

# Submitting the FCC Form 465 in RHC Connect

Rural Health Care (RHC) program

Revised July 2025

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## About RHC Connect for the FCC Form 465

**RHC Connect** is the web-based system that hosts the FCC Form 465. Although the look of the application has changed, the FCC Form 465 did not. To submit your FCC Form 465, 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**.

### Dashboard

*i* In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional informat

### Upcoming Dates

07/07  
2022

New Filer ID  
Basics Webinar

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08/01  
2022

Quarterly Filing  
due August 1

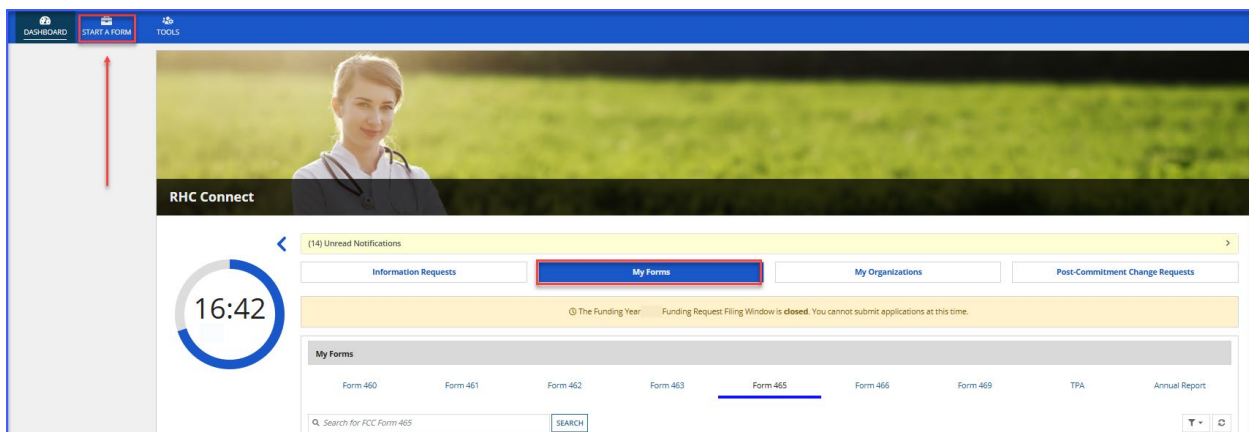
### Rural Health Care

**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** - Health care providers must use this form to complete and submit their original Connected Care Pilot Program proposal application directly to FCC.

**Step 2:** Click **START A FORM**.



The screenshot shows the RHC Connect dashboard. In the top navigation bar, the 'START A FORM' button is highlighted with a red box and an arrow. Below the navigation bar, there is a large banner image of a healthcare professional. Underneath the banner, there is a section with a clock showing 16:42 and a notification bar. The 'My Forms' tab is highlighted with a red box. Below the tabs, there is a table of forms with columns for Form 460, Form 461, Form 462, Form 463, Form 465, Form 466, Form 469, TPA, and Annual Report. The 'Form 465' column is highlighted with a red box. At the bottom, there is a search bar with the text 'Search for FCC Form 465' and a 'SEARCH' button.

**Step 3:** Click the box titled **FCC Form 465**, then click **Next**.

**RHC Connect**

What type of Form would you like to file?

08:54

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.

**Telecom**

**FCC Form 465**

Develop Bid Evaluation Criteria & Select Services

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 465 (Request for Services Form).

**FCC Form 466**

Evaluate Bids & Select Service Provider

This form provides information about the selected service and the applicant certifies the selected service was the most cost-effective means of meeting its specific health care needs.

**NEXT**

**Step 4:** Select the **Health Care Provider (HCP)** from the drop-down menu, then select the **Funding Year**. Click **“Save & Continue”** in the lower right-hand corner of the screen. **Note:** Once you select an HCP and click **“Save & Continue,”** you will not be able to change the HCP.

