



HCF Program Training

Overview of FCC Forms: Individual Applicants



Important Caveat

This training is just a general overview and starting point for applicants

- Every applicant's situation is different
- The training does not cover every program requirement
- The training does not cover requirements for service providers and consultants

It is essential to read the following documents carefully as you proceed through the planning and application process:

- Healthcare Connect Fund Order (FCC 12-150), located at <http://www.fcc.gov/encyclopedia/rural-health-care>,
- The Rural Health Care Program rules, 47 C.F.R. §54.600-680, located at <http://www.ecfr.gov>, and
- The Healthcare Connect Fund Program forms and instructions (FCC Forms 460-463), located at <http://www.usac.org/rhc/healthcare-connect/tools/forms/default.aspx>.

Consult the FCC and USAC websites for additional resources.



Forms Overview: Individual Applicants

Agenda

1. FCC Form 460: Eligibility and Registration Form
2. FCC Form 461: Request for Services Form
3. FCC Form 462: Funding Request Form
4. FCC Form 463: Invoice and Request for Disbursement Form



Forms Overview: Individual Applicants

Differences Between Online Application and Paper Form

All forms and documentation must be submitted online through My Portal.

- Not every line/block of the paper form will appear in MyPortal.
- The form process in My Portal does not follow the exact order of the paper form.
- If you are logged in as a registered user, some information will be pre-populated.



Overview of FCC Forms

FCC Form 460



FCC Form 460

Purpose of the FCC Form 460:

- To determine eligibility of the consortium and all health care provider (HCP) sites to participate in the Healthcare Connect Fund Program
- To register:
 - Off-site data centers
 - Off-site administrative offices
 - Ineligible HCP sites
- All HCPs, consortia, and consortium members must obtain an eligibility determination via FCC Form 460 to receive HCF Program support, even if deemed eligible for another program

Before You File

HCPs using consultants to file FCC Form 460 must first submit a third-party authorization agreement with USAC.

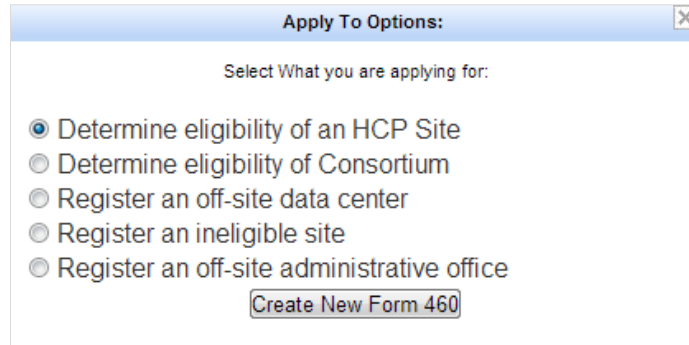
- Agreement assigns legal responsibility for representations a consultant may make in application to the HCP

Before You File (cont'd)

Assemble required FCC Form 460 information including:

- HCP Tax ID
- HCP Medicare ID (NPI)
- HCP taxonomy codes
- FCC Registration Number (FRN)
- Account holder contact information

Select the radio dial button that best describes why you are submitting the FCC Form 460 (Line 2)



The screenshot shows a dialog box titled "Apply To Options:" with a close button (X) in the top right corner. Below the title bar, the text "Select What you are applying for:" is centered. There are five radio button options listed vertically:

- Determine eligibility of an HCP Site
- Determine eligibility of Consortium
- Register an off-site data center
- Register an ineligible site
- Register an off-site administrative office

At the bottom of the dialog box, there is a button labeled "Create New Form 460".

Information requested through FCC Form 460 includes:

- Physical location of HCP site
- HCP eligibility category
- Contact information for HCP site
- NPI and taxonomy codes and other information
- Certifications for HCP site
- Signature of authorized person to submit FCC Form 460 for HCP

First, the applicant will provide “Physical Location” information.

PHYSICAL LOCATION HCP ELIGIBILITY CATEGORY CONTACT INFORMATION

FCC Form 460 application number and HCP number will be automatically generated

PHYSICAL LOCATION HCP ELIGIBILITY CATEGORY CONTACT INFORMATION ADDITIONAL INFORMATION CEI

Physical Location

FCC Form 460 Application Number:

3 HCP Number:

4 Site Name:

5 Name of Legal Entity:

6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity:

6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):

FCC Form 460: Physical Location

Enter the HCP site name and the name of the legal entity that owns or operates the site.

