

Submitting the FCC Form 466 in RHC Connect

Rural Health Care (RHC) program

Revised July 2025

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About RHC Connect for the FCC Form 466

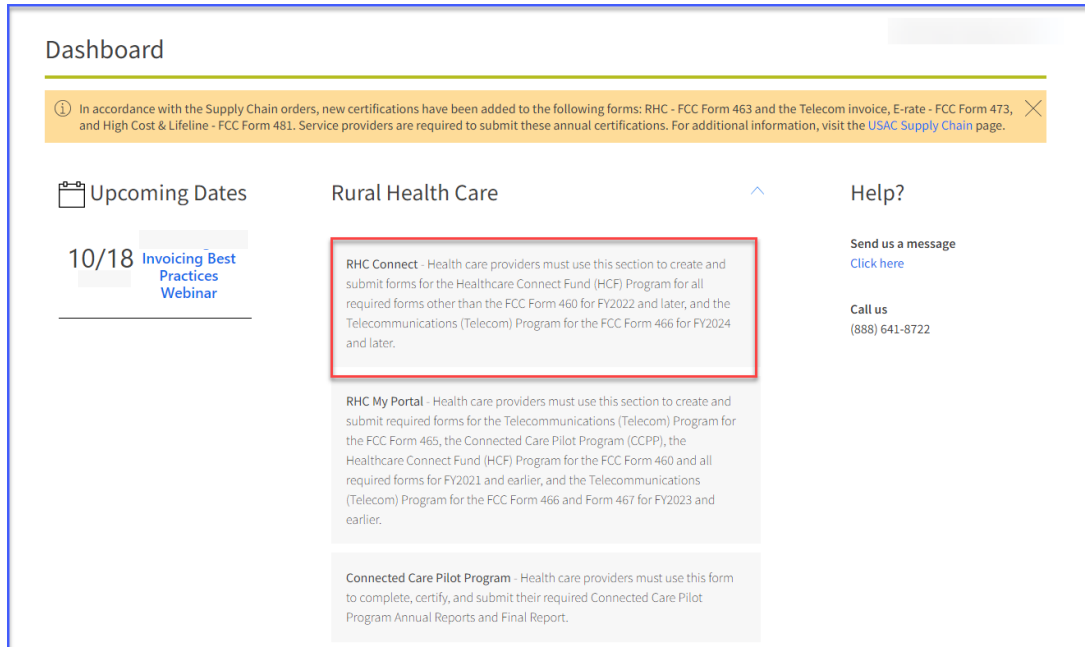
RHC Connect is the web-based system that hosts the FCC Form 466. Although the look of the application has changed, the FCC Form 466 did not. To submit your FCC Form 466, you will be asked the same questions and are required to provide the same information as in years past. No preparation for this change 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.

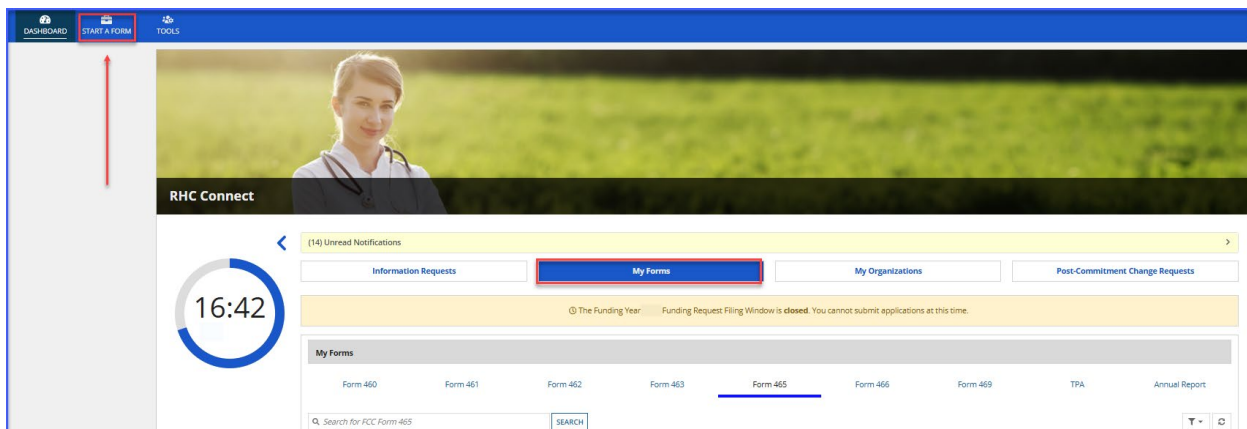
RHC Connect Walkthrough

Step 1: Log into My Portal and click on **RHC Connect**.



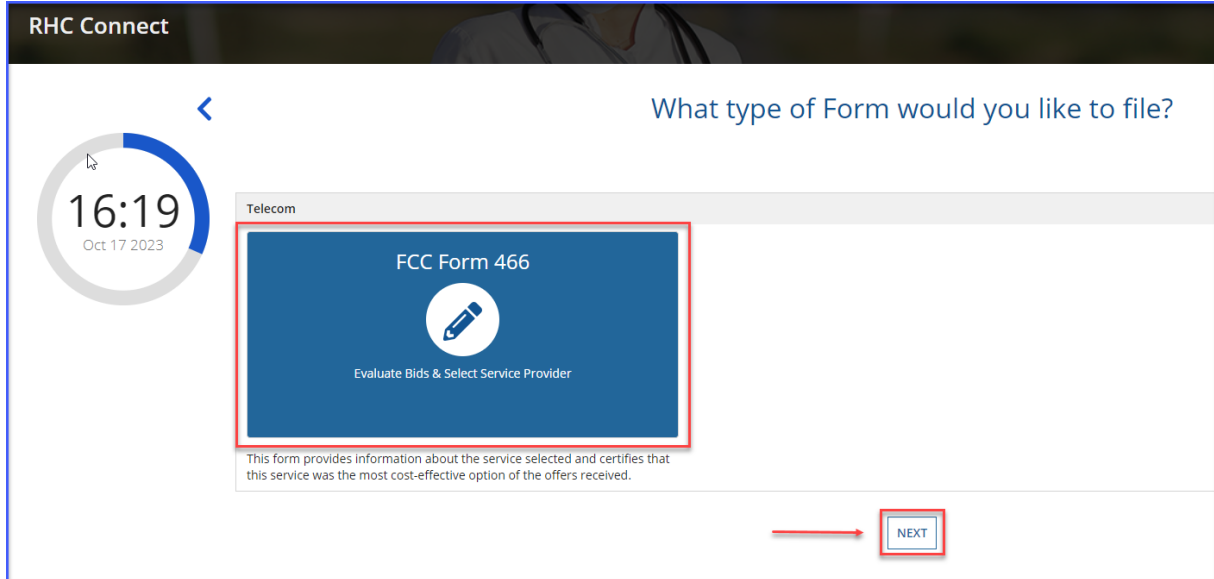
The screenshot shows the 'Dashboard' page of the RHC Connect portal. At the top, there is a yellow banner with an information icon and text: 'In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecom invoice, E-rate - FCC Form 473, and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit the [USAC Supply Chain](#) page.' Below the banner, the dashboard is divided into three main sections: 'Upcoming Dates', 'Rural Health Care', and 'Help?'. The 'Upcoming Dates' section shows '10/18 Invoicing Best Practices Webinar'. The 'Rural Health Care' section contains three sub-sections: 'RHC Connect' (highlighted with a red box), 'RHC My Portal', and 'Connected Care Pilot Program'. The 'Help?' section includes links to 'Send us a message' and 'Call us'.

