



HCF Program - What is a Consortium?

HCF Consortia Best Practices and Resources
January 28, 2026

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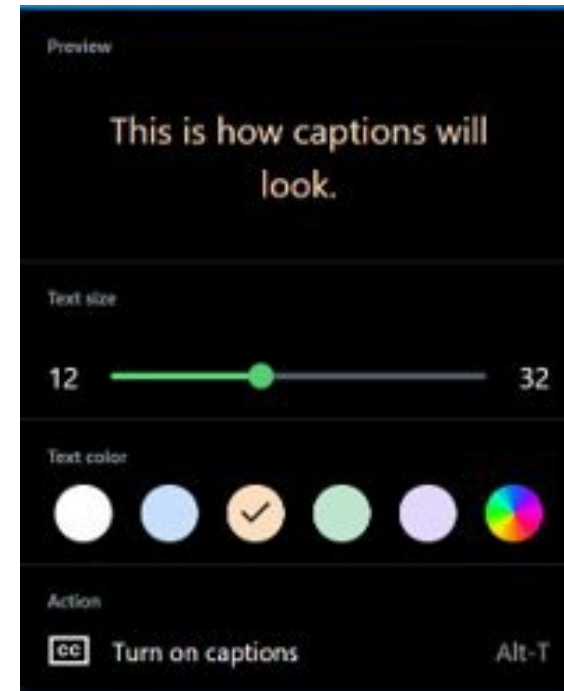
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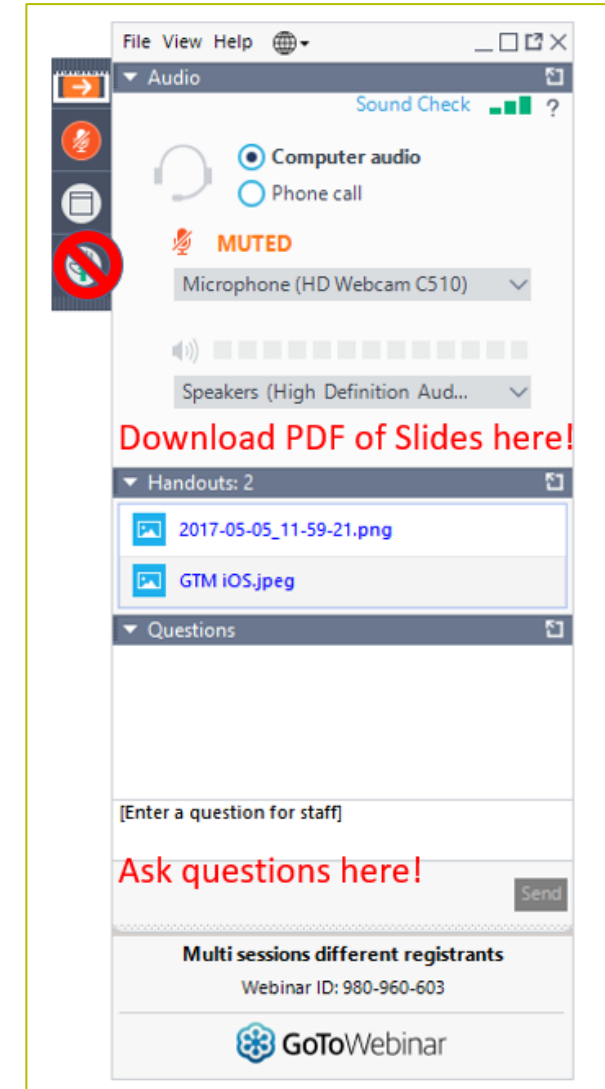


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Meet Our Team



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Agenda

- Getting Started
- Forming a Consortium
- Best Practices for Requesting Services
- Submitting Funding Requests
- Resources

Glossary

Acronym	Definition
FCC	Federal Communications Commission
HCF	Healthcare Connect Fund
FY	Funding Year
HCP	Health Care Provider (your site)
HCP Number	Number associated with your site or consortium
PAH	Primary Account Holder
LOA	Letter of Agency
LOE	Letter of Exemption
TPA	Third Party Authorization

