

## Appendix A

### Calling Services for Incarcerated People

### Annual Reporting Form (FCC Form 2301(a))

### Word Template

#### Introduction and Instructions

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As set forth in the instructions for the Annual Reporting Form (Instructions), a full response to the Annual Reporting Form (FCC Form 2301(a)) includes completion of this Word template, which shall contain responses to questions identified in the Instructions as requiring a narrative explanation. This template shall also be used to provide any additional information needed to ensure that your response is full and complete, and to identify and explain any caveats associated with your response. This template shall also include formulas, explanations, and appropriate references for calculations, where necessary, including any explanations needed to make your entries on the Excel template transparent and understandable.

In this template, we have consecutively numbered each of the inquiries identified in the Instructions as requiring a narrative explanation and included a cross reference to the appropriate section of the Instructions. Thus, all cross references in this template are to the Instructions. For any additional explanatory responses beyond those explicitly required by the Instructions, please number that response after the last numbered inquiry in this document and, as part of that response, clearly specify the question in the Instructions to which your answer corresponds.

All terms defined in the Instructions have the same meaning where they are used in this document.

#### Basic Information (Section IV.A. of the Instructions)

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Section IV.A. of the Instructions requires you to provide general information and data about the Company and its Affiliates, among other matters. Specifically, we require you to respond to the following inquiries here:

1. **Provider Name:** As instructed in item IV.A.(10), provide the name under which the Provider offers Inmate Calling Services. List all relevant names if the Provider offers Inmate Calling Services under more than one name.

[[Insert Provider Response Here]]

2. **Correctional Facilities Served Less than a Full Year:** As instructed in item IV.A.(11), in this space, provide the names of all Facilities that you served for less than a full year during the Reporting Period and the corresponding dates of your service (e.g., [Facility Name], From [Month]/[Date] to [Month]/[Date]). If you served all Facilities reported in item IV.A.(6) during the entirety of the Reporting Period, enter “N/A: The Provider served each Facility listed in the Excel template throughout the entire Reporting Period.”

[[Insert Provider Response Here]]

3. **Explanation of Alternative Method for Calculating ADP:** As instructed in item IV.A.(12), in this space, provide the names of all Facilities for which the ADP reported reflects an alternative method for calculating ADP. Describe in detail the method used to calculate ADP for each of those Facilities.

[[Insert Provider Response Here]]

4. **Narrative Description of a Subcontract to Provide ICS:** As instructed in item IV.A.(13), if a Provider contracts with a Subcontractor to provide any aspect of ICS, the Provider and the Subcontractor shall explain each such arrangement in their respective Annual Reports. At a minimum, this explanation shall include:
  - a. The name of the Provider with the contractual or other agreement with a Facility or contracting authority for the provision of ICS;
  - b. The name of the Subcontractor;
  - c. The services provided by the Subcontractor under the agreement;
  - d. The unique identifier and address for the Facilities at which the Subcontractor provides services under the agreement;
  - e. A description of the ICS-Related Operations provided by the Provider;
  - f. A description of the ICS-Related Operations provided and the Subcontractor;
  - g. A list of the types of ICS calls and Ancillary Services billed by the Provider;
  - h. A detailed description of any Revenue-Sharing Agreement between the Provider and the Subcontractor, including any such Agreement with regard to proceeds from those calls and services; and
  - i. A list of the types of ICS calls and Ancillary Services billed by the Subcontractor and a description of any Revenue-Sharing Agreement between the Provider and the Subcontractor, including any such Agreement with regard to proceeds from those calls and services.

[[Insert Provider Response Here]]

5. **Additional Information:** As instructed in item IV.A.(14), provide here any additional information needed to ensure that your entries for Basic Information are full and complete.

[[Insert Provider Response Here]]

## ICS Rates (Section IV.B. of the Instructions)

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Section IV.B. of the Instructions requires you to provide information about your rates for Inmate Calling Services. Use the section below to complete the request for information in the ICS Rates section.

1. **Alternative Rate Structures:** As instructed in item IV.B.(7)(d), if you have implemented any rate structure other than per-minute rates for intrastate ICS calls from any Facility, explain in detail

[[Insert Provider Response Here]]

2. **Additional Information:** As instructed in item IV.B.(7)(e), provide any additional information needed to ensure that your entries for Intrastate Rates are full and complete.

[[Insert Provider Response Here]]

3. **Additional Information:** As instructed in item IV.B.(8)(e), provide any additional information needed to ensure that your entries for Interstate Rates are full and complete.