Step 2: Here you can start a new form, resume working on a draft, or delete a draft FCC Form 466. There's a countdown banner displaying the days remaining in the filing window. The clock on the right is the current date and time.



The screenshot shows the 'My Forms' page within 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 large banner image of a healthcare professional. The main content area features a 'My Forms' section with a table of forms. The table has columns for 'Form 460', 'Form 461', 'Form 462', 'Form 463', 'Form 465' (highlighted with a blue box), 'Form 466', 'Form 469', 'TPA', and 'Annual Report'. A search bar is located below the table. On the left side of the page, there is a circular clock showing '16:42'. At the top of the page, there is a yellow banner with '(14) Unread Notifications'.

Step 3: Click **FCC Form 466**. Then, click **Next**.



RHC Connect

What type of Form would you like to file?

16:19
Oct 17 2023

Telecom

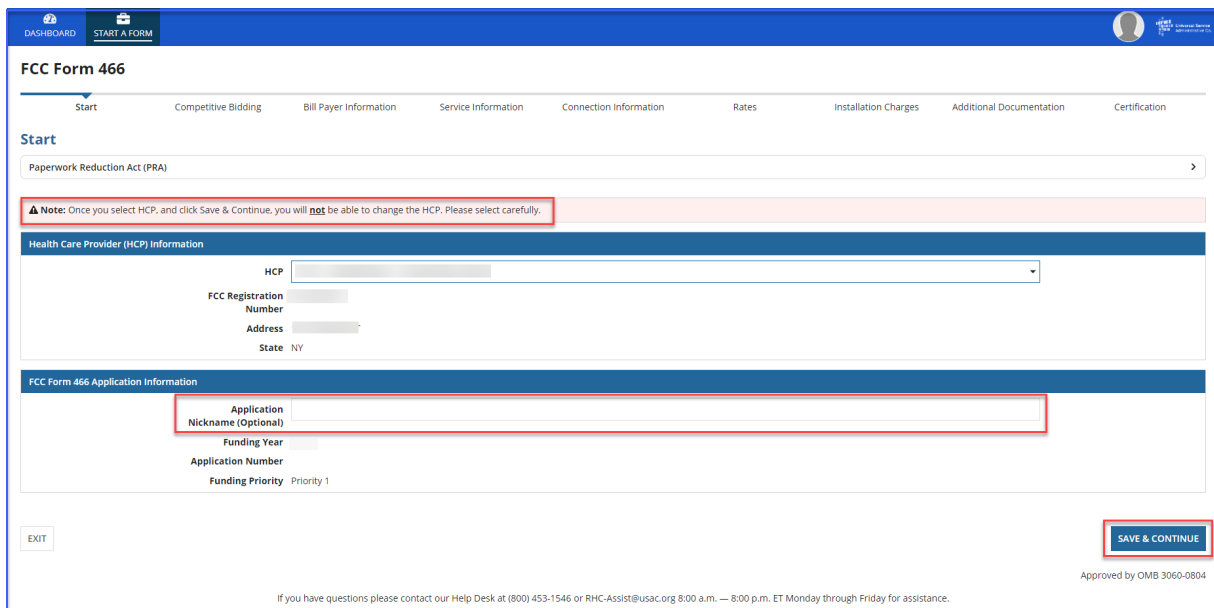
FCC Form 466

Evaluate Bids & Select Service Provider

This form provides information about the service selected and certifies that this service was the most cost-effective option of the offers received.

NEXT

Step 4: Move to the **Start** page and select the HCP from the drop-down menu. The information will be prepopulated based on information in the FCC Form 465. Enter an **Application Nickname** as an identifier for the application should you need to exit the form 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.



DASHBOARD START A FORM

FCC Form 466

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

Start

Paperwork Reduction Act (PRA)

Note: Once you select HCP, and click 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 NY

FCC Form 466 Application Information

Application Nickname (Optional)

Funding Year

Application Number

Funding Priority Priority 1

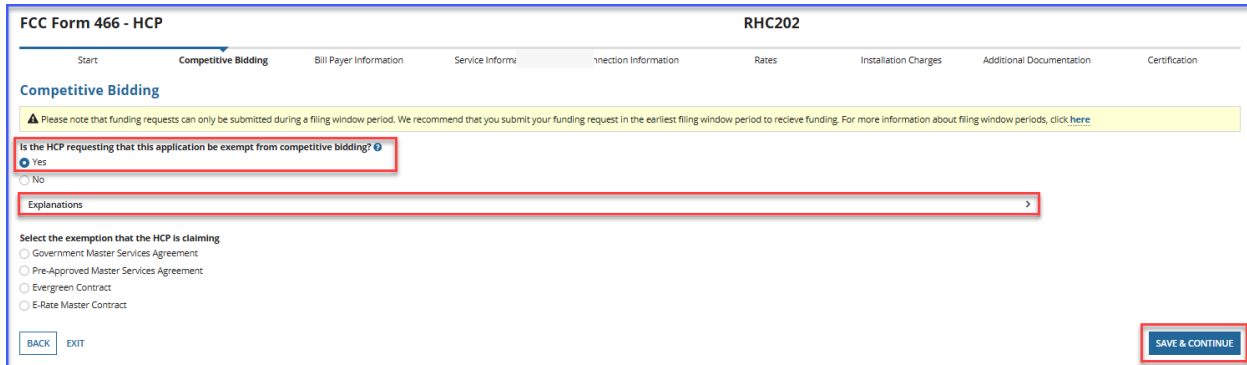
EXIT

SAVE & CONTINUE

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 5: Answer **Yes** if you are exempt from competitive bidding and **No** if you submitted an FCC Form 465 and completed your competitive bidding process.



FCC Form 466 - HCP **RHC202**

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

Competitive Bidding

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

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

☒ Yes

☐ No

Explanations >

Select the exemption that the HCP is claiming

☐ Government Master Services Agreement

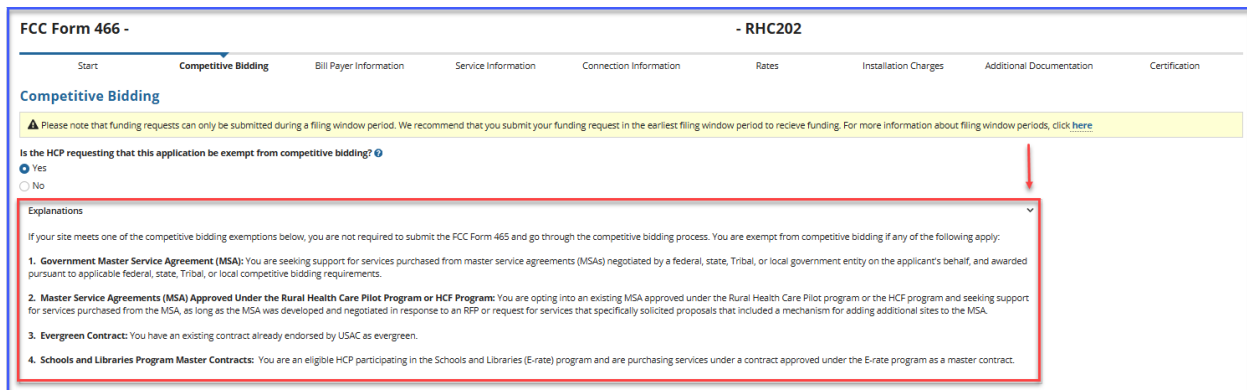
☐ Pre-Approved Master Services Agreement

☐ Evergreen Contract

☐ E-Rate Master Contract

BACK EXIT **SAVE & CONTINUE**

Click the arrow beside **Explanations** to view a description of each competitive bidding exemption.