PHYSICAL LOCATION
 HCP ELIGIBILITY CATEGORY
 CONTACT INFORMATION
 ADDITIONAL INFORMATION
 CEF

Physical Location

FCC Form 460 Application Number:

3 HCP Number:

4 Site Name:

5 Name of Legal Entity:

6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity:

6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):

FCC Form 460: Physical Location

- Enter the 10-digit FCC RN number for the legal entity listed in Line 5
- If registering as a member of a consortium, enter the FCC RN of the consortium

PHYSICAL LOCATION
 HCP ELIGIBILITY CATEGORY
 CONTACT INFORMATION
 ADDITIONAL INFORMATION
 CEF

Physical Location

FCC Form 460 Application Number:

3 HCP Number:

4 Site Name:

5 Name of Legal Entity:

6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity:

6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):



FCC Form 460: Physical Location

- Provide the physical address for the HCP site listed in Line 4.
- Please use a Geo Location if the HCP site does not have a typical street address – For example: Lat:30.903583, Long: -77.046121

8 Address Line 1:	<input type="text"/>
9 Address Line 2:	<input type="text"/>
11 Geo Location (if no street address):	<input type="text"/>
12 City:	<input type="text"/>
13 State:	<input type="text"/>
10 County:	<input type="text"/>
14 Zip Code:	<input type="text"/>



FCC Form 460: Physical Location

- Provide the name, phone number, and email of contact person located at the physical site
- Provide the nine-digit nonprofit tax ID for the legal entity listed in Line 5

7 Site Contact Name:	First Name:	Middle Initial:	Last Name:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Phone:	<input type="text"/>	Ext.:	<input type="text"/>
16 Email:	<input type="text"/>		
Confirm Email:	<input type="text"/>		
45 Non-Profit Tax ID (EIN):	<input type="text"/>		

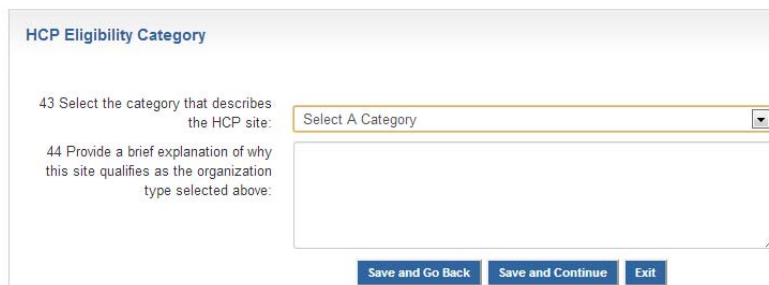
FCC Form 460: Eligibility Category

- “HCP Eligibility Category” is the next required step.
- My Portal will skip information about consortia (Block 3 on the paper form)



FCC Form 460: Eligibility Category

- Choose the eligibility type that best describes the HCP.
- Include a brief, written explanation that describes the services provided



HCP Eligibility Category

43 Select the category that describes the HCP site:

44 Provide a brief explanation of why this site qualifies as the organization type selected above:

[Save and Go Back](#) [Save and Continue](#) [Exit](#)



FCC Form 460: Contact Information

Next, the applicant will provide “Contact Information” regarding account holders for the HCP.

PHYSICAL LOCATION HCP ELIGIBILITY CATEGORY CONTACT INFORMATION



FCC Form 460: Contact Information

Contact Information

25 Primary Account Holder Name(First,Middle Initial, Last):
First Name: Middle Initial: Last Name:

26 Employer:

Same as Physical Location Address?

27 Address Line 1:

28 Address Line 2:

29 City:

30 State:

31 Zip Code:

32 Phone #: Ext:

33 Email:

Is there a secondary account holder?

[Save and Go Back](#)

[Save and Continue](#)

[Exit](#)



FCC Form 460: Contact Information

Enter the contact information of the primary account holder.

- This information may be different from the “Site Contact” name (Lines 7-16) located at the physical HCP site
- If this information is the same, you may select “Same as Physical Location Address”

26 Employer:	<input type="text"/>
Same as Physical Location Address?	<input type="checkbox"/>
27 Address Line 1:	<input type="text"/>
	<input type="text"/>



FCC Form 460: Contact Information

To add one or more secondary account holder(s) associated with the HCP, check the box.

31 Zip Code:	<input type="text"/>	!
32 Phone #:	<input type="text"/>	!
Ext:	<input type="text"/>	
33 Email:	<input type="text"/>	!
Is there a secondary account holder?	<input type="checkbox"/>	
<input type="button" value="Save and Go Back"/> <input type="button" value="Save and Continue"/> <input type="button" value="Exit"/>		



FCC Form 460: Contact Information

Click on the “New Secondary Account Holder” button.

Is there a secondary account holder?

Previous

Next

New Secondary
Account Holder

Select All Rows

Delete Checked
Rows



FCC Form 460: Contact Information

Click on the blue arrow to expand the section to be completed.

First Name:

Middle Initial:

Last Name:

34
Secondary
Account
Holder
Name

!

!

FCC Form 460: Contact Information

Complete this section to add the secondary account holder's information.

	First Name:	Middle Initial:	Last Name:
34. Secondary Account Holder Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
35 Employer:	<input type="text"/>		
Same as Primary Account Holder Address?	<input type="checkbox"/>		
36 Address Line 1:	<input type="text"/>		
37 Address Line 2:	<input type="text"/>		
38 City:	<input type="text"/>		
39 State:	Select A State <input type="text"/>		
40 Zip Code:	<input type="text"/>		
41 Phone #:	<input type="text"/>	Ext.:	<input type="text"/>
42 Email:	<input type="text"/>		

FCC Form 460: Contact Information

To add more than one secondary account holder, click on "New Secondary Account Holder" again.

