

Submitting Letters of Agency (LOA) & Letters of Exemption (LOE) in RHC Connect

Rural Health Care (RHC) program

Revised December 2025

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General Information

Letter of Agency

A [Letter of Agency \(LOA\)](#) is required for health care providers (HCP) that are not owned or controlled by the consortium leader. The LOA authorizes the consortium leader to file forms and act on behalf of the participating site(s) in matters related to the Healthcare Connect Fund (HCF) Program. The LOA is written by the participating HCP and is addressed to the consortium leader (also called “lead entity”).

Requirements

The LOA must include the following:

- Name of the entity filing the application (i.e., lead entity or consortium leader).
- Name of HCP/consortium member authorizing the lead entity to file the application on its behalf.
- Physical location or address of the HCP/consortium member site(s).
- Specific timeframe the LOA covers (i.e., the start date and end date).
- Signature, title, and contact information (including mailing address, phone number, and email address) of an official authorized to act on behalf of the HCP/consortium member.
 - **For HCPs on Tribal lands:** If the health care facility is a contract facility run solely by a Tribal nation, the appropriate Tribal leader, such as a Tribal chairperson, president, governor, or chief, must also sign the LOA, unless health care responsibilities have been delegated to another Tribal government representative.
- Date of signature.
- Type of services covered by the LOA; and
- Relationship of each HCP seeking support to the lead entity filing the application on their behalf.

Recommendations

USAC recommends that the LOA:

- Is submitted on the letterhead of the participating health system or consortium member.
- Include a statement authorizing the consortium leader to submit the FCC Form 460 (Eligibility and Registration Form), submit the FCC Form 461 (Request for Services Form), prepare and post the request for proposal (RFP), submit the FCC Form 462

(Funding Request Form), and manage invoicing and payments on behalf of the consortium member.

- Include the HCP number(s) with the physical location or address of the HCP/consortium member site(s).

Letter of Exemption (LOE)

For health care providers (HCP) that are owned or controlled by the consortium leader, a current (i.e., through the funding year for which funding is requested) [Letter of Exemption \(LOE\)](#) must be filed. The LOE authorizes the consortium leader to file forms and act on behalf of the participating site(s) in matters related to the HCF Program. The LOE is written by the participating HCP and should be addressed to “USAC review staff” or “to whom it may concern.”

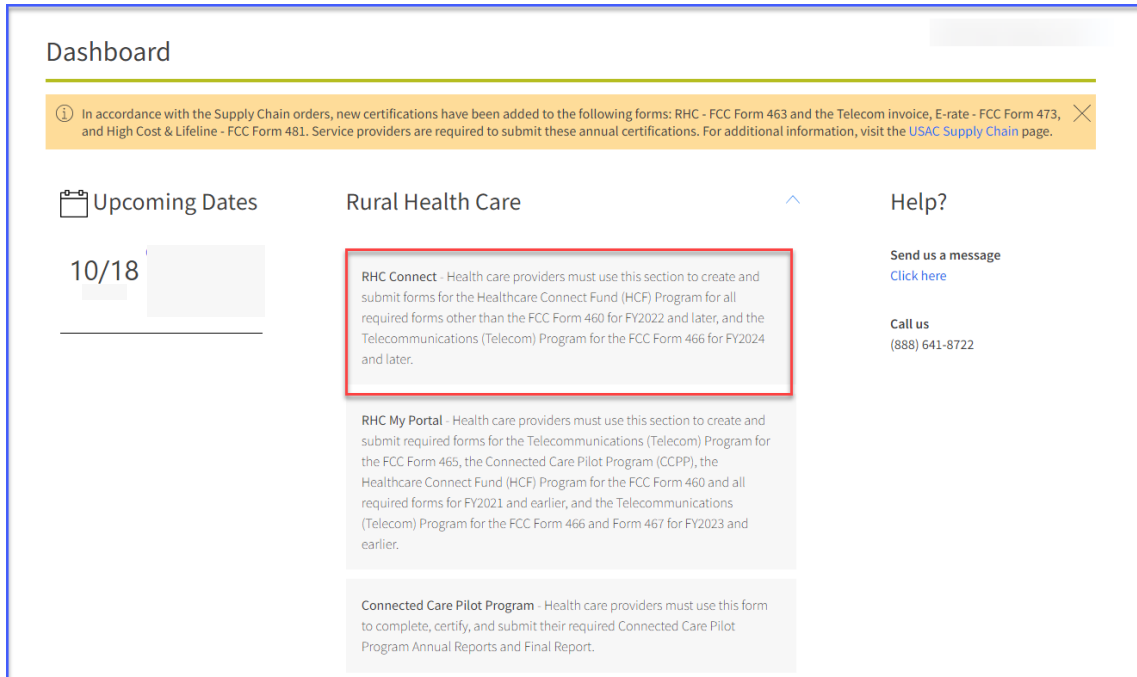
Requirements

The LOE should include:

- Name of the entity authorized to submit forms on behalf of the HCP/consortium member.
- Physical location or address of the HCP/consortium member site(s).
- Signature, title, and contact information (including mailing address, phone number, and email address) of the officer, director, or other employee of the consortium member submitting the LOE.
- Date of signature.
- A statement from the consortium leader verifying that the consortium leader owns and operates the member HCPs listed on the LOE document and/or that the member HCPs listed on the LOE document are ineligible sites.