FCC Form 466 - **- RHC202**

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

Competitive Bidding

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

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

☒ Yes

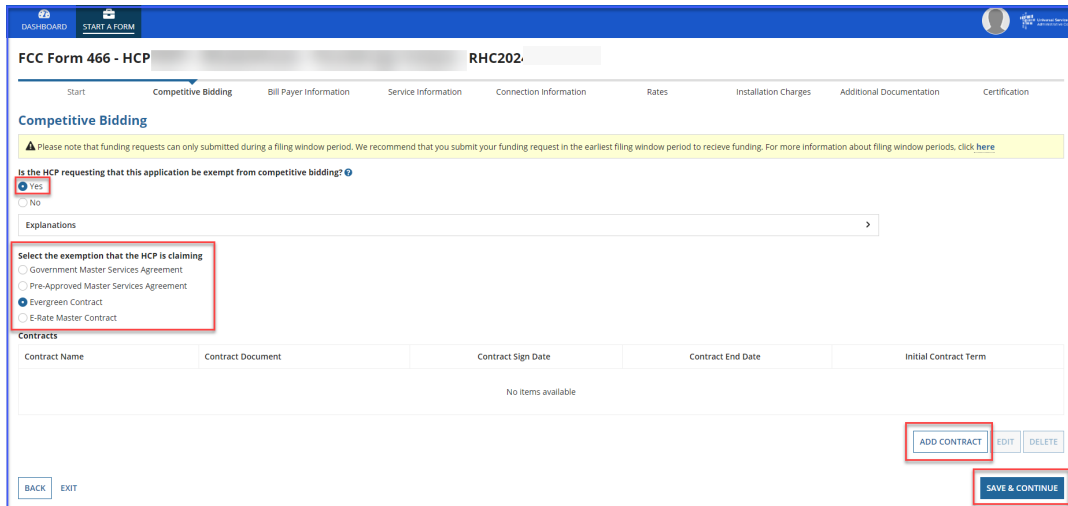
☐ No

Explanations ▼

If your site meets one of the competitive bidding exemptions below, you are not required to submit the FCC Form 465 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 purchased from master service agreements (MSAs) negotiated by a federal, state, Tribal, or local government 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 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 Contracts:** You have an existing contract already endorsed by USAC as evergreen.
- Schools and Libraries Program Master Contracts:** You are an eligible HCP participating in the Schools and Libraries (E-rate) program and are purchasing services under a contract approved under the E-rate program as a master contract.

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.



FCC Form 466 - HCP **RHC202**

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

Competitive Bidding

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

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

☒ Yes

☐ No

Explanations >

Select the exemption that the HCP is claiming

☐ Government Master Services Agreement

☐ Pre-Approved Master Services Agreement

☒ Evergreen Contract

☐ E-Rate Master 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, an existing contract must be selected 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. Click **Save**.

New Contract

Select an Existing Contract*
Select a contract already associated with this HCP

Contract Document

Contract Sign Date: mm/dd/yyyy
Contract End Date: mm/dd/yyyy

Length of Initial Contract Term
Time Unit

Number of Contract Extensions (Optional)

CANCEL

SAVE

BACK EXIT

SAVE & CONTINUE

Select the exemption that the HCP is claiming

☒ Government Master Services Agreement
☐ Pre-Approved Master Services Agreement
☐ Evergreen Contract
☐ E-Rate Master Contract

New Contract

Select an Existing Contract
Select a contract already associated with this HCP

OR

Contract Nickname
Test contract

Upload a New Contract
Evergreen Contract Date M...
DOCK - 16.22 KB

Contract Sign Date: 07/01/2023
Contract End Date: 06/30/2026

Length of Initial Contract Term
36 Months

Number of Contract Extensions (Optional)
5

CANCEL

SAVE

BACK EXIT

SAVE & CONTINUE

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

FCC Form 466 - HCP | RHC202

Start **Competitive Bidding** Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

Competitive Bidding

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

Is the HCP requesting that this application be exempt from competitive bidding?
☒ Yes
☐ No

Explanations

Select the exemption that the HCP is claiming

☐ Government Master Services Agreement
☐ Pre-Approved Master Services Agreement
☒ Evergreen Contract
☐ E-Rate Master Contract

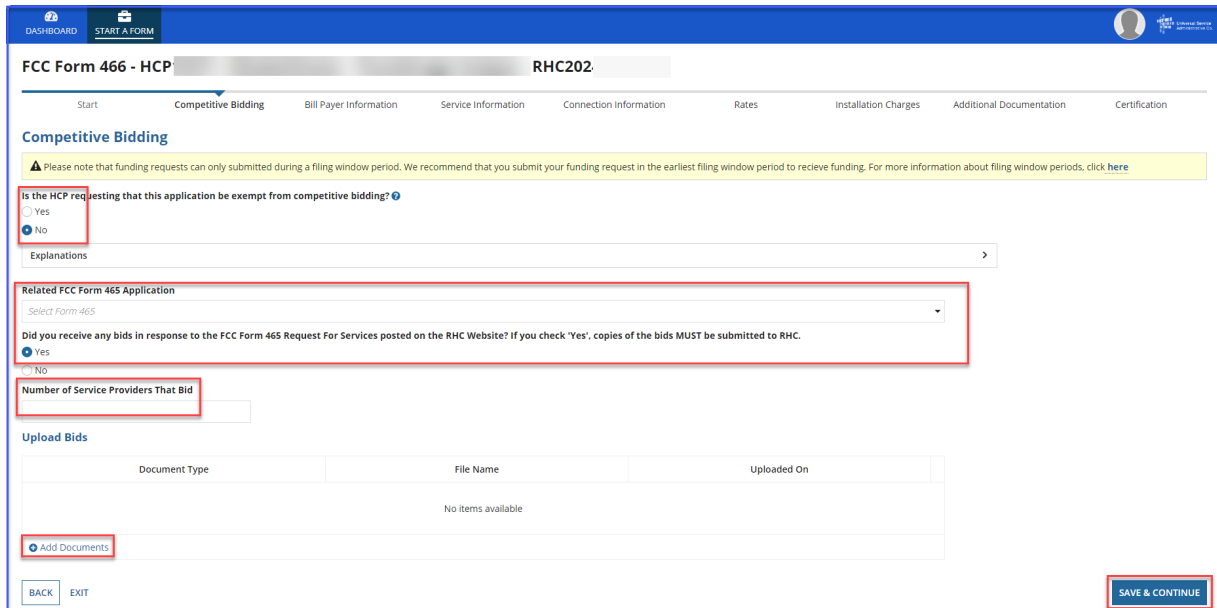
Contract Name	Contract Document	Contract Sign Date	Contract End Date	Initial Contract Term
				24 Months