Getting Started

HCF Consortium Best Practices & Resources

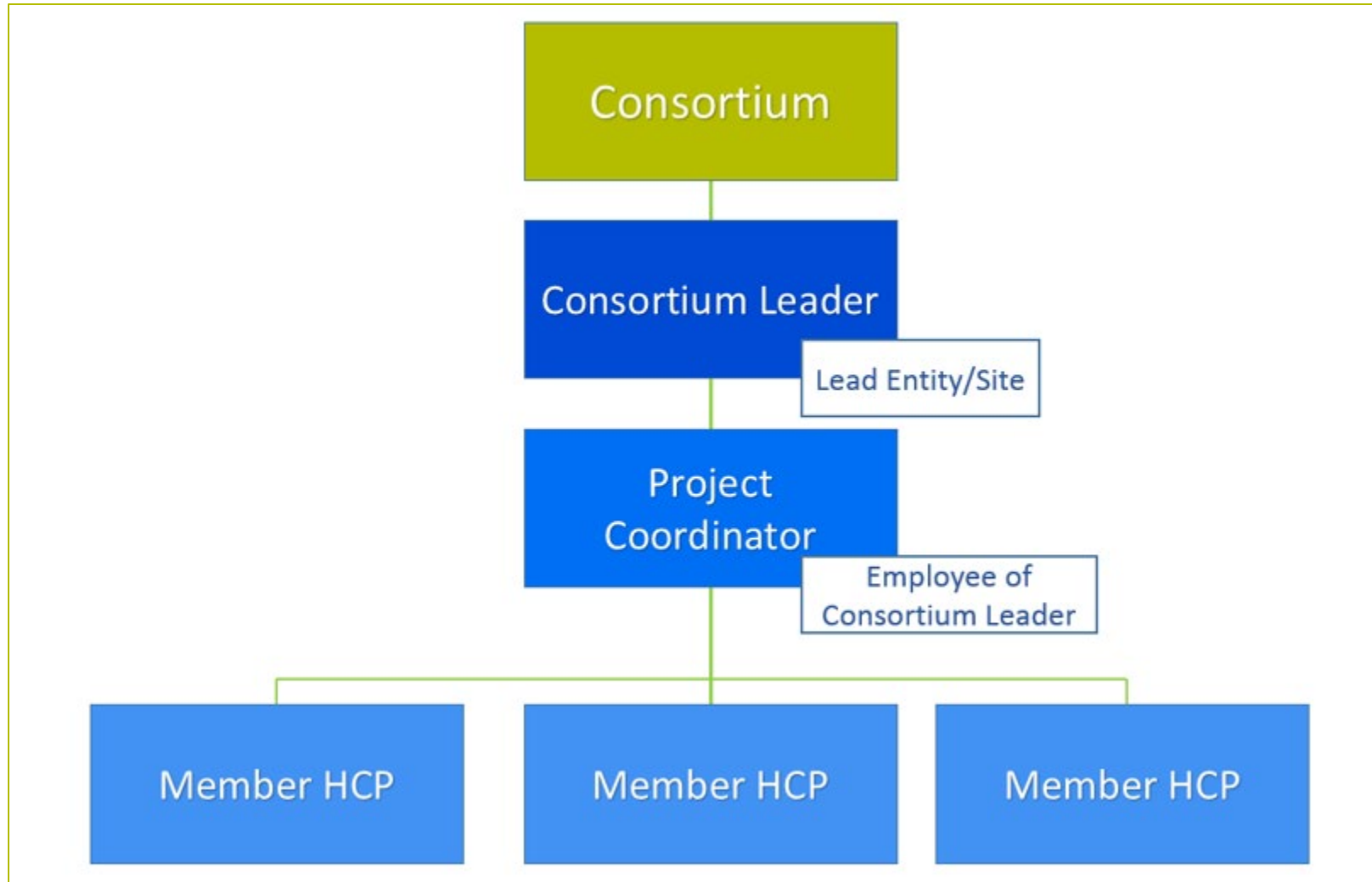
What is a Consortium?

- A consortium is two or more health care providers (HCPs) that choose to request support from the Healthcare Connect Fund (HCF) Program as a single entity.
- A consortium can file a single application on behalf of all its members.
- Eligible and ineligible HCPs may participate in a consortium.
 - Ineligible entities cannot receive direct funding and must pay their fair share (HCF Order, para.178-184)
 - Costs shared by eligible and ineligible entities must be allocated in a manner that ensures that only eligible entities receive the benefit of program discounts.

Consortium Leader

- A consortium leader is the legal entity for the consortium.
- The consortium and the consortium leader can be the same entity (if the consortium is a legal entity) but are not required to be.
- What other types of entities can be considered a consortium leader?
 - Eligible HCP participating in the consortium;
 - Ineligible state organization;
 - Public sector (government) entity, including Tribal Governments; or
 - Nonprofit entity

Example Consortium Structure



Consortium Leader Responsibilities

- Ensures that all applicants and service providers comply with any applicable state or local competitive bidding requirements.
- Legally and financially responsible for the activities of the consortium.
- Designates a Project Coordinator responsible for communicating with USAC and the FCC.
- Submits program forms, required documents, and verifies that all information and certifications are accurate and true.
- Ensures that the competitive bidding process is fair and open, and compliant with FCC requirements.
- Responsible for the invoicing process.
- Responsible for recordkeeping, all post-commitment activities, and responding to audits.

Project Coordinator

- The Project Coordinator is an individual who is an officer, director, or authorized employee of the consortium leader.
- Responsible for signing all forms submitted on behalf of the consortium.
- Serves as point of contact with USAC and the FCC on all matters related to the consortium.
- Responsible for responding to inquiries from USAC and the FCC on behalf of the consortium members throughout the application, funding, invoicing, and post-invoicing process.

Member HCPs

- An individual site that has an approved individual FCC Form 460.
- Represents one of the individual HCPs that make up a consortium.
- Can be urban or rural but consortium must be more than 50% rural.
- Letter of Agency or Letter of Exemption connect the HCP to the consortium.

Consortium Majority Rural Rule

- Per FCC Order 19-78, all current and new consortia must be majority rural.
- FCC Report and Order 19-78 eliminated the three-year grace period for consortia to become majority rural; there is no grandfathering of prior RHC Pilot Program consortia or other existing consortia.
- “Majority Rural” means that **more than** 50% of participating HCPs in a consortium must be rural.
- Funding requests filed by consortia that are not in compliance with the majority-rural threshold **at the time the funding request is submitted** will be denied.
- Per FCC Order 19-78, the “majority rural” consortia percentage requirement will automatically increase by 5% for the following funding year whenever RHC Program demand exceeds the funding cap (up to a maximum of 75%).
- For more information, read [FCC Order 19-78](#).

Things to Consider

- A consortium must meet a majority rural percentage quota in order to continue receiving eligible funding (i.e., more than 50 percent of HCP sites are rural).
- HCPs can participate as both an individual HCP and a member HCP of a consortium.
- Network-wide services may be eligible when requesting funding as a consortium.
- Services related to a “network” are not eligible when applying as an individual applicant.
- Membership in a consortium is not dependent on ownership structure; HCPs can connect different member sites via Letter(s) of Agency (LOA).
- Membership in a consortium is not dependent on HCP locations; member sites from different states can be part of a consortium.

