

Submitting the FCC Form 461 in RHC Connect

Rural Health Care (RHC) program

Revised July 2025

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About RHC Connect for the FCC Form 461

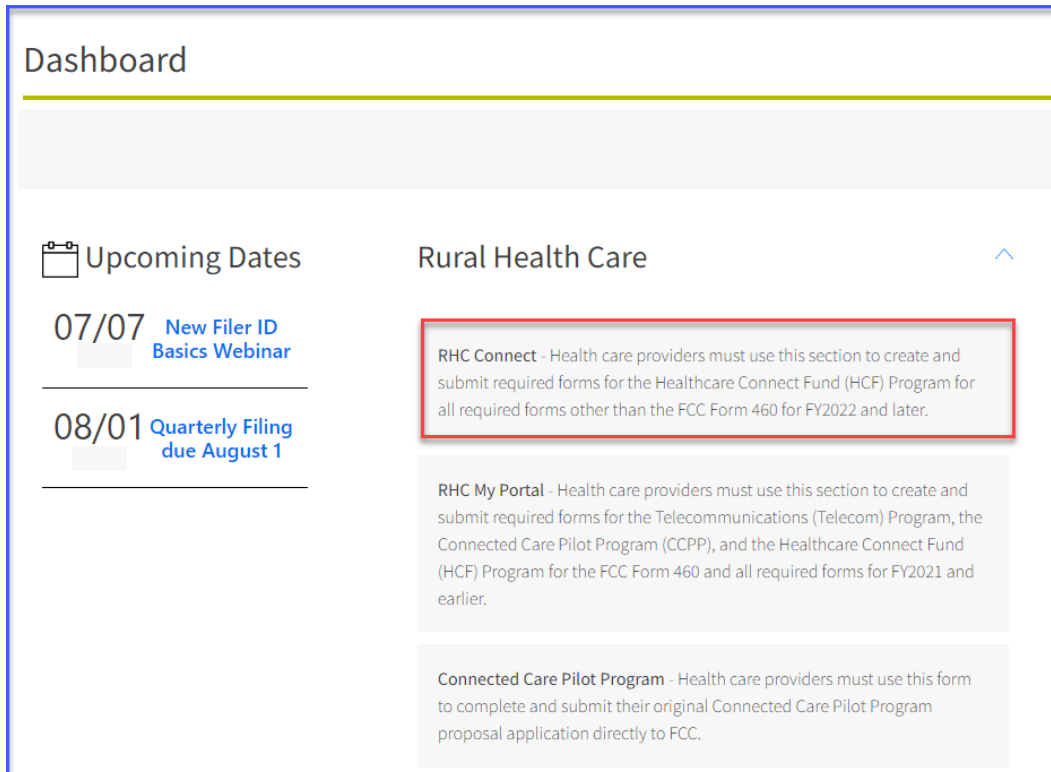
RHC Connect is the web-based system that hosts the FCC Form 461. Although the look of the application has changed, the FCC Form 461 did not. To submit your FCC Form 461, you will be asked the same questions and are required to provide the same information as in years past. No preparation for this change is required by you.

For more information about funding years and filing windows, visit the [Funding Year Overview](#) on the USAC website.

Please Note: The red boxes and arrows in the screenshots that follow do not actually appear in RHC Connect.

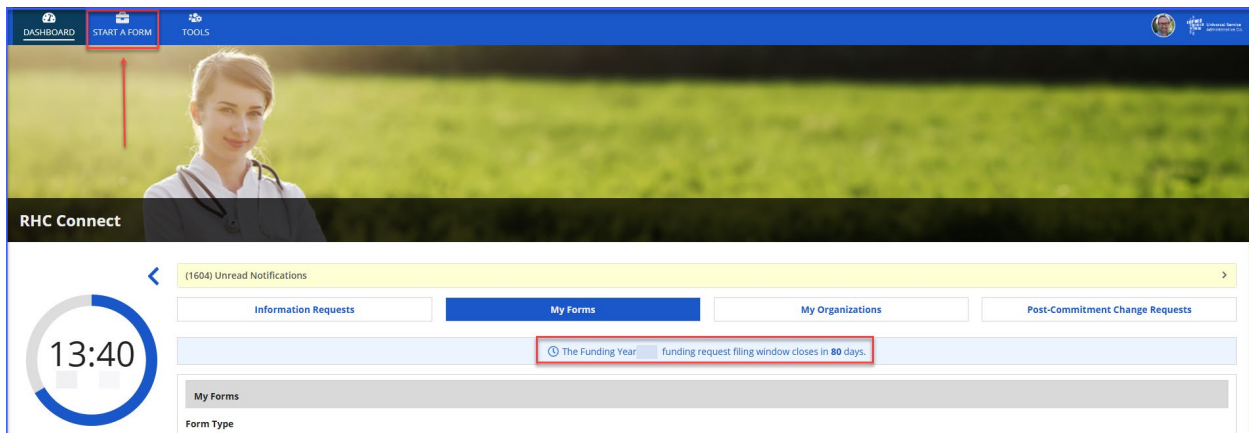
RHC Connect Walkthrough

Step 1: Log in to My Portal and click **RHC Connect**.



