

Submitting the FCC Form 462 in RHC Connect

Rural Health Care (RHC) program

Revised July 2025

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About RHC Connect for the FCC Form 462

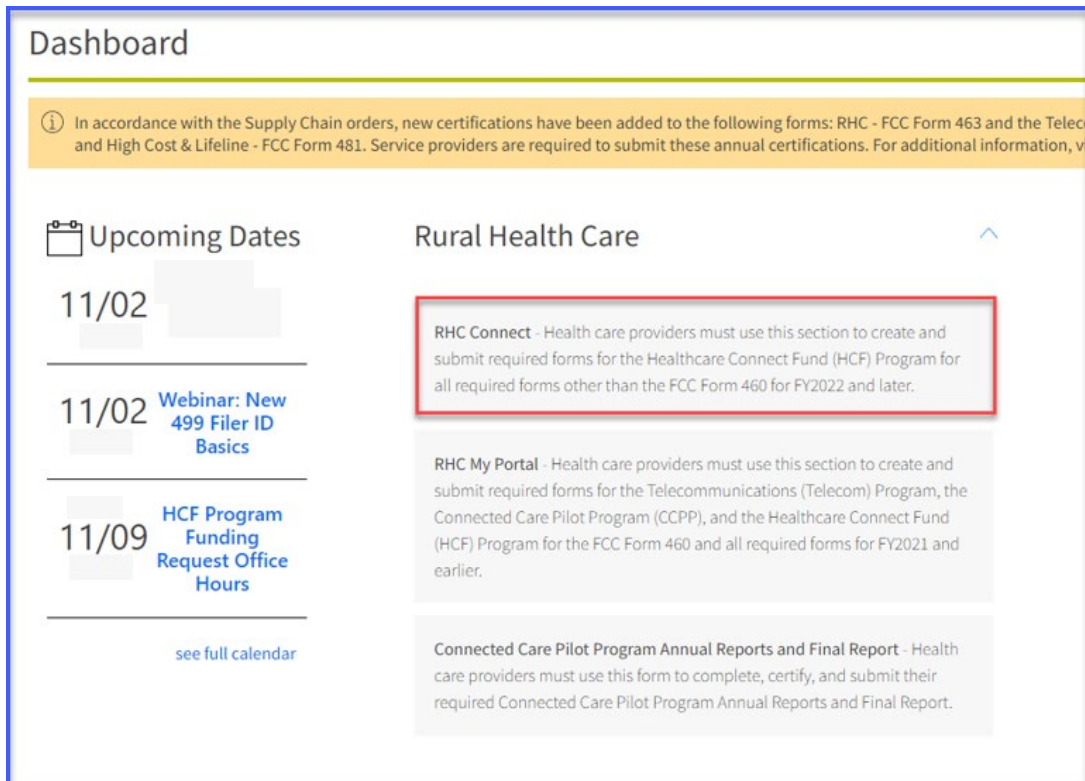
RHC Connect is the web-based system that hosts the FCC Form 462. Although the look of the application has changed, the FCC Form 462 did not. To submit your FCC Form 462, you will be asked the same questions and are required to provide the same information as in years past. No preparation for this change 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 into My Portal and click on **RHC Connect**.



Dashboard

In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecommunications (Telecom) and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit [this link](#).

Upcoming Dates

- 11/02
- 11/02 **Webinar: New 499 Filer ID Basics**
- 11/09 **HCF Program Funding Request Office Hours**

[see full calendar](#)

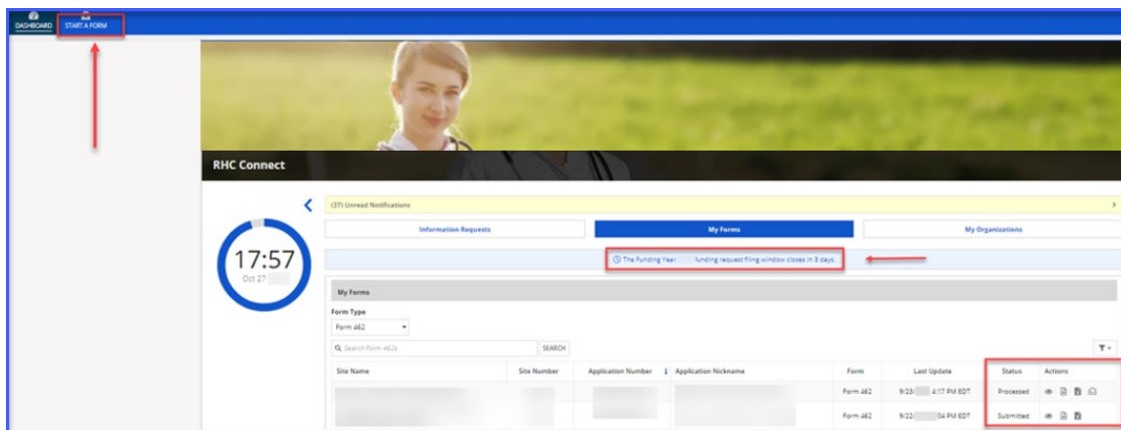
Rural Health Care

RHC Connect - 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.

RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program, the Connected Care Pilot Program (CCPP), and the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier.

Connected Care Pilot Program Annual Reports and Final Report - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.

Step 2: Here you can start a new form, resume working on a draft or delete a draft FCC Form 462. There's a countdown banner displaying the days remaining in the filing window. The clock on the right is the current date and time.



RHC Connect

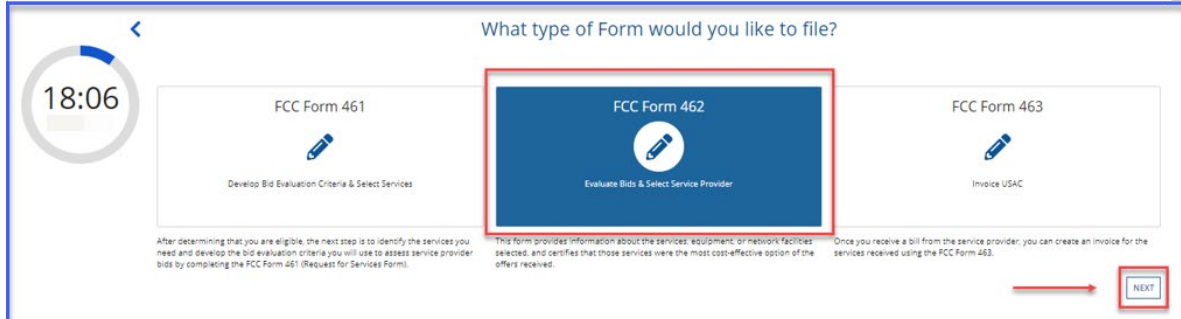
My Forms

Form Type
Form 462

Search
Search Form 462

Site Name	Site Number	Application Number	Application Nickname	Form	Last Update	Status	Actions
				Form 462	9/23/2021 4:17 PM EDT	Processed	View Edit Delete
				Form 462	9/23/2021 3:04 PM EDT	Submitted	View Edit Delete

Step 3: Click **FCC Form 462** then click **Next**.



What type of Form would you like to file?

