

## PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



March 27, 2007

**A RESPONSE TO THIS NOTICE IS DUE BY April 20, 2007**

**To:** CHCF-B Claimants

**Subject:** Projected Claims from the CHCF-B Program for Fiscal Year 2008-2009

The Communications Division (formerly the Telecommunications Division) is required to annually develop the California High Cost Fund-B (CHCF-B) Fiscal Year (FY) budget. The next budget cycle is for FY 2008-09. Therefore, please provide a forecast of the CHCF-B claims that the carrier plans to file for FY 2008-09.

Attached is the form to be used for your forecast of the claims on CHCF-B fund for FY 2008-2009 (July 1, 2008 through June 30, 2009). The line items are the same as those used on the monthly claim form. For each line item, you should be consistent with the methods used in preparing your monthly claim form. If there is a change in either the type of item claimed or in the method used, a description of the change should be attached to the form.

If you have any questions about this request, the attached form, or other CHCF-B related matters, please contact Hassan Mirza at (415) 703-1638; Fax: (415) 703-4405; e-mail: [mhm@cpuc.ca.gov](mailto:mhm@cpuc.ca.gov).

*David M. Shantz*

David M. Shantz, Program Manager  
Communications Division  
Attachment

**Projected Claims for Fiscal Year 2008-09  
for  
California High Cost Fund\_B**

Company Name: \_\_\_\_\_ CPUC #: \_\_\_\_\_

The following are projected claim amounts for Fiscal Year 2008-09 for reimbursement from the California High Cost Fund-B (CHCF-B). Detailed data files, supporting the reimbursement amounts, are retained by the company and are available to the Commission upon request.

**California High Cost Fund B (CHCF-B):**

- 1. Gross claim for Fiscal Year 2008-2009 \_\_\_\_\_
- 2. Offsets:
  - a. Universal Service Fund \_\_\_\_\_
  - b. Carrier Common Line Charge \_\_\_\_\_
- 3. Total offsets (Ln 2a + Ln 2b) \_\_\_\_\_
- 4. Net Claim from the CHCF-B (Ln 1 + Ln 3) \_\_\_\_\_
- 5. Prior period adjustments \_\_\_\_\_  
(Please attach detailed explanation)
  
- 6. Net Claim for Fiscal Year 2008-2009 (Ln 4 - Ln 5) \_\_\_\_\_

I hereby certify that this return, including accompanying schedules, statements, and data has been examined by me and to the best of my knowledge and belief is a true and complete return.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For CPUC use only**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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