ADD CONTRACT EDIT DELETE

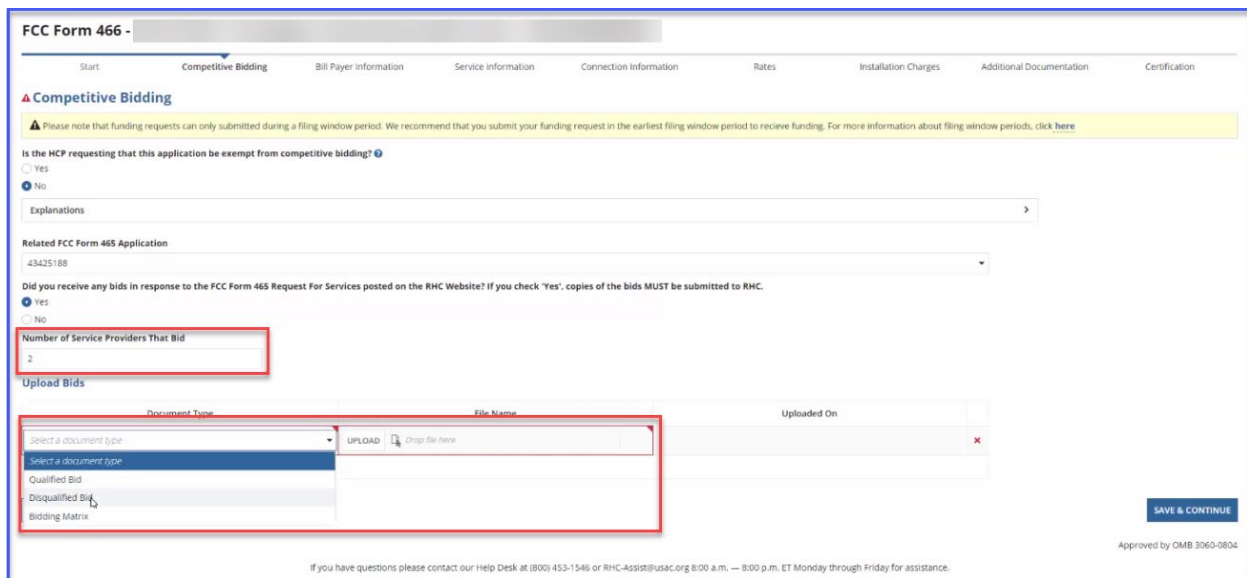
BACK EXIT

SAVE & CONTINUE


Step 9: Choose **No** for the question about qualifying for an exemption if the HCP went through the competitive bidding process. Select the related FCC Form 465 from the drop-down menu. All FCC Forms 465 submitted for the HCP will be available. Answer **Yes** or **No** to the question about whether bids were received in response to the posted FCC Form 465. You must enter a number greater than one. If you received zero bids, you'll enter one and information from the service provider you're using to submit the FCC Form 466. If **Yes**, enter the number of bids received and upload copies of those bids by clicking **Add Documents**. A red error message will display if you don't upload the documents.



Select a description of the document from the drop-down menu.



Step 10: Click **Yes** on the radio button to copy **Bill Payer Information** from another FCC Form 466. Please note, information from FCC Forms 466 from the prior two years will be migrated over to RHC Connect from My Portal for the same HCP. Click **No** to enter information into required fields. Then click **Save and Continue**.



Bill Payer Information

Copy from another 466
☒ Yes ☐ No

Select Prior FCC Form 466
 Please select from Dropdown

Billed Entity Name

Billed Entity FCC RN

Billed Entity Contact Employer

First Name

Last Name

Address Line 1

Address Line 2 (Optional)

Suite, Office Number, Room

City

State
 Select State

Zip Code

County
 Select County

Telephone Number

Extension (Optional)

Fax Number (Optional)

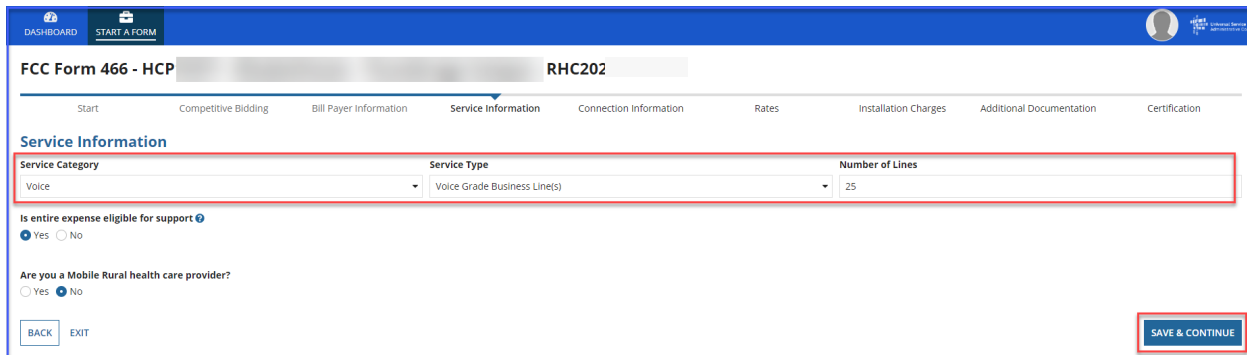
Email

Confirm Email

BACK EXIT

SAVE & CONTINUE

Step 11: Select the **Service Category** and the **Service Type** from the drop-down menus. For voice services, enter **Number of Lines**. Click **Save and Continue**.



FCC Form 466 - HCP RHC202

Start Competitive Bidding Bill Payer Information **Service Information** Connection Information Rates Installation Charges Additional Documentation Certification

Service Information

Service Category
 Voice

Service Type
 Voice Grade Business Line(s)

Number of Lines
 25

Is entire expense eligible for support?
☒ Yes ☐ No

Are you a Mobile Rural health care provider?
☐ Yes ☒ No

BACK EXIT

SAVE & CONTINUE

Step 12: Answer **Yes** or **No** for the question: **Is entire expense eligible for support?** If **No**, enter **Percent eligible for support**, enter an explanation about the eligible percentage calculation, and upload supporting documentation. Answer **Yes** or **No** for the question: **Are you a Mobile Rural health care provider?** If **Yes**, upload the required lists of sites the mobile clinic visits. Click **Save and Continue**.

FCC Form 466

Start Competitive Bidding Bill Payer Information **Service Information** Connection Information Rates Installation Charges Additional Documentation Certification

Service Information

Service Category: Voice Service Type: Voice Grade Business Line(s) Number of Lines: 25

Is entire expense eligible for support? ☐ Yes ☒ No

Percent eligible for support:

Explanation:

Upload supporting documents for Explanation:

Are you a Mobile Rural health care provider? ☒ Yes ☐ No

Upload Site List:

BACK EXIT **SAVE & CONTINUE**

Step 13: For data services, answer the question: **Is this service symmetrical?** And enter bandwidth. If **No** is selected, enter **Download Bandwidth** and **Upload Bandwidth**. If **Yes** is selected, only one bandwidth is required. Click **Save and Continue**.

