

**BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA**

IN THE MATTER OF THE REQUEST OF )  
GRAND LAKE MENTAL HEALTH CENTER, )  
INC. OF PONCA CITY, OK FOR FUNDING )  
FROM THE OKLAHOMA UNIVERSAL )  
SERVICE FUND )

CAUSE NO. OSF 202 100055

**FILED**  
APR 02 2021

COURT CLERK'S OFFICE - OKC  
CORPORATION COMMISSION  
OF OKLAHOMA

**REQUEST FOR OUSF FUNDING AND**  
**NOTICE OF REQUEST FOR OUSF FUNDING**

COMES NOW, the below listed Provider and requests funding from the Oklahoma Universal Service Fund ("OUSF") pursuant to 17 O.S. § 139.106(D) for its provision of Special Universal Services to the below listed OUSF Beneficiary.

**I. REQUESTING PROVIDER**

<b>Name of Provider:</b>	K-PowerNet, LLC
<b>Contact Person's Name:</b>	Sherry Ramseyer
<b>Address:</b>	500 S. KAMO Drive, Vinita, OK 74301
<b>Telephone Number:</b>	918-256-1882
<b>Email Address:</b>	SRamseyer@KAMOPower.com

**II. OUSF BENEFICIARY**

<b>OUSF Beneficiary</b>	Grand Lake Mental Health Center, Inc. – Ponca City
<b>Physical Address:</b>	110 N. 4 <sup>th</sup> St., Ponca City, OK 74601

**III. OUSF FUNDING REQUESTED**

<b>Lump Sum Request</b>	<b>\$8,864.20</b>
For Dates of Service	8/10/20-3/31/21
<b>Monthly Recurring Request</b>	<b>\$1,149.75</b>
For Services Beginning on	4/1/21
For Providing Services of a	1 GB service

#### **IV. STATEMENT OF FACTS**

In support of this Request for OUSF Funding and Notice of Request for OUSF Funding ("Request"), the Provider states as follows:

1. The above named Provider is an Eligible Provider, as defined by 17 O.S. §139.102, and is entitled to funding from the OUSF for its provision of Special Universal Services pursuant to 17 O.S. § 139.109.1.
2. The OUSF Beneficiary is a healthcare entity as defined by 17 O.S. § 139.102.
3. The OUSF Beneficiary is entitled to receive Special Universal Services under 17 O.S. § 139.109.1.
4. The amount of OUSF funding sought by the Provider is described on the SUSF Form, attached hereto and incorporated herein.
5. The Provider acknowledges and certifies that the Special Universal Services includes only the Internet access line, reasonable installation, network termination equipment owned and operated by the Eligible Provider that is necessary to provide the eligible service, and any charges authorized for reimbursement pursuant to the Oklahoma Telecommunications Act.
6. Additional information necessary to support this Request, including the Affidavit of the OUSF Beneficiary in support of Request for Special Universal Services, is being submitted to the OUSF Administrative staff under separate cover.
7. The OUSF Beneficiary did not request preapproval, pursuant to 17 O.S. § 139.109.1(F).

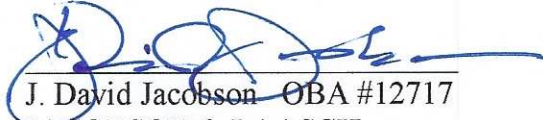
#### **V. JURISDICTION**

The Commission has jurisdiction in this cause pursuant to OKLA. CONST. art. IX, § 18, and 17 O.S. §§ 139.101 *et seq.*

#### **VI. RELIEF REQUESTED**

**WHEREFORE**, the Provider requests that the Request for OUSF Funding and Notice of Request for OUSF Funding be granted, as set forth in herein.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "J. David Jacobson", is written over a horizontal line.