Questions?

Forming a Consortium

HCF Consortium Best Practices & Resources

Individual vs. Consortia Applications

- A consortium is two or more HCPs that choose to request support on a single application.
- In a consortium, a funding request for multiple HCPs may be listed under one FCC Form 462.
- In an individual application, a funding request is submitted for each approved HCP circuit location.
 - The circuit location on the supporting documentation should match the approved location found on the FCC Form 460.

Three Types of Account Holders

1. Primary Account Holder (PAH)

- Must work for the legal entity of the HCP
- Responsible for the accuracy of information submitted to USAC
- Can only be one individual
- Mandatory for every HCP
- Responsible for keeping all account holder information current

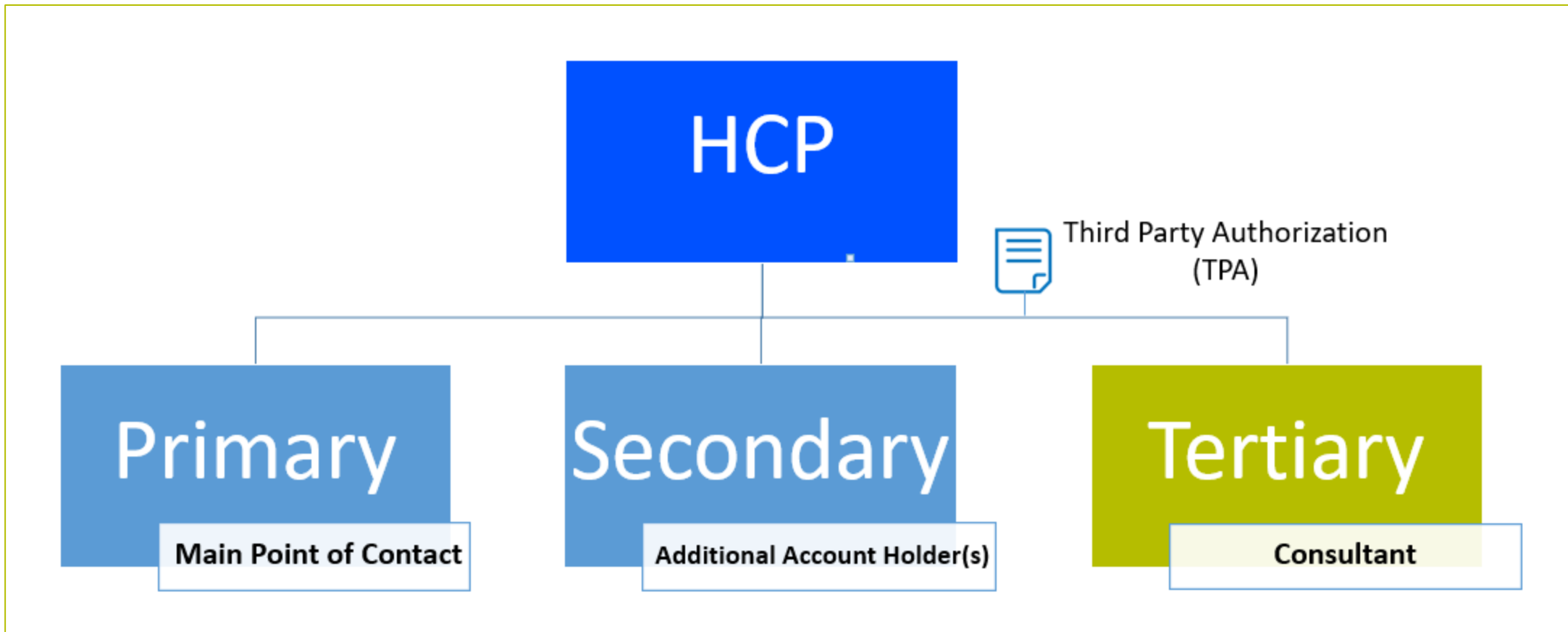
2. Secondary Account Holder

- Must work for the legal entity of the HCP
- Responsible for the accuracy of information submitted to USAC
- Can have multiple secondary account holders

3. Tertiary Account Holder

- Hired by the HCP to file forms on their behalf (e.g. consultants)
- Must have a valid Third-Party Authorization (TPA)
- TPA are uploaded to the FCC Form 460 upon submission or added by the PAH.

Types of Account Holders

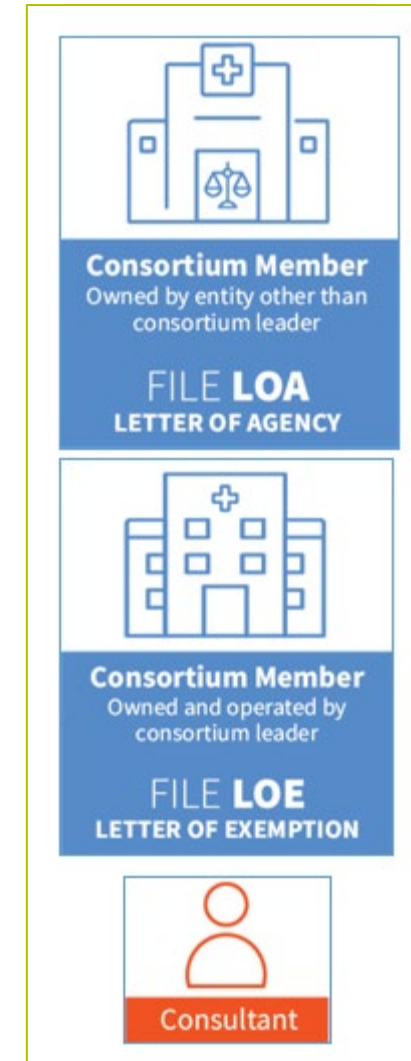


Account Holder Management

- All account holders should be up to date at all times.
- Automatic emails and Information Requests are sent directly to all account holders.
- If the PAH needs to be changed to another individual, the current PAH should log into RHC Connect and file an FCC Form 460 revision.
- The new PAH should make changes to other authorizations.
- PAH changes and all other user management functions is now in RHC Connect.