- Lines 36-42 will appear below the first block of secondary account holder information.
- You must enter information for all secondary account holders before you hit "Save and Continue."

Previous	Next	New Secondary Account Holder	Select All Rows	Delete Checked Rows	
	First Name:	Middle Initial:	Last Name:	Actions	
34. Secondary Account Holder Name	<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Employer:	<input type="text" value="XYZ Hospital"/>				



FCC Form 460: Contact Information


To delete all information about a secondary account holder, check the box and then click the “X” button.

Previous Next **New Secondary Account Holder** **Select All Rows** **Delete Checked Rows**

34. Secondary Account Holder Name

First Name: Middle Initial: Last Name:

35 Employer:

Actions 



FCC Form 460: Additional Information

ADDITIONAL INFORMATION CERTIFICATIONS SIGNATURE



FCC Form 460: Additional Information

Additional Information

46 National Provider Identifier:

Explanation if necessary (see instructions)

47a Organization Taxonomy Code:

47b Site Taxonomy Code:

Explanation if necessary (see instructions)

50 Is the site locations:

- On Tribal Lands
- Operated by the Indian Health Service
- Otherwise affiliated with a Tribe
- N/A

[Save and Go Back](#) [Save and Continue](#) [Exit](#)



FCC Form 460: Additional Information

- Enter the 10-digit NPI used by the HCP on Medicare/Medicaid claims.
- If the HCP does not have an NPI, enter an explanation.

Additional Information

46 National Provider Identifier:

Explanation if necessary (see instructions)



FCC Form 460: Additional Information

- The NPI should be for the legal entity listed on Line 5, and not for an individual practitioner.
- Search for an HCP NPI by name and address at:
<https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>
- If you are unsure how to determine the correct NPI for an HCP, contact its billing department for assistance.



FCC Form 460: Additional Information

47a: Enter the 10-character alphanumeric HCP taxonomy code associated with the legal entity listed on Line 5.

- A list of HCP taxonomy codes can be found at:
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/TaxonomyCrosswalk.pdf>

47a Organization Taxonomy Code:	<input type="text"/>
47b Site Taxonomy Code:	<input type="text"/>
Explanation if necessary (see instructions)	<input type="text"/>



FCC Form 460: Additional Information

47b: Enter the taxonomy code for the HCP site listed on Line 4 if the site is different than the one listed on 47a.

- If there is no taxonomy code for the HCP site, review the codes and select the appropriate code for this site.
- If the applicant does not provide a taxonomy code or the code is not one associated with the NPT, provide a brief explanation of eligibility.

47a Organization Taxonomy Code:	<input type="text"/>
47b Site Taxonomy Code:	<input type="text"/>
Explanation if necessary (see instructions)	<input type="text"/>



FCC Form 460: Additional Information

Line 50: Indicate whether the site is located on Tribal lands, operated by Indian Health Services, or otherwise affiliated with a Tribe.

- If not applicable, select "N/A".

50 Is the site locations:
On Tribal Lands <input type="checkbox"/>
Operated by the Indian Health Service <input type="checkbox"/>
Otherwise affiliated with a Tribe <input type="checkbox"/>
N/A <input type="checkbox"/>
<input type="button" value="Save and Go Back"/> <input type="button" value="Save and Continue"/> <input type="button" value="Exit"/>



FCC Form 460: Certifications

Certifications

- 53. I certify that I am authorized to submit this request on behalf of the site or consortium.
- 54. I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
- 55. If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).
- 57. I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R Sec. 54.648, or as otherwise prescribed by the Commission's rules.

[Save and Go Back](#) [Save and Continue](#) [Exit](#)



FCC Form 460: Signature

Complete the "Signature" section with information of the person authorized to submit the form.

Signature

61 Printed Name of Authorization First Name: Middle Initial: Last Name:

62 Title/Position of Authorized Person:

63 Phone: Ext.:

64 Email:

65 Employer:

66 Employer's FCC RN:

[Save and Go Back](#) [Certify](#) [Exit](#)

If completing the form as an account holder, please use your My Portal password as the signature.

Signature

 Preview PDI

RHC Note: In order to electronically sign and submit the form, you must enter your password in the "Signature" field below (Line 59), then select the "Certify" button to complete the process and submit the FCC Form 460 to RHC.

You are reminded that your electronic signature is the same as your hand written signature on this form. By typing your password in the Signature block below and clicking the "Certify" button, you have electronically signed the form.

59 Signature:

61 Printed Name of Authorization

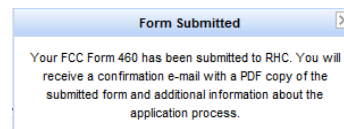
First Name:

Middle Initial:

Last Name:

62 Title/Position of Authorized Person:

- Click "Certify" on the signature page to submit the completed form.
 - The pop-up will indicate successful submission of the form.
- All account holders associated with this site will receive an email confirmation of the FCC Form 460 submission.
 - This is not an approval of the form.



Register Off-Site Data Center or Administrative Office

Only three pages of information are required for registering off-site entities.

