**Appendix A**

**Incarcerated People’s Communications Services**

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

**Word Template**

# Introduction

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 requiring a narrative explanation. This template shall also be used to provide any additional information needed to ensure that your responses are full and complete, and to identify and explain any caveats associated with your responses. This template shall 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.

This template consecutively numbers each inquiry identified in the Instructions requiring a narrative explanation and includes the relevant cross reference to the appropriate section of the Instructions. Thus, all cross references in this template are to the Instructions. Number any additional explanatory responses beyond those explicitly required by the Instructions consecutively following the last numbered inquiry in this document and, as part of each such 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)

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

1. **Provider Name:** As instructed in item IV.A.12, provide the name under which the Provider offers IPCS. List all relevant names if the Provider offers IPCS under more than one name.

[[*Insert Provider Response Here*]]

1. **Facilities Served Less than a Full Year:** As instructed in item IV.A.13, 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 MM/DD/YYYY to MM/DD/YYYY). If you served all Facilities reported in item IV.A.6 during the entirety of the Reporting Period, enter “The Provider served each Facility listed in the Excel template throughout the entire Reporting Period” (without the quotation marks).

[[*Insert Provider Response Here*]]

1. **Explanation of Alternative Method for Calculating Average Daily Population (ADP):** As instructed in item IV.A.14, provide the names of all Facilities for which the ADP reported reflects an Alternative Method for Calculating Average Daily Population. Describe in detail the method used to calculate ADP for each of those Facilities.

[[*Insert Provider Response Here*]]

1. **Narrative Description of a Subcontract to Provide IPCS:** As instructed in item IV.A.15, if a Provider contracts with a Subcontractor to provide any aspect of IPCS, the Provider and the Subcontractor shall explain each such arrangement in their respective Annual Reports. At a minimum, this explanation shall include:
	1. The name of the Provider with the contractual or other agreement with a Facility or Contracting Authority for the provision of IPCS;
	2. The name, address, and contact information of the Subcontractor;
	3. The services provided by the Subcontractor under the agreement;
	4. The Facility Identifier and address for the Facilities at which the Subcontractor provides services under the agreement;
	5. A description of the IPCS-Related Operations and/or IPCS-Related Products and Services provided by the Provider;
	6. A description of the IPCS-Related Operations and/or IPCS-Related Products and Services provided by the Subcontractor;
	7. A list of the types of IPCS billed by the Provider;
	8. A detailed description of any Revenue-Sharing Agreement between the Provider and the Subcontractor, including any such Agreement with regard to proceeds from those communications billed by the Provider; and
	9. A list of the types of IPCS 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 communications and services.

[[*Insert Provider Response Here*]]

1. **Additional Information:** As instructed in item IV.A.16, provide any additional information needed to ensure that your entries for Basic Information are full and complete.

[[*Insert Provider Response Here*]]

# Interstate and Intrastate Audio IPCS Rates (Section IV.C of the Instructions)

Section IV.C of the Instructions requires you to provide information about your rates for interstate and intrastate Audio IPCS. Use the section below to complete the requests for information in the interstate and intrastate Audio IPCS Rates section.

1. **Additional Information for Interstate Rates:** As instructed in item IV.C.1.b, provide any additional information needed to ensure that your entries for interstate Audio IPCS rates are full and complete.

[[*Insert Provider Response Here*]]

1. **Additional Information for Intrastate Rates:** As instructed in item IV.C.2.b, provide any additional information needed to ensure that your entries for intrastate Audio IPCS rates are full and complete.

[[*Insert Provider Response Here*]]

# International Audio IPCS Rates (Section IV.D of the Instructions)

Section IV.D of the Instructions requires you to provide information about the highest Audio IPCS rates you charged for International Communications to each called International Destination during the Reporting Period. Use the section below to complete the requests for information in the International Audio IPCS Rates section.

1. **Applicable Facilities:** As instructed in item IV.D.4, report, using the Contract Identifiers and Facility Identifiers entered into Tab B, which facilities used international Audio IPCS at the highest total rates you reported for each International Destination.

[[*Insert Provider Response Here*]]

1. **Interstate Portion of International Rates:** As instructed in item IV.D.5, if any of your answers for item IV.D.2 are “No,” explain how the interstate portion of your international Audio IPCS rates differed from the interstate rates you charged for communications from the Facility.

[[*Insert Provider Response Here*]]

1. **Additional Information:** As instructed in item IV.D.6, provide any additional information needed to ensure that your entries for International Rates for Audio IPCS are full and complete.

[[*Insert Provider Response Here*]]

# Interstate and Intrastate Video IPCS Rates (Section IV.E of the Instructions)

Section IV.E of the Instructions directs you to provide information about your rates for interstate and intrastate Video IPCS. Use the section below to complete the requests for information in the interstate and intrastate Video IPCS Rates section.

1. **Additional Information for Interstate Rates:** As instructed in item IV.E.1.b, provide any additional information needed to ensure that your entries for interstate Video IPCS rates are full and complete.

[[*Insert Provider Response Here*]]

1. **Additional Information for Intrastate Rates:** As instructed in item IV.E.2.b, provide any additional information needed to ensure that your entries for intrastate Video IPCS rates are full and complete.

[[*Insert Provider Response Here*]]

1. **Description of Video IPCS:** As instructed in item IV.E.4, describe in detail each type of Video IPCS provided at or for the Facilities during the Reporting Period.