*[[Insert Provider Response Here]]*

4. **Domestic Portion of International Rates:** As instructed in item IV.B.(9)(e), if any of your answers for item IV.B.(9)(a) are “No,” explain generally how the domestic portion of your international ICS rates differed from the interstate rates you charged for interstate calls from the Facility.

*[[Insert Provider Response Here]]*

5. **Above Cap Termination Charges:** As instructed in item IV.B.(9)(f), if any of your answers for item IV.B.(9)(b) are “Yes,” explain in detail below the circumstances surrounding your assessing a termination charge above the maximum amount permitted under the Commission’s Rate Cap Rules. This explanation shall include, among other relevant information, the circumstances leading to the above cap assessments; the total amount of above cap assessments; the number of consumers affected; the number of calls affected; a breakdown of the above cap assessments by Facility and international destination; and a statement as to whether the above cap assessments have been refunded to Consumers.

*[[Insert Provider Response Here]]*

6. **Other International Rate Offerings:** Your responses to Parts IV.B.(9)(a) through IV.B.(9)(f) of the instructions will provide, either on a Facility-by-Facility basis or, if certain conditions are met, a contract-level basis, detailed international rate information for each international rate destination to which ICS calls were placed from a particular Facility during the Reporting Period. As instructed in item IV.B.(9)(g), provide here link(s) to publicly available webpage(s) setting forth the rates at which you offered international ICS during the Reporting Period for International Destinations that were not called from a particular Facility during the Reporting Period.

*[[Insert Provider Response Here]]*

7. **Additional Information:** As instructed in item IV.B.(9)(h), provide here any additional information needed to ensure that your entries for International Rates are full and complete.

*[[Insert Provider Response Here]]*

## **ICS Rates Above the Maximum Rates Permitted Under the Commission’s Rate Cap Rules (Section IV.C. of the Instructions)**

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Section IV.C. of the Instructions requires you to provide information about your rates for Inmate Calling Services that exceeded the Commission’s Rate Cap Rules. Use the section below to complete the requests for information in the ICS Rates Above the Commission’s Rate Cap Rules section.

1. **Explanation of Above Cap Interstate Rates:** As instructed in item IV.C.(4), explain in detail the circumstances surrounding each interstate ICS rate you charged that exceeded the maximum amount permissible under the Commission’s Rate Cap Rules. This explanation shall include, among other relevant information, the circumstances leading to the above cap charges; the total amount of above cap charges; the number of Consumers affected; the number of calls affected; a breakdown of the above cap charges by Facility; and a statement as to the extent to which the above cap assessments have been refunded to consumers.

*[[Insert Provider Response Here]]*

2. **Explanation of Above Cap International Rates:** As instructed in item IV.C.(5), explain in detail the circumstances surrounding each International ICS rate you charged that exceeded the maximum amount permissible under the Commission’s Rate Cap Rules. This explanation shall include, among other relevant information, the circumstances leading to the above cap charges; the total amount of above cap charges; the number of Consumers affected; the number of calls affected; a breakdown of the above cap charges by Facility; and a statement as to the extent to which the above cap assessments have been refunded to Consumers.

*[[Insert Provider Response Here]]*

3. **Additional Information:** As instructed in item IV.C.(6), provide any additional information needed to ensure that your entries for ICS Rates Above the Maximum Rates Permitted Under the Commission’s Rate Cap Rules are full and complete.

*[[Insert Provider Response Here]]*

## Ancillary Service Charges (Section IV.D. of the Instructions)

Section IV.D. of the Instructions requires you to provide additional information about your Ancillary Service Charges for Inmate Calling Services. Use the section below to complete the requests for information in the Ancillary Service Charges section.

1. **Above Cap Ancillary Service Charges:** As instructed in item IV.D.(4), if any of your answers for item IV.D.(3)(c), Amounts Billed for Ancillary Service Charges, exceeds the maximum charges permitted under the Commission’s Ancillary Service Charge Rules, explain in detail the circumstances surrounding the above cap charges. This explanation shall include, among other relevant information, the circumstances leading to the above cap charges; the total amount of above cap charges; the number of consumers affected; a breakdown of the above cap charges by type of charge and frequency for each relevant Facility; and a statement as to the extent to which the above cap charges have been refunded to consumers.