18:06

FCC Form 461
Develop Bid Evaluation Criteria & Select Services

FCC Form 462
Evaluate Bids & Select Service Provider

FCC Form 463
Invoice USAC

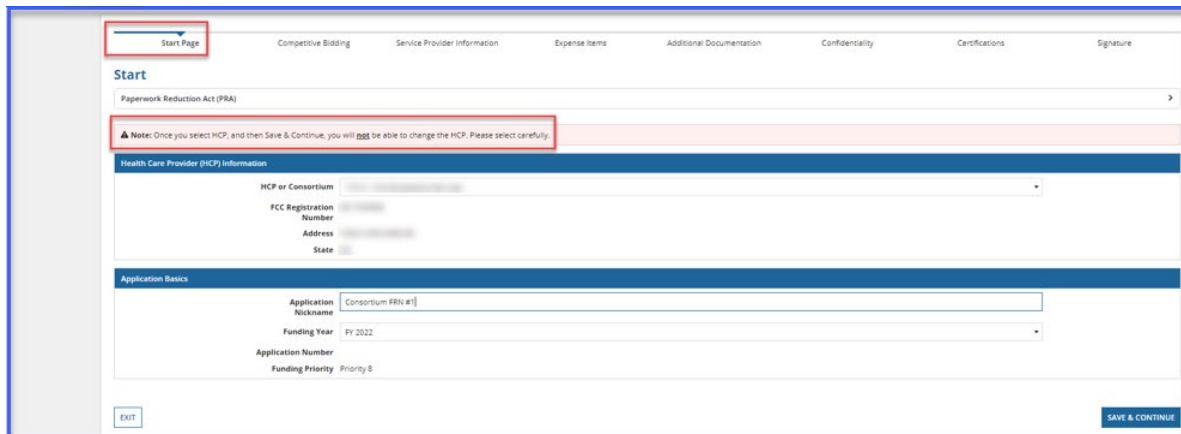
After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).

This form provides information about the services, equipment, or nation's 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.

NEXT

Step 4: Move to the **Start** page and select the HCP or consortium from the drop-down menu. The information will be prepopulated. Enter an application name as an identifier for the application should you need to exit My Portal and return later. The note at the top in pink is a warning to alert you that once you click save and continue, you will be unable to change the HCP you select.



Start Page

Competitive Bidding

Service Provider Information

Expense Items

Additional Documentation

Confidentiality

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

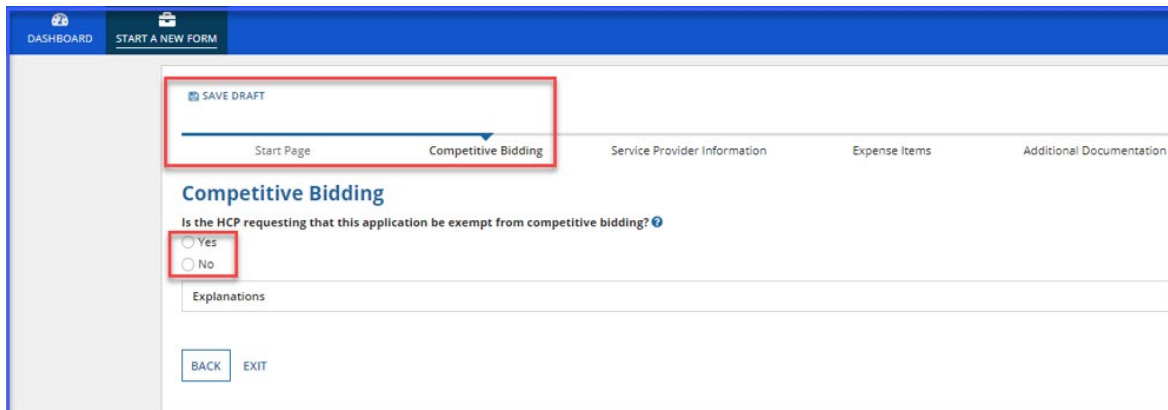
Application Number

Funding Priority

EXIT

SAVE & CONTINUE

Step 5: Answer **Yes** if you are exempt from competitive bidding and **No** if you completed your competitive bidding process.



DASHBOARD

START A NEW FORM

SAVE DRAFT

Start Page

Competitive Bidding

Service Provider Information

Expense Items

Additional Documentation

Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding?

Yes

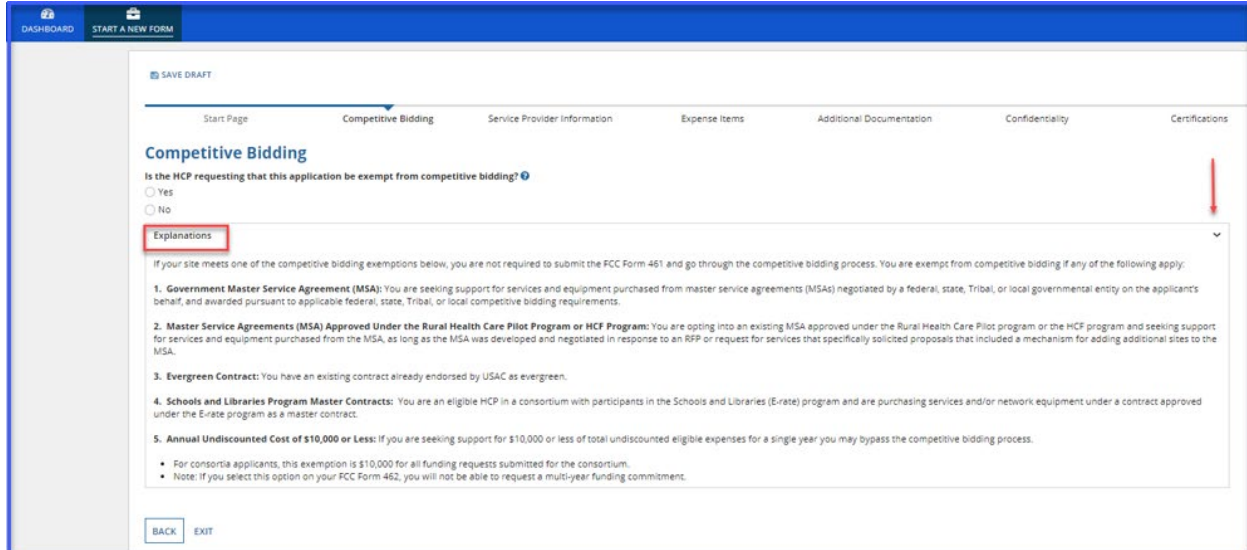
No

Explanations

BACK

EXIT

There is a drop-down menu with explanations of each competitive bidding exemption.



Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding? ⓘ

☐ Yes

☐ No

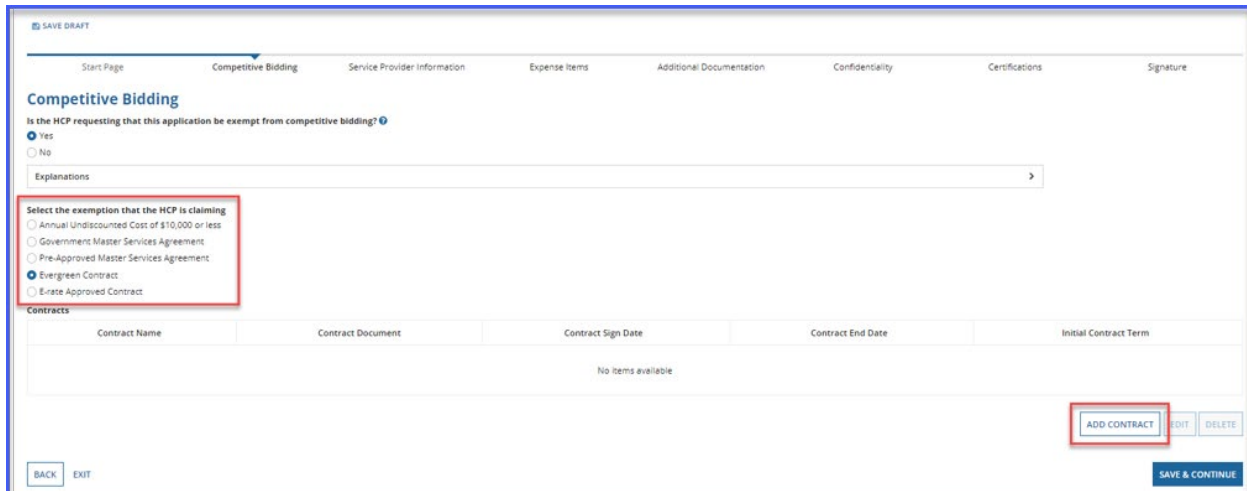
Explanations

If your site meets one of the competitive bidding exemptions below, you are not required to submit the FCC Form 461 and go through the competitive bidding process. You are exempt from competitive bidding if any of the following apply:

