

Company Name **SYSTEC101**

Bid Name **Wireless Access Points**

Due Date **02/10/2023 – 2.00 PM**

INDEX

1. Vendor's Certification
2. Debarment and Suspension Certification
3. Proposal Format and Company information
5. Aurora Public school Proposal
6. SYSTEC101 COI
7. Bidder Information
8. FCC Form



RFP 3267-23
Wireless Access Points (E-Rate)

REQUEST FOR PROPOSAL NO. 3267-23

Date of Issue: December 8, 2022

Proposal Closing Date: February 10, 2023 @ 2:00 PM

Proposal to be submitted PRIOR TO time and date above.

**Requests for clarification/questions must be submitted
no later than: December 19, 2022 by 12:00 PM and emailed to:
April Cooke, Purchasing Manager at amcooke@aurorak12.org.**

**Offeror's shall submit their response/submittal through the Rocky
Mountain E-Purchasing System www.bidnetdirect.com/colorado
No Later Than the Proposal Closed Date and Time.**

VENDOR'S CERTIFICATION

**We offer to furnish to Aurora Public Schools the materials, supplies,
products, equipment and/or services requested in accordance with the
specifications described herein.**

Vendor SYSTEC101
Address 11871 E 33rd Ave suite B
City Aurora **State** CO **Zip** 80010
Telephone/Fax No. 303-537-7575
Name Murat Yildirim
Title Owner
E-mail my@systec101.com
By _____
(Authorized Signature)

Receipt of Addenda #1 ✓ #2 #3

Continuation Sheet
Wireless Access Points (E-Rate)
RFP # 3267-23

Certification Regarding Debarment and Suspension

Prospective participant certifies to the best of its knowledge and belief that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

Certification Regarding Lobbying Activities

The undersigned certifies, to the best of its knowledge and belief that:
No federal appropriated, or any other funds have been or will be paid
on behalf of the undersigned, to any person for influencing the award of a Federal contract, grant, loan or cooperative agreement and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

Signature of Authorized Certifying Official

Owner

Title

SYSTEC101

Applicant Organization

Murat Yildirim

Principal Name

Murat Yildirim

Principal Name

30/01/2023

Date

A. COMPANY/ORGANIZATION OVERVIEW:

- For the past decade, SYSTEC101 has been a trusted IT Product & Service Provider to many businesses, organizations, and individuals throughout the USA. Since the inception of our firm, we have built everlasting relationships with customers by making them a priority and offering them the highest quality products available and meeting their every needs. It is only with hard work and dedication that this could be achieved, and we are fortunate to grow and continuously develop our company by introducing new business models and building our very own trademarked brand: SYSTEC101.

- **Organizational chart for the firm:**

Murat Yildirim, Owner

Established Year Jan2014

11871 E 33rd Ave Suite B, Aurora CO 80010.

Telephone: 303-537-7575

- Has your company defaulted on any contracts in the past five (5) years for failure to meet financial obligations? **No**
- Confirm that the firm has not been suspended or debarred by the federal government. **No**

B. IMPLEMENTATION PLAN:

- We require a lead time of at least **42 days** from the date of contract. After that you must provide delivery information within two weeks of informing.

C. VITAE AND WORK SAMPLES:

- **References:**

1. **Adams County School District14**

Project name: E Rate, Wireless Access Point Cabling and 10GB Fiber Optic Interconnect Between MDF and IDF Closets

Contact information.

David Powell
Network Administrator

Adams County School District 14D/M:
303.853.3227
5291 East 60th Ave., Commerce City, CO 80022
dpowell@adams14.org | www.adams14.org

2. **Stryker**

Project name: Stryker new facility network infrastructure.

Contact information:

Marc Terry
Senior Branch Operations Manager

Stryker
13310 James E Casey Ave
Englewood, CO 80112
C: 720 375 6985

3. **SiteOne Retail Stores Cabling**

Contact Information
Gary Ledwell SR

ITS National Project Manager
Vision Technologies, Inc.