[[*Insert Provider Response Here*]]

# International Video IPCS Rates (Section IV.F of the Instructions)

Section IV.F of the Instructions directs you to provide information about the highest Video IPCS rates you charged for International Communications to each called International Destination during the Reporting Period. Use the section below to complete the requests for information in the international Video IPCS Rates section.

1. **Applicable Facilities:** As instructed in item IV.F.4, report, using the Contract Identifiers and Facility Identifiers entered into Tab B, which Facilities provided international Video IPCS at the highest total rates you reported for each International Destination.

[[*Insert Provider Response Here*]]

1. **Interstate Portion of International Rates:** As instructed in item IV.F.5, if any of your answers for item IV.F.2 are “No,” explain how the interstate portion of your international Video IPCS rates differed from the interstate rates you charged for communications from the Facility.

[[*Insert Provider Response Here*]]

1. **Additional Information:** As instructed in item IV.F.6, provide any additional information needed to ensure that your entries for international rates for Video IPCS are full and complete.

[[*Insert Provider Response Here*]]

# Miscellaneous (Section IV.G of the Instructions)

Section IV.G of the Instructions requires you to report certain charges, payments, gifts, or exchanges you made during the Reporting Period after the Commission’s rules prohibiting such practices had come into effect.

1. **Audio IPCS-Related Ancillary Service Charges:**  As instructed in item IV.G.1.b, explain the circumstances surrounding any Ancillary Service Charges associated with Audio IPCS that you or any Subcontractor charged Consumers after the prohibition on such charges took effect on November 19, 2024. Using the Contract Identifiers and Facility Identifiers you provided in Tab B of the Excel template, report the Facilities where this occurred and include information on the types of charges assessed, the amount of each charge, and the total number of times each type of charge was assessed from each Facility. Include all information necessary to make your responses full and complete.

[[*Insert Provider Response Here*]]

1. **Video IPCS-Related Ancillary Service Charges:**  As instructed in item IV.G.1.d, explain the circumstances surrounding any Ancillary Service Charges associated with Video IPCS that you or any Subcontractor charged Consumers after the prohibition on such charges took effect on November 19, 2024. Using the Contract Identifiers and Facility Identifiers you provided in Tab B of the Excel template, report the Facilities where this occurred and include information on the types of charges assessed, the amount of each charge, and the total number of times each type of charge was assessed from each Facility. Include all information necessary to make your responses full and complete.

[[*Insert Provider Response Here*]]

1. **Billed TTY-to-TTY Calling or TTY-Based TRS Ancillary Service Charges:** As instructed in item IV.G.1.f, explain the circumstances surrounding any Ancillary Service Charges associated with billed TTY-to-TTY Calling or TTY-Based TRS that you or any Subcontractor charged Consumers after the prohibition on such charges took effect on November 19, 2024. Using the Contract Identifiers and Facility Identifiers you provided in Tab B, report the Facilities where this occurred and include information on the types of charges assessed, the amount of each charge, and the total number of times each type of charge was assessed from each Facility. Include all information necessary to make your responses full and complete.

[[*Insert Provider Response Here*]]

1. **Audio IPCS-Related Site Commission Payments:**  As instructed in item IV.G.2.b, explain the circumstances surrounding any Site Commissions you provided associated with Audio IPCS after the Compliance Date for the Facilities you served had passed. Using the Contract Identifiers and Facility Identifiers you provided in Tab B of the Excel template, report the Facilities where this occurred and include information detailing to whom such payments, gifts, or exchanges were made, including the monetary value of the payments, gifts, or exchanges. Include as much information as necessary to render your responses full and complete.

[[*Insert Provider Response Here*]]

1. **Video IPCS-Related Site Commission Payments:** As instructed in item IV.G.2.d, explain the circumstances surrounding any Site Commissions you provided associated with Video IPCS after the Compliance Date for the Facilities you served had passed. Using the Contract Identifiers and Facility Identifiers you provided in Tab B of the Excel template, report the Facilities where this occurred and include information detailing to whom such payments, gifts, or exchanges were made, including the monetary value of the payments, gifts, or exchanges. Include as much information as necessary to render your responses full and complete.

[[*Insert Provider Response Here*]]

# Disability Access (Section IV.H of the Instructions)

Section IV.H of the Instructions requires you to provide information about your Disability Access Services. Use the section below to complete the request for information in the Disability Access section.

1. **Additional Information:** As instructed in item IV.H.4, provide any additional information needed to ensure that your entries for Disability Access are full and complete.

[[*Insert Provider Response Here*]]

# Alternate Pricing Plans (Section IV.I of the Instructions)

Section IV.I of the Instructions requires you to provide information regarding any Alternate Pricing Plans associated with Audio IPCS, Video IPCS, or both that you offered during the Reporting Period. For each question, provide as much information as necessary to render your response complete and accurate.

1. **Alternate Pricing Plans and Options:**  As instructed in item IV.I.1, using “Yes” or “No,” report whether you offered Alternate Pricing Plans in connection with your IPCS offerings during the Reporting Period. If you answer “Yes,” report whether these Alternate Pricing Plans were offered for Audio IPCS, Video IPCS, or both. Include pricing information, including whether the plans were offered by minutes, calls, or some other measure. Submit as a separate document any marketing or advertising documentation you provided to consumers in connection with these Alternate Pricing Plans. You should also include information about providing access to TRS, point-to-point video service, and TTY-to-TTY calls via Alternate Pricing Plans.

[[*Insert Provider Response Here*]]

**Additional Provider Explanatory Responses**

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 IPCS provider’s response to FCC Form 2301(a) (consisting of Word and Excel Templates) will take 160 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-PPM, 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.**