

E-rate for Public Libraries: BEAR (Billed Entity Applicant Reimbursement)



The final step in the E-rate process for libraries is to complete the BEAR form (a.k.a. Form 472), which requests reimbursement for payment on discounted services. Though the most common time frame for filing the BEAR is after the final payment has been made for that fiscal year's services (to be reimbursed in one lump sum for the whole year), libraries may submit BEAR requests after every bill paid to a service provider.

You must have filed a Form 486 for the fiscal year in which you are requesting reimbursement, and you must complete a separate BEAR form for each service provider listed on your Funding Commitment Decision Letter (FCDL). At the time of filing a BEAR form, the filer will want to refer to the FCDL, Form 471 and copies of all bills received for the service period in order to complete the process.

Please use Internet Explorer throughout this process. The online application process may not work correctly with other browsers.

Go to <http://sl.universalservice.org> . Click on **BEAR Online**.

| Form 470 Description of Services Requested and Certification Form | Form 471 Services Ordered and Certification Form | Form 486 Receipt of Service Confirmation Form | Utilities |
|---|--|---|--------------------------------------|
| Create Form 470 | Create Form 471 | Create Form 486 | BEAR Online |
| Form 470 Interview | Form 471 Interview | Form 486 Interview | FRN Extension Status |
| Search Posted | Continue Incomplete | Continue Incomplete | Entity Search |
| Continue Incomplete | Certify Complete | Display | Two-In-Five Tool |
| Certify Complete | Display | Certify Complete | |
| | Application Status | | |
| | Item 21 Attachment | | |

Type in your BEN (Billed Entity Number), PIN, email address and last name into the boxes provided and click **Login**.

Click on "New BEAR Form."



| Applicant Login: | |
|-------------------------|--------------------------------------|
| BEN: | <input type="text"/> |
| PIN: | <input type="text"/> |
| Email: | <input type="text"/> |
| Last Name: | <input type="text"/> |
| | <input type="button" value="Login"/> |

For Block 1, the Applicant Form Identifier is a number you create for your own record-keeping purposes. Confirm that the auto-filled information in #1, #2, #4 and #5 are correct, and add the SPIN from your FCDL to #3.

Add BEAR Invoice

Applicant Form Identifier

Block 1: Header Information [Need Help?](#)

| | | | |
|--|--|---|--|
| 1. Billed Entity Name <input type="text"/> | 2. Billed Entity Number <input type="text"/> | 3. Service Provider Identification Number (SPIN) <input type="text"/> | Service Provider Name Spin Not Found |
| 4. Contact Name <input type="text"/> | | | |
| 5. Contact Telephone Phone | (<input type="text"/>) <input type="text"/> - <input type="text"/> ext. <input type="text"/> | | |
| Contact Fax | (<input type="text"/>) <input type="text"/> - <input type="text"/> | | |
| Contact Email | <input type="text"/> | | |
| 6. Total Reimbursement Amount (total from Block 2, Column 14) \$ 0.00 | | | |

Complete Block 2, #7 and #8 with the information from your FCDL. Complete #12 with the paid bills received for the year from your telephone service. For #10, use the First Day of Service from your FCDL (usually July 1st of that funding year). Do NOT complete #11. Add up all the paid bills to calculate #12. The discount rate and amount (#13 and #14) will be calculated automatically.

Block 2: Line Item Information Per Funding Request Number [Need Help?](#)

| 7. FCC Form 471 Application Number (from Funding Commitment Decision Letter) | 8. Funding Request Number (FRN) (from Funding Commitment Letter) | 10. Customer Billed Date | 11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy) | 12. Total (Undiscounted) Amount for Service | 13. Discount Rate | 14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13) |
|---|---|--------------------------|--|---|-------------------|---|
| 1) <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> |

Note: A large red 'X' is placed over the shipping date field (11) in the example row. Red arrows point to the input fields for fields 7, 8, 10, and 12.

[Add Line Item](#)

Check all boxes (A, B, C, D, E) in Block 3.

Block 3: Billed Entity Certification

[Need Help?](#)

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

Check box #15 and complete the remainder of Block 3. The Applicant Remittance Information is the person and address to whom the reimbursement is sent.

Contact Information for Billed Entity Authorized Person:

15. Signature

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form.

To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

16. Date

17. Name

18. Title/Position

20. Address 1

Address 2

City

State

Zip Code -

19. Phone Number () - ext.

19a. Fax Number () - ext.

19b. Email

19c. Name of Authorized Person's Employer

Your library's name goes here

27. Applicant Remittance Information

Name

Title/Position

Phone Number () - ext.

Address 1

Address 2


City

State

Zip Code -

Click Save (you will receive an Invoice ID for this BEAR), print a copy of the form for your records, review for any corrections, then click Certify and Submit.

Clear Save Certify and Submit

The process will take up to two months to complete before your service provider sends you the reimbursement. You can check the status of your BEAR by returning to the authentication page (<http://sl.universalservice.org>, click on BEAR Online), signing in, clicking  then entering the Invoice ID into the Invoice ID search. Click the number under Invoice Id to view the form.

Search Results:

| Invoice Id | Reimbursement Form Number | SPIN | Status | Reimbursement Amount | Contact Name | Date Created |
|-------------------------|---------------------------|-----------|-----------|----------------------|--------------------------------|----------------------|
| 1286908 | 2009-TS-July-March | 143032501 | COMPLETED | \$608,049.28 | Janet McKenney | 4/26/2010 1:51:53 PM |

The status of the BEAR will be in the column to the far right. When the status reads “Completed” then you can expect your reimbursement imminently.

| Block 2: Line Item Information Per Funding Request Number | | | | | | | Need Help? |
|--|--|--------------------------|---|--|---|-------------------|----------------------------|
| 9. FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter) | 10. Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter) | 12. Customer Billed Date | 13. Shipping date to Customer or Last Day of Work Performed | 14. Total (Undiscounted) Amount for Service (14.2 digits max.) | 15. Discount Amount Billed to USAC (14.2 digits max.) | Discount From FRN | Approval Status |
| 1) 668571 | 1867115 | 7/1/2009 | | \$ 894190.12 | \$ 608049.28 | 68 | COMPLETED |