PHYSICAL LOCATION CERTIFICATIONS SIGNATURE

Physical Location

Line 2a and 2b: List all eligible and ineligible HCP sites by HCP number that will use services from the off-site entity (list all HCP numbers separated by commas)

PHYSICAL LOCATION CERTIFICATIONS SIGNATURE

Physical Location

2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.

12345, 65432, 98765



FCC Form 460: Off-Site Registration

The remaining information required to complete the physical location, certifications, and signature sections is similar to that required for individual HCPs.

PHYSICAL LOCATION CERTIFICATIONS SIGNATURE

Applicants are not required to enter Line 45 tax ID information of the legal entity when registering off-site entities.



Overview of FCC Forms

FCC Form 461

Purpose of the FCC Form 461

- Used to initiate the competitive bidding process
- Provides necessary information to potential service providers about the requested services in order to enable effective competitive bidding

There are 7 Blocks of Requested Information

- Block 1: General Information
- Block 2: Individual HCP Site Request for Services
- Block 3: Consortium Request for Services
- Block 4: Declaration of Assistance
- Block 5: Bid Evaluation
- Block 6: Additional Documentation
- Block 7: Certifications (and Signature)



FCC Form 461: Block 1

Block 1: General Information

- Complete Block 1 with site specific information.
- Note: For multi-year funding requests, use the first year for which funding will be requested on Line 1.

Block 1: General Information		
1 Funding Year	2 HCP Number	
3 Site Name/Consortium Name		
4 Address Line 1		
5 Address Line 2		6 County
7 City	8 State	9 Zip Code



FCC Form 461: Block 2

Block 2: Individual HCP Site Request for Services

- Line 10: Indicate if a request for proposals (RFP) will be prepared and submitted.
- Line 10a: Enter the expected contract period. This can be month-to-month.
- Line 10b: Enter the expected time period during which the applicant will evaluate bids.

Block 2: Individual HCP Site Request for Services	
10	<input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. <input type="checkbox"/> Applicant has not and will not prepare an RFP.
10a	Requested contract period
10b	Expected bid evaluation period
11	Number of Days Posted Number of days USAC should post: _____ Posting end date: _____



FCC Form 461: Block 2

Block 2: Individual HCP Site Request for Services

Line 11: Indicate how long the HCP's FCC Form 461 should be posted on USAC's website.

- May enter number of days or a posting end date
- Either selection must provide for a minimum of 28 days from the date of posting

Block 2: Individual HCP Site Request for Services	
10	<input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. <input type="checkbox"/> Applicant has not and will not prepare an RFP.
10a	Requested contract period
10b	Expected bid evaluation period
11	Number of Days Posted Number of days USAC should post: _____ Posting end date: _____



FCC Form 461: Block 2

Block 2: Individual HCP Site Request for Services

- Select one or both "Category of Expenses."
- Certain expenses related to network equipment or leased facilities for individual HCP applicants are not eligible for support under the HCF Program (but are eligible for consortium applicants).

12	Category of Expense Requested (check all applicable): <input type="checkbox"/> Network Equipment <input type="checkbox"/> Leased/Tariffed Facilities or Services
----	--

Block 2: Individual HCP Site Request for Services

Line 12a: In order to assist potential bidders, HCPs must identify the applications that they anticipate using over the connections for which they are seeking support.

- HCPs can select applications from the following four categories:
 - Interactive, Transactional, Bulk, and Miscellaneous
- Caution: The applications listed are not eligible services, but rather a list of examples of applications that may need a broadband connection.

Block 2: Individual HCP Site Request for Services

Line 12a: Interactive applications

- Require service with little to no delay

Category: Interactive

- Distance learning/training
- Real-time remote examination, consultation, and/or monitoring
- Video conferencing
- Voice service
- Other (describe): _____

Block 2: Individual HCP Site Request for Services

Line 12a: Transactional applications

- Require service where minor delays are acceptable, but not above two seconds

Category: Transactional

- Distance learning/training
- Electronic patient billing
- Exchange of electronic health records
- Internet access
- Transmission of large files (e.g., X-ray images, MRI, etc.)
- Other (describe): _____

Block 2: Individual HCP Site Request for Services

Line 12a: Bulk applications

- Require service usually performed in the background with lower priority, or in off-peak hours

Category: Bulk

- Electronic patient billing
- Exchange of electronic health records
- Transmission of large files (e.g., X-ray images, MRI, etc.)
- Transmission of store and forward consultations
- Other (describe): _____

Block 2: Individual HCP Site Request for Services

Line 12a: Miscellaneous applications

- Require service for applications that do not readily fit in the prior three categories

Category: Miscellaneous

Backup/redundant connectivity

Other (describe): _____

Block 2: Individual HCP Site Request for Services

Line 12a: For each application selected, describe the anticipated usage level and usage period.

Capability	Usage Level	Usage Period
<u>Category:</u> Interactive		
<input type="checkbox"/> Distance learning/training		

Block 2: Individual HCP Site Request for Services

Usage level: Describe the expected level of usage for each application selected.

- Example: “X simultaneous video calls” where X is the number of video calls that the connection must support.

Capability	Usage Level	Usage Period
Category: Interactive		
<input type="checkbox"/> Distance learning/training		

Block 2: Individual HCP Site Request for Services

Usage period: Describe how and when the selected application will be used.

