**Section 757.EXHIBIT A LEC and ETC Quarterly Report to Commission**

LIFELINE AND

UNIVERSAL TELEPHONE SERVICE ASSISTANCE PROGRAMS

QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company  Mailing  Address |  | | | | | | | | | |  | Date of Submission | | | | | | | | | |  | | | | | | | | | |  | |
|  | | | | | | | | | |  | Data Period: | | | | | | Year | | | | |  | | | | | | | | |  | |
|  | | | | | | | | | |  | Quarter:  1st  2nd  3rd  4th | | | | | | | | | | | | | | | | | | | | | |
| Contact Name |  | | | | | | | | | |  | Type of Filing:  Original  Correction | | | | | | | | | | | | | | | | | | | | | |
| Telephone |  | | | | | | | | | |  | Service Type:  Wireline  Wireless | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  |  | | | | | | |  | | | | | | |  | | | | | | | |
| Program | | (a)  Month: | | | | | | (b)  Month: | | | | | | | (c)  Month: | | | | | | (d)  Quarter Totals | | | | | | | | (e)  Year-to-Date Totals: | | | | |
|  |  | | |  | |  | |  | | |  | |  | |  | | |  |  | | | |  | |  | |  | |  | |  |
|  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **1.0 UTSAP INSTALLATION WAIVER** | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| 1.1 Number of applications approved during the month | |  | |  | | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 1.2 Number of customers for whom supplemental local exchange service installation charges were waived during the month | |  | |  | | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 1.3 Supplemental local exchange service installation charges waived | | $ | |  | | |  | $ |  | | | | |  | $ |  | | | |  | $ | | |  | | | |  | $ |  | | |  |
|  | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **2.0 LIFELINE – FEDERAL** | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| 2.1 Number of Federal Lifeline customers at end of month | |  | |  | | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 2.2 Number of Illinois Federal Lifeline applications approved during the month | |  | |  | | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 2.3 Number of Illinois Federal Lifeline customers added during the month | |  | |  | | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 2.4 Number of Illinois Federal Lifeline customers lost during the month | |  | |  | | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 2.5 Total Illinois Federal Lifeline Assistance | | $ | |  | | |  | $ |  | | | | |  | $ |  | | | |  | $ | | |  | | | |  | $ |  | | |  |
|  | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **3.0 LIFELINE – UTSAP** | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **SUPPLEMENTAL** | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| **MONTHLY ASSISTANCE** | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| 3.1 Number of UTSAP funded Lifeline customers at end of month | | \*\* | | |  | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 3.2 Number of UTSAP funded Lifeline applications approved during the month | |  | | |  | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 3.3 Number of UTSAP funded Lifeline customers added during the month | | $ | | |  | |  | $ |  | | | | |  | $ |  | | | |  | $ | | |  | | | |  | $ |  | | |  |
| 3.4 Number of UTSAP funded Lifeline customers lost during the month | |  | | |  | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
| 3.5 UTSAP funded total Lifeline Supplemental Assistance | |  | | |  | |  |  |  | | | | |  |  |  | | | |  |  | | |  | | | |  |  |  | | |  |
|  | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | |

NOTES:

a) Each LEC must file the original of this Exhibit A with the Chief Clerk of Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff Liaison within 30 days after the end of each calendar quarter. Each ETC, if not otherwise required by this Part, shall complete the "LIFELINE AND UNIVERSAL TELEPHONE SERVICE ASSISTANCE PROGRAMS QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION" portion of this Exhibit A and file an original of this report with the Chief Clerk of the Illinois Commerce Commission within 30 days after the end of each calendar quarter unless the ETC participates solely in BIAS programs subject to this Part.

b) A Lifeline customer should be counted as approved during the month if the LEC accepts the customer for participation in the Lifeline Program during the month. A Lifeline customer should be counted as added during a month if the LEC provided an initial Lifeline subsidy to the customer during the month and claimed reimbursement for the subsidy. Please note that counts of approved and added customers will differ to the extent that customers approved in a month are not added (i.e., provided service and Lifeline subsidies) until subsequent months. A Lifeline customer should be counted as lost during a month if the LEC ceased providing the Lifeline subsidy to the customer during the month and did not claim reimbursement for the subsidy.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION  STATUS OF UTSAP EXPENDITURES | | | | | | | | | | | | | | | | | | | | |
| LOCAL EXCHANGE COMPANY: | | | | | | | |  | | | | | |  | | | | | | |
|  | | | | | | |  | |  | |  | | | | | | | | | |
| FOR CALENDAR QUARTER ENDING: | | | | | | | | | |  | | | |  | | | | | | |
|  | | | | | | |  | |  | |  | | | | | | | | | |
|  | | | UTSAP EXPENDITURE REPORT | | | | | |  | |  | | | | | | | | | |
|  | | | | | | | | | | | | Current Quarter | | | | | | Year to Date\* | | |
| 1. | Telecommunications Expenses | | | | | | | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | a. | | | Billing and Data Processing | | | | | | | | $ |  | |  | | $ | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | b. | | | Customer Notification and Bill Inserts | | | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | c. | | | Certification Administration (LEC) and Contact Time | | | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | (Total of Lines 1-6 below) | | | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | 1. | | Salaries & Fringe Benefits | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | 2. | | Materials | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | 3 | | Postage | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | 4. | | Transportation Expenses | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | 5. | | Preprinted Forms | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | 6. | | Other | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | d. | | | Certification Administration (IDPA/SSI) | | | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | e. | | | Service Representative Training | | | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | f. | | | Other, please specify | | | | | | | |  |  | |  | |  | |  |  |
|  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |  | |  | |  | |  |  |
|  | | | |  | | | | | | | |  |  | |  | |  | |  |  |
|  | | TOTALS | | | | | | | | | | $ |  | |  | | $ | |  |  |
|  | |  | | | | | | | | | |  |  | |  | |  | |  |  |
|  | | Less UTSAP Reimbursement Received | | | | | | | | | | $ |  | |  | | $ | |  |  |
|  | |  | | | | | | | | | |  |  | |  | |  | |  |  |
|  | | BALANCES | | | | | | | | | | $ |  | |  | | $ | |  |  |
|  | |  | | | | | | | | | |  | | | |  | | | | |
| \* | | Includes Current Quarter | | | | | | | | | |  | | | |  | | | | |
|  | |  | | | | | | | | | |  | | | |  | | | | |
| NOTES:: | | | | | Each Local Exchange Company must file the original of this Exhibit A with the Chief Clerk of the Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff Liaison within 30 days after the end of each calendar quarter. Expenses associated with the Federal Lifeline Program should not be reported on this form. | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | LECs shall maintain supporting documentation in such a manner as to be able to readily identify the above expenses in appropriate subaccounts. | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | Quarterly "Totals" reported on this page should correspond to the sum of the monthly "Administrative Costs" reported on Exhibit B by LECs with over 35,000 access lines. | | | | | | | | | | | | | | | |

(Source: Amended at 42 Ill. Reg. 16417, effective August 15, 2018)