FCC Form 466 - HCP **RHC202**

Start Competitive Bidding Bill Payer Information **Service Information** Connection Information Rates Installation Charges Additional Documentation Certification

Service Information

Service Category: Data Service Type: Ethernet - Dedicated

Is this service symmetrical? ☐ Yes ☒ No

Download Bandwidth:

Upload Bandwidth:

Speed in Bytes Per Second: ☐ Mbps ☐ Gbps

Is entire expense eligible for support? ☒ Yes ☐ No

Are you a Mobile Rural health care provider? ☐ Yes ☒ No

BACK EXIT **SAVE & CONTINUE**

FCC Form 466 - HCP **RHC202**

Start Competitive Bidding Bill Payer Information **Service Information** Connection Information Rates Installation Charges Additional Documentation Certification

Service Information

Service Category: Data Service Type: Ethernet - Dedicated

Is this service symmetrical? ☒ Yes ☐ No

Download Bandwidth: 10

Speed in Bytes Per Second: ☒ Mbps ☐ Gbps

Is entire expense eligible for support? ☒ Yes ☐ No

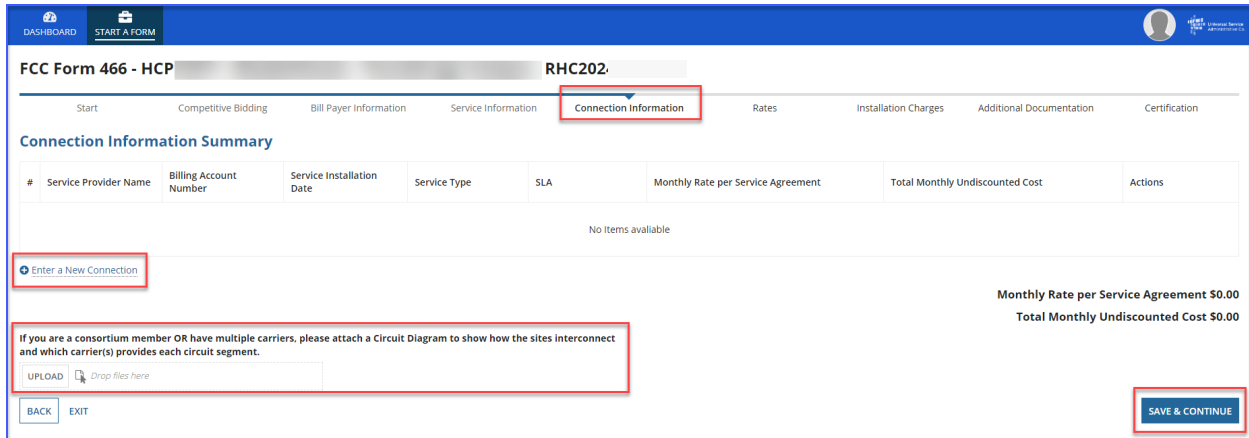
Are you a Mobile Rural health care provider? ☐ Yes ☒ No

BACK EXIT **SAVE & CONTINUE**

Approved by OMB 3060-0804

Step 14: On the **Connection Information** page, click the hyperlink titled **Enter a New Connection**. If the service is a multi-carrier connection, each connection should be added using that hyperlink. If the

HCP is a consortium member or the circuit uses more than one carrier, please attach a circuit diagram as indicated on this page. Click **Save and Continue**.



FCC Form 466 - HCP RHC202.

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

Connection Information Summary

#	Service Provider Name	Billing Account Number	Service Installation Date	Service Type	SLA	Monthly Rate per Service Agreement	Total Monthly Undiscounted Cost	Actions
No items available								

[Enter a New Connection](#)

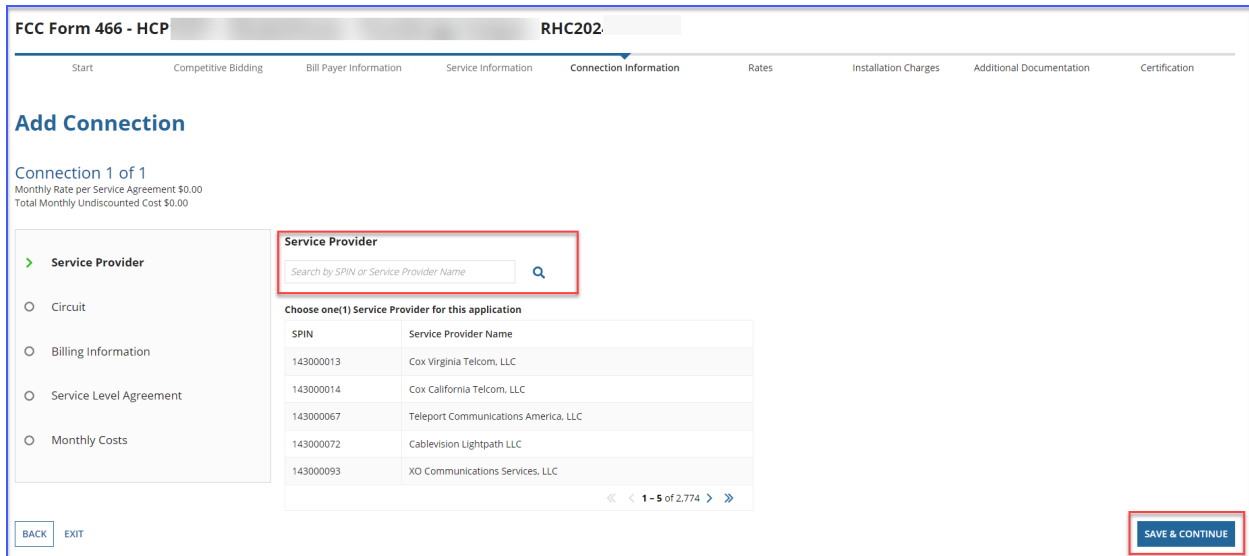
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00

If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment.

UPLOAD Drop files here

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

Step 15: Select your service provider's 498 ID/SPIN. You can search by service provider name or the 498 ID/SPIN.



FCC Form 466 - HCP RHC202.

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

Add Connection

Connection 1 of 1
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00

Service Provider

Search by SPIN or Service Provider Name

Choose one(1) Service Provider for this application

SPIN	Service Provider Name
143000013	Cox Virginia Telcom, LLC
143000014	Cox California Telcom, LLC
143000067	Teleport Communications America, LLC
143000072	Cablevision Lightpath LLC
143000093	XO Communications Services, LLC

« 1 - 5 of 2,774 »

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

FCC Form 466 - HCP **RHC202**

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

Add Connection

Connection 1 of 1
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00

Service Provider

Search by SPIN or Service Provider Name

Choose one(1) Service Provider for this application

SPIN	Service Provider Name
143000013	Cox Virginia Telcom, LLC
143000014	Cox California Telcom, LLC
143000067	Teleport Communications America, LLC
143000072	Cablevision Lightpath LLC
143000093	XO Communications Services, LLC

Selected SPIN: 143001197

BACK EXIT SAVE & CONTINUE

Step 16: Select the radio button that describes where the site is located on the requested circuit. This should align with the submitted service provider confirmed documentation. Information will pre-populate based on information in the FCC Form 465.

FCC Form 466 - HCP **RHC202**

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation

Add Connection

Connection 1 of 1
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00

✓ Service Provider

Circuit

Billing Information

Service Level Agreement

Monthly Costs

The circuit start or circuit terminate location must be the HCP's physical location.

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

Street Address Street Address 2 (Optional)

City State Zip Code

NY

Enter Circuit End Location

Street Address Street Address 2 (Optional)

City State Zip Code

Select State

Step 17: Enter **Billing Information** in fields shown. Click **Save and Continue**.

FCC Form 466 - HCP **RHC202**

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

Add Connection

Connection 1 of 1
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00

- ✓ Service Provider
- ✓ Circuit
- > **Billing Information**
- Service Level Agreement
- Monthly Costs

Billing Account Number
12345

Tariff, Contract, or Other Document Reference Number

Date Contract Signed or Date HCP Selected	Contract Expiration Date (Optional)	Service Installation Date
Carrier 07/03/2023	07/02/2026	07/03/2023

BACK EXIT **SAVE & CONTINUE**

Step 18: Select **Yes** to the question: **Are you submitting a new contract to be reviewed for Evergreen endorsement?** if submitting application with a new contract. Select **No** if submitting as a month-to-month application.