- Government Master Service Agreement (MSA):** You are seeking support for services and equipment purchased from master service agreements (MSAs) negotiated by a federal, state, Tribal, or local governmental entity on the applicant's behalf, and awarded pursuant to applicable federal, state, Tribal, or local competitive bidding requirements.
- Master Service Agreements (MSA) Approved Under the Rural Health Care Pilot Program or HCF Program:** You are opting into an existing MSA approved under the Rural Health Care Pilot program or the HCF program and seeking support for services and equipment purchased from the MSA, as long as the MSA was developed and negotiated in response to an RFP or request for services that specifically solicited proposals that included a mechanism for adding additional sites to the MSA.
- Evergreen Contract:** You have an existing contract already endorsed by USAC as evergreen.
- Schools and Libraries Program Master Contracts:** You are an eligible HCP in a consortium with participants in the Schools and Libraries (E-rate) program and are purchasing services and/or network equipment under a contract approved under the E-rate program as a master contract.
- Annual Undiscounted Cost of \$10,000 or Less:** If you are seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year you may bypass the competitive bidding process.
 - For consortia applicants, this exemption is \$10,000 for all funding requests submitted for the consortium.
 - Note: If you select this option on your FCC Form 462, you will not be able to request a multi-year funding commitment.

BACK **EXIT**

Step 6: If you are exempt from competitive bidding, select the exemption from the list of eligible exemptions. Click **Add Contract** at the bottom right on the screen.



Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding? ⓘ

☒ Yes

☐ No

Explanations

Select the exemption that the HCP is claiming

☐ Annual Undiscounted Cost of \$10,000 or less

☐ Government Master Services Agreement

☐ Pre-Approved Master Services Agreement

☒ Evergreen Contract

☐ E-rate Approved Contract

Contracts

Contract Name	Contract Document	Contract Sign Date	Contract End Date	Initial Contract Term
No items available				


ADD CONTRACT **EDIT** **DELETE**

BACK **EXIT** **SAVE & CONTINUE**

Step 7: If using an evergreen contract, select an existing contract from the drop-down menu. For all other exemptions, upload a new contract or choose an existing contract. Enter the relevant information about the contract in the fields. Use the drop-down calendar to enter dates.

Start Page Competitive Bidding Service Provider Information

Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding?  *



☒ Yes
☐ No


Select the exemption that the HCP is claiming *

☐ Annual Undiscounted Cost of \$10,000 or less
☐ Government Master Services Agreement
☐ Pre-Approved Master Services Agreement
☒ Evergreen Contract
☐ E-rate Approved Contract


New Contract

Select an Existing Contract *

Contract Sign Date  Contract End Date (Optional) 

Length of Initial Contract Term
 Months 


Number of Contract Extensions (Optional)

Total Combined Length of Optional Extensions (Optional)
 Months 

Step 8: Once the contract is selected, click **Save and Continue**.

Start Page Competitive Bidding Service Provider Information Expense Items Additional Documentation Confidentiality Certifications Signature


Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding?  *

☒ Yes
☐ No

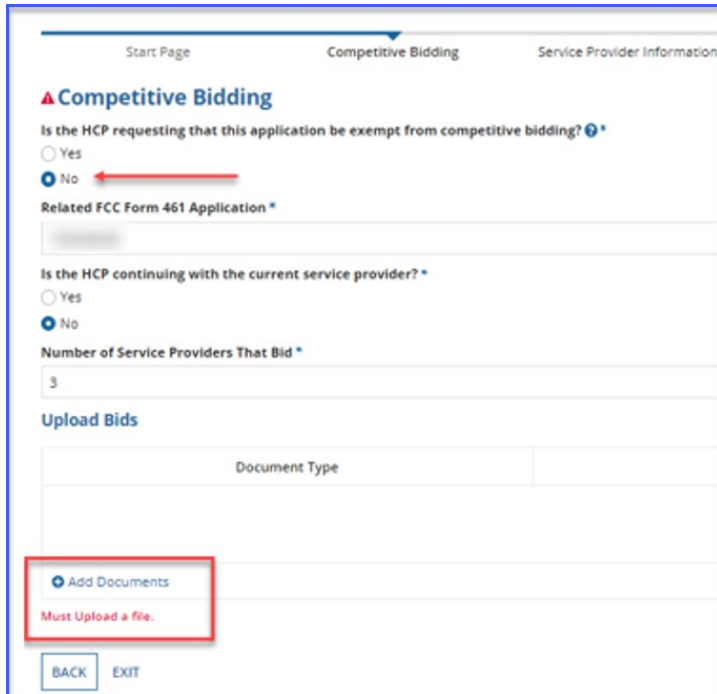
Select the exemption that the HCP is claiming *

☐ Annual Undiscounted Cost of \$10,000 or less
☐ Government Master Services Agreement
☐ Pre-Approved Master Services Agreement
☒ Evergreen Contract
☐ E-rate Approved Contract

Contract Name	Contract Document	Contract Sign Date	Contract End Date	Initial Contract Term
<input type="checkbox"/>		10/1/2021	9/30/2024	36 Months

Step 9: If an FCC Form 461 was submitted, choose **No** for the question about qualifying for an exemption. Select the related FCC Form 461 from the drop-down menu. All FCC Forms 461 submitted

for the HCP will be available. Enter the number of bids received and upload copies of those bids. A red error message will display if you don't upload the documents.



Start Page Competitive Bidding Service Provider Information

▲ Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding? [?]

☐ Yes

☒ No

Related FCC Form 461 Application *

Is the HCP continuing with the current service provider? *

☐ Yes

☒ No

Number of Service Providers That Bid *

3

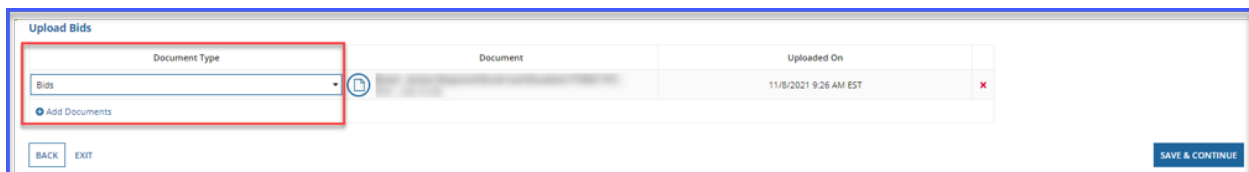
Upload Bids

Document Type	Document	Uploaded On

[Add Documents](#)

Must Upload a file.

