



Sample Funding Commitment Letter

Date: XX/XX/XX

Name

HCP

HCP Address

HCP City State, Zip

Re: Funding Commitment for Funding Year XXXX, Packet ID# XXXXX

Dear Name:

The Rural Health Care (RHC) Program of the Universal Service Administrative Company (USAC) has completed a review of your FCC Form 466 or FCC Form 466-A requesting for support for telecommunications or Internet services. Based on the information provided on your application(s), RHC determined that the rural Health Care Provider (HCP) may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year XXXX (XX/XX/XX to XX/XX/XX). The estimated total support amount RHC has reserved for your request is listed below.

Service: XXXXX

Billing Account Number: XXXXX

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
XXXXX	XX/XX/XX	XX/XX/XX	XX	\$00	\$00	\$00	XXXXX

We have sent this letter to both the rural HCP mailing address above and the rural HCP physical location below (if these addresses are different).

HCP Number: XXXXX

HCP Contact Name: XXXXX

HCP Name: XXXXX

HCP Address: XXXXX

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: XXXXX

Service Provider Identification Number (SPIN): XXXXX

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on the FCC Form 466 or FCC Form 466-A.
- **Type of Service Agreement:** This reflects RHC's determination of whether the applicant is eligible for support based on a contract or a month-to-month service. For contract service, RHC must have reviewed the relevant document(s) and determined that they meet RHC contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month-to-month service, or if an HCP is eligible for month to month service support prior to the contract award date, it is treated as month-to-month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that FCC Form 465 was posted on the RHC website, but month-to-month service is never eligible for such pre-posting support. Questions about contract/month-to-month determination may be directed to the RHC Customer Service Support Center at (800) 229-5476.
- **Eligible Support Start Date:** The first possible date on which the RHC will provide support for the requested service. Note: If the actual start date on FCC Form 467 is different from the date on FCC Form 466 or FCC Form 466-A, the eligible start date will either be the date shown on FCC Form 467 or the 29th day after FCC Form 465 was posted on the RHC website, depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year **XXXX** is June 30, **XXXX**. This is also the last day support may be given to eligible rural HCPs for Funding Year **XXXX** of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the Eligible Support Start Date to the Support End Date based upon information provided on FCC Forms 466 or 466-A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on FCC Forms 466 or 466-A and supporting documentation. It may be different from the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the HCP should receive on bills from the service provider on a monthly basis during Funding Year 2009. This amount is calculated from the information provided by the HCP on FCC Form 466 or FCC Form 466-A and supporting documentation. It may be different than the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHC on FCC Form 467.
- **Funding Request Number:** The number assigned by the RHC used to report to applicants and service providers the status of individual discount funding requests submitted on an FCC Form 466 or FCC Form 468.

Next Steps

It is important to save this letter. The next step in this process is to complete and submit an FCC Form 467. An electronic certification option is available through the RHC website, allowing you to submit the FCC Form 467 online. See the “E-certification” section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (if this funding commitment letter is for zero support, you need not complete a FCC Form 467). You will need the Funding Request Number in the table above to complete FCC Form 467. Your completed FCC Form 467 allows RHC to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services and any other administrative details relevant to your participation in this universal service program.

When filling out FCC Form 467, take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the “universal service support credit.” The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHC recommends that HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the “parent” entity in a telemedicine consortium or network, verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The FCC Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the HCP. The signer of FCC Form 467 is certifying that the eligible HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466-A, and 467 may be subject to audit by the RHC and the FCC. The RHC must be immediately notified, if at any time, the supported services are not being conveyed to the eligible HCP, or the eligible HCP is not otherwise receiving the benefit of this federal universal service support. HCPs that are approved for support are reminded that it, and any entity that filed an application on its behalf, continue to be subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If the RHC discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHC and other appropriate federal, state, and local authorities.

Appeals

The RHC recognizes that you may disagree with our decision. **If you wish to file an appeal, your appeal must be postmarked within 60 days of the date of this letter.** Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/filing-appeals.aspx>

Funding Years

The Funding Year application-filing window will always open well before the beginning of the funding year on July 1. Check the RHC website for dates and details. The FCC requires applicants to re-file each funding year to participate in the RHC program, and applicants must complete and have an FCC Form 465 posted on the RHC website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, you may call the Rural Health Care Help Desk at (800) 229-5476, Monday through Friday, 8AM – 8PM, Eastern Time. Be sure to have your HCP Number available.

Sincerely,

RHC - USAC

cc: **Service Provider Name, HCP Name**