**FCC FORM 465**

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

**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

FCC Registration Number

Address

State IL

**Application Basics**

Application Nickname Enter a nickname as a reference

Funding Year FY 2025

Application Number

Funding Priority

EXIT

**SAVE & CONTINUE**

**Step 5:** Click **Add Requested Services**.

**FCC Form 465 | HCP**

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

**Requested Services**

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

[Add Requested Services](#)

EXIT [BACK](#) [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.

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**Step 6:** Select the type of service(s) from the drop-down menu. For data services, enter minimum and maximum bandwidth speeds in increments of megabits. For voice services, enter the number of lines needed. Indicate if you will accept bids for similar services.

**FCC Form 465 | HCP**

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

**Requested Services**

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Number of Lines	Allow Bids for Similar Services?
Data	If Other is selected	10	1000	10	1000	Mbps		Yes
Voice	If Other is selected					Select	10	Yes

[Add Requested Services](#)

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

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Showing 1 - 2 of 2

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

**FCC Form 465 | HCP**

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

**Requested Services**

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Number of Lines	Allow Bids for Similar Services?
Data	If Other is selected	10	1000	10	1000	Mbps		Yes
Voice	If Other is selected					Select	10	Yes

[Add Requested Services](#)

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

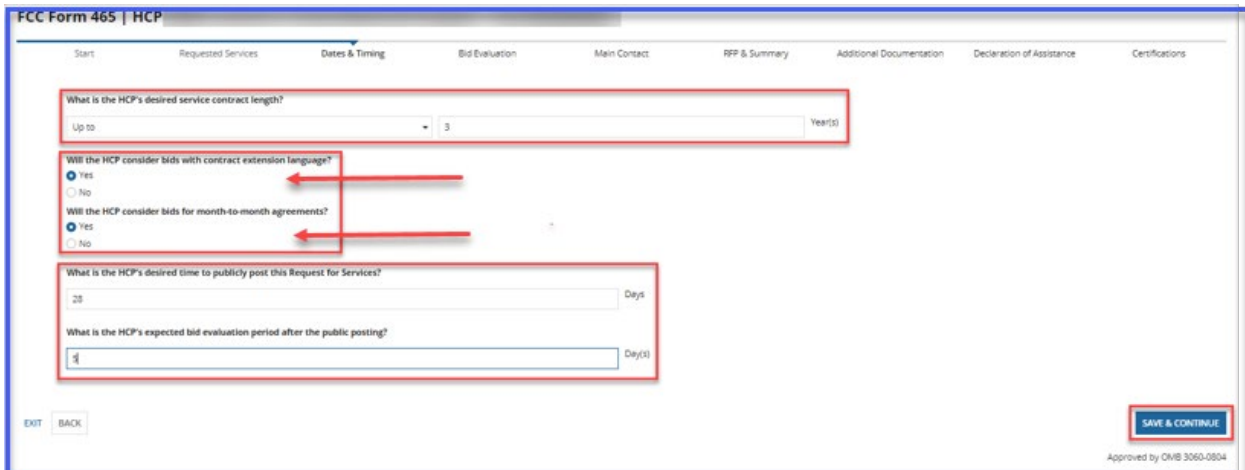
If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Showing 1 - 2 of 2

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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 465 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**.



**FCC Form 465 | HCP**

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

What is the HCP's desired service contract length?  
Up to 3 Year(s)