[BACK](#) [EXIT](#)



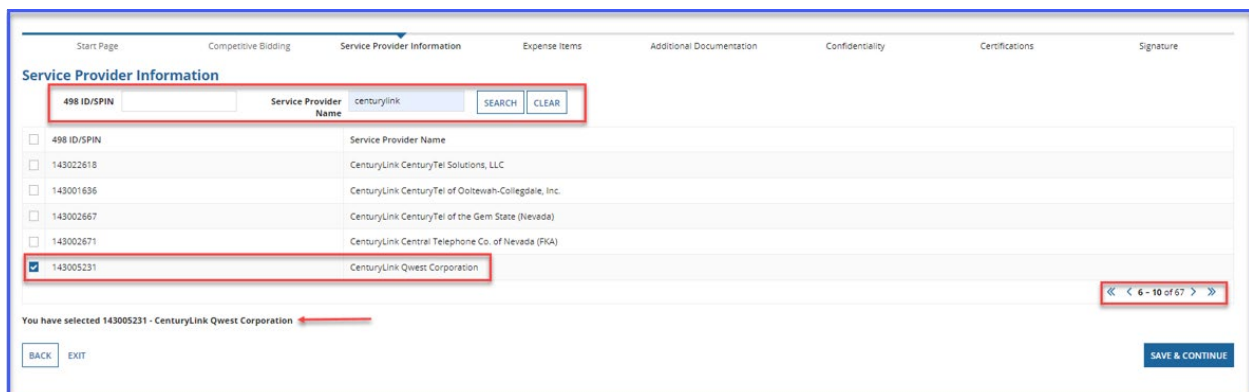
Upload Bids

Document Type	Document	Uploaded On
Bids		11/8/2021 9:26 AM EST

[Add Documents](#)

[BACK](#) [EXIT](#) [SAVE & CONTINUE](#)

Step 10: Select your service provider's 498 ID/SPIN. You can search by service provider name or the 489 ID/SPIN. Service providers are displayed 10 per page. Use the arrows on the bottom right to advance to the next page.



Start Page Competitive Bidding Service Provider Information Expense Items Additional Documentation Confidentiality Certifications Signature

Service Provider Information

498 ID/SPIN Service Provider Name [SEARCH](#) [CLEAR](#)

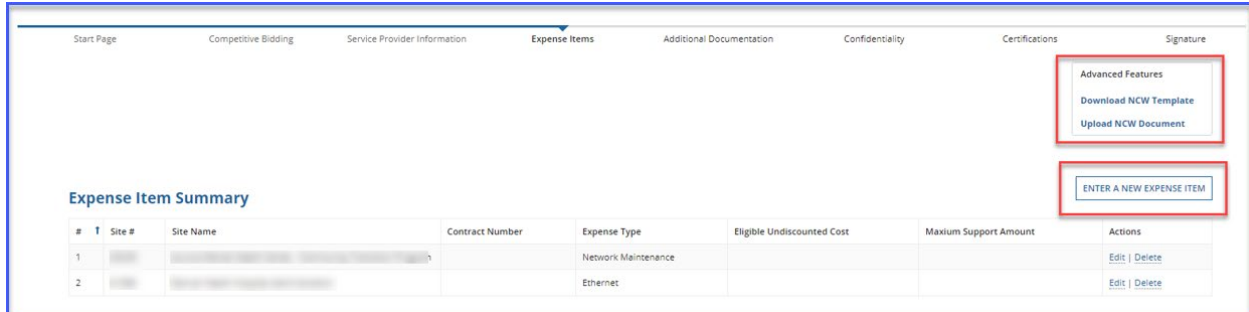
498 ID/SPIN	Service Provider Name
<input type="checkbox"/> 498 ID/SPIN	Service Provider Name
<input type="checkbox"/> 143022618	CenturyLink CenturyTel Solutions, LLC
<input type="checkbox"/> 143001636	CenturyLink CenturyTel of Ooltewah-Collegedale, Inc.
<input type="checkbox"/> 143002667	CenturyLink CenturyTel of the Gem State (Nevada)
<input type="checkbox"/> 143002671	CenturyLink Central Telephone Co. of Nevada (RKA)
<input checked="" type="checkbox"/> 143005231	CenturyLink Qwest Corporation

[BACK](#) [EXIT](#) [SAVE & CONTINUE](#)

You have selected 143005231 - CenturyLink Qwest Corporation

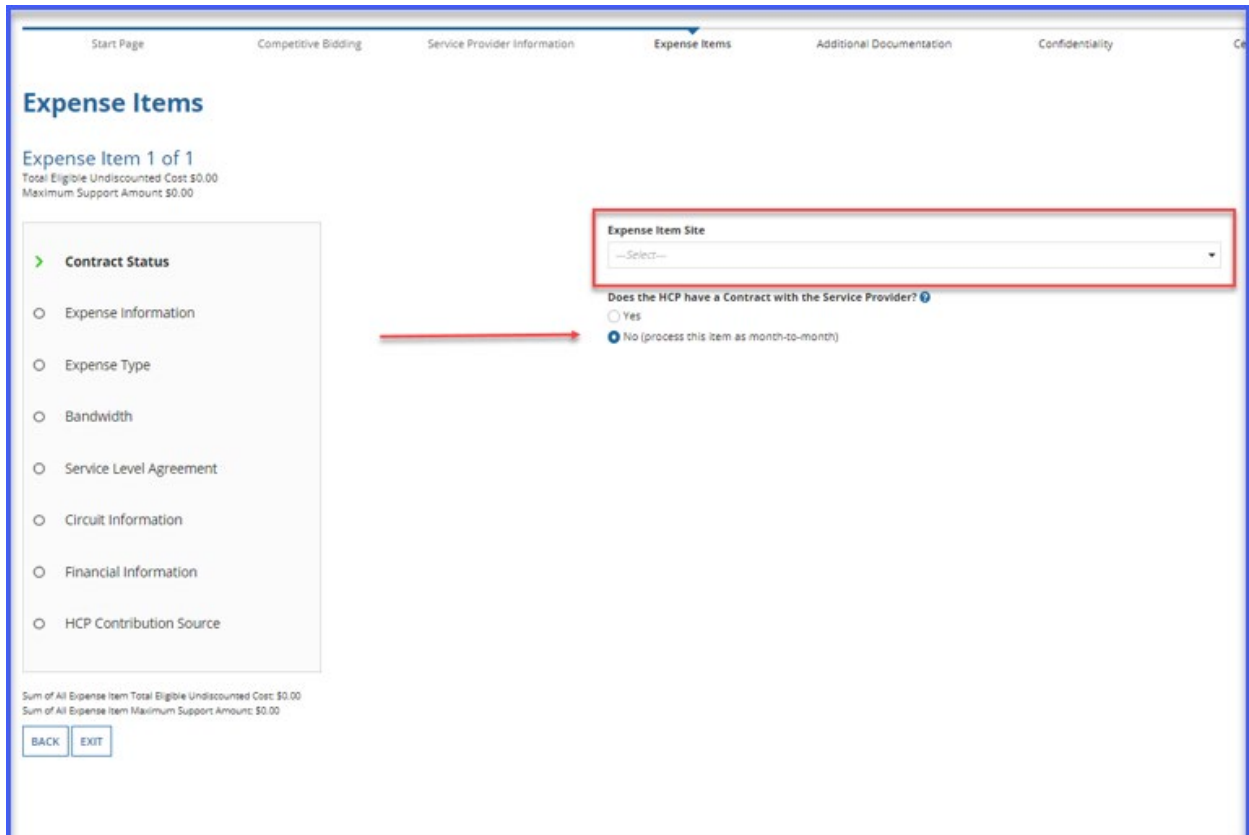
Step 11: Download the NCW Template to populate and upload or enter a new expense item manually.

Note: If you enter any information manually and then choose to use the NCW template, the NCW will overwrite that information.



#	Site #	Site Name	Contract Number	Expense Type	Eligible Undiscounted Cost	Maximum Support Amount	Actions
1				Network Maintenance			Edit Delete
2				Ethernet			Edit Delete

Step 12: For consortia applicants, all member sites will appear in the drop-down menu. Select a site from the drop-down menu. Answer the question about whether the HCP is submitting this expense with a contract. If **No** is selected, the application will be processed as month-to-month. Month-to-month funding requests, meaning forms submitted without a contract, are limited to 12 months of funding and competitive bidding is required each year.