O: (667) 239-2540
C: (443) 761-5013
gledwell@visiontech.biz

We are SYSTEC101

Quote No.23-0105

Date: 01/31/2023

Aurora Public School Access Point Bid

SYSTEC101 will be providing the following:

Please note that based on client's request, SYSTEC101 will furnish a Wireless Access Point

Site address : Aurora Public Schools, 80 Airport Boulevard, Aurora, CO 80011

Scope of Work

Aurora Public School:

Wireless Access Point:

1. SYSTEC101 will furnish a total number of (2900) Wireless Access Points.
2. We will furnish a total of (775) HPE - Aruba AP - 655 US Campus Wireless Access Points.
3. We will furnish a total of (2120) HPE - Aruba AP - 635 US Campus Wireless Access Points.
4. We will furnish a total of (5) HPE - Aruba AP - 585 US Unified Wireless Access Points.
5. We will furnish a total of (287) HPE - 10PK Wireless Access Points Mount Brackets.
6. We will furnish a total of (5) HPE - AP - Series Mounting Kits.
7. We will furnish a total of (3) HPE - 10PK Wireless Access Points Mount Brackets.
8. We will furnish a total of (3) HPE - AP - Wireless Access Points Mounting Bracket Kits.
9. We will furnish a total of (775) HPE - Aruba 5Y Foundation Care Next Business Day Service Exchange AP-655 US Campus Wireless Access Points.
10. We will furnish a total of (2120) HPE - Aruba 5Y Foundation Care Next Business Day Service Exchange AP-635 US Campus Wireless Access Points.
11. We will furnish a total of (5) HPE - Aruba 5Y Foundation Care Next Business Day Service Exchange AP-585 US Campus Wireless Access Points.
12. We will furnish a total of (2900) HPE - 5YR Sub Aruba Central Access Points Licenses.
13. No installation is included in this Proposal.

Common:

1. SYSTEC101, Inc will Furnish WAP, Mount Brackets and License Provided Above.

Warranty:

1. Manufacturer's Warranty of (5) years will be provided for Wireless Access Points.

Equipment - Aurora Public School

Part Number	Material	Quantity	Material Price	Labor Cost	Unit Price	Ext.Price
R7J39A	HPE - Aruba AP-655 Us Campus Ap Wrls Pl-VI	775	\$ 1,929.46	\$ -	\$ 1,929.46	\$ 1,495,330.34
R7J28A	HPE - Aruba AP-635 Us Campus Ap Wrls Pl-VI	2,120	\$ 1,349.51	\$ -	\$ 1,349.51	\$ 2,860,968.62
R7T04A	HPE - Aruba AP-585 Us Unified Ap Wrls Pl-VI	5	\$ 3,071.95	\$ -	\$ 3,071.95	\$ 15,359.75
Q9G69A	HPE - 10Pk AP-Mnt-Mp10-B Ap Mount Wrls Bracket B Pl-VI	287	\$ 192.54	\$ -	\$ 192.54	\$ 55,260.27
R9H97A	HPE - Ap-Out-Mnt-V1A Series Mt Kit Pl-VI	5	\$ 154.19	\$ -	\$ 154.19	\$ 770.96
Q9G71A	HPE - 10Pk AP-Mnt-Mp10-D Ap Rmkt Mount Bracket D Pl-VI	3	\$ 242.09	\$ -	\$ 242.09	\$ 726.26
R3J19A	HPE - Ap-Mnt-E AP Mount Bracket Rmkt Individual E Pl-VI	3	\$ 35.16	\$ -	\$ 35.16	\$ 105.47
H59G8E	HPE - Aruba 5Y Foundation Care Nbd Svcs Exch Ap-655 Campus Svc Pl-Vr	775	\$ 391.71	\$ -	\$ 391.71	\$ 303,577.58
H29YRE	HPE - Aruba 5Y Foundation Care Nbd Svcs Exch Ap-635 C Svc Pl-Vr	2,120	\$ 302.65	\$ -	\$ 302.65	\$ 641,608.46
H34YZE	HPE - Aruba 5Y Foundation Care Nbd Svcs Exch Ap-58X Svc Pl-Vr	5	\$ 689.17	\$ -	\$ 689.17	\$ 3,445.86
Q9Y60AAE	HPE - 5Yr Sub Aruba Central Ap Fnd Lics E-Stu Pl-L5	2,900	\$ 319.41	\$ -	\$ 319.41	\$ 926,296.25

