APSC has contracted Rural Telcom Solutions, LLC to serve as the trustee of the ETFF.

B. Who Must File

Arkansas Code Ann. §23-17-404(e)(8)(A)(i) states that the APSC shall establish by regulation a grant program to make grants available to eligible telecommunications carriers for the extension of facilities to citizens unserved by wire line services of an eligible telecommunications carrier. Any eligible telecommunications carrier may request grants.

C. When and Where to File

Grant Request and True-Up applications will be accepted by Rural Telcom Solutions, LLC as of January 1, 2012. Rural Telcom Solutions, LLC will disburse funding for approved grants by the 10th day of the month following the month during which sufficient funds become available to cover the entire grant. True-up grants will generally be disbursed first. Grant Request and True-Up applications can be found on the Rural Telcom Solutions, LLC website at www.ruraltelcom.com.

D. Compliance

Eligible Telecommunications Carriers must comply with all applicable Arkansas Telecommunications Providers Rules (3.03, 9.01, 9.02 & 9.03) and Arkansas Code Ann. §23-17-404(e)(8) in order to receive funding from the ETFF.

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II. Line-by-Line Instructions for Completion of the Grant True-Up Application

All information provided on the application must be legible and printed in ink or typed.

Line 1 -Date

Enter the date when the form is completed.

Line 2 -Requesting ETC's Name

Enter the name of the ETC applying for the grant true-up.

Line 3 -Payment Address

Enter the address where payment will be sent if the grant true-up exceeds the original grant.

Line 4 -Original or Revision Checkmark the box that indicates whether this is an original submission or a revision to previously submitted data for the true-up. Do not use the true-up revision box to indicate a correction to original grant submission; use the grant application for this purpose.

Line 5 -Number of additional Customers Served, CLLI Code and Exchange Name Enter the number of additional customers served associated with this request, enter CLLI Code and Exchange Name related to the grant.

Line 6 -Copy of Original Grant Request Checkmark the box if a completed copy of the Original Grant Request Form is attached. Include all revisions to the original form.

Line 7 – Applicant's Service Date

Checkmark the box if a copy of the Applicant's Service Date completion is attached.

Line 8 – Date of Applicant's Refusal to use Grant or Applicant's Cancellation of Service Request

Checkmark the box if a copy of the Date of Applicant's Refusal to use Grant or Applicant's Cancellation of Service Request is attached.

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- Line 9 – Explanation of True-Up (plus revised charges to the application)** Checkmark the box if the ETC's explanations of the True-Up and revised explanation of the charges to the original application are attached.
- Line 10 – Original Agreement Amount**
Enter the total original agreement amount for the extension of facilities original request.
- Line 11 – Application Contribution** Enter the Applicant Contribution required by each potential customer to be served by the extension of facilities (up to the maximum of two hundred fifty dollars \$250)) from the original request.
- Line 12 – Original Grant Requested**
Subtract Line 11 from Line 10. This is the amount of the ETC's Original Grant Request.
- Line 13 – Actual Costs**
Enter the Actual Cost amount for the extension of facilities.
- Line 14 – Applicant Contribution** Enter the Applicant Contribution required by each potential customer to be served by the extension of facilities (up to the maximum of two hundred fifty dollars (\$250)).
- Line 15 – Total Grant Requested**
Subtract Line 14 from Line 13. This is the amount of the ETC's Revised Grant Request.
- Line 16 -True-Up (Line 12 – Line 15)** Subtract Line 15 from Line 12. This is the amount of the ETC's True-Up (a positive number represents an additional payment due to the ETC from the Arkansas ETFF and a negative number represents a credit due to the Arkansas ETFF from the ETC).
- Line 17 – Certification** Enter the date, officer name, officer signature, and officer title. The officer's signature attests to the accuracy of all information on the application.
- Line 18 -Contact Information** Enter the date, contact name, contact phone and contact title. The contact person should be able to provide worksheet clarification and could serve as the first point of contact for the Arkansas ETFF trustee.
- Line 19 -Contact Mailing Information** Enter the contact mailing address and e-mail address.
Correspondences from the trustee will be sent to this address.