Expense Items

Expense Item 1 of 1
Total Eligible Undiscounted Cost \$0.00
Maximum Support Amount \$0.00

Contract Status

- ☒ Expense Information
- ☐ Expense Type
- ☐ Bandwidth
- ☐ Service Level Agreement
- ☐ Circuit Information
- ☐ Financial Information
- ☐ HCP Contribution Source

Expense Item Site
--Select--

Does the HCP have a Contract with the Service Provider?

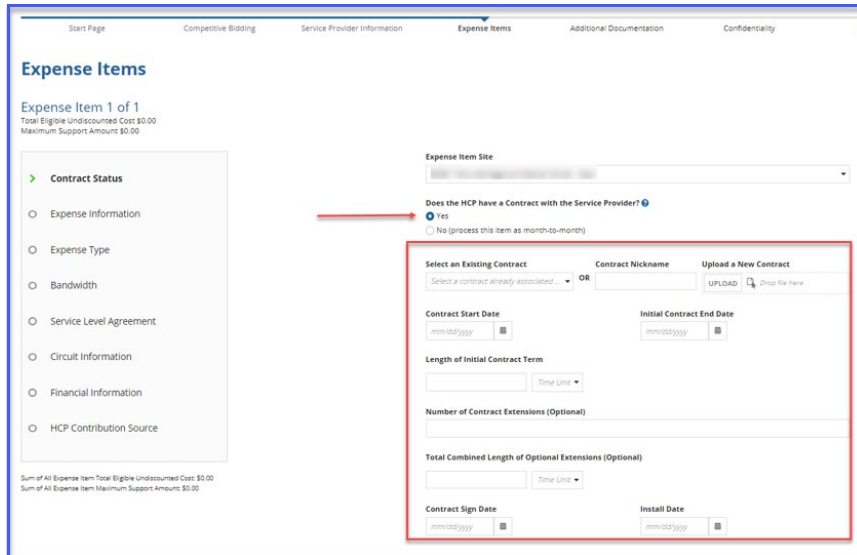
☐ Yes

☒ No (process this item as month-to-month)

Sum of All Expense Item Total Eligible Undiscounted Cost: \$0.00
Sum of All Expense Item Maximum Support Amount: \$0.00

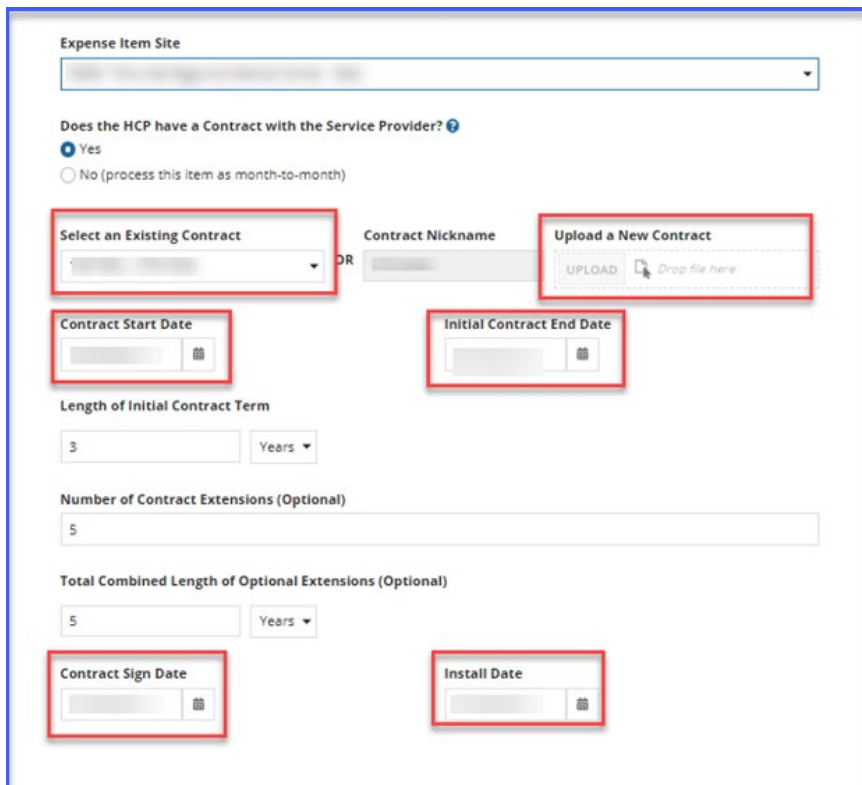
BACK EXIT

Step 13: For expenses submitted with a contract, select **Yes** to the question: **Does the HCP have a contract with the service provider.** Enter all information in the required fields. Contract information is entered for each line item.



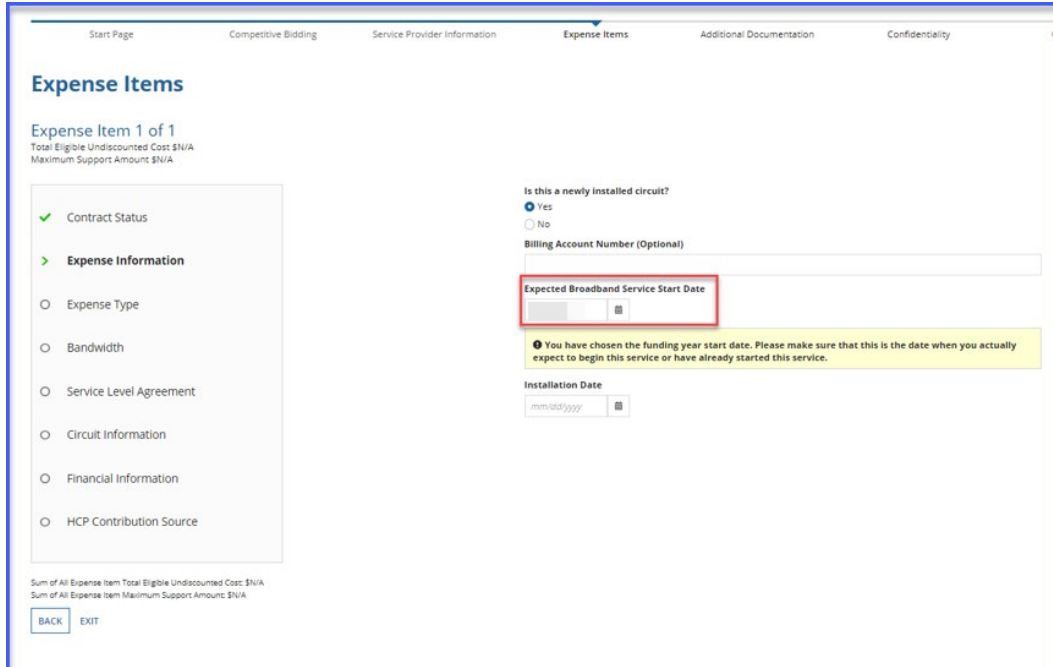
The screenshot shows the 'Expense Items' form. On the left is a sidebar with 'Contract Status' selected. The main form has a section titled 'Expense Item Site'. Below it is the question 'Does the HCP have a Contract with the Service Provider?' with 'Yes' selected. A red arrow points to this question. To the right, the 'Upload a New Contract' section is highlighted with a red box. It includes fields for 'Select an Existing Contract', 'Contract Nickname', 'Upload a New Contract' (with an 'UPLOAD' button and 'Drop file here' text), 'Contract Start Date', 'Initial Contract End Date', 'Length of Initial Contract Term', 'Number of Contract Extensions (Optional)', 'Total Combined Length of Optional Extensions (Optional)', 'Contract Sign Date', and 'Install Date'.