The screenshot shows the 'Dashboard' page of the RHC Connect portal. On the left, under 'Upcoming Dates', there are two events: '07/07 New Filer ID Basics Webinar' and '08/01 Quarterly Filing due August 1'. On the right, under 'Rural Health Care', there are three sections: 'RHC Connect' (highlighted with a red box), 'RHC My Portal', and 'Connected Care Pilot Program'. The 'RHC Connect' section states: 'Health care providers must use this section to create and submit required forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later.'

Step 2: Click **Start a Form**.



The screenshot shows the 'Start a Form' page in the RHC Connect portal. The top navigation bar includes 'DASHBOARD', 'START A FORM' (highlighted with a red box and an arrow), and 'TOOLS'. Below the navigation bar is a banner image of a healthcare worker. The main content area has a header 'RHC Connect' and a navigation bar with 'Information Requests', 'My Forms' (selected), 'My Organizations', and 'Post-Commitment Change Requests'. A yellow notification bar at the top indicates '(1604) Unread Notifications'. A blue circular timer shows '13:40'. A red box highlights a notification: 'The Funding Year funding request filing window closes in 80 days.' Below this, there is a section for 'My Forms' with a 'Form Type' dropdown menu.

Step 3: Click the box titled **FCC Form 461**.

16:20

What type of Form would you like to file?

See if you Qualify to Participate

FCC Form 460

Eligibility and FCC Form 460 Revisions

Determine if your health care facility is eligible for Rural Health Care (RHC) Program funding for the Healthcare Connect Fund (HCF) Program and/or Telecommunications (Telecom) Program by submitting an FCC Form 460.

Health Care Connect Fund

FCC Form 461

Develop Bid Evaluation Criteria & Select Services

FCC Form 462

Evaluate Bids & Select Service Provider

FCC Form 463

Invoice USAC

After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).

This form provides information about the services, equipment, or network facilities selected, and certifies that those services were the most cost-effective option of the offers received.

Once you receive a bill from the service provider, you can create an invoice for the services received using the FCC Form 463.

Step 4: Select the Health Care Provider (HCP) or consortium from the drop-down menu and then select the funding year. If you select a consortium from the drop-down menu, you will be asked to add all participating sites from another drop-down menu (see first screen shot on next page below). Click **Save & Continue** in the lower right-hand corner of the page. **Note:** Once you select an HCP and click **Save & Continue**, you will not be able to change the HCP.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

Start

Paperwork Reduction Act (PRA)

▲ Note: Once you select HCP, and then Save & Continue, you will not be able to change the HCP. Please select carefully.

Health Care Provider (HCP) Information

HCP or Consortium

FCC Registration Number

Address

State

Application Basics

Application Nickname

Funding Year

Application Number

Funding Priority Priority 6

EXIT

SAVE & CONTINUE

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

Start

Paperwork Reduction Act (PRA) >

Note: Once you select HCP, and then Save & Continue, you will not be able to change the HCP. Please select carefully.

Health Care Provider (HCP) Information

HCP or Consortium: [Dropdown]
 FCC Registration Number: [Text]
 Address: [Text]
 State: [Text]

Application Basics

Application Nickname: [Text]
 Funding Year: FY 2025
 Application Number: [Text]
 Funding Priority: Priority B

Consortium Participating Sites

Select Participating Sites: [Dropdown]

HCP Number	HCP Name	LOA Expiry	
[Text]	[Text]	-	X
[Text]	[Text]	-	X
[Text]	[Text]	-	X

EXIT **SAVE & CONTINUE**

Step 5: Click Add Requested Services.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

Requested Services

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
No items available							

Add Requested Services

Will the selected service(s) support an off-site data center?
☐ Yes
☐ No

Will the selected service(s) support an off-site administrative office?
☐ Yes
☐ No