*[[Insert Provider Response Here]]*

2. **Variable Ancillary Service Charges:** As instructed in item IV.D.(5), if any of your answers for item IV.D.(3)(d), Fixed or Variable Fees, is variable, explain here how the variable fee is calculated, and provide the allocation and/or methodology for the variable fee, if applicable.

*[[Insert Provider Response Here]]*

3. **Allocation of Reported Number:** As instructed in item IV.D.(6), if any of your answers for item IV.D.(3)(e), Number of Times Each Charge Has Been Assessed, reflects an allocation of Ancillary Service Charge payments among Facilities, explain why an allocation is necessary and provide the methodology used to perform the allocation.

[[Insert Provider Response Here]]

4. **Calculating Variable Service Fees:** As instructed in item IV.D.(7), explain in detail how you calculated variable service fees charged to consumers for using ancillary services.

[[Insert Provider Response Here]]

5. **Additional Information:** As instructed in item IV.D.(8), provide any additional information needed to ensure that your entries for the Section on Ancillary Service Charges are full and complete.

[[Insert Provider Response Here]]

## Site Commissions (Section IV.E. of the Instructions)

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Section IV.E. of the Instructions requires you to provide additional information about your Site Commissions. Use the section below to complete the requests for information in the Site Commission section.

1. **Allocation of Reported Amount:** As instructed in item IV.E.(5), if any amount reported for items IV.E.(3)-(4) reflects an allocation of Site Commission payments among Facilities covered by a given contract, explain why an allocation is necessary, provide the methodology used to perform the allocation, and explain why you chose the particular allocation method. For each amount reflecting an allocation of Site Commission payments among Facilities covered by a given contract, you must identify each Facility to which that amount has been allocated and include the contract identifier information for each Facility covered by that contract.

[[Insert Provider Response Here]]

2. **In-Kind Site Commissions:** As instructed in item IV.E.(6), describe your in-kind Site Commission payments in detail, including the valuation methodology you used for your responses in the Excel Template. Specifically describe each Security Service that you classify as an In-Kind Site Commission payment. Also specifically describe any other payment, gift, exchange of services or goods, fee, technology allowance, or product that you classify as an In-Kind Site Commission payment.

[[Insert Provider Response Here]]

3. **Legal Authority for Legally Mandated Site Commission Payments.** As instructed in item IV.E.(7), for any Legally Mandated Site Commission payments reported in item IV.E.(3)(a), provide a citation to the authority requiring the Legally Mandated Site Commission at the Facility.

[[Insert Provider Response Here]]

4. **Additional Information:** As instructed in item IV.E.(8), provide any additional information needed to ensure that your entries for the Section on Site Commissions are full and complete.

[[Insert Provider Response Here]]

## **Disability Access (Section IV.F. of the Instructions)**

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Section IV.F. of the Instructions requires you to provide additional information about your Disability Access services. Use the section below to complete the requests for information in the Disability Access section.

1. **Above Cap TTY-Based Ancillary Service Charges:** As instructed in item IV.F.(11), if any of your answers for item IV.F.(9), Amounts Billed for Ancillary Service Charges, exceeds the maximum charges permitted under the Commission's Ancillary Service Charge Rules, explain in detail the circumstances surrounding the above cap charges. This explanation shall include, among other relevant information, the circumstances leading to the above cap charges; the total amount of above cap charges; the number of consumers affected; a breakdown of the above cap charges by type of charge and frequency for each relevant Facility; and a statement as to the extent to which the above cap charges have been refunded to Consumers.

[[Insert Provider Response Here]]

2. **Allocation of Reported Number:** As instructed in item IV.F.(12), if a reported number of times each charge has been assessed reflects an allocation of Ancillary Service Charge payments among Facilities, explain why an allocation is necessary, provide the methodology used to perform the allocation, and why you chose the particular allocation method

[[Insert Provider Response Here]]

3. **Additional Information:** As instructed in item IV.F.(13), provide any additional information needed to ensure that your entries for the Section on Disability Access are full and complete.

[[Insert Provider Response Here]]

## **Additional Provider Explanatory Responses**

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1. [[Insert Additional Provider Explanatory Response Here]]
2. [[Insert Additional Provider Explanatory Response Here]]

**FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each ICS provider's response to FCC Form 2301(a) (consisting of Word and Excel Templates) will take 120 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and complete and review the form. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, DC 20554, Paperwork Reduction Project (3060-1222). We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS**. Remember—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 OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB Control Number of 3060-1222.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.**