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 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.

Upcoming Dates

10/18

Rural Health Care

RHC Connect - Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FY2024 and later.

RHC My Portal - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program for the FCC Form 465, the Connected Care Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for FY2023 and earlier.

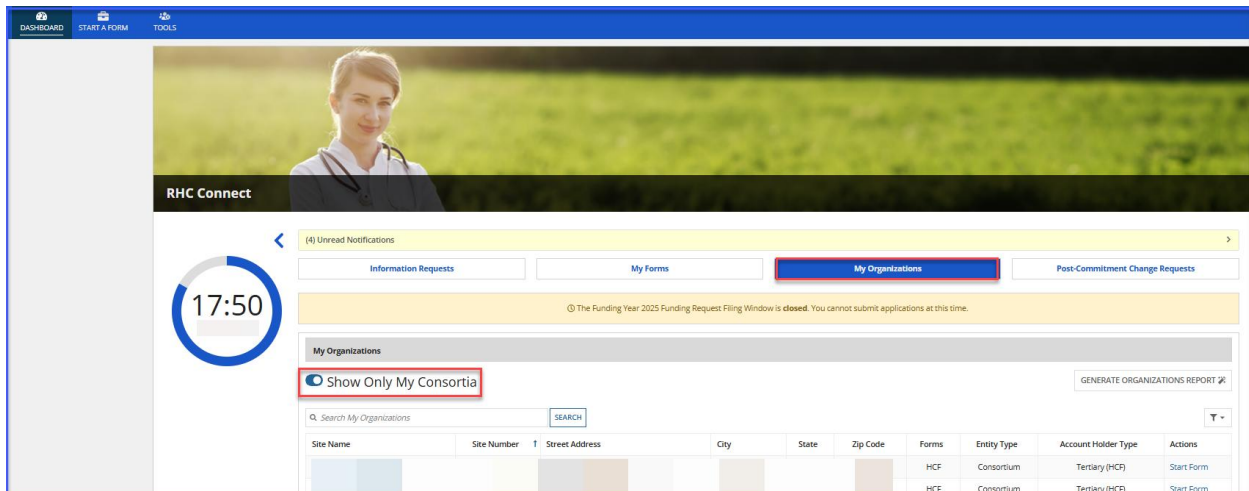
Connected Care Pilot Program - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.

Help?

Send us a message
[Click here](#)

Call us
(888) 641-8722

Step 2: Navigate to the **My Organizations** tab on the **RHC Connect Dashboard**. All active consortia will display if the toggle beside **Show Only My Consortia** is in the closed position. To view your consortia, click on the toggle to open it.



RHC Connect

(4) Unread Notifications

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

© The Funding Year 2025 Funding Request Filing Window is closed. You cannot submit applications at this time.