EXIT **SAVE & CONTINUE**

Approved by OMB 3060-0804

Step 6: Select the type of service(s) from the drop-down menu and enter minimum and maximum bandwidth speeds in increments of megabits. Indicate if you will accept bids for similar services. Answer the questions about off-site data centers and off-site administrative offices. If you select **No**, click **Save & Continue**. If you select **Yes**, a drop-down menu will appear. Select the off-site data center or off-site administrative office from the drop-down menu or select **Other** and provide details.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

Requested Services

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
Data	If "Other" is selected					Mbps	Yes

[Add Requested Services](#)

Showing 1 - 1 of 1

Will the selected service(s) support an off-site data center? ☒ Yes ☐ No

Will the selected service(s) support an off-site administrative office? ☒ Yes ☐ No

EXIT BACK [SAVE & CONTINUE](#)

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

Requested Services

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
No items available							

[Add Requested Services](#)

Will the selected service(s) support an off-site data center? ☒ Yes ☐ No

Select the supported off-site data center

Other

data center

Will the selected service(s) support an off-site administrative office? ☒ Yes ☐ No

Select the supported off-site administrative office

EXIT BACK [SAVE & CONTINUE](#)

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Step 7: You can add additional products or services by clicking **Add Requested Services**. Once you've added all services, click **Save & Continue**.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

Requested Services

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
Data	If "Other" is selected	10	250	10	250	Mbps	Yes
Equipment	If "Other" is selected					Select	Yes/No

[Add Requested Services](#)

Showing 1 - 2 of 2

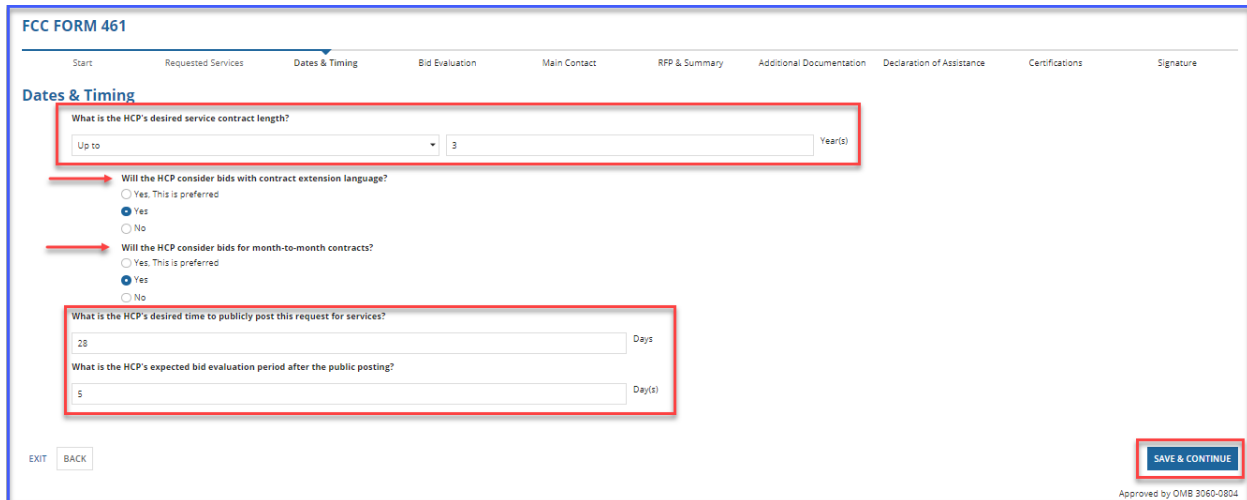
Will the selected service(s) support an off-site data center? ☐ Yes ☒ No

Will the selected service(s) support an off-site administrative office? ☐ Yes ☒ No

