

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



July 12, 2019

Kristan Lundquist
City of Salinas, Salinas Public Library
1400 North Main St.
Salinas, CA 93906

SUBJECT: CASF ADOPTION PROGRAM GRANT AWARD FOR BROADBAND ACCESS

This letter serves to inform you that the California Public Utilities Commission (CPUC) Communications Division (CD) approves California Advanced Services Fund (CASF) Adoption Program grant funding to City of Salinas, Salinas Public Library (Grantee).

In your application, you requested \$51,459. The CPUC has approved your CASF grant application for funding of up to \$50,783 for the "El Gabilan Library Connects!" project.

Requirements

The grant award is predicated on the Grantee's agreement to provide adoption services as detailed in its application, and consistent with the Expedited Review criteria. In its application, Grantee agreed and attested to comply with the specified Expedited Review criteria, which includes meeting all the milestones and goals set out for the project(s), as well as fulfilling the requirements per Decision (D.) 18-06-032. Key requirements for services the Grantee will provide its customers include, among others:

- Grantee will provide broadband access as described in its application.
- Grantee will perform education and outreach to educate the community of available broadband internet services.
- Grantee has identified a designated space for broadband access.
- Grantee must provide technical support, either by phone or in person, within 24 hours.
- Grantee must be ready to provide access within six months of the grant award.
- Grantee must complete the project within 24 months from the ramp up period.
- Grantee must sustain the adoption project for 24 months or until the project deliverables and milestones have been met.

Reporting

The grant award is also contingent upon fulfilling the reporting requirements per D.18-06-032, Appendix 1. These reports include a Ramp-up period report (if applicable), a Year 1 Progress Report and a Year 2 Completion Report. Please refer to the Administrative Manual posted on the CPUC CASF website for the reporting templates.

Grantee must maintain files, invoices, and other related documentation for three years after final payment. Grantee shall make these records available to the CPUC upon request and agree that these records are subject to audit and review by the CPUC at any time within three years after Grantee has incurred the expense being audited.

Payment

Grantee may submit up to three payment requests throughout the project period. Payment requests will accompany the 3 reports required above. Payment will be based upon receipt and approval of invoices and other supporting documents showing that expenditures incurred for the project are in accordance with their approved application and budget.

The CPUC has the right to conduct any necessary audit, verification, and discovery during project implementation to ensure that CASF funds are spent in accordance with the terms of approval the CPUC grants. Please refer to the Administrative Manual posted on the CASF page on the CPUC's website for the payment request templates.

Execution and Performance

Grantee must begin the project within six months after the CPUC grant's approval (after the ramp-up period if applicable) and must complete the project within 24-months. The Grantee must complete all performance under the award on or before the termination date of the award. The CPUC may withhold or terminate grant payments if the Grantee does not comply with any of the requirements set forth in its application and compliance with the CASF. If the Grantee fails to complete the project in accordance with the terms of approval granted by the CPUC, the grantee will be required to reimburse some or all the CASF funds that it has received. Please note that the award, and all reimbursements, are contingent upon the Grantee fulfilling its obligation to provide access to the specified number of participants as described in its application.

By receiving a CASF grant, Grantee agrees to comply with the terms, conditions, and requirements of the grant award, and submit to the jurisdiction of the CPUC regarding disbursement and administration of the grant and the CPUC's enforcement authority under Pub. Util. Code, §§ 2108 and 2111. In the event Grantee fails to complete the project in accordance with the terms of the approval granted by the CPUC as set forth in

project in accordance with the terms of the approval granted by the CPUC as set forth in D.18-06-032 and this award letter, Grantee must reimburse some or all the CASF funds it has received.

Grantee must report any material changes in the entries for the application, such as discontinuing operation or bankruptcy, or change of name (DBA), change of address, telephone, fax number or E-mail address, by letter to the California Public Utilities Commission, Director of the Communications Division, 505 Van Ness Avenue, San Francisco, CA 94102 and CDCompliance@cpuc.ca.gov. Grantee must also notify the CPUC as soon as they become aware that they may not be able to meet project deadlines.

Award Acceptance

Should Grantee agree to the terms set herein, please sign and email the Consent form and acceptance letter (see Attachment 1). A completed and executed Attachment 1 should be emailed to CASF_Adoption@cpuc.ca.gov within 30 calendar days from the date of this letter. Should the Grantee not accept the award, through failure to submit the Consent Form within 30 calendar days from the date of this Resolution's adoption, the CPUC will deem the Grant or award to be null and void.

Attachment 2 contains the Payee Record Form which is required to process your payments. Please complete Attachment 2 and email it along with Attachment 1 to CASF_Adoption@cpuc.ca.gov within 30 calendar days from the date of this letter.

Thank you once again for your application and we look forward to your response. Please contact CASF_Adoption@cpuc.ca.gov if you have any questions about the CASF Adoption Program and/or your CASF grant.