Connection 1 of 1
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00

- ✓ Service Provider
- ✓ Circuit
- ✓ Billing Information
- > **Evergreen**
- Service Level Agreement
- Monthly Costs

Are you submitting a new contract to be reviewed for Evergreen endorsement?*

☐ Yes

☐ No (Process this item as month-to-month)

Step 19: If **Yes**, enter information about the contract in the fields as shown. **Click Save and Continue.**

Add Connection

Connection 1 of 1
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00


- ✓ Service Provider
- ✓ Circuit
- ✓ Billing Information
- > **Evergreen**
- Service Level Agreement
- Monthly Costs

Are you submitting a new contract to be reviewed for Evergreen endorsement?*

☒ Yes
☐ No (Process this item as month-to-month)

Select an Existing Contract
Select a contract already associated with this HCP

Contract Nickname

Upload a New Contract
UPLOAD  Drop file here

Contract Start Date
mm/dd/yyyy

Initial Contract End Date
mm/dd/yyyy

Length of Initial Contract Term
Time Unit

Number of Contract Extensions (Optional)

Total Combined Length of Optional Extensions (Optional)
Time Unit

Contract Sign Date

Install Date

Step 20: 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. Click **Save and Continue**.

Add Connection

Connection 1 of 1
Monthly Rate per Service Agreement \$0.00
Total Monthly Undiscounted Cost \$0.00

- ✓ Service Provider
- ✓ Circuit
- ✓ Billing Information
- > **Service Level Agreement**
- Monthly Costs

Does the applicant's contract with the service provider include a Service Level Agreement(SLA)?

☒ Yes ☐ No

What is the SLA for Latency? (Optional)
ms

What is the SLA for jitter? (Optional)
ms

What is the SLA for Packet Loss? (Optional)
%

What is the SLA for Packet Reliability? (Optional)
%

BACK EXIT **SAVE & CONTINUE**

Step 21: Enter the **Monthly Undiscounted Cost** and **Monthly Taxes and Fees** listed on the bill or invoice and upload the documentation that supports these costs. Click **Save and Continue**.

Add Connection

Connection 1 of 1
Monthly Rate per Service Agreement \$1,000.00
Total Monthly Undiscounted Cost \$1,150.00

- ✓ Service Provider
- ✓ Circuit
- ✓ Billing Information
- ✓ Service Level Agreement
- > **Monthly Costs**


Monthly Undiscounted Cost (excluding taxes and fees)
\$1,000.00

Monthly Taxes and Fees (optional)
\$150.00

Total Monthly Undiscounted Cost
\$1,150.00

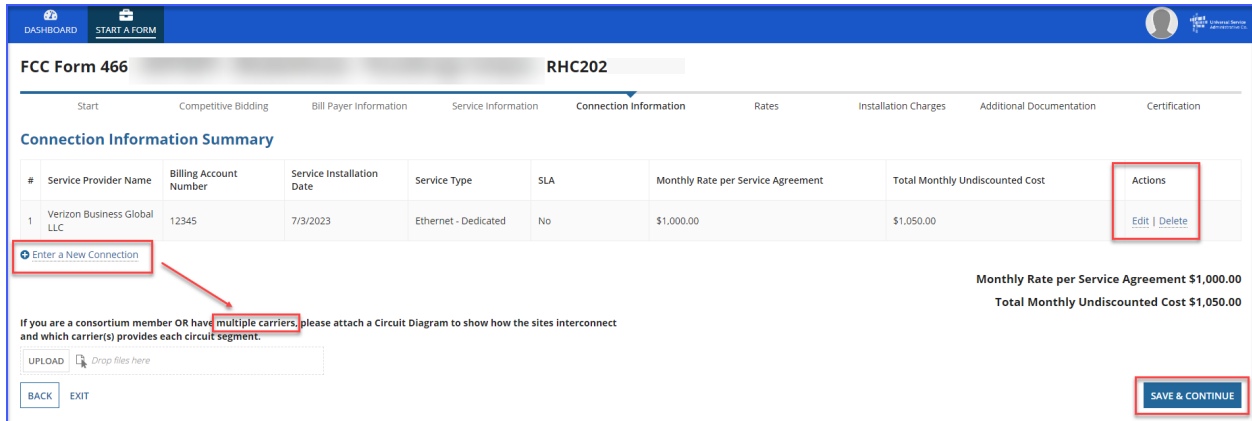
Attach documentation to support the monthly rate per the service agreement

invoice
DOCX - 11.73 KB

+  Drop file here

BACK EXIT **SAVE & CONTINUE**

Step 22: For multiple carrier circuits, enter each section of the service as a new connection by clicking **Enter a New Connection** and upload a Circuit Diagram to support the data entered. Connections may be edited or deleted by clicking the hyperlinks under the **Actions** column. Click **Save and Continue**.



FCC Form 466 **RHC202**

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

Connection Information Summary

#	Service Provider Name	Billing Account Number	Service Installation Date	Service Type	SLA	Monthly Rate per Service Agreement	Total Monthly Undiscounted Cost	Actions
1	Verizon Business Global LLC	12345	7/3/2023	Ethernet - Dedicated	No	\$1,000.00	\$1,050.00	Edit Delete

[Enter a New Connection](#)

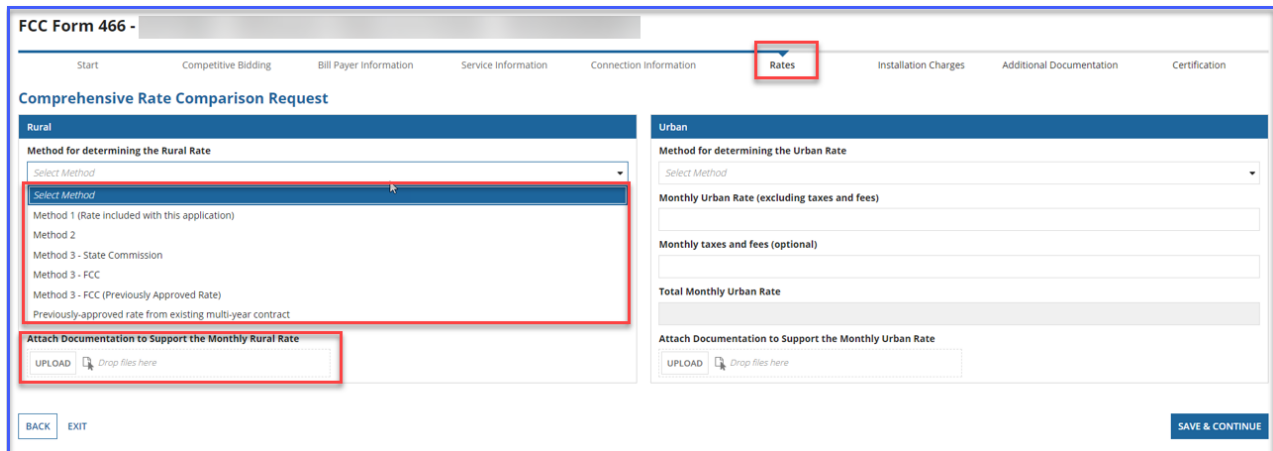
Monthly Rate per Service Agreement \$1,000.00
Total Monthly Undiscounted Cost \$1,050.00

If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment.