- Example: 24x7x365, business hours, after hours, or intermittent.

Capability	Usage Level	Usage Period
Category: Interactive		
<input type="checkbox"/> Distance learning/training		

Block 2: Individual HCP Site Request for Services

Indicate whether support is being sought for services for an off-site data center or administrative office.

- If yes, provide the HCP number of that site.

12b Applicant requesting services for an off-site data center:
 Yes No If yes, provide HCP Number:

12c Applicant requesting services for an off-site administrative office:
 Yes No If yes, provide HCP Number:

Block 2: Individual HCP Site Request for Services

Line 13: Identify a primary point of contact who can provide technical details and answer questions about the requested services for potential service providers.

- The point of contact selection can be the contact person at the physical location, the primary account holder, or someone else.

13 Contact for Request for Services:
 Same as HCP Physical Location Contact Same as HCP Primary Account Holder Other

13a If other, provide full contact information:

Contact Name	Organization Name	
Contact Name Title		
Phone	Ext.	Email

Block 4: Declaration of Assistance

Indicate if any consultants, service providers, or other outside experts aided in the preparation of the FCC Forms 460, 461, RFP (if applicable), and/or bid evaluation (Line 20).

- If yes, provide their contact information (Line 21).

Block 4: Declaration of Assistance		
20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?		
<input type="radio"/> Yes <input type="radio"/> No		
21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.		
a. Name (First, Middle Initial, Last)	b. Organization Type	
c. Title/Role	d. Employer	
e. Address Line 1		
f. Address Line 2		
g. City	h. State	i. Zip Code

Block 5: Bid Evaluation

- List all criteria that will be used to demonstrate how the most cost-effective bid will be selected. Assign a weight to each.
- Price must be a primary factor but need not be the only factor.
- No other factor may be weighted greater than price.
- Other criteria could include but are not limited to bandwidth, reliability, technical support or, previous experience with the service provider.

Block 5: Bid Evaluation	
22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary).	
Criteria	Weight
a.	
b.	
c.	

Block 6: Additional Documentation

- If you are applying as an individual and you are not submitting an RFP, leave Block 6 blank.
- If you are applying as an individual and submitting an RFP, list the RFP in Block 6.

Block 6: Additional Documentation

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

Type of Documentation

a. _____

b. _____

c. _____

Using a Request for Proposal

- If you are using an RFP:
 - Do not complete line 12a
 - Upload the RFP in Block 6
- RFP must include the evaluation criteria and assigned weights and must match Block 5



FCC Form 461: Block 7

Block 7: Certifications (and Signature)

Certification should be by an officer or director of the HCP or other authorized employee of the HCP. (Lines 24-30)

Block 7: Certifications	
24	<input type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the health care provider or consortium.
25	<input type="checkbox"/> I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
26	<input type="checkbox"/> I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules.
27	<input type="checkbox"/> I certify under penalty of perjury that the supported connection(s) and network equipment will be used solely for purposes reasonably related to the provision of healthcare service or instruction that the health care provider is legally authorized to provide under the law of the state in which the connections are provided. In addition, I certify under penalty of perjury that the supported connection(s) and network equipment will not be sold, resold, or transferred in consideration for money or any other thing of value.
28	<input type="checkbox"/> I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
29	<input type="checkbox"/> I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements.
30	<input type="checkbox"/> I understand that all documentation associated with this form, including a copy of the signed 461, any bids/contracts resulting from the 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.



FCC Form 461: Block 7

Block 7: Certifications (and Signature)

Complete Lines 31-38 with the information of the person authorized to submit the form for the HCP.

31	Signature	32	Date	
33	Printed Name of Authorized Person			
34	Title/Position of Authorized Person			
35	Phone	Ext.	36	Email
37	Employer		38	Employer's FCC RN



Overview of FCC Forms

FCC Form 462



FCC Form 462

Funding Request Form

- Specifies selected service(s), rates, service provider(s), and the date service provider was selected
- May include all circuits for a service provider on a single form
- Due no later than June 30 of the funding year
- Can only be submitted by an authorized account holder through My Portal
- Some information will be prepopulated based on your submitted FCC Forms 460 and 461, if applicable.

Before You Begin

- If the funding year has started, have a copy of the bill (from the current funding year) for each circuit available.
- Review the FCC Form 462 to ensure you can answer the detailed questions about each expense.
- Be able to identify the source of the 35 percent contribution.
- Have a copy of the contract available.
- Be prepared to upload supporting documentation.

Accessing FCC Form 462: To Begin

- The form must be completed through My Portal.
- Under the “My Forms” tab, click on the “Create 462” button.

Block 1 and Block 2

- Block 1: This information will be pre-populated.
- Block 2: Competitive Bidding Information:
 - Lines 5 - 6: Information will be pre-populated
 - Line 7: Enter the number of bids received from service providers (you will need to submit copies with the form)
 - Complete line 8 if you are claiming a competitive bidding exemption
 - Otherwise, continue to Block 3 to complete service provider information.