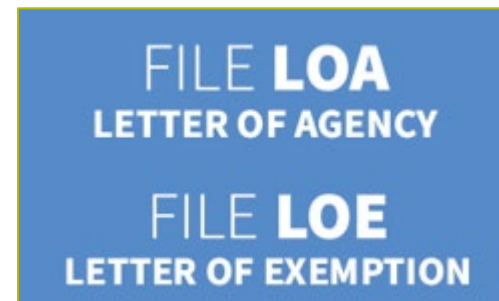
Authorizations

- **Letter of Agency (LOA)** - Provides written authorization for the Project Coordinator to act on behalf of each participating health care provider (HCP) within the consortium.
 - This is mandatory for HCP member sites not owned and operated by the Consortium Leader.
- **Letter of Exemption (LOE)** - Provides written authorization to the Project Coordinator to file forms for sites that are owned and operated by the Consortium Leader.
- **Third Party Authorization (TPA)** - Provides written authorization for a third party/consultant to complete and submit forms on behalf of an HCP.

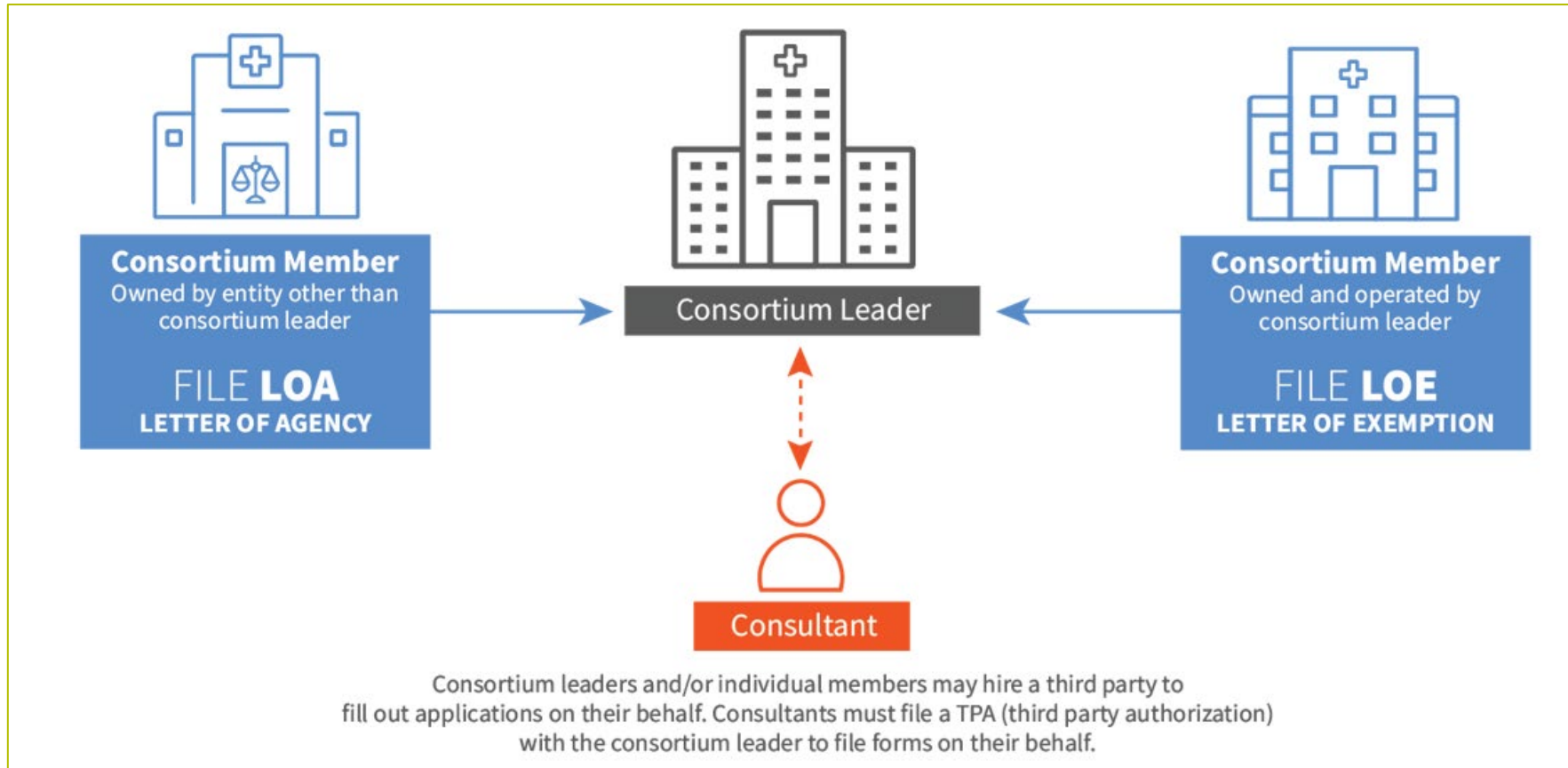


Steps to Form a Consortium

1. Identify member HCPs and determine if member sites already have approved FCC Forms 460.
2. Identify the Consortium Leader (entity) and the consortium Project Coordinator who will be responsible for filing forms on behalf of the consortium.
3. Review necessary authorizations including LOAs and LOEs to determine which authorizations are needed.