Total: Equipment \$ 6,303,449.81

Tax Exempt 0.00% \$ -

Grand Total: \$ 6,303,449.81

Purchase Authorization

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Family Insurance - Business Insurance PO Box 5316 Binghamton, NY 13902	CONTACT NAME: American Family Insurance - Business Insurance	
	PHONE (A/C, No, Ext): 866-908-0626	FAX (A/C, No):
	E-MAIL ADDRESS: service@amfambusinessinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Midvale Indemnity Company	
	INSURER B:	
INSURED SYSTEC101 LLC 11871 E 33RD AVE UNIT B AURORA CO 80010	NAIC #	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 3098025492096234486061109

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

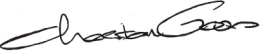
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	N	N	BPP1032260	11/09/2022	11/09/2023	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
							OTHER:	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N	N/A					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY						OCCURRENCE	
							AGGREGATE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Computer and Office Equipment Maintenance

CERTIFICATE HOLDER

CANCELLATION

SYSTEC101 LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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➤ **Bidder E-Rate Information:**

- Company Name: SYSTEC101
- SPIN Number: 143048893
- FCC Registration Number (FRN): 0025307026

Estimated Average Burden Hours Per Response: .75 hour

Please read instructions, located at: <https://www.usac.org/service-providers/resources/forms>, before beginning this application.

Please check one box below

☐ School/Library or other Billed Entity

Please check one box below

☐ Request for FCC Form 498 ID Deactivation

(Required if your company is required to file the FCC Form 499)

See Instruction Section III.B

Zip Code + 4

See Instruction Section III.C

E-mail Address

See Instruction Section III.D

EFT (Optional)

This is a Supplemental Page for Companies with Affiliate Relationships

Block 4: Affiliate Company Information

See Instruction Section III.E

Please list all companies with which this FCC Form 498 ID is affiliated. The term "affiliate" means a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. For purposes of this paragraph, the term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

[illegible]

(Attach additional copies of this page if necessary)

This page is for High Cost Program participants only.

For more information about the High Cost Program, please refer to: <https://www.usac.org/high-cost/>

Block 5: High Cost Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

See Instruction Section III.F

☐ **Check this box to discontinue use of this FCC Form 498 ID for High Cost Support.**

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

☐ Check this box if this information is the same as the General Contact information (Block 2) and complete lines 29-31.

24 Systec101

Remittance Company Name, if different from Company Name

25 First: Murat Middle Initial: Last: Yildirim 26 Owner

Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

27 (970) 646-2706 28 murat.yildirim@systec101.com
Phone Number Ext E-mail Address for receipt of remittance advice

29 Chase Bank

Remittance Financial Institution for ACH or locked box transfer of funds (required)

30 6 3 5 2 0 5 5 1 6 31 1 0 2 0 0 1 0 1 7
Financial Institution Account Number for ACH (required) ACH Financial Institution Transit Number - must be nine digits (required)

Block 6: Organization Contact for High Cost Support

See Instruction Section III.G

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 7.

32 First: Murat Middle Initial: Last: Yildirim 33 Owner

Contact Name for High Cost Program Title

(Must be a company employee or designated representative)

34 11871 E 33rd Ave

Contact Address or PO Box for High Cost Program

35 Suite B

Address Line 2

36 Aurora 37 CO 38 80010
City State Zip Code + 4

39 (970) 646-2706 40 murat.yildirim@systec101.com
Phone Number Ext E-mail Address of High Cost Program Contact

This page is for Lifeline Program participants only.

For more information about Lifeline Support, please refer to: <https://www.usac.org/lifeline/>

Block 7: Lifeline Support Financial Institution and Remittance Information [All Fields REQUIRED]

See Instruction Section III.H

☐ Check this box to discontinue use of this FCC Form 498 ID for Lifeline Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

☐ Check this box if this information is the same as the General Contact information (Block 2) and complete lines 46-48.

41 Systec101

Remittance Company Name, if different from Company Name

42 First: Murat Middle Initial: Last: Yildirim 43 Owner

Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

44 (970) 646-2706 45 murat.yildirim@systec101.com

Phone Number Ext E-mail Address for receipt of remittance advice

46 Chase Bank

Remittance Financial Institution for ACH or locked box transfer of funds (required)

47 6 3 5 2 0 5 5 1 6

Financial Institution Account Number for ACH (required)

48 1 0 2 0 0 1 0 1 7

ACH Financial Institution transit Number - must be nine digits (required)

Block 8: Organization Contact for Lifeline Support

See Instruction Section III.I

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 9.