Block 2, Line 8: Competitive Bidding Exemption

There are five competitive bidding exemptions:

- Annual undiscounted cost of \leq \$10,000
- Purchasing from a government-negotiated Master Services Agreement (MSA)
- MSAs approved under the Pilot Program or Healthcare Connect Fund Program
- Multi-year contracts endorsed as evergreen by USAC
- Contracts negotiated under E-Rate Program (Schools and Libraries Program)

Block 3: Vendor Information

- Enter the Service Provider Identification Number (SPIN) in line 9.
- Line 10 will pre-populate with the service provider's name (based on the SPIN).

Block 4: Type of Funding Request

- If this request is for a single expense, select option one.
- If this request is for multiple expenses from one service provider, select option two.
 - This option opens the Network Cost Worksheet.

Block 5: Single Eligible Expense Request for Funding

- Line 12: Select the category of expense for which funding is requested from the dropdown.
- Line 13: Enter the expense (e.g. T-1, Ethernet) type from the dropdown.
- Line 14: Select the bandwidth for the service type in line 13.
- 14a: Provide upload and download bandwidths.

Block 5: Single Eligible Expense Request for Funding

- Line 15: If a circuit ID was provided, enter it here.
- Line 16: Enter 100 percent if the entire cost is eligible for support.
 - If some costs are ineligible for support, upload the breakout of the costs. Enter the percentage of cost that is eligible for support.

Block 5: Single Eligible Expense Request for Funding

- Line 17: If the circuit is used only for an eligible HCP and solely for the provision of health care, enter 100 percent.
 - If the circuit is shared with an ineligible entity, provide the percent used by the eligible HCP.
 - If the circuit is used part-time for non-health care related uses, provide the percent that is used for health care.
- Line 18: Provide the Billing Account Number (BAN, typically found on the service provider's bill).

Block 5: Single Eligible Expense Request for Funding

- Line 19: Enter the contract ID.
- This is a number given by USAC for a previously-endorsed contract.
- If a new contract is being uploaded with this form, this field will be populated by USAC.
 - 19a: Provide date contract/service agreement was signed
 - 19b: Select the expected (or known) service start date
 - 19c: Enter the date the contract ends
 - 19d: Number of optional extensions
 - 19e: Total number of months of base and extensions (total extensions may not exceed 60 months)

Block 5: Single Eligible Expense Request for Funding

Lines 20 and 21: Enter the physical address of the location where the circuit starts and/or ends.

- Enter the physical address of the location where the circuit starts and where the circuit ends (if applicable).
- Either Line 20 or 21 must be the HCP address listed on the FCC Form 460.

Block 5: Single Eligible Expense Request for Funding

- Line 22: If the HCP is seeking a multi-year funding commitment, check “yes” here.
 - Not available if skipping competitive bidding for <\$10,000
- Line 23: Expense frequency is how often the HCP plans to submit invoices (e.g., monthly, quarterly, semi-annually)
- Line 24: How many times will you invoice?
 - If HCP is seeking a multi-year funding commitment (Line 22) on a quarterly basis (Line 23), then Line 24 would be Line 23 x length of funding commitment (i.e. three year funding commitment times quarterly invoicing = 12 invoices)
- Line 25: The total amount of cost of each invoice

Block 5: Single Eligible Expense Request for Funding

Line 26: Source of the HCP contribution

- Where are you getting the funds for the 35 percent?
- Eligible sources include:
 - State grants, funding, or appropriations
 - Federal funding, grants, loans, or appropriations
 - Tribal government funding
 - Other grant funding, including private grants
 - Applicant funds

Block 5: Single Eligible Expense Request for Funding

Line 27: Enter the one-time installation costs

Line 28: If your contract includes a service level agreement (SLA), check “yes” here. If the SLA includes the following metrics, include them in Lines 281 – 28d:

- 28a: Latency = enter in milliseconds, as specified
- 28b: Jitter = the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream.

Block 5: Single Eligible Expense Request for Funding

Line 28: If your contract includes a service level agreement (SLA), check “yes” here. If the SLA includes the following metrics, include them in lines 281 – 28d:

- 28c: Packet Loss = The percent of packets that are dropped or discarded before reaching their destination across the network or that arrive with errors
- 28d: Reliability = The guaranteed availability of the end-to-end network functionality.

Block 6: Network Cost Worksheet

Complete Block 6 and the Network Cost Worksheet if you are seeking support for multiple expenses.

- Each expense should be on a separate line.
- Once you complete the Network Cost Worksheet, lines 29 and 30 will be calculated for you.

Block 6: Network Cost Worksheet (Contract Information)

- Columns A and B: will be prepopulated
- Column C: Contract ID is prepopulated for new contracts
- Complete Columns D – H
 - Upload contract with FCC Form 462
 - For contracts already endorsed, select Contract ID, which will prepopulate Columns D - H

Block 6: Network Cost Worksheet (Eligible Expense)

- Column I: Enter the Billing Account Number from the service provider's bill. Contact the service provider for assistance if you aren't sure before completing this field.
- Column J: Enter the type of expense you are requesting support for, such as network equipment, tariffed services leased services, etc.