Letter of Agency (LOA) and Letter of Exemption (LOE)



Consortium Member Site

- If member HCPs **do not** currently participate in the HCF Program:
 - Project Coordinator must identify the new HCPs that will participate as member sites.
 - Submit individual FCC Form 460s, once this function is deployed in RHC Connect, to determine eligibility of each member site.
 - Must verify that at least one HCP location is rural and wait for the FCC Form 460 to be approved.
 - Once the first rural FCC Form 460 is approved, file the FCC Form 460 for the consortium.
 - Once the consortium FCC Form 460 is approved, connect member site with consortium via an LOA in RHC Connect.



Consortium Member Site (continued)

- If member HCPs **currently participate** in the HCF Program:
 - Do not submit a new FCC Form 460 for an existing site as it will be denied as a duplicate in the system.
 - If you do not have access to that HCP, email rhc-assist@usac.org with the HCP number in the subject line to find out who the current account holders are.
 - Connect individual member sites to the consortium via LOA in RHC Connect.



Consortium Leader

- The consortium FCC Form 460 will have a separate HCP number from the individual HCP member sites.
- The **Consortium Leader** is the entity responsible for filing forms.
 - If an individual HCP site is assigned as the consortium leader, this site must already have eligibility determined via an individual FCC Form 460.
- The **Project Coordinator** is the person responsible for filing forms.



LOA Requirements

- ☐ Name of the entity being authorized to submit application forms.
- ☐ Name of the entity on whose behalf the Project Coordinator is authorized to file (HCP/consortium member).
- ☐ Physical location address of the HCP/consortium member site.
- ☐ Specific timeframe the LOA covers (start date and end date).
- ☐ Signature, title, and contact information of an officer, director, or other employee of the HCP/consortium member who is authorized to act on behalf of the HCP/consortium member.
- ☐ Date of signature.
- ☐ Type of services covered by the LOA.
- ☐ Relationship of the HCPs listed on the LOA to the entity signing the LOA on their behalf (only for health systems or an HCP that owns multiple locations).

RHC Connect

- RHC Connect is the platform used to submit FCC forms for the RHC program to USAC.
- For FY2025, all information from the FCC Form 460 submitted in My Portal has been migrated to RHC Connect.
- FCC Forms 460 and LOAs/LOEs and TPAs have moved to RHC Connect.
- Resources
 - [LOA/LOE User Guide](#)
 - [Sample LOAs](#)
 - [TPA User Guide](#)

Questions?

Best Practices – Request for Services

HCF Consortium Best Practices & Resources

Eligible Expenses – Individual vs. Consortium

	INDIVIDUAL Applicants	CONSORTIUM Applicants
Eligible Services (§ V.A.1)	✓	✓
Reasonable & Customary Installation Charges (§V.A.6) (≤\$5,000 undiscounted cost)	✓	✓
Lit Fiber Lease (§V.A.3)	✓	✓
Dark Fiber (§V.A.3)		
<ul style="list-style-type: none"> Recurring charges (lease of fiber and/or lighting equipment, recurring maintenance charges) 	✓	✓
<ul style="list-style-type: none"> Upfront payments for IRUs, leases, equipment 	No	✓
Connections to Research & Education Networks (§V.A.4)	✓	✓
HCP Connections Between Off-Site Data Centers & Administrative Offices (§V.A.5)	✓	✓
Upfront Charges for Deployment of New or Upgraded Facilities (§V.A.7)	No	✓
HCP-Constructed and Owned Facilities (§ IV.D)	No	✓
Eligible Equipment (§V.B)		
<ul style="list-style-type: none"> Equipment necessary to make broadband service functional 	✓	✓
<ul style="list-style-type: none"> Equipment necessary to manage, control, or maintain broadband service or dedicated health care broadband network 	No	✓

What is a Request for Services?

- The HCP submits the FCC Form 461 to let service providers know what types of services and/or equipment are being requested.
- Service providers use the information on the FCC Form 461 to create a bid to provide those services.
- For the Healthcare Connect Fund (HCF) program, the FCC Form 461 is the “Request for Services” form.

Network Plan

- Consortia applicants are required to submit a narrative describing specific elements of their network plan with the FCC Form 461.
 - This is different from the RFP.
 - Consortia applicants must include a network plan with the FCC Form 461 regardless of the consortium's decision to submit an RFP.
- Network Plan Requirements:
 - Goals and objectives of the proposed network
 - Strategy for combining the specific needs of health care providers (HCPs) (including providers that serve rural areas) within a state or region
 - Strategy for leveraging existing technology to adopt the most efficient and cost-effective means of connecting those providers
 - Description of how the supported network will be used to improve or provide health care delivery
 - Description of any previous experience in developing and managing health information technology (including telemedicine) programs
 - A project management plan outlining the project's leadership and management structure, and a work plan, schedule, and budget

Network Plan Checklist

- Download the [printable checklist](#) to ensure network plan requirements are met.