49 First: Murat Middle Initial: Last: Yildirim 50 Owner

Contact address for Lifeline Program Title
(Must be a organization employee or designated representative)

51 11871 E 33rd Ave

Contact Address for Lifeline Program

52 Suite B

Address Line 2

53 Aurora 54 CO 55 80010

City State Zip Code + 4

56 (970) 646-2706 57 murat.yildirim@systec101.com

Phone Number Ext E-mail Address of Lifeline Program Contact

This is a Supplemental Page for Participants in the High Cost and Lifeline Programs.

Block 9: High Cost and Lifeline Study Area/FCC Form 498 ID Association

See Instruction Section III.J

This information will be used to associate the Study Area Codes (SAC) to this FCC Form 498 ID for the purposes of High Cost and Lifeline Support.

☒ Check this box if there is no change to the SAC data on file.

☐ Check this box if you are changing your organization's SAC data currently on file with USAC.

[illegible]

(Attach additional copies of this page if necessary)

This page is for Rural Health Care Program participants only.

For more information about Rural Health Care Support, please refer to: <https://www.usac.org/rural-health-care/>

Block 10: Rural Health Care Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

☐ Check this box to discontinue use of this FCC Form 498 ID for Rural Health Care Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

See Instruction Section III.K

☐ Check this box if this information is the same as the General Contact information (Block 2) and complete lines 63-65.

58 Systec101

Remittance Company Name, if different from Company Name

59 First: Murat

Middle Initial:

Last: Yildirim

60 Owner

Remittance Contact Name - Statements will be sent to Remittance Contact's attention

Title

61 (970) 646-2706

62 murat.yildirim@systec101.com

Phone Number

Ext

E-mail Address for receipt of remittance advice

63 Chase Bank

Remittance Financial Institution for ACH or locked box transfer of funds (required)

64 635205516

Financial Institution Account Number for ACH (required)

65 102001017

ACH Financial Institution transit Number - must be nine digits (required)

Block 11: Organization Contact for Rural Health Care Support

See Instruction Section III.L

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

66 First: Murat

Middle Initial:

Last: Yildirim

67 Owner

Contact Name for Rural Health Care Program

Title

(Must be a company employee or designated representative)

68 11871 E 33rd Ave

Contact Address for Rural Health Care Program

69 Suite B

Address Line 2

70 Aurora

71 CO

72 80010

City

State

Zip Code + 4

73 (970) 646-2706

Phone Number

Ext

74 murat.yildirim@systec101.com

E-mail Address of Rural Health Care Program Contact

This page is for Schools and Libraries Program participants only.

For more information about the Schools and Libraries Program, please refer to: <https://www.usac.org/e-rate/>

Block 12: Schools and Libraries Support Financial Institution and Remittance Information [ALL Fields REQUIRED]

☐ Check this box to discontinue use of this FCC Form 498 ID for Schools and Libraries Support.

Financial institution information is required. Electronic payment of universal service support payments is mandated by the Debt Collection Improvement Act of 1996, Pub. Law 104-134, 110 Stat. 1321-358.

See Instruction Section III.M

☐ Check this box if this information is the same as the General Contact information (Block 2) and complete lines 80-82.

75 Systec101

Remittance Company Name, if different from Company or Billed Entity Name

76 First: Murat Middle Initial: Last: Yildirim 77 Owner

Remittance Contact Name - Statements will be sent to Remittance Contact's attention Title

78 (970) 646-2706 79 murat.yildirim@systec101.com

Phone Number Ext E-mail Address for receipt of remittance advice

80 Chase Bank

Remittance Financial Institution for ACH or locked box transfer of funds (required)

81 6 3 5 2 0 5 5 1 6

Financial Institution Account Number for ACH (required)

82 1 0 2 0 0 1 0 1 7

ACH Financial Institution Transit Number - must be nine digits (required)

Block 13: Organization Contact for Schools and Libraries Support

See Instruction Section III.N

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 14.