Block 6: Network Cost Worksheet (Eligible Expense)

- Column K: The specific service for the expense type listed above (i.e. T1 line, or network router).
- Column L: Enter the location of the expense in the contract, explain the expense and its intended use.
- Column M: Is the service symmetrical? Enter the upload and download speeds and Column M will populate automatically.
- Column N: Enter upload speed in Mbps.

Block 6: Network Cost Worksheet (Eligible Expense)

- Column O: Enter download speed in Mbps (if M = Y, this will prepopulate with Column N).
- Column P: Enter the date this line item will enter into service (when services will start, equipment will ship, or work will be complete).

Block 6: Network Cost Worksheet (Quality of Service)

Column Q: If your contract includes a service level agreement (SLA), check “yes” here.

Block 6: Network Cost Worksheet (Quality of Service)

Complete Columns R – U if the SLAs include any of the following metrics:

- Column R: Latency = enter in milliseconds as specified
- Column S: Jitter = the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream.
- Column T: Packet Loss = The percent of packets that are dropped or discarded before reaching their destination across the network or that arrive with errors
- Column U: Reliability = The guaranteed availability of the end-to-end network functionality.

Block 6: Network Cost Worksheet (Circuit Information)

- Column V: Enter the circuit ID, if available (a service provider-specified identifier).
- Columns W and X: If you have a circuit that starts or ends at an HCP, enter the HCP number here.
 - If the location does not have an HCP number, enter the physical address of the location.
 - One of these locations should be the HCP address listed on the FCC Form 460.
- Columns Y and Z: If a dark or lit fiber lease, enter the number of strands, and the number of eligible strands.

Block 6: Network Cost Worksheet (Financial Information)

- Column AA: How many of these expenses are you requesting support for?
- Column AB: Requesting multi-year commitment for this expense?
- Column AC: Expense frequency – how often you plan to submit invoices? Monthly, quarterly, etc.
- Column AD: Quantity of Expense Periods. How many times will you invoice?
 - If Column AB = yes, this is Column AB x AC (i.e. a two-year funding commitment times monthly invoicing = 24)
- Column AE: The total cost of each item

Block 6: Network Cost Worksheet (Financial Information)

- Column AF: List the percent of the expense in AE that is eligible for support. Upload documentation in Block 7, Line 31, to explain any costs that are split out between eligible and ineligible.
- Column AG: If the expense is shared between eligible and ineligible entities, break out the percent here. Use Block 7, Line 31 to explain the cost allocation.
- Column AH: Automatically calculated

Block 6: Network Cost Worksheet (Financial Information)

Column AI: Source of the applicant's 35 percent contribution

- Eligible sources include:
 - State grants, funding, or appropriations
 - Federal funding, grants, loans, or appropriations
 - Tribal government funding
 - Other grant funding, including private grants
 - Applicant funds

Block 7: Additional Documentation

Line 31: Required Documentation

- Signed contract that clearly identifies:
 - Selected service provider
 - Health care provider(s) receiving services or equipment
 - Service type, bandwidth, and costs
 - Term of the agreement
- Competitive bidding documents:
 - Bids received, evaluation criteria, scoring matrix, etc.
 - Exemption documentation
- Cost allocation descriptions from the NCW

Block 8: Confidentiality

- Line 32: Requests for confidentiality are determined by the FCC on a case-by-case basis.

Block 9: Certifications and Signature

- Don't just check them off – make sure you read and understand them. Contact us with questions.
- The signature fields are auto-populated based on login information.
- The form cannot be submitted with missing fields.
- The form cannot be processed with missing information.
- The deadline for forms and all documentation is June 30 (end of funding year).

Overview of FCC Forms

FCC Form 463

Purpose

- Requests disbursement of HCF Program funds from USAC
- Certifies that HCP has made required 35 percent contribution from eligible sources of funds
- FCC Form 463 is filed jointly by the applicant and the service provider

When to File

- FCC Form 463 may only be submitted after:
 - A funding commitment is received;
 - Service has begun/equipment installed; and
 - The HCP/consortium has been billed by the service provider.
- The applicant and service provider must file the FCC Forms 463 within six months after the end date of the funding commitment.

Block 1: General Information

- Line 1: Generated by USAC
- Line 2: Select FRN contained in the funding commitment
- Once selected, all remaining line items will pre-populate, except Lines 6 and 9.

Block One: General Information			
Line 1: RHC Invoice Number		Line 6: Vendor/Applicant Invoice Number	
Line 2: FRN		Line 7: SPIN	
Line 3: HCP Number		Line 8: Vendor Name	
Line 4: Site/Consortium Name		Line 9: Total Invoice Amount	
Line 5: Funding Year:			

Block 1: General Information

- Line 6: Enter Applicant Invoice Number
- Line 9: Amount USAC will pay the service provider for the services on the invoice
- Amount is calculated based on values contained in FCC Form 463

Block One: General Information			
Line 1: RHC Invoice Number		Line 6: Vendor/Applicant Invoice Number	
Line 2: FRN		Line 7: SPIN	
Line 3: HCP Number		Line 8: Vendor Name	
Line 4: Site/Consortium Name		Line 9: Total Invoice Amount	
Line 5: Funding Year:			

Block 2: Eligible Expenses

- Select the FRN ID in Column A (found in the funding commitment).
- Once the FRN ID is entered, complete the remaining columns (using information contained in FCC Form 462).