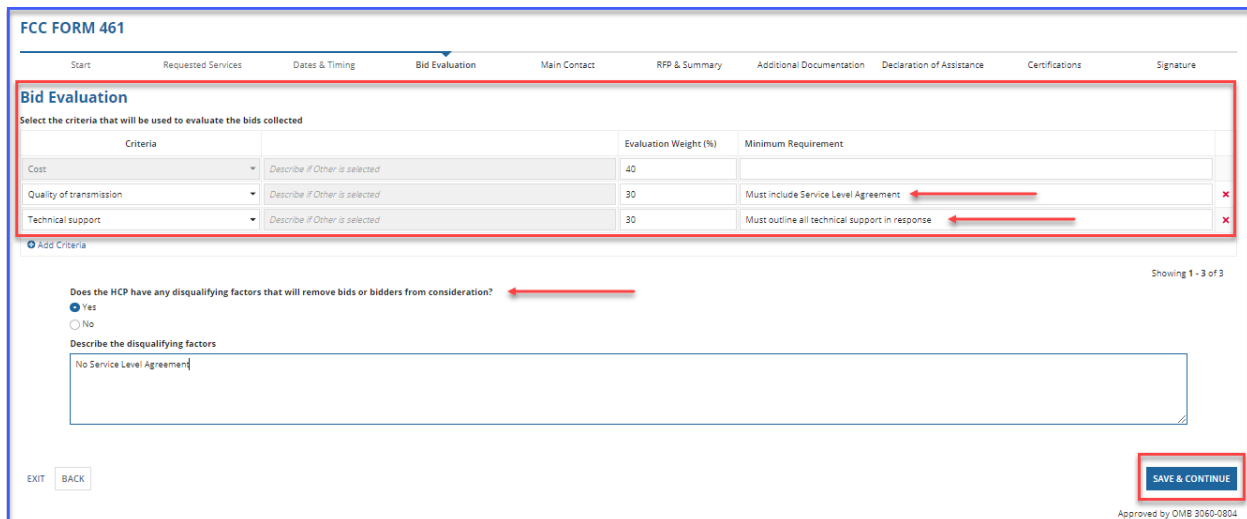
EXIT BACK [SAVE & CONTINUE](#)

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Step 8: Use the drop-down menu to select **Up to** or **Equal to** for the desired contract length then enter the number of year(s) in the field titled **Year (s)**. Answer the questions beside the arrows in the screen shot below. Enter the number of days the FCC Form 461 will be posted (you can enter more than the minimum 28 days if applicable). Then enter how many days the expected bid evaluation period will be. Click **Save & Continue**.



Step 9: Choose the appropriate bid evaluation criteria from the drop-down menu or select **Other** and provide a description of the criterion. Enter the evaluation percentages in the fields as shown and provide a description of the minimum requirements of each criterion listed. Provide details about disqualifying factors that will remove bids or bidders from consideration. Click **Save & Continue**.



Criteria	Describe if Other is selected	Evaluation Weight (%)	Minimum Requirement
Cost	Describe if Other is selected	40	
Quality of transmission	Describe if Other is selected	30	Must include Service Level Agreement
Technical support	Describe if Other is selected	30	Must outline all technical support in response

Step 10: Choose the account holder from the drop-down menu who will be the main contact for responses from bidders. Information about the account holder will be auto populated with information from the HCP's FCC Form 460. Click **Save & Continue**.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation **Main Contact** RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

Main Contact

Who is the main contact for this request?
Primary - [Red Arrow]

Full Contact Information

First Name [Red Arrow] Middle Initial (Optional) [Red Arrow] Last Name [Red Arrow]

Organization Name [Red Arrow]

Title [Red Arrow]

Phone [Red Arrow] Extension (Optional) [Red Arrow]

Fax (Optional) [Red Arrow]

Email [Red Arrow]

Address Line 1 [Red Arrow]

Address Line 2 [Red Arrow]

City [Red Arrow] State [Red Arrow] Zip Code [Red Arrow]

EXIT BACK **SAVE & CONTINUE**

Step 11: Answer the questions beside the red arrows below. If you are a consortium applicant seeking more than \$100,000 in annual support, you are required to submit a Request for Proposal (RFP). If you select “Yes” on the first or the third question, you will be required to upload the RFP on this page. Provide a summary of the HCP’s request for services in the field shown. Click **Save & Continue**.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact **RFP & Summary** Additional Documentation Declaration of Assistance Certifications Signature

RFP & Summary

Is the HCP likely to request more than \$100,000 in program support from this request for services? [Red Arrow]
☐ Yes
☒ No

Do state, Tribal, or local procurement rules require the HCP to include an RFP with this request for services application? [Red Arrow]
☐ Yes
☒ No

Will the HCP be including an RFP with this application? [Red Arrow]
☐ Yes
☒ No

Please provide a summary of the HCP’s requested services. If an RFP is attached above, summarize that document. [Red Arrow]

Provide a summary of the HCP’s requested services

EXIT BACK **SAVE & CONTINUE**

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Step 12: If there is additional documentation included on the public posting, upload it on this page.
Note: Consortia applicants are required to upload a [Network Plan](#). Click **Add Documents** and use the drop-down menu to select **Network Plan** or **Other**. If you select “Other” provide a description of the uploaded document. Click **Save & Continue**.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary **Additional Documentation** Declaration of Assistance Certifications Signature

Additional Documentation

Document Type	Document	Uploaded On
Select a document type	<input type="button" value="UPLOAD"/> <input type="text" value="Drop file here"/>	

<< < Showing 1 - 1 of 1 > >>

☐ Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select **save and continue**.