REQUIREMENT	WHAT IS IT?
Goals & Objectives	<input type="checkbox"/> Address the goals and/or objectives of the consortium, how the requested services will be used, and/or why the consortium is competitively bidding for these services or planning to expand your network capabilities.
Strategy for Aggregating Specific Needs of HCPs	<input type="checkbox"/> Provide a description or strategy of how the consortium will aggregate the broadband network needs of the participating health care providers (HCPs) to create a cohesive network. <input type="checkbox"/> Indicate whether the consortium is regional, state-wide, or spans a group of states to ensure service providers bidding for services understand the network and its specific needs. <input type="checkbox"/> If the participating HCPs are located in rural or remote areas, describe the needs of these participants.
Strategy for Leveraging Existing Technology	<input type="checkbox"/> Provide a description of how the consortium plans to use an existing network to adopt a cost-effective means to connect to the service providers. <input type="checkbox"/> Provide a description of the consortium's existing network and how the current network will be used to supplement the needs of the consortium and ensure a cost-effective strategy.
Description of How Supported Network will be Used	<input type="checkbox"/> Provide a brief description detailing the plan to use the broadband network to improve or provide healthcare delivery (or telemedicine) to the HCPs. For example, this section can include examples of medical documents, charts, or x-rays that are transmitted via Internet, or the plan regarding how the network will be used to video conference with physicians in remote clinics.
Description of Previous Experience Developing & Managing HIT Programs	<input type="checkbox"/> Provide a brief description of any consortium staff experience with the delivery of healthcare information technology (HIT) or telemedicine programs. <input type="checkbox"/> Include a description of the current management team and their experience with developing and managing HIT and telemedicine programs. This will ensure that USAC and service providers understand the background and ability to manage the consortium's network expansion.
Project Management Plan	<input type="checkbox"/> Provide a brief description of the project's management structure or leadership as well as a work plan and a schedule for the work plan (including approximate dates for work to begin, installation dates, etc.), and the budget available to fund the remaining 35 percent of the total cost of the services. <input type="checkbox"/> The project's leadership and management structure should identify who will be working with the service provider to implement services as well as defining leadership roles within the consortium team.

Reminders

- A consortium is required to submit an RFP with the FCC Form 461 if:
 - The consortium is seeking more than \$100,000 in program support during the funding year, including applications that seek more than \$100,000 in program support for a multi-year commitment.
 - The consortium is seeking support for participant-constructed and owned network facilities.
 - The consortium is interested in soliciting bids for dark fiber.
- If an HCP is seeking bids for secondary or back-up solutions, it must be explicitly stated in the RFP and competitive bidding documents that the services solicited will include secondary services.
- If an HCP is soliciting services to construct their own network, solicitation for leased services must also be included in the competitive bidding documents.
 - Cost-effectiveness between HCP-owned and vendor-leased services must be determined based on the life of the HCP-owned asset.
 - This will be reviewed when the FCC Form 462 is submitted.
- Be sure to include all member HCPs that are seeking services on the FCC Form 461.
 - If a member HCP does not appear on the FCC Form 461, it will not be available to select on the FCC Form 462.

Site and Service Substitutions

- Site and service substitutions allow applicants to reallocate un-invoiced committed funds to substitute services, modify or upgrade services, or provide the requested services to other eligible sites.
- Substitutions may not exceed the approved funding amount.
- Substitutions must be submitted by the service delivery deadline.
- You may request a site and service substitution if:
 - the substitution is provided for in the contract, within the change clause, or constitutes a [minor modification](#),
 - the site is an eligible health care provider (HCP), and the service is an eligible service under the Healthcare Connect Fund (HCF) Program,
 - the substitution does not violate any contract provision or state, Tribal, or local procurement laws, and
 - the requested change is within the scope of the controlling FCC Form 461 (Request for Services Form), including any applicable Request for Proposal (RFP) used in the competitive bidding process.

Best Practices – Competitive Bidding

- Begin your competitive bidding process early.
- Be sure to include all sites that want to receive funding on the FCC Form 461,
- Once the ACSD has passed and you've chosen a service provider, include them when you need information to reply to Information Requests.
- Ensure your service provider is aware of all the necessary documentation needed for future steps in the application process.
- All bid correspondence should be handled via email for audit purposes.
- HCPs and service providers are required to retain documentation for a minimum of five years.

Resources

- [Competitive Bidding FAQs](#)
- [RHC Posted Services Tool](#)
- [RHC Program Request for Services Dataset](#)
- [Welcome to RHC Connect – FCC Form 461](#)
- [RHC Connect User Guide – FCC Form 461](#)
- [Welcome to RHC Connect – FCC Form 461](#) – self-paced video training guide
- [Information Request tip sheet](#)
- Subscribe to the [RHC Monthly Newsletter](#)

Best Practices – Submitting Funding Requests

HCF Consortium Best Practices & Resources

What is a Funding Request?

- Once a service provider is selected, the next step is to submit a **funding request** to USAC to provide information about the services selected and certify that those services are the most cost-effective option of the offers received.
- Specifies the type of service(s) ordered, cost, name of service provider(s), and terms of the service agreement(s).
- Applicants submit their HCF funding request using an **FCC Form 462** (Funding Request Form).