Sincerely,



Cynthia Walker
Director

Communications Division

ATTACHMENT 1

Consent Form and Acknowledgement and Acceptance of the California Advanced Services Fund Broadband Adoption Grant Award

Name of Grantee: City of Salinas, Salinas Public Library

☐ Grantee identified above hereby acknowledges acceptance of the California Advanced Services Fund Broadband Adoption Grant and agrees to comply with all grant terms, conditions, and requirements set forth in the Approval Letter and Decision 18-06-032. Grantee also agrees to fulfill the goals it identified in the application and understands that all payment requests will be subject to it meeting those goals.

Budget: Grant funding is approved for this project of up to \$50,783 in the following categories.

CASF Broadband Adoption Grant Funding	
Category	Approved Grant
<i>In-Classroom Computing Devices</i>	\$3,000
<i>Take Home Computing Devices</i>	\$7,573.50
<i>*General Program Implementation</i>	\$40,209.50
<i>Total Grant Award</i>	\$50,783

*The grant approved for "General Program Implementation" includes eligible program costs as approved in Commission Decision (D.) 19-02-008 such as:

- Education and outreach efforts (including travel) and materials;
- Software, Printers and Routers;
- Provision of technical support for the computing devices subsidized through this program;
- Desks and chairs to furnish a designated space for broadband access; and
- Staff for monitoring the designated space, or staff for administering call centers (if applicable).

Facility rent, utilities, internet service costs, food costs, lodging, marketing incentives for participation, and other items not listed above are not eligible for reimbursement. Any remaining project costs not authorized for funding by the CASF Adoption grant must be funded by other sources.

Goals: Grant funding is approved for this project based on the below goals as stated in the grantee's application. All reimbursements will be made based on the Grantee meeting the following goals and metrics.

CASF Broadband Adoption Grant Funding	
Goal	Metric
<i>Grantee will make available broadband access</i>	<i>45,250 hours/year</i>
<i>Grantee will provide broadband access to the following</i>	<i>8,000 participants/ year</i>
<i>Grantee will perform the following education and outreach to educate the community of available broadband internet services</i>	<i>As described in Grantee's application.</i>
<i>Grantee will subscribe the following number of participants in broadband internet services</i>	<i>256 participants</i>

Undersigned representative of _____ [Name of Grantee] is duly authorized to execute this Agreement Form on behalf of the Grantee and to bind the Grantee to the terms, conditions, and requirements set forth by the California Public Utilities Commission.

Dated this ____ day of _____, 20__.

Signature _____

Printed Name _____

Title _____

Organization or Name of Company _____

Business Address (include street address, suite/apt. number, city, state, and ZIP Code)

ATTACHMENT 2
Payee Record Form

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

1	INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement. NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.																									
2	BUSINESS NAME (As shown on your income tax return)																									
	SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL (Name as shown on SSN or ITIN) Last, First, MI				E-MAIL ADDRESS																					
	MAILING ADDRESS			BUSINESS ADDRESS																						
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE																				
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									NOTE: Payment will not be processed without an accompanying taxpayer identification number.
PAYEE ENTITY TYPE	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <div style="display: flex; justify-content: space-between;"> <div> CORPORATION: <input type="radio"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="radio"/> LEGAL (e.g., attorney services) <input type="radio"/> EXEMPT (nonprofit) <input type="radio"/> ALL OTHERS </div> </div>																									
CHECK ONE BOX ONLY	ENTER SSN OR ITIN: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																									
	<input type="checkbox"/> SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC (Disregarded Entity) <small>Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661</small>																									
4	PAYEE RESIDENCY STATUS <input type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> No services performed in California. <input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached. </div> </div>																									
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.																									
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)			TITLE		TELEPHONE (include area code)																				
	SIGNATURE			DATE	E-MAIL ADDRESS																					
6	Please return completed form to:																									
	DEPARTMENT/OFFICE California Public Utilities Commission			UNIT/SECTION CASF Adoption Account Administrator (Communications)																						
	MAILING ADDRESS 505 Van Ness			TELEPHONE (include area code)		FAX																				
	CITY San Francisco	STATE CA	ZIP CODE 94102	E-MAIL ADDRESS CASF_Adoption@cpuc.ca.gov																						

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

1	<p>Requirement to Complete the Payee Data Record, STD 204</p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).</p>
2	<p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships and single member limited liability companies (LLCs) must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence. The business address is the address of the business' physical location.</p>
3	<p>Check only one box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.</p> <p>Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships, single member LLC (disregarded entities), and individuals is the SSN or ITIN. Only partnerships, estates, trusts, corporations, and LLCs (taxed as partnerships or corporations) will enter their FEIN.</p>
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the state agency requesting the STD 204.</p>

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.