Will the HCP consider bids with contract extension language?  
☒ Yes ☐ No

Will the HCP consider bids for month-to-month agreements?  
☒ Yes ☐ No

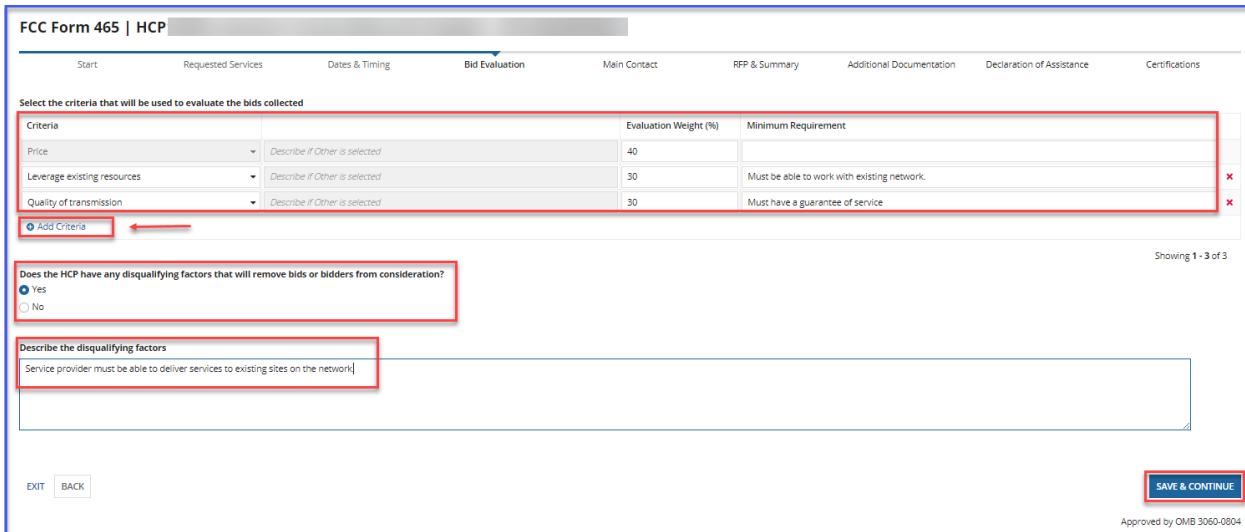
What is the HCP's desired time to publicly post this Request for Services?  
28 Days

What is the HCP's expected bid evaluation period after the public posting?  
1 Day(s)

EXIT BACK **SAVE & CONTINUE**

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**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**.



**FCC Form 465 | HCP**

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

Select the criteria that will be used to evaluate the bids collected

Criteria	Evaluation Weight (%)	Minimum Requirement
Price	40	
Leverage existing resources	30	Must be able to work with existing network.
Quality of transmission	30	Must have a guarantee of service.

+ Add Criteria

Showing 1 - 3 of 3

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?  
☒ Yes ☐ No

Describe the disqualifying factors  
Service provider must be able to deliver services to existing sites on the network

EXIT BACK **SAVE & CONTINUE**

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**Step 10:** Select 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 465 | HCP

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

Who is the main contact for this request?

Full Contact Information

First Name Middle Initial (Optional) Last Name

HCP Name

Title

Address 1 Address 2 (Optional)

City State Zip Code

Phone Extension (Optional) Fax (Optional)

Email

EXIT BACK

SAVE & CONTINUE

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**Step 11:** Answer the questions beside the red arrows below. If you select **Yes** on the first question, you will be required to upload the RFP on this screen. Provide a summary of the HCP's requested services and Request for Proposal (RFP), if applicable, in the field shown. Click **Save & Continue**.

FCC Form 465 | HCP

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

Do state, Tribal, or local procurement rules require the HCP to include an RFP with this request for services application?

☐ Yes

☒ No

Will the HCP be including an RFP with this application?

☒ Yes

☐ No

UPLOAD Drop files here

Please provide a summary of the HCP's requested services. If an RFP is attached above, summarize that document.

EXIT BACK

SAVE & CONTINUE

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**Step 12:** If there is additional documentation to be included on the public posting, upload it on this screen. Click **Add Documents**, upload the document, and provide a description of the uploaded document. Click **Save & Continue**.



**FCC FORM 465 | HCP**

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

**Note:** Additional Documentation added to an FCC Form 465 will be made publicly available via the Search Posted Services tool on USAC's website.

Description	Document	Uploaded On
No items available		

[Add Document](#)

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

**Step 13:** You are required to disclose any consultants, service providers, or outside experts who assisted in the preparation of the FCC Forms 460, 465, RFP, or bid evaluation. If a Tertiary Account Holder is completing the FCC Form 465, the answer defaults to **Yes** and the consultant's information will appear. Click **Add Contact** if applicable, enter information, then click **Save**. Click **"Save & Continue."**

**FCC Form 465 | HCP**

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

Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aid in the preparation of the FCC Form 465, RFP, or bid evaluation?