Block Two: Eligible Expenses						
A	B	C	D	E	F	G
FRN ID	Billing Account Number	HCP Number	Site Name	Category of Expense	Expense Type	Bandwidth

Block 3: Dates, Quantities, and Costs

- Column H: Enter service start date/shipping date or last day work was completed.
- Columns I and J: Enter the first and last date of the billing period for this invoice.

Block Three: Dates, Quantities, and Costs					
H	I	J	K	L	
Service Start Date/Shipping Date or Last Day of Work	Billing Period Start Date	Billing Period End Date	Quantity of Items Invoiced	Total Cost Invoiced (Undiscounted)	

Block 3: Dates, Quantities, and Costs

- Column K: Enter the numeric quantity of items billed.
- Column L: Enter the actual total undiscounted cost for the billing period (including taxes and surcharges).

Block Three: Dates, Quantities, and Costs				
H	I	J	K	L
Service Start Date/Shipping Date or Last Day of Work	Billing Period Start Date	Billing Period End Date	Quantity of Items Invoiced	Total Cost Invoiced (Undiscounted)

Block 4: Calculation of Support

- Columns M and N will be pre-populated based on the FRN ID information on FCC Form 462.
- Column O will be calculated by multiplying columns L, M, and N of the FCC Form 463.

Block Four: Calculation of Support			
M	N	O	P
Percent of Expense Eligible	Percent of Usage Eligible	Total Eligible Actual Cost (Undiscounted)	USF Support Amount to be paid

Block 4: Calculation of Support

Column P: Total amount that USAC will pay for this line item

- Calculated by multiplying Column O by the fund discount percentage in the funding commitment

Block Four: Calculation of Support			
M	N	O	P
Percent of Expense Eligible	Percent of Usage Eligible	Total Eligible Actual Cost (Unallocated)	USF Support Amount to be paid

Block 4: Calculation of Support

- Sum of line items in column P are shown in Line 9: Total Invoice Amount
- USAC will pay the lesser of (per line item):
 - Value calculated in Column P; or
 - Support amount specified in the FCL

Block 5: Supporting Documentation

Line 10: Applicants and service providers may attach supporting documentation, including copies of bills, for the line items being submitted.

- Submitting support documentation will ensure that such information is available for any future audit.

Block 7: Applicant Certifications and Signatures

Each certification must be completed, including:

- Verification that 35 percent minimum HCP contribution was funded by eligible sources and that required contribution was remitted to the service provider.

Block Seven: Applicant Certifications and Signatures		
<input type="checkbox"/> Line 22: I certify that I am authorized to submit this Form 463 on behalf of the healthcare provider or consortium.		
<input type="checkbox"/> Line 23: I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained on this Form 463 is true and correct.		
<input type="checkbox"/> Line 24: I declare under penalty of perjury that the HCP or consortium members have received the related services, network equipment, and/or facilities itemized on this Form 463.		
<input type="checkbox"/> Line 25: I declare under penalty of perjury that the required 35 percent minimum contribution for each item on the Form 463 was funded by eligible sources as defined in the FCC rules and that the required contribution was remitted to the vendor.		
Line 26: Signature	Line 27: Date	
Line 28: Printed Name of Authorized Person		
Line 29: Title/Position of Authorized Person		
Line 30: Phone	Ext.	Line 31: Email
Line 32: Employer	Line 33: Employer's FCC RN	



FCC Form 463: Block 7

Block 7: Applicant Certifications and Signatures

Lines 26-33 to be completed by an officer, director, or other authorized employee of the individual HCP (Block 4)

- A letter of authorization must be on record if not an employee of the HCP



FCC Form 463: Block 6

Block 6: Vendor Certifications and Signatures

- Each certification must be completed and signed by an authorized representative of the service provider.
- Note: If revisions are made, the HCP must review and re-certify the form before USAC can begin processing.

Block Six: Vendor Certifications and Signatures	
<input type="checkbox"/> Line 11: I certify that I am authorized to submit this Form 463 on behalf of the vendor.	
<input type="checkbox"/> Line 12: I understand that the vendor must apply the amount submitted, approved, and paid by USAC (Column P - USF support amount to be Paid) to the billing account of the health care provider(s) and FRN/FRN IDs listed on this invoice.	
<input type="checkbox"/> Line 13: I declare under penalty of perjury that I have examined this form and attachments to the best of my knowledge, information, and belief, the dates, quantities, and costs provided under Block three of this Form 463 are true and correct.	
Line 14: Signature	Line 15: Date
Line 16: Printed Name of Authorized Person	
Line 17: Title/Position of Authorized Person	
Line 18: Phone	Ext.
Line 19: Email	Line 20: Employer
Line 21: Employer's FCC RN	

Next Steps...

Once USAC has reviewed and approved the FCC Form 463, the service provider will receive payment either directly or as an offset to its universal service contribution.

This designation is completed on the FCC Form 498.