83 First: Murat Middle Initial: Last: Yildirim 84 Owner

Contact Name for Schools and Libraries Program Title
(Must be a company, or entity employee or designated representative)

85 11871 E 33rd Ave

Contact Address for Schools and Libraries Program

86 Suite B

Address Line 2

87 Aurora

City

88 CO

State

89 80010

Zip Code + 4

90 (970) 646-2706

Phone Number

Ext

91 murat.yildirim@systec101.com

E-mail Address of Schools and Libraries Program Contact

Disbursement Offsets and Healthcare Connect Certification

Block 15: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For High Cost Participants

See Instruction Section III.P

The following information pertains only to telecommunications companies participating in the High Cost Program. A telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its High Cost Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <https://www.usac.org/service-providers/resources/forms> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a FCC Form 498 ID.

- 92 ☐ Yes, I want my High Cost Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Block 16: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Lifeline Participants

See Instruction Section III.Q

The following information pertains only to telecommunications companies participating in the Lifeline Program. A telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Lifeline Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <https://www.usac.org/service-providers/resources/forms> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a FCC Form 498 ID.

- 93 ☐ Yes, I want my Lifeline Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Block 17: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Rural Healthcare Participants

See Instruction Section III.R

The following information pertains only to telecommunications companies participating in the Rural Health Care Program. In accordance with FCC rule section 54.679 regarding Rural Health Care payments, a telecommunications company may choose to offset its payment against its Federal universal service contribution. A telecommunications company must have an FCC Form 499 Filer ID number in order to offset its Rural Health Care Program payments against its Federal universal service contribution. In order to obtain an FCC Form 499 Filer ID number, visit <https://www.usac.org/service-providers/resources/forms> and select FCC Form 499. You do not need an FCC Form 499 Filer ID in order to be issued a FCC Form 498 ID.

- 94 ☐ Yes, I want my Rural Health Care Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Block 18: Certification to Assist Health Care Providers

See Instruction Section III.S

In accordance with FCC rule section 54.640(b), service providers participating in the Healthcare Connect Fund Program must certify, as a condition of receiving support, that they will provide to health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries. USAC may withhold disbursements to the service provider if the service provider, after written notice from USAC, fails to comply with this requirement.

- 95 ☒ I certify, as a condition of receiving support under the Healthcare Connect Fund Program, that the above-named service provider will provide to health care providers, on a timely basis, all information and documents regarding the supported equipment, facility(ies), or service(s) that are necessary for the health care provider to submit required forms or respond to FCC or USAC inquiries.

Block 19: Offsetting Disbursement Payments Against Federal Universal Service Contribution Obligations For Schools and Libraries Participants

See Instruction Section III.T

The following information pertains only to telecommunications companies participating in the Schools and Libraries Program. In accordance with FCC rule section 54.515 regarding Schools and Libraries Program payments, a telecommunications company may choose to offset its Schools and Libraries Program payment against its Federal

- 96 ☐ Yes, I want my Schools and Libraries Program disbursement payments to be offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The Default is "No."

Service Identification

Block 20: Principal Communications Types [REQUIRED Field]

See Instruction Section III.U

Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.

- | | |
|--|--|
| <input type="checkbox"/> Audio Bridging Provider
<input checked="" type="checkbox"/> 1 Coaxial Cable
<input type="checkbox"/> Non-Interconnected VoIP
<input checked="" type="checkbox"/> 2 Private Service Provider
<input type="checkbox"/> Toll Reseller
<input type="checkbox"/> Incumbent LEC Operator
<input type="checkbox"/> Service Provider Satellite
<input type="checkbox"/> Service Provider Wireless
<input type="checkbox"/> Data
<input type="checkbox"/> CAP/CLEC
<input type="checkbox"/> Network / Infrastructure | <input type="checkbox"/> Interconnected VoIP
<input type="checkbox"/> Paging and Messaging
<input type="checkbox"/> SMR (Dispatch)
<input type="checkbox"/> Shared-Tenant Service Provider
<input type="checkbox"/> Cellular/PCS/SMR
<input type="checkbox"/> Interexchange Carrier
<input type="checkbox"/> Payphone Service Provider
<input type="checkbox"/> Local Reseller
<input type="checkbox"/> Internet Service Provider
<input type="checkbox"/> Non-Traditional Provider (NTP)
<input type="checkbox"/> School/Library or other Billed Entity Recipient |
|--|--|

Data Act Business Types

Block 21: Data Act Business Types [REQUIRED Field]

See Instruction Section III.V

Select up to 3 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see instructions.