Step 14: Enter the contract start date, initial contract end date, contract sign date, and installation date for the requested expense.

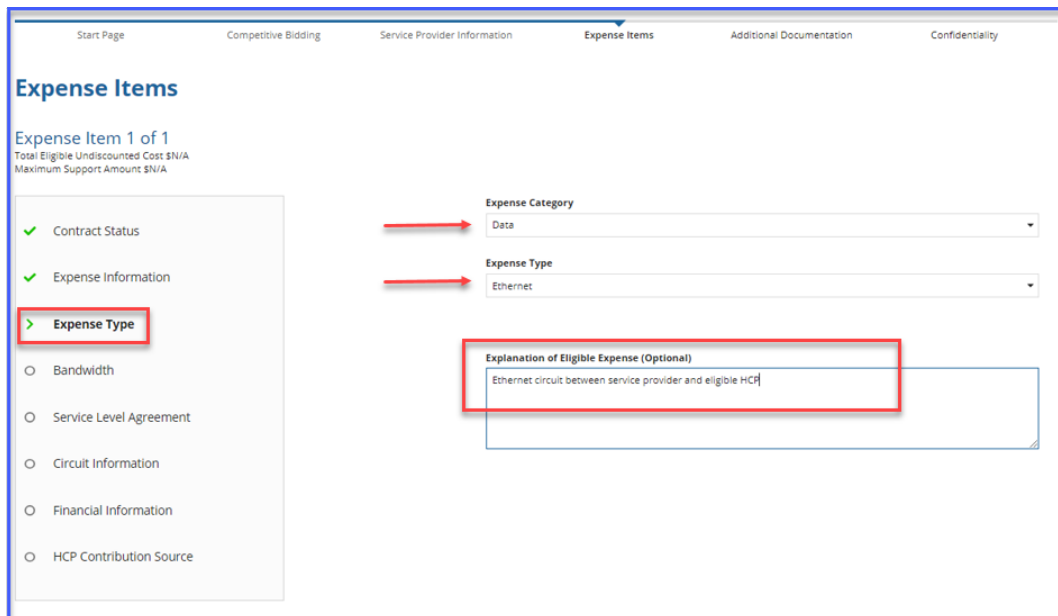


This screenshot is a closer view of the 'Upload a New Contract' section. Red boxes highlight the following fields: 'Select an Existing Contract', 'Contract Start Date', 'Initial Contract End Date', 'Contract Sign Date', and 'Install Date'. The 'Contract Start Date' is set to 3 years, and the 'Initial Contract End Date' is set to 5 years. The 'Contract Sign Date' and 'Install Date' are also set to 5 years.

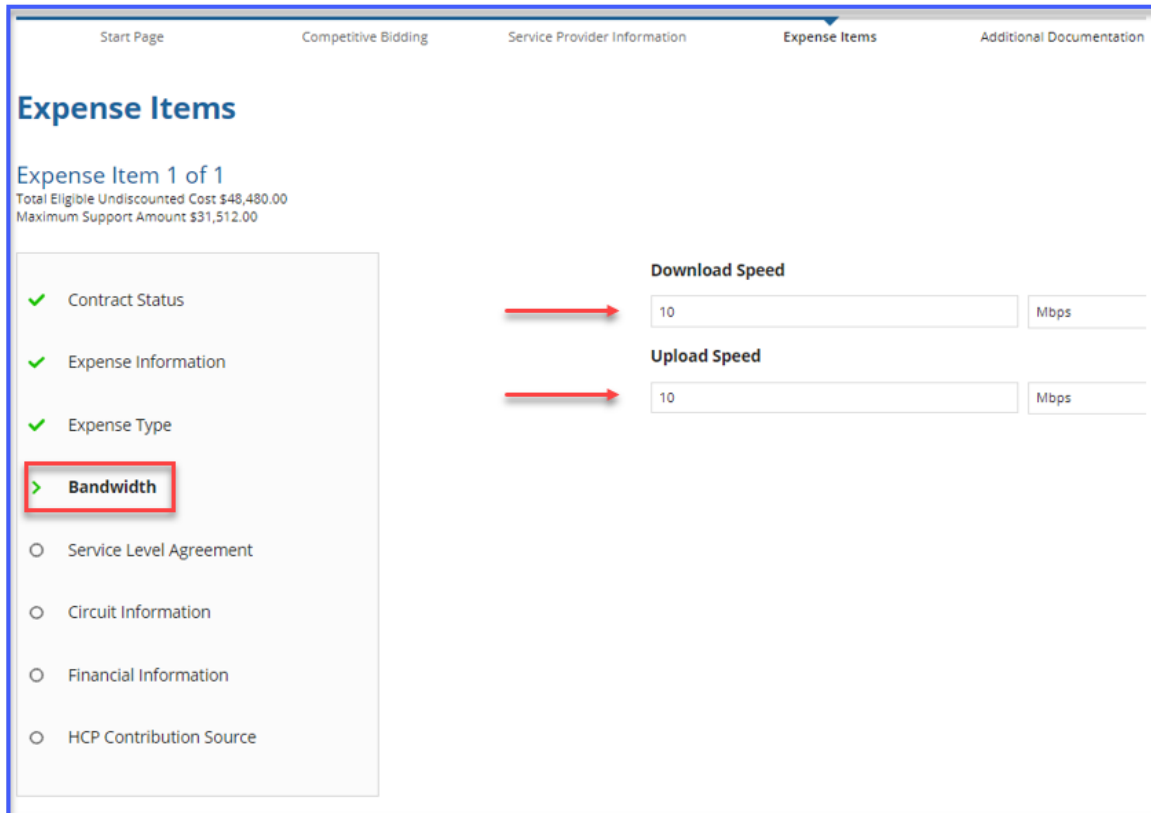
Step 15: Enter the date that you either actually began receiving the service or the date that you expect to receive the service. If it is actually the first day of the funding year, you may to enter July 1 as the expected service start date.



Step 16: Choose the expense category and the expense type from the drop-down menus. There's an optional field where an explanation of the eligible expense may be added.



Step 17: Enter the bandwidth for the requested expense. For expenses such as equipment, installation, construction and network management services, bandwidth is not required, and fields may be left blank. For all other services, bandwidth is required.



Start Page Competitive Bidding Service Provider Information **Expense Items** Additional Documentation

Expense Items

Expense Item 1 of 1
Total Eligible Undiscounted Cost \$48,480.00
Maximum Support Amount \$31,512.00

- ✓ Contract Status
- ✓ Expense Information
- ✓ Expense Type
- > Bandwidth**
- Service Level Agreement
- Circuit Information
- Financial Information
- HCP Contribution Source