☒ Yes  
☐ No

Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Action
No items available							

[+ Add Contact](#)

**Add a New Contact**

First Name: Jane Middle Initial (Optional): Last Name: Smith

Organization Type: Outside Expert

Title/Role: Tech Support

Employer: Test.com

Address 1: 123 Main Street Address 2 (Optional):

City: State: Zip Code:

Email: jsmith@test.com

Phone: (800) 555-5555 Extension (Optional):

Nature of Relationship: Consultant

[CANCEL](#) [SAVE](#)

**Step 14:** Read and click all certifications. You will be unable to move forward until all certifications are clicked. Type your full name, as it appears in RHC Connect, into the **"Digital Signature"** field and then click **"Certify & Submit."**

**FCC FORM 465 | HCP**

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

Application Summary

**Certifications & Signature**

☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.

☒ I certify under penalty of perjury that the applicant has complied with all 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 applicant 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 is a nonprofit or public entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600, or the applicant seeking supported services has received conditional approval of eligibility pursuant to 47 CFR § 54.601(c) and expects to qualify as a nonprofit or public entity health care provider that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600, before the end of the funding year for which the supported services are requested.

☒ I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in 47 CFR § 54.600 or is a member of a consortium that satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607, or the applicant seeking supported services has received conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant (i) expects to be physically located in a rural area as defined in 47 CFR § 54.600 before the end of the funding year for which the supported services are requested, or (ii) plans to be a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 before the end of the funding year for which the supported services are requested.

☒ If applying for conditional approval of eligibility, I certify under penalty of perjury that the applicant seeking supported services has provided a written notification to potential bidders that the entity's eligibility is conditional and specify the estimated eligibility date pursuant to § 54.601 (c)(2).

☒ I certify under penalty of perjury that the applicant has reviewed and will comply with all applicable RHC Program requirements.

☒ 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 supported services will not be sold, resold, or transferred in consideration for money or any other thing of value.

☒ I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act and applicable Commission rules.

☒ I understand that all documentation associated with this request must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.

Certifier's Full Name:

Date:

Digital Signature:

EXIT BACK **CERTIFY & SUBMIT**

Approved by OMB 3060-0804

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.

**Step 16:** Once the FCC Form 465 is submitted, the message in the green banner will appear with a summary of the submitted form. Click on the hyperlink in the green banner titled **Dashboard** or the **Back to Dashboard** hyperlink on the upper right corner of the screen to return to the RHC Connect Dashboard. You will receive an email confirmation once your FCC Form 465 is submitted.

**HCP**

[BACK TO DASHBOARD](#)

☒ Your FCC Form 465 Application RHC46500000083 has been successfully submitted. You can view the application on your Dashboard.

**Summary**

HCP Name	HCP Number
FCC Registration Number (FCC RN)	Physical Address
Nickname(Optional)	Main Contact
Application Number	
Registration Type	

**Requested Services**

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Number of Lines	Allow Bids for Similar Services?
Data	If Other is selected	10	1000	10	1000	Mbps		Yes
Voice	If Other is selected					Select	10	Yes

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**Date & Timing**

What is the HCP's desired service contract length?  
Up to 3 Year(s)

Will the HCP consider bids with contract extension language?  
☒ Yes  
☐ No

Will the HCP consider bids for month-to-month contracts?  
☒ Yes  
☐ No

What is the HCP's desired time to publicly post this Request for Services?  
28 Days

What is the HCP's expected bid evaluation period after the public posting?  
5 Day(s)

**Bid Evaluation**

Select the criteria that will be used to evaluate the bids collected

Criteria	Evaluation Weight (%)	Minimum Requirement
Price	40	
Leverage existing resources	30	Must be able to work with existing network.
Quality of transmission	30	Must have a guarantee of service

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?  
☒ Yes  
☐ No

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## 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 465 change?**

No, the FCC Form 465 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 465](#) webpage.

For questions about the Rural Health Care program, contact [RHC-Assist@usac.org](mailto: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.