- ☐ State Government
- ☐ County Government
- ☐ City or Township Government
- ☐ Special District Government
- ☐ Regional Organization
- ☐ U.S. Territory or Possession
- ☐ Independent School District
- ☐ Public/State Controlled Institution of Higher Education
- ☐ Indian/Native American Tribal Government(Federally-Recognized)
- ☐ Indian/Native American Tribal Government (Other than Federally-Recognized)
- ☐ Indian /Native American Tribal Designated Organization
- ☐ Public/Indian Housing Authority
- ☐ Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
- ☐ Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
- ☐ Private Institution of Higher Education
- ☐ Individual
- ☐ For-profit Organization (Other than Small Business)
- ☐ Small Business
- ☐ Hispanic-serving Institution
- ☐ Historically Black College or University (HBCU)
- ☐ Tribally Controlled College or University (TCCU)
- ☐ Alaska Native and Native Hawaiian Serving Institution
- ☐ Non-domestic (non-U.S.) Entity
- ☐ Other

Officer Certification

Block 22: Officer Certification [All Fields REQUIRED]

See Instruction Section III.W

I certify that I am an officer of the above-named service provider, that I am authorized to submit this FCC Form 498 data on behalf of the above named

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. Secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Officer Information

Check this box if this information is the same as the General Contact information (Block 2)

1/11/2019

Signature of the Officer

Date

First: Murat

Middle Initial:

Last: Yildirim

Title Owner

Printed Name

murat.yildirim@systec101.com

E-mail Address of Company Officer

Notice: The Federal Communications Commission (the Commission) has designated the Universal Service Administrative Company (USAC) as administrator of Federal universal service. One of the functions of USAC is to provide a mechanism for the billing, collection, and disbursement of funds for the various Federal universal service programs. In an effort to implement these requirements and obligations, the Commission has adopted this collection of information. Pursuant to the Commission rules, 47 C.F.R. §§ 54.301, 54.303, 54.307, 54.309, 54.311, 54.407, 54.413, 54.515, 54.611, 54.702, 54.802, and 54.902, USAC must obtain information relating to service provider name and address, telephone number, Federal employee identification number, contact names and telephone numbers, and billing and collection information. Each service provider receiving Federal universal service support from the High Cost, Lifeline, Rural Health Care, or Schools and Libraries Programs, should complete the FCC Form 498. USAC will use this information in administering the billing, collections, and disbursement operations of the Federal universal service programs.

Reminder: 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 3060-0824.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide for the Federal universal service billing, collections, and disbursement purposes. If we believe there may be a violation or a potential violation of a state or Federal statute, or of a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your application may be disclosed to the Department of Justice, a court, or adjudicative body when (a) the Commission; or (b) any employee of the Commission; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies, and/or your employer to offset your salary, IRS tax refund, or other payments to collect that debt. The Commission may also provide the information to these agencies through the matching of computer records where authorized.

If you do not provide the information we request on the form, the Commission may delay processing of your application, or may return your application without action.

This Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. 3501 et seq. We have estimated that each response to this collection of information will take, on average, 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form for response. If you have any comments on this estimate, or how we can improve the collections and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington D.C. 20554, Paperwork Reduction Project (3060-0824). We will also accept your comments via Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

To submit this form:

Access the USAC E-File System here: <http://usac.org/about/tools/e-file.aspx/>

For support:

USAC Customer Operations, Forms Processing

700 12th Street, N.W., Suite 900

Washington, DC 20005

(888) 641-8722

CustomerSupport@usac.org

Questions?

See the FCC Form 498 Instructions found at <https://www.usac.org/service-providers/resources/forms>

Use this form for:

- New application for a FCC Form 498 ID (FKA SPIN/Service Provider Identification Number)
- Revision to existing 498 data currently on file with USAC
- Merger or Consolidation of FCC Form 498 ID (Additional documentation is required, please see page 2 of the instructions)
- Deactivation of an FCC Form 498 ID (Please see page 2 of the instructions)