

FCC Form 461

Online Filing Instructions for Individual HCPs

The FCC Form 461 (Request for Services Form) provides information about requested services and network equipment to enable an effective competitive bidding process.

- Used to initiate the competitive bidding process
- Provides necessary information to potential service providers about requested services, network equipment, and/or facilities to enable effective competitive bidding

Who Needs to File

All applicants are required to file the FCC Form 461 unless their request for services meets one or more of the HCF Program competitive bidding exemptions.

When to File

The FCC Form 461 can be submitted starting 180 days before the beginning of the funding year, and must be posted on USAC's website for at least 28 days before the health care provider (HCP) signs a contract with a service provider and submits the FCC Form 462.

How to File

Applicants must submit the form through My Portal, the Rural Health Care (RHC) Program's application management system. Applicants must also submit any required supporting documentation.

Filing the Form

Before filling a new FCC Form 461 in My Portal, the FCC Form 460 must be reviewed and approved by USAC.

- 1. Log in to My Portal.
- 2. Select "Individual Applicant Healthcare Connect Fund Program (Forms 460, 461, 462, 463)."
- 3. Click "Create Form 461."

Block 1: General Information

- Site specific information
- 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 | | |



Block 2: Individual HCP Site Request for Services

| Block 2: Individual HCP Site Request for Services | | | |
|--|---|--|--|
| 10 ☐ Applicant has prepared and is submitting an RFP with this form. | | | |
| ☐ Applicant has not and will not prepare an RFP. | | | |
| 10a Requested contract period | | | |
| 10b Expected bid evaluation period | | | |
| 1 Number of Days Posted | | | |
| Number of days USAC should post: Pos | ting end date: | | |
| Line 10a: Enter the expected contract period – Line 10b: Enter the expected time period during Line 11: Indicate how long the HCP's FCC Form 461 shown May enter number of days or a posting end day Either selection must provide for a minimum of the Line 12: Select one or both "Category of Expenses" – or equipment or leased facilities for individual HCP applicants HCF Program but are eligible for consortium applicants If you are unsure – check both | ng which the applicant will evaluate bids ould be posted on USAC's website ate of 28 days ertain expenses related to network cants are not eligible for support under the | | |
| 12 Category of Expense Requested (check all applicated Network Equipment Leased/Tariffed Facilities or Services Line 12a: In order to assist potential bidders, HCPs mulanticipate using over the connections for which they a | st identify the applications that they | | |
| applications from the following four categories: | | | |
| o Interactive: | Category: Interactive | | |
| Require service with little to no delay | ☐ Distance learning/training | | |
| | ☐ Real-time remote examination, consultation and/or monitoring | | |
| | ☐ Video conferencing | | |
| | ☐ Voice service | | |
| | Other (describe): | | |
| | | | |
| Transactional: | Category: Transactional | | |
| Require service where minor delays are | ☐ Distance learning/training | | |
| acceptable, but not above two seconds | ☐ Electronic patient billing | | |
| | ☐ Exchange of electronic health records | | |
| | ☐ Internet access | | |
| | ☐ Transmission of large files (e.g., X-ray images, MRI, etc.) | | |
| | ☐ Other (describe): | | |
| | | | |



| | 0 | Bulk: | | Category: Bulk | | |
|---|--|---------------------------------------|-------------------|--|--------------|--|
| | | Require service usually performe | ed in the | ☐ Electronic patient billi | | |
| | | background with lower priority, o | | ☐ Exchange of electron | | |
| | | off-peak hours | _ | ☐ Transmission of large images, MRI, etc.) | | |
| | | | _ | ☐ Transmission of store consultations | and forward | |
| | | | _ | ☐ Other (describe): | | |
| | | | | | | |
| | 0 | Miscellaneous: | | Category: Miscellaneo | us | |
| | | Require service for applications t | hat do | ☐ Backup/redundant o | connectivity | |
| | | not readily fit in the prior three | categories | Other (describe): | | |
| | The applications listed are not eligible services but rather a list of examples of applications that may need a broadband connection. For each application selected, describe the anticipated usage level and usage period. Usage Level: Describe the expected level of usage for each application selected Usage Period: Describe how and when the selected application will be used | | | | | |
| C | apal | pility | Usage Leve | I | Usage Period | |
| C | ateg | ory: Interactive | | | | |
| | Dis | tance learning/training | | | | |
| Line 12b and 12c: Indicate whether support is being sought for services for an off-site data center or administrative office o If yes, provide the HCP number of that site | | | | | | |
| 12b | Ap | olicant requesting services for an of | f-site data cente | er: | _ | |
| | 0 | Yes O No | If yes | , provide HCP Number: | | |
| 12c | App | olicant requesting services for an of | f-site administra | tive office: | _ | |
| | 0 | Yes O No | If yes | , provide HCP Number: | | |
| 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: O Same as HCP Physical Location Contact O Same as HCP Primary Account Holder O Other | | | | | | |
| 13a | | er, provide full contact information: | | | | |
| | Cor | tact Name | rganization Name | | | |
| | | stact Name Title | | | <u></u> | |
| I | Pho | ne Ext. E | mail | | | |



Block 4: Declaration of Assistance

- Indicate if any consultants, service providers, or other outside experts aided in the preparation of the FCC Forms 460 or 461, the RFP (if applicable), or the bid evaluation
 - o If yes, provide their contact information on Line 21

| Ble | 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? | | | | |
| | (| O Yes O No | | | |
| 21 | 1 List the contact information for all consultants, service providers, and outside experts that assisted in preparing an 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
 - o 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 bandwidth, reliability, technical support, previous experience, etc.
 - o If there is an RFP, criteria must be included in the RFP

| Bloc | 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 the 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.
 - o If you are using an RFP, do not complete Line 12a in Block 2.

| Blo | ock 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. |



Block 7: Certifications (and Signature)

• Certifications should be by an officer, director, or other authorized employee of the HCP (Lines 24-30)

| Block 7: Certifications | | | | |
|--|--|--|--|--|
| 24 I certify under penalty of perjury that I am authorized to submit this request on behalf of the health care provider or consortium. | | | | |
| 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 I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules. | | | | |
| 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 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 I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements. | | | | |
| 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. | | | | |

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

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

Need Help?

Visit the <u>Getting Started</u>, <u>Trainings and Outreach</u>, and <u>HCF Program FAQs</u> web pages for help. You can also <u>email</u> your questions about the HCF Program or call the HCF Help Desk at (800) 453-1546.