UPLOAD Drop files here

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

Step 23: On the **Rates** page, choose the **Method for determining the Rural Rate** and the **Method for determining the Urban Rate** from the drop-down menu and enter the monthly calculated rural and urban rate that comply with the method per Telecom Program rules. Upload documentation to support the rural and urban rates below the data fields on this page. For more information about calculating the rural and urban rate, please use the [Urban and Rural Rate Information FY2024-2025](#) tip sheet on the USAC website. Click **Save and Continue**.



FCC Form 466 - Rates

Start Competitive Bidding Bill Payer Information Service Information Connection Information **Rates** Installation Charges Additional Documentation Certification

Comprehensive Rate Comparison Request

Rural

Method for determining the Rural Rate

Select Method

Select Method

Method 1 (Rate included with this application)

Method 2

Method 3 - State Commission

Method 3 - FCC

Method 3 - FCC (Previously Approved Rate)

Previously-approved rate from existing multi-year contract

Attach Documentation to Support the Monthly Rural Rate

UPLOAD Drop files here

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

Urban

Method for determining the Urban Rate

Select Method

Monthly Urban Rate (excluding taxes and fees)

Monthly taxes and fees (optional)

Total Monthly Urban Rate

Attach Documentation to Support the Monthly Urban Rate

UPLOAD Drop files here

FCC Form 466 -

Start Competitive Bidding Bill Payer Information Service Information Connection Information **Rates** Installation Charges Additional Documentation Certification

Comprehensive Rate Comparison Request

Rural

Method for determining the Rural Rate

Select Method

Monthly Rural Rate (excluding taxes and fees)

Monthly taxes and fees (optional)

Total Monthly Rural Rate

Attach Documentation to Support the Monthly Rural Rate

UPLOAD Drop files here

BACK EXIT

Urban

Method for determining the Urban Rate

Select Method

Select Method

State tariff

Federal tariff

NECA tariff

Advertised rate

E-Rate open data

RHC open data

Other

UPLOAD Drop files here

SAVE & CONTINUE

FCC Form 466 RHC202

Start Competitive Bidding Bill Payer Information Service Information Connection Information **Rates** Installation Charges Additional Documentation Certification

Comprehensive Rate Comparison Request

Rural

Method for determining the Rural Rate

Method 2

Monthly Rural Rate (excluding taxes and fees)

\$1,100.00

Monthly taxes and fees (optional)

\$50.00

Total Monthly Rural Rate

\$1,150.00

Attach Documentation to Support the Monthly Rural Rate

UAT FCC Form 466 Review
DOCK - 411.29 KB

Drop files here

BACK EXIT

Urban

Method for determining the Urban Rate

RHC open data

Monthly Urban Rate (excluding taxes and fees)

\$150.00

Monthly taxes and fees (optional)

\$15.00

Total Monthly Urban Rate

\$165.00

Attach Documentation to Support the Monthly Urban Rate

UAT FCC Form 466 Review
DOCK - 411.29 KB

Drop files here

SAVE & CONTINUE

Step 24: On the **Installation Charges** page, enter **One-time Rural Rate Charge** and **One-time Urban Rate Charge**, if applicable, and upload supporting documentation. Please note, this is optional and can be skipped if no installation costs were incurred. Click **Save and Continue**.

FCC Form 466 - HCP RHC202

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates **Installation Charges** Additional Documentation Certification

Installation Charges

One-time Rural Rate Charge (optional)

\$500.00

Upload ONLY one-time rural charges documentation.

UAT FCC Form 466 Review
DOCK - 411.29 KB

Drop files here

Do not upload document for other line items here

One-time Urban Rate Charge (optional)

\$50.00

Upload ONLY one-time urban charges documentation.

UAT FCC Form 466 Review
DOCK - 411.29 KB

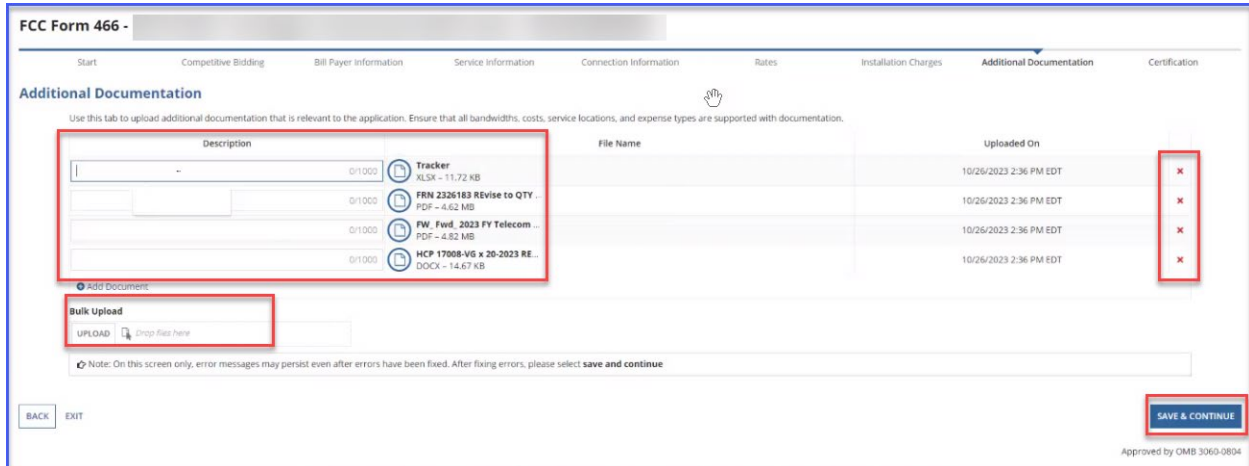
Drop files here

Do not upload document for other line items here

BACK EXIT

SAVE & CONTINUE

Step 25: On the **Additional Documentation** page, upload any additional supporting documentation. Add a description of the document in the required field. To use the **Bulk Upload** feature, upload all documents and enter a description for each. Click the red **x** to delete the document. Click **Save and Continue**.



FCC Form 466 -


Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges **Additional Documentation** Certification

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.

Description	File Name	Uploaded On
Tracker XLSX - 11.72 KB		10/26/2023 2:36 PM EDT
FRN 2326183 Revise to QTY PDF - 4.62 MB		10/26/2023 2:36 PM EDT
PW_Fwd_2023 FY Telecom PDF - 4.82 MB		10/26/2023 2:36 PM EDT
HCP 17008-VG x 20-2023 RE DOCK - 14.67 KB		10/26/2023 2:36 PM EDT