EXIT

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FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary **Additional Documentation** Declaration of Assistance Certifications Signature

Additional Documentation

Document Type	Document	Uploaded On
Network Plan	<input type="button" value="1-2 DOCK - 26.56 KB"/>	6/13/2022 3:07 PM EDT

<< < Showing 1 - 1 of 1 > >>

☐ Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select **save and continue**.

EXIT

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Step 13: You are required to disclose any consultants, service providers, or outside experts who assisted in the preparation of the FCC Forms 460, 461, RFP, bid evaluation, or network plan. If a Tertiary Account Holder is completing the FCC Form 461, the answer defaults to **Yes** and the consultant's information will appear. Click **Add Contact** if applicable. Then click **Save & Continue**.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary **Additional Documentation** **Declaration of Assistance** Certifications Signature

Declaration of Assistance

Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aid in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?

☒ Yes
☐ No

Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Action
			Consultant				

EXIT

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Step 14: Read and click all certifications. You will be unable to move forward until all certifications are clicked. Click **Save & Continue**.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance **Certifications** Signature

Certifications

☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.

☒ I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowledge, information, and belief, all statements contained herein and in any attachments are true.

☒ I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, Tribal, or local procurement rules.

☒ I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonably related to the provision of health care service or instruction that the health care provider is legally authorized to provide under the law of the state in which the services are provided.

☒ I certify under penalty of perjury that the applicant seeking supported services satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.

☒ I certify under penalty of perjury that the applicant seeking support has reviewed and is compliant with all applicable RHC Program requirements.

☒ I understand that all documentation associated with this request, including a copy of the signed Request for Services (FCC Form 461), any bids/contracts resulting from the FCC Form 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 CFR § 54.601, or as otherwise prescribed by the Commission's rules.

☒ I certify under penalty of perjury that the applicant seeking supported services is a nonprofit or public entity that falls within one of the seven categories set forth in the definition of health care provider listed in 47 CFR § 54.600 of the Commission's rules.

☒ I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in section 47 CFR § 54.600 of the Commission's rules, or is a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 of the Commission's rules.

☒ I certify under penalty of perjury that the services will not be sold, resold, or transferred in consideration for money or any other thing of value.

EXIT BACK **SAVE & CONTINUE**

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Step 15: Type your full name, as it appears in RHC Connect, into the **Digital Signature** field and then click **Certify & Submit**.

FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications **Signature**

Signature

Current User Information

Name [REDACTED]
Email [REDACTED]
Phone [REDACTED]
Employer [REDACTED]
Title [REDACTED]
Employer's FCC RN [REDACTED]

Signature

Certifier's Full Name [REDACTED]
Digital Signature [REDACTED]
Date 06/13/2022

EXIT BACK **CERTIFY & SUBMIT**

Step 16: You will receive an email confirmation once your FCC Form 461 is submitted. You can also make sure your FCC Form 461 was submitted by returning to the **My Forms** section of the Dashboard. To view, download a copy of the PDF or withdraw a form, click on the icons under **Actions**.

RHC Connect

(14) Unread Notifications

Information Requests **My Forms** My Organizations Post-Commitment Change Requests

16:28
Aug 01 2025

My Forms

Form 460 **Form 461** Form 462 Form 463 Form 465 Form 466 Form 469 TPA Annual Report

Q Search Form 461 - Applicants SEARCH

Site Name	Site Number	Application Number	Application Nickname	Form	Last Update	Status	Actions
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Form 461	[REDACTED]	[REDACTED]	[REDACTED]

Frequently Asked Questions

What changes were made to RHC Connect?

RHC Connect has a new look and feel that is more intuitive and user-friendly. It is easier to navigate the form for submission, and it is easier for RHC program reviewers to review and approve forms.

Did the FCC Form 461 change?

No, the FCC Form 461 itself did not change—only the look and feel has changed. The questions on the form and the information required of applicants remain the same.

Who is impacted by this change?

RHC Connect is used for funding year (FY) 2022 and future funding years. Applicants who participate in the Telecom Program began submitting the FCC Form 466 in RHC Connect in FY2024.

Resources

For more information, visit the [Welcome to RHC Connect – FCC Form 461](#) webpage.

For questions about the Rural Health Care program, contact RHC-Assist@usac.org or the RHC Customer Service Center at (800)453-1546 from 8 a.m. – 8 p.m. ET Monday through Friday for assistance. Use the [RHC Customer Service Center Tip Sheet](#) to learn about what the RHC Customer Service Center can and cannot help you with.