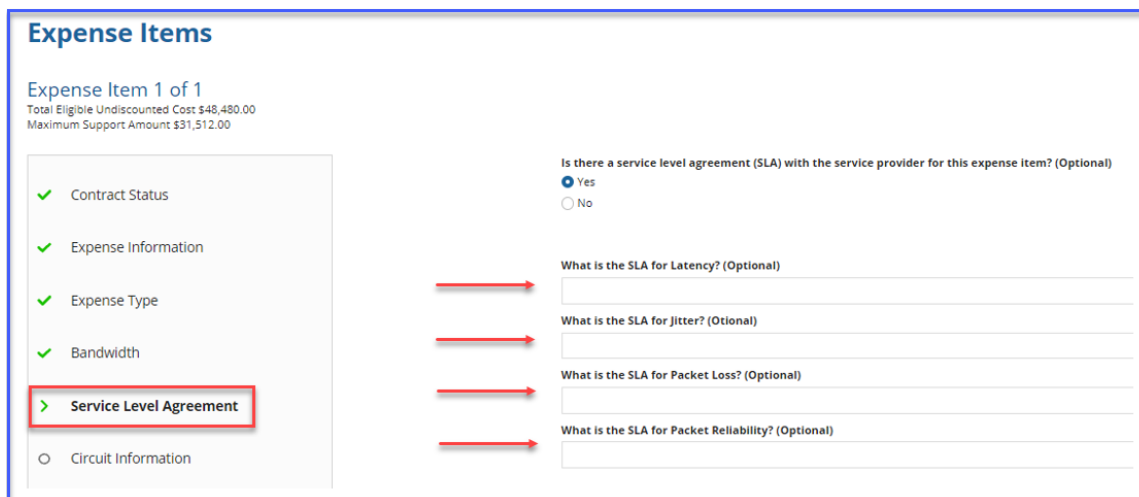
Download Speed

10 Mbps

Upload Speed

10 Mbps

Step 18: Select **Yes** or **No** to answer the question about whether the requested expense includes a service level agreement and, if yes, enter the information shown.



Expense Items

Expense Item 1 of 1
Total Eligible Undiscounted Cost \$48,480.00
Maximum Support Amount \$31,512.00

- ✓ Contract Status
- ✓ Expense Information
- ✓ Expense Type
- ✓ Bandwidth
- > Service Level Agreement**
- Circuit Information

Is there a service level agreement (SLA) with the service provider for this expense item? (Optional)

☒ Yes
☐ No

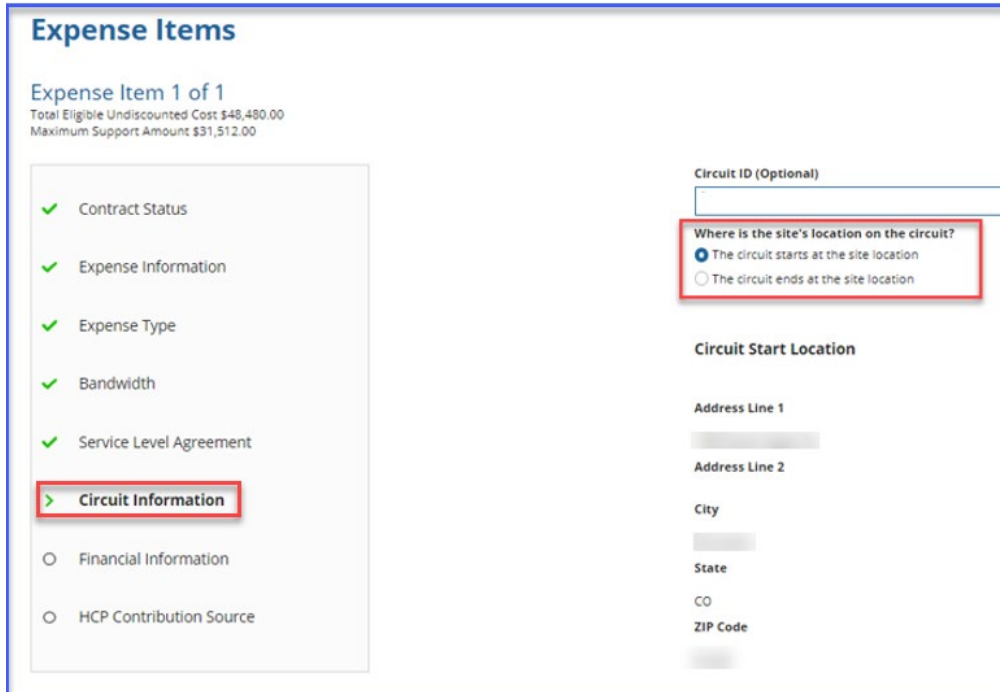
What is the SLA for Latency? (Optional)

What is the SLA for Jitter? (Optional)

What is the SLA for Packet Loss? (Optional)

What is the SLA for Packet Reliability? (Optional)

Step 19: Enter a circuit ID (optional) and select where the site is located on the requested circuit. This should align with submitted service provider confirmed documentation. Information will pre-populate based on information in the FCC Form 460.



Expense Items

Expense Item 1 of 1
Total Eligible Undiscounted Cost \$48,480.00
Maximum Support Amount \$31,512.00

- ✓ Contract Status
- ✓ Expense Information
- ✓ Expense Type
- ✓ Bandwidth
- ✓ Service Level Agreement
- > Circuit Information**
- Financial Information
- HCP Contribution Source

Circuit ID (Optional)

Where is the site's location on the circuit?

☒ The circuit starts at the site location

☐ The circuit ends at the site location

Circuit Start Location

Address Line 1

Address Line 2

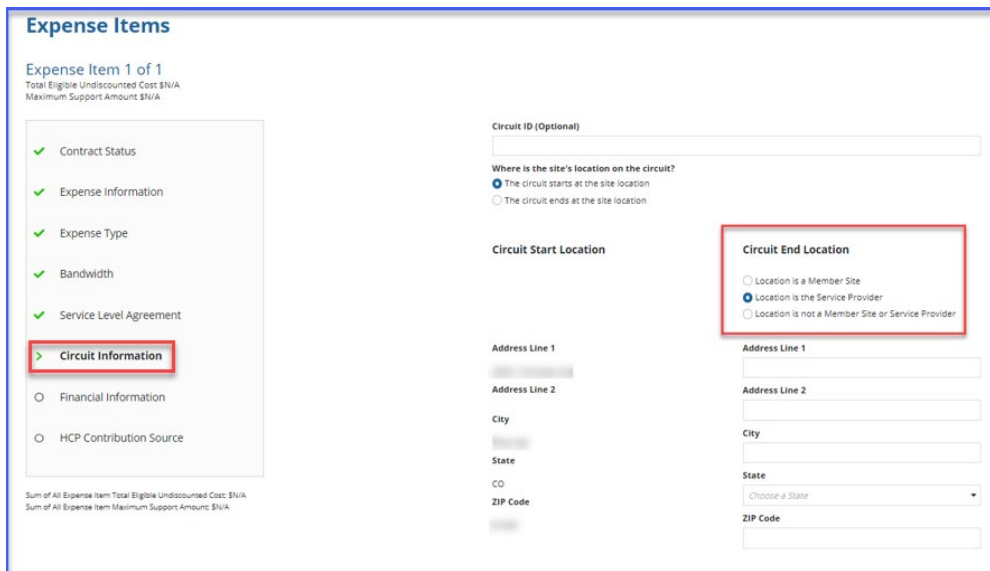
City

State

CO

ZIP Code

Step 20: For consortia applicants only: For expenses associated with off-site administrative offices and off-site data centers, the circuit end location is required. If you select **Location is a Member Site**, a drop-down menu with a list of all HCP sites that appear on the FCC Form 460 for the administrative office or data center will appear. Choose the relevant member site.



Expense Items

Expense Item 1 of 1
Total Eligible Undiscounted Cost \$N/A
Maximum Support Amount \$N/A

- ✓ Contract Status
- ✓ Expense Information
- ✓ Expense Type
- ✓ Bandwidth
- ✓ Service Level Agreement
- > Circuit Information**
- Financial Information
- HCP Contribution Source

Circuit ID (Optional)

Where is the site's location on the circuit?