Bulk Upload

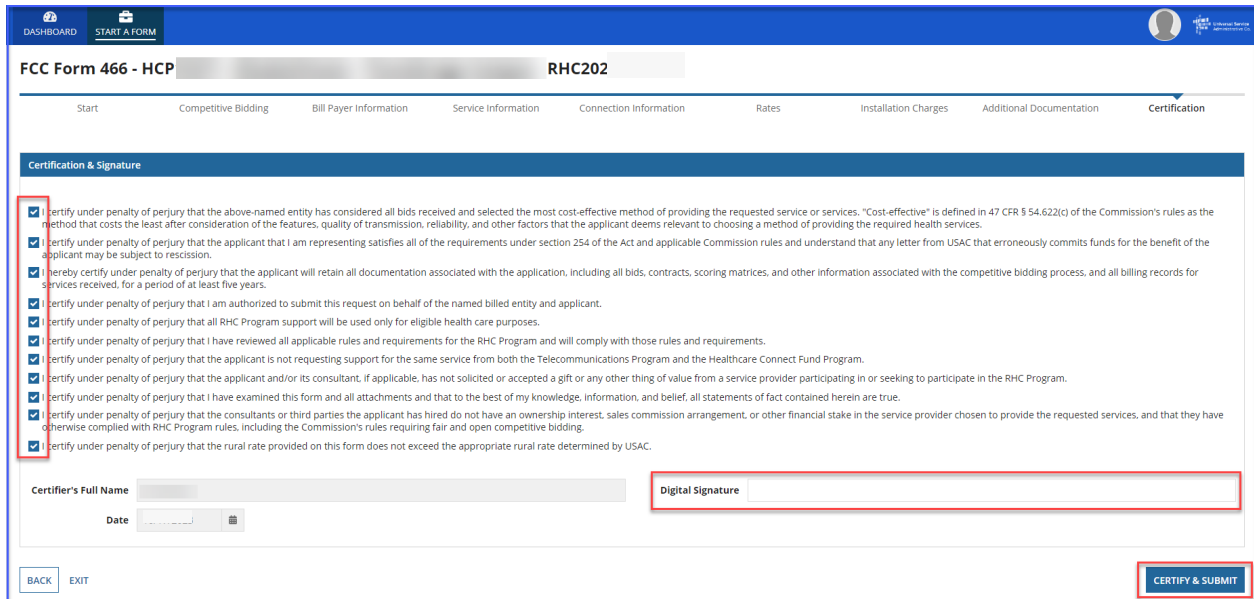
UPLOAD  Drop files here

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

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

Approved by OMB 3060-0804

Step 26: Each certification must be checked to continue. Enter your first and last name as it appears in RHC Connect in the **Digital Signature** field. Click **Certify and Submit**.



FCC Form 466 - HCP RHC202

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation **Certification**

Certification & Signature

- ☒ I certify under penalty of perjury that the above-named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. "Cost-effective" is defined in 47 CFR § 54.622(c) of the Commission's rules 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 services.
- ☒ I certify under penalty of perjury that the applicant that I am representing satisfies all of the requirements under section 254 of the Act and applicable Commission rules and understand that any letter from USAC that erroneously commits funds for the benefit of the applicant may be subject to rescission.
- ☒ I hereby certify under penalty of perjury that the applicant will retain all documentation associated with the application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, for a period of at least five years.
- ☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the named billed entity and applicant.
- ☒ 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 I have reviewed all applicable rules and requirements for the RHC Program and will comply with those rules and requirements.
- ☒ I certify under penalty of perjury that the applicant 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 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 I have examined this form and all attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
- ☒ I certify under penalty of perjury that the consultants or third parties the applicant has hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider 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.
- ☒ I certify under penalty of perjury that the rural rate provided on this form does not exceed the appropriate rural rate determined by USAC.

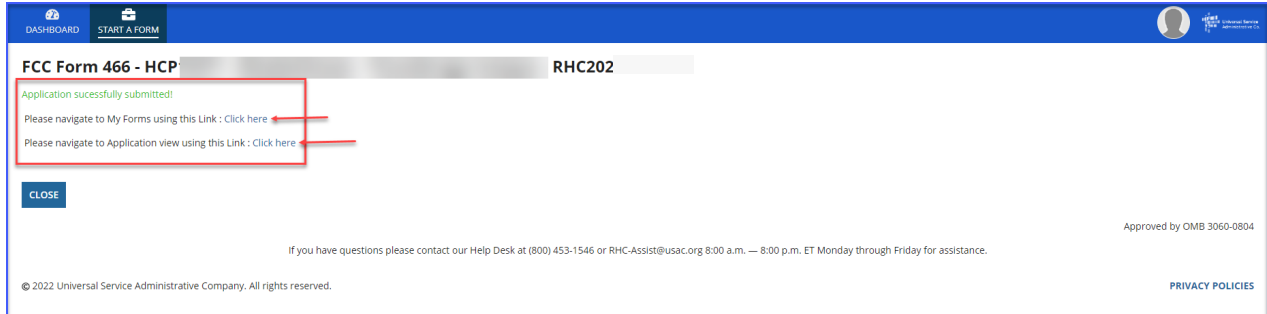
Certifier's Full Name

Date

Digital Signature

BACK **EXIT** **CERTIFY & SUBMIT**

Step 27: Once submitted, this screen will appear with a link to navigate back to the **My Forms** tab and a link to navigate to view the submitted FCC Form 466 Application.



FCC Form 466 - HCP RHC202

Application successfully submitted!

Please navigate to My Forms using this Link : [Click here](#)

Please navigate to Application view using this Link : [Click here](#)

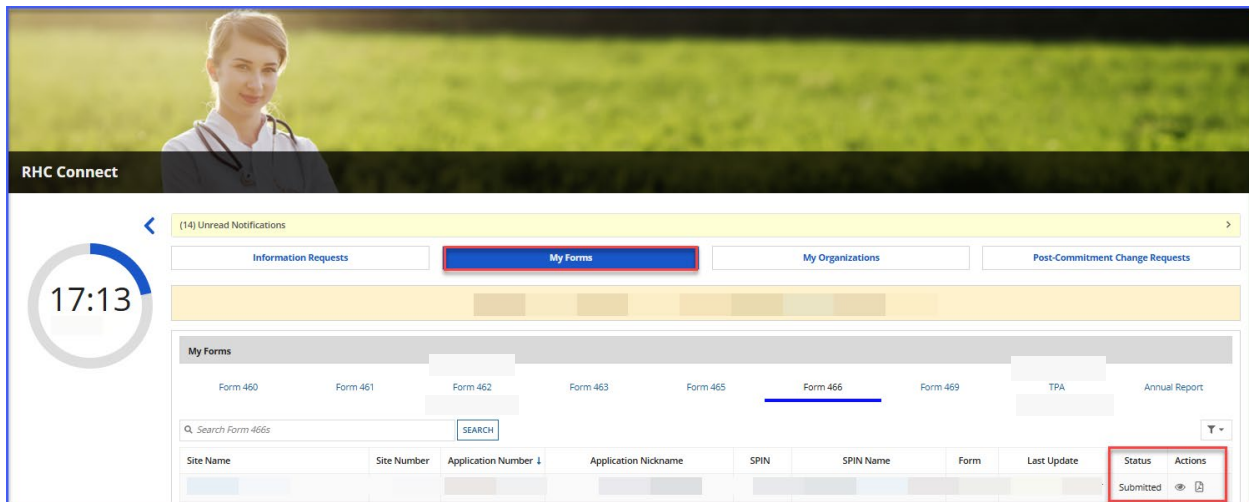
CLOSE

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.

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The submitted form with all other FCC Forms 466 will appear on the **My Forms** tab. Under the **Actions** column on the right, you can click the icons to view the submitted form, download a PDF copy of the form, or click the double arrows to recall the form to make corrections.



RHC Connect

(14) Unread Notifications




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

17:13

My Forms

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

Search Form 466s

Site Name	Site Number	Application Number ↓	Application Nickname	SPIN	SPIN Name	Form	Last Update	Status	Actions
								Submitted	  

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 466 change?

No, the FCC Form 466 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 466](#) 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.