Eligible Expenses – Individual vs. Consortium

	INDIVIDUAL Applicants	CONSORTIUM Applicants
Eligible Services (§ V.A.1)	✓	✓
Reasonable & Customary Installation Charges (§V.A.6) (≤\$5,000 undiscounted cost)	✓	✓
Lit Fiber Lease (§V.A.3)	✓	✓
Dark Fiber (§V.A.3)		
<ul style="list-style-type: none"> Recurring charges (lease of fiber and/or lighting equipment, recurring maintenance charges) 	✓	✓
<ul style="list-style-type: none"> Upfront payments for IRUs, leases, equipment 	No	✓
Connections to Research & Education Networks (§V.A.4)	✓	✓
HCP Connections Between Off-Site Data Centers & Administrative Offices (§V.A.5)	✓	✓
Upfront Charges for Deployment of New or Upgraded Facilities (§V.A.7)	No	✓
HCP-Constructed and Owned Facilities (§ IV.D)	No	✓
Eligible Equipment (§V.B)		
<ul style="list-style-type: none"> Equipment necessary to make broadband service functional 	✓	✓
<ul style="list-style-type: none"> Equipment necessary to manage, control, or maintain broadband service or dedicated health care broadband network 	No	✓

Best Practices – FCC Form 462 (Funding Request)

- Do not enter into an agreement with a service provider until after the ACSD has passed.
- Include all required documentation when submitting your FCC Form 462.
- Include a cover letter if needed to clarify information entered into the FCC Form 462.
- If submitting funding requests for equipment, data center or administrative offices or network expenses, tip sheets can be found on the [Step 4: Submit Funding Requests](#) webpage under the Additional Resources section.
- Consortia must be majority rural when they submit their funding request.
 - All FCC Forms 462 submitted by consortia that are not majority rural at the time of submission will be denied.
- HCPs and service providers are required to retain documentation for a minimum of five years.

Submission Checklist

- ☐ Document(s) confirming the monthly cost for your services (e.g., a copy of your bill dated within the requested funding period) or the most currently available bill as the filing window closes before the funding year opens
- ☐ A copy of all bids that were received for your request for services including the winning bid, all bids that were rejected and any bids that were disqualified and why
- ☐ A list of the bid evaluation criteria and copy of the bidding evaluation matrix
- ☐ A list of people who evaluated bids including title, role, and their relationship to the applicant
- ☐ Internal documents related to the selection of the service provider (upon request)
- ☐ Copies of any correspondence with service providers prior to and during the competitive bidding process (upon request)
- ☐ A copy of any new contract signed for your services
- ☐ Award letter to winning vendor (upon request)
- ☐ Contact information for the service provider and all responsible account holders
- ☐ The start and end location of your services.
- ☐ Viable source letter for consortia applicants (35 percent contribution)

*** Any information that cannot be located on the submitted supporting documentation will result in an Information Request**

Information Requests

- Forms with missing or incomplete information cannot be processed.
- If an Information Request is sent, it will come from rhcadmin@usac.org.
- Respond to the Information Request in RHC Connect.
- Email notifications sent from RHC Connect are from an unattended mailbox.
- Applicants have 14 calendar days to respond to Information Requests.
 - Failure to respond will result in a denial
 - Emails are sent to all account holders.
- Please make sure your account holders are up to date!
- Use the [Information Request](#) tip sheet on the USAC website as a resource

Best Practices – Off-Site Data Centers and Administrative Offices (47 CFR §54.615)

- **Provide the end location for all expense items** associated with off-site data centers and administrative offices as these entity types are only eligible for funding based on the following eligible connections:
 - Eligible HCP and off-site data center or off-site administrative office
 - Two off-site data centers
 - Two off-site administrative offices
 - Off-site data center and off-site administrative office
 - Off-site data center or off-site administrative office and the public internet or another network
- Be sure to keep the FCC Form 460 for the data center or administrative offices **updated with all sites** that are using that data center or administrative office.
- You will select one of three choices for the other end of the circuit:
 - Location is a member site
 - Location is a service provider
 - Location is not a member site or service provider

Reminder - Funding Caps & Funding Limitations

- **\$10,000 Exemption** (47 CFR § 54.622(i)(5) Competitive bidding requirement and exemptions)
 - Applicants do not have to go through the competitive bidding process if they are requesting \$10,000 or less in undiscounted costs in aggregate for one funding year.
 - For consortium applicants, this exemption is for requested funding for the **entire consortium** in a given funding year.
- **Submitting an FCC Form 461 without an RFP** (47 CFR §54.622(e)(5)(i) Competitive bidding requirement and exemptions)
 - Consortia applicants who submit an FCC Form 461 without an RFP are limited to \$100,000 per funding year (or over funding years if seeking a multi-year commitment) in program support.

Reminder - Funding Caps & Funding Limitations (continued)

- **Large non-rural hospitals** (47 CFR § 54.607(c) Eligible recipients)
 - Eligible non-rural hospitals with 400 or more licensed patient beds may receive no more than \$30,000 per year in HCF support for eligible recurring charges and no more than \$70,000 in HCF support for eligible nonrecurring charges every five years.
- **Upfront Costs** (47 CFR § 54.616 Upfront payments)
 - Only consortium applicants are eligible for this expense type.
 - Upfront expenses include all non-recurring charges for services, equipment or facilities, other than reasonable and customary installation charges of up to \$5,000.
 - If a consortium makes a request for support for upfront payments that exceeds, on average, \$50,000 per eligible site in the consortium, support must be pro-rated over at least three years and the upfront cost must be part of a multi-year contract.
 - Supported services with associated bandwidth speeds <1.5 Mbps are ineligible for funding.

Best Practices – Equipment (47 CFR § 54.613 Eligible Equipment)

- “(a) Both individual and consortium applicants may receive support for network equipment necessary to make functional an eligible service that is supported under the Healthcare Connect Fund.”
 - Equipment must be broken out into line items based on where the equipment will **actually reside** and must correspond to an FRN with a supported circuit.
 - A network diagram helps confirm where the equipment is located both at the HCP location and where the service is handed off from the service provider.
 - You must provide the FRN with the corresponding broadband circuit.
 - If we cannot confirm that there is a corresponding circuit funded under HCF, we cannot approve funding for the equipment.