☒ The circuit starts at the site location

☐ The circuit ends at the site location

Circuit Start Location

Address Line 1

Address Line 2

City

State

CO

ZIP Code

Circuit End Location

☐ Location is a Member Site

☒ Location is the Service Provider

☐ Location is not a Member Site or Service Provider

Address Line 1

Address Line 2

City

State

Choose a State

ZIP Code

Sum of All Expense Item Total Eligible Undiscounted Cost: \$N/A
Sum of All Expense Item Maximum Support Amount: \$N/A

Step 21: Indicate whether there are multiple items being requested, whether you're asking for multi-year funding, how often the expense is invoiced, and how many expense periods are being requested. Enter the undiscounted cost per expense period, taxes and fees and indicate whether this expense is to be cost-allocated. If **No** is selected for **Is this entire expense eligible for support**, enter the eligible percentage and an explanation about how the percent eligible for support was calculated. Upload the document with the explanation where indicated.

Expense Items

Expense Item 2 of 2
Total Eligible Undiscounted Cost \$0.00
Maximum Support Amount \$0.00

✓ Contract Status

✓ Expense Information

Does this expense item represent multiple items or circuits? [?](#)

☒ Yes

☐ No

Quantity of Items

Enter a value.

Expense Item 1 of 1

Total Eligible Undiscounted Cost \$0.00
Maximum Support Amount \$0.00

✓ Contract Status

✓ Expense Information

✓ Expense Type

✓ Bandwidth

✓ Service Level Agreement

✓ Circuit Information

> Financial Information

☐ HCP Contribution Source

Does this expense item represent multiple items or circuits? [?](#)

☐ Yes

☒ No

Multi-year Funding Request

☐ Yes

☒ No

How often is this item expensed?

Monthly

How many expense periods will there be total?

12

Undiscounted Cost Per Expense Period (Excluding Taxes and Fees)

\$1,000.00

Taxes and Fees per Expense Period

\$50.00

Is this entire expense eligible for support? [?](#)

☐ Yes

☒ No

Percent Eligible for Support

90

Explanation

Ten locations use this service but one site is ineligible for funding.

70/1000

Upload Documentation to Support Your Explanation [?](#)

UPLOAD [Drop file here](#)

Sum of All Expense Item Total Eligible Undiscounted Cost: \$N/A
Sum of All Expense Item Maximum Support Amount: \$N/A

Step 22: Answer the question about now the HCP will cover their costs not covered by Healthcare Connect Fund (HCF) support. Click all that apply.

Start Page Competitive Bidding Service Provider Information **Expense Items** Additional Documentation Confidentiality

Expense Items

Expense Item 1 of 1
Total Eligible Undiscounted Cost \$12,600.00
Maximum Support Amount \$8,190.00

- ✓ Contract Status
- ✓ Expense Information
- ✓ Expense Type
- ✓ Bandwidth
- ✓ Service Level Agreement
- ✓ Circuit Information
- ✓ Financial Information
- > HCP Contribution Source**

How will the HCP cover their costs including the required 35% that are not covered by HCF support? (select all that apply)

- ☐ The HCP will cover the difference
- ☐ State grants, funding, or appropriations
- ☐ Federal funding, grants, loans, or appropriations
- ☐ Tribal government funding
- ☐ Other grant funding including private grants

Sum of All Expense Item Total Eligible Undiscounted Cost:
\$12,600.00
Sum of All Expense Item Maximum Support Amount: \$8,190.00

[BACK](#) [EXIT](#)

Step 23: Continue to add new expenses or move to next steps to complete your form. The total eligible undiscounted cost and total maximum support based on 65 percent of the total undiscounted cost for eligible expenses will be clearly displayed.

Expense Item Summary

[ENTER A NEW EXPENSE ITEM](#)

#	1	Site #	Site Name	Contract Number	Expense Type	Eligible Undiscounted Cost	Maximum Support Amount	Actions
1					Ethernet	\$24,240.00	\$15,756.00	Edit Delete

Show records/page

Total Eligible Undiscounted Cost \$24,240.00
Total Maximum Support \$15,756.00

[BACK](#) [EXIT](#) [SAVE & CONTINUE](#)

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Approved by OMB 3060-0804

Step 24: Upload all supporting documentation. For consortia applicants, a copy of the viable source letter is required. To upload more than 10 documents, follow instructions in the blue banner.

Start Page Competitive Bidding Service Provider Information Expense Items **Additional Documentation** Confidentiality Certifications Signature

▲ Additional Documentation

Use this tab to upload additional documentation that is relevant to the application. Ensure that all bandwidths, costs, service locations, and expense types are supported with documentation.

● Service provider documentation required to confirm expenses

Document Type	Description	Document	Uploaded On	
No items available				

UPLOAD DOCUMENT(S)

Must upload a file of document type Viable Source Letter

BACK EXIT **SAVE & CONTINUE**

Start Page Competitive Bidding Service Provider Information Expense Items **Additional Documentation** Confidentiality Certifications Signature


Additional Documentation

● Service provider documentation required to confirm expenses

Document Type	Description	Document	Uploaded On	
No items available				

● Add Document

Bulk Upload *

UPLOAD  Drop files here

● Note: 10 files can be uploaded at a time (up to 100 total). Click **Next** on this screen once the 10 document limit has been reached; you may then click **UPLOAD DOCUMENT(S)** again to add another batch of files.

BACK EXIT **NEXT**

Step 25: Select **Yes** or **No** to answer the question about confidentiality. An explanation of why we ask the question can be viewed in the **Explanation** section.

Start Page Competitive Bidding Service Provider Information Expense Items

Confidentiality

Is the HCP requesting confidential treatment and non-disclosure of commercial and financial information?*

☐ Yes

☐ No

Explanation

BACK EXIT

Step 26: Each certification must be checked to continue.

Start Page	Competitive Bidding	Service Provider Information	Expense Items	Additional Documentation	Confidentiality	Certifications	Signature
------------	---------------------	------------------------------	---------------	--------------------------	-----------------	-----------------------	-----------

Certifications

☐ I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant 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 of fact contained therein are true.

☐ I certify under penalty of perjury that the applicant or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. "Cost-effective" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the applicant deems relevant to choosing a method of providing the required health care services." 47 CFR § 54.622(c).

☐ I certify under penalty of perjury that all RHC Program support will be used only for eligible health care purposes.

☐ I certify under penalty of perjury that the applicant or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund Program.

☐ I certify under penalty of perjury that the applicant or consortium satisfies all of the requirements under Section 254 of the Act and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.

☐ I certify under penalty of perjury that I have reviewed all applicable rules and requirements for the RHC Program and complied with those rules and requirements.

☐ I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, all billing records for services received and any other documentation demonstrating compliance with the rules must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR §§ 54.631 or as otherwise prescribed by the Commission's rules.

☐ I certify under penalty of perjury that the applicant or consortium and/or its consultant, if applicable, has not solicited or accepted a gift or any other thing of value from a service provider participating in or seeking to participate in the RHC Program.

☐ I certify under penalty of perjury that any consultants or third parties associated with this request or RFP do not have an ownership interest, sales commission arrangement, or other financial stake in the vendor chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.

[BACK](#) [EXIT](#) [SAVE & CONTINUE](#)

Step 27: Sign the form using your first and last name as it appears in RHC Connect.

Start Page	Competitive Bidding	Service Provider Information	Expense Items	Additional Documentation	Confidentiality	Certifications	Signature
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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: [Redacted]

[BACK](#) [EXIT](#) [CERTIFY & SUBMIT](#)

Frequently Asked Questions

What changes were made to the 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 approve funding requests.

Did the FCC Form 462 change?

No, the FCC Form 462 itself did not change – only the platform 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 Telecommunications (Telecom) Program began submitting the FCC Form 466 in RHC Connect in FY2024.

Resources

For more information, visit the Welcome to [Welcome to RHC Connect - FCC Form 462](#) webpage.

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