J. David Jacobson OBA #12717

JACOBSON & LAASCH

212 E. Second Street

Edmond, Oklahoma 73034

Telephone: (405) 341-3303

E-mail: [jdj8788@aol.com](mailto:jdj8788@aol.com)

*Attorney for K-PowerNet, LLC*

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on this 1<sup>st</sup> day of April, 2021, a true and correct copy of the foregoing was provided, via email to the following:

**OFFICE OF THE OKLAHOMA ATTORNEY  
GENERAL**  
313 NE 21<sup>st</sup> Street  
Oklahoma City, Oklahoma 731-5  
[utility.regulation@oag.ok.gov](mailto:utility.regulation@oag.ok.gov)

**Brandy Wreath**, OUSF Administrator  
Public Utility Division Director  
Oklahoma Corporation Commission  
P.O. Box 52000  
Oklahoma City, OK 73152-5200  
[OUSF@occ.ok.gov](mailto:OUSF@occ.ok.gov)



J. David Jacobson, OBA # 12717  
JACOBSON & LAASCH  
212 E. 2<sup>nd</sup> Street  
Edmond, Oklahoma 73034  
Tel. 405-341-3303  
Email: [jdj8788@aol.com](mailto:jdj8788@aol.com)

*Attorney for K-PowerNet, LLC*



SUSF Form Effective For Requests Filed After July 1, 2020		Oklahoma Universal Service Fund Special Universal Service Request for OUSF Funding Form	
#	Description	RESPOND IN YELLOW HIGHLIGHTED CELLS	
<b>Section 1: SUPPORTING DOCUMENTATION</b>			
1	<u>Contract / Agreement:</u> A copy of the contract for service or service agreement must be provided as part of the support documentation for the requested funding. Was such documentation provided?	YES	
2	<u>Invoices from Eligible Service Provider:</u> Copies of the initial invoice, latest invoice, and any invoices for which the price(s) charged for the Internet access or WAN differs from that specified in the contract or agreement must be provided as part of the support documentation for the requested funding. Was such documentation provided?	YES	
3	Are there any credits or adjustments other than E-rate/OUSF credits on the invoices? If yes, please provide an explanation by circuit, a full detailed breakdown of the credits or adjustments, and which months the credits/adjustments were applied.	NO	
<b>Section 2: PREAPPROVAL</b>			
4	Was request for funding preapproved pursuant to 17 O.S. § 139.109.1(F)(2)? (If preapproved, submit a copy of the Preapproval Funding Letter with this form.) <u>Lack of a response or a "NO" response will result in this funding request not being treated as a Preapproval Funding Request.</u>	NO	
5	Are the eligible services and/or credit amounts that were approved in the Preapproval Funding Letter consistent with this Request for OUSF Funding and Notice of Request for OUSF Funding?		
6	If the eligible services and/or credit amounts and/or bandwidth do not match the Preapproval Funding Letter, please explain any differences between the Preapproval Funding Letter and this request. If the information does not match, and good cause is not shown to explain the difference, this request will be reviewed as a non-preapproval funding request (i.e., 90-day review period).		
<b>Section 3: COMMENTS (optional)</b>			
<b>Section 4: CERTIFICATION / SIGNATURE</b>			
I certify I have examined this Form and, to the best of my knowledge and belief, the information contained is true, correct, and complete, and all supporting documents necessary to verify the information are being provided to the Public Utility Division and to the office of the Oklahoma Attorney General concurrently with the filing of the Request for OUSF Funding and this Form.			
Name of Beneficiary:		Grand Lake Mental Health Center, Inc. - Osage County Clinic	
Name of Provider:		K-Powernet, LLC	
Name of Provider's Representative:		Theodore J. Hilmes	Email Address: <a href="mailto:sramsever@kamopower.com">sramsever@kamopower.com</a>
Signature of Representative:		Date:	4/2/21
Submit with Request for Funding <i>AND provide with the School/Library/Telemedicine summary to PUD as Excel documents via email to OUSF@occ.ok.gov (or other email as designated by the PUD Director).</i>			

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