Best Practices – Equipment (continued)

- Use a separate line for a service contract or warranty such as “SmartNet” that accompanies a particular piece of equipment and clearly identify it on the corresponding documentation.
- Please use the drop-down menu selections to describe the equipment as accurately as possible, e.g., warranty, router (HCP owned), switch (HCP owned), firewall (HCP owned), etc.
- Full cost of all components of the piece of equipment needs to be on one line item.
 - Components of a piece of equipment should be broken out by part on the invoice or contract so that we can determine if any ineligible components are part of the bundle.
 - Example: Funding would not be approved for a power cord by itself if the router is ineligible.
- Clearly identify on the documentation what constitutes an “item” e.g., router, switch, etc. and list the quantity in this section of the FCC Form 462.

Best Practices – Equipment for Consortia (47 CFR § 54.613 Eligible Equipment)

- “(b) Consortium applicants may also receive support for network equipment necessary to manage, control, or maintain an eligible service or a dedicated health care broadband network. Support for network equipment is not available for networks that are not dedicated to health care.”
 - A **network diagram** helps confirm where the equipment is situated on the network.
 - Equipment must be broken out into line items based on **where the equipment will actually reside**.
 - Since this type of equipment is only eligible for consortia applicants, all members participating on the network should be registered with an FCC Form 460 and the circuits that this equipment manages should be filed as a consortium and not as an individual applicant.
 - **Do not bundle multiple units** on one line item; please clearly identify on the documentation what constitutes an “item” and list the quantity in the FCC Form 462.
 - Please use the drop-down menu selections to describe the equipment as accurately as possible.
 - For these types of expenses, the applicant must clearly demonstrate that the requested equipment performs the function explicit in the rule, **e.g., that it manages, controls or maintains a supported network**.

Best Practices – Networks

- All sites participating on the network should be registered through an FCC Form 460.
- The documentation submitted must be associated with the HCP listed on the NCW of the FCC Form 462.
- You must clearly demonstrate through supporting documentation that the expense listed is for the benefit of the HCP on the line item.
- It is your responsibility to provide clear narratives, network diagrams, and documentation to adequately describe the network.
- Network diagrams are helpful in providing a snapshot of the network; documentation such as contracts, invoices, and/or service orders must confirm the diagram.
- **All supporting documentation must come from the service provider.**

Best Practices: Communicating with Your Service Provider

- Ensure your service provider is aware of all the necessary documentation needed for future steps in the application process.
- Communicate with your service provider when you reply to Information Requests.
- Include language in your bid documentation that confirms your service provider will act in compliance with all RHC program rules and FCC Orders.
- All bid correspondence should be handled via email for audit purposes
- HCPs and service providers are required to retain documentation for a period of at least five years.

Online Resources

- [RHC Learn](#)
- [Welcome to RHC Connect – FCC Form 462](#)
- [RHC Connect User Guide- FCC Form 462](#)
- [RHC Connect – FCC Form 462](#) – self-paced video training guide
- [Information Request tip sheet](#)
- [Competitive Bidding Exemptions](#)
- [Request for Proposals \(RFPs\)](#)
- [Network Plans](#)
- [Examples of Common Products and Services](#)

To view all FCC Orders, please visit the [FCC Orders and Resources](#) webpage.

Resources

HCF Consortium Best Practices & Resources

Upcoming Trainings

Please join the RHC Outreach team for the following webinars:

- HCF Program Office Hours Webinar:
 - When: Wednesday, February 4, 2026, from 2-3 p.m. ET - [Register](#)
- Telecom Program Office Hours Webinar:
 - When: Wednesday, February 11, 2026, from 2-3 p.m. ET - [Register](#)
- For a list of upcoming webinars, check the RHC [Upcoming Dates](#) webpage for dates and details.

Online Resources

- [RHC Learn](#)
- [What is a Consortium?](#)
- [Letter of Agency](#)
- [Third Party Authorization \(TPA\)](#)
- [Network Plan](#)
- [Request for Proposals \(RFPs\)](#)
- [Funding Limitations Tip Sheet](#)
- [Off-site Data Centers and Admin Offices Tip Sheet](#)
- [Equipment Tip Sheet](#)

Online Resources - RHC Connect

- [Welcome to RHC Connect - FCC Form 461](#) webpage
 - [Welcome to RHC Connect – FCC Form 461 User Guide](#)
 - [Welcome to RHC Connect – FCC Form 461](#) self-paced video training guide
- [Welcome to RHC Connect – FCC Form 462](#) webpage
 - [Welcome to RHC Connect User – FCC Form 462 Guide](#)
 - [RHC Connect - FCC Form 462](#) self-paced video training guide
- [Welcome to RHC Connect – FCC Form 463](#) webpage
 - [RHC Connect – FCC Form 463 User Guide](#)
 - [RHC Connect – FCC Form 463](#) self-paced video training guide
- [Information Request Tip Sheet](#)

RHC Program Customer Service Center



Email: RHC-Assist@usac.org

- Include in your email:

- HCP Number
- FRN Number



- Phone: **(800) 453-1546**

- Hours are 8 a.m. – 8 p.m. ET
- Monday- Friday

The RHC Customer Service Center

The RHC Customer Service Center CAN	The RHC Customer Service Center CANNOT
Answer general questions regarding both programs	Determine eligibility of a specific site or service before an official form submission
Provide account holder information for an HCP	Review a form or document for accuracy before an official submission
Provide clarity regarding FCC orders	Contact a service provider or other account holder on someone else's behalf
Provide helpful resources and best practices for forms	Provide documents that are not already accessible in My Portal and RHC Connect
Assist with RHC Connect	Transfer a call to a specific form reviewer

Questions?

Thank You!





Universal Service
Administrative Co.