My Organizations

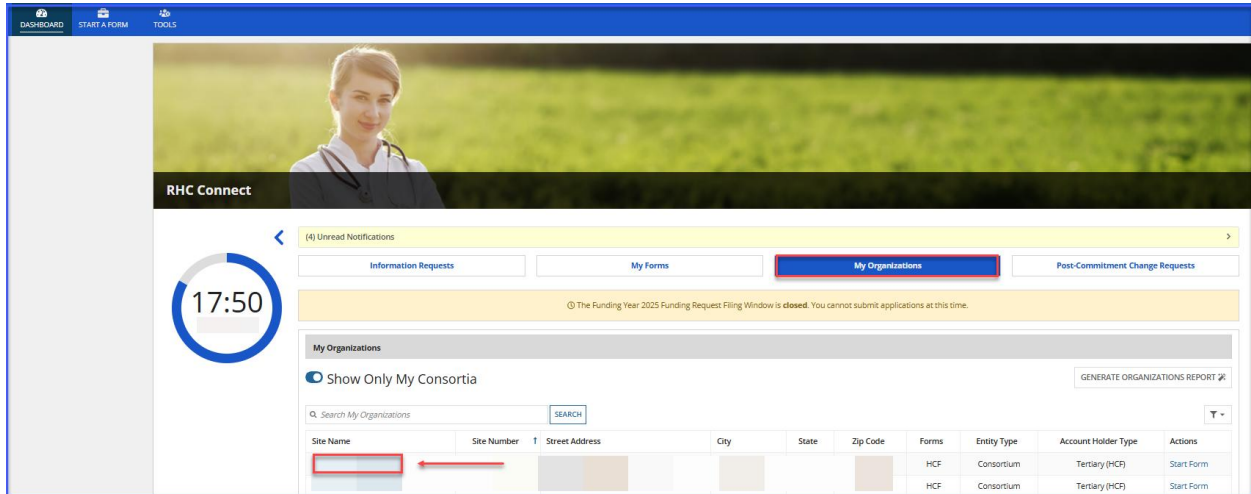
☒ Show Only My Consortia

GENERATE ORGANIZATIONS REPORT

Search My Organizations

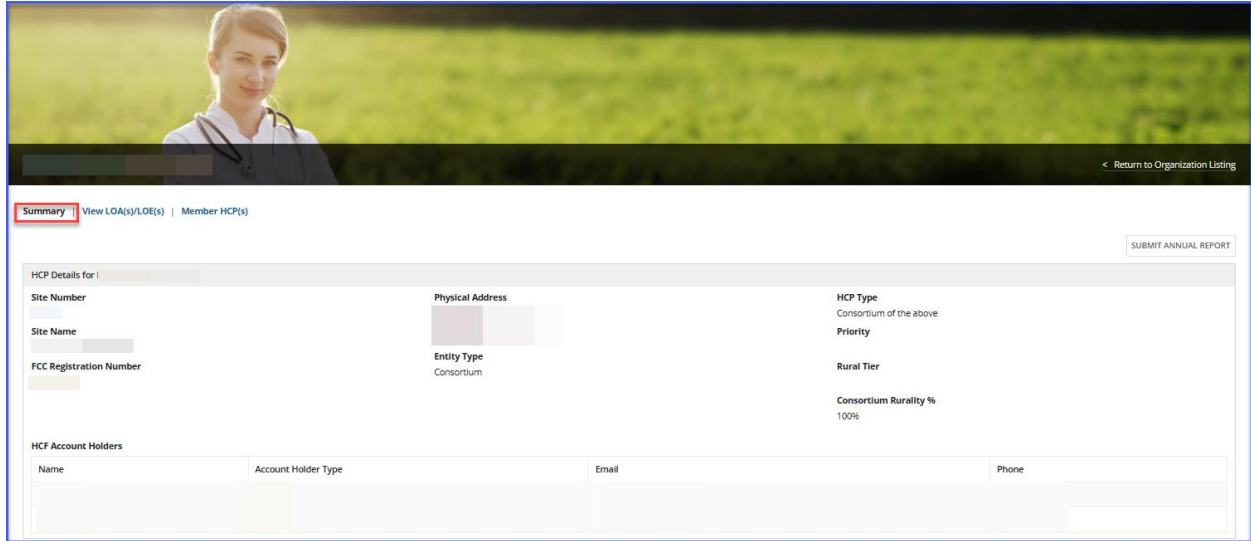
Site Name	Site Number	Street Address	City	State	Zip Code	Forms	Entity Type	Account Holder Type	Actions
						HCF	Consortium	Tertiary (HCF)	Start Form
						HCF	Consortium	Tertiary (HCF)	Start Form

Step 3: Select the consortium you're submitting the LOA for by clicking the hyperlink on the **Site Name**.



The screenshot shows the RHC Connect dashboard. The 'My Organizations' tab is selected and highlighted with a red box. Below the tab, there is a section titled 'My Organizations' with a 'Show Only My Consortia' toggle. A table lists organizations with columns: Site Name, Site Number, Street Address, City, State, Zip Code, Forms, Entity Type, Account Holder Type, and Actions. The first row is highlighted with a red box, and a red arrow points to the 'Site Name' column header.

Step 4: Once the hyperlink for the consortium is clicked, the **Summary** screen is displayed with all of the information about the selected consortium.



The screenshot shows the Summary screen for a consortium. The 'Summary' tab is selected and highlighted with a red box. The screen displays details for the selected consortium, including Site Number, Site Name, FCC Registration Number, Physical Address, Entity Type, HCP Type, Priority, Rural Tier, and Consortium Rurality %. Below this, there is a section for HCF Account Holders with columns for Name, Account Holder Type, Email, and Phone.

Step 5: On the **View LOAs/LOEs** section, click on the existing LOA to view information about the LOA in the **Details** section.

View Letter(s) of Agency/ Exemption

[SUBMIT NEW LOA/LOE](#)

ID#	Submission Type	Nickname	Effective Date	Expiration Date	Submitted By	Status	Submitted On
700034	Letter of Agency (LOA)		5/30/2024	7/6/2024		Submitted	6/10/2024 8:49 PM EDT
700033	Letter of Exemption (LOE)					Submitted	6/10/2024 8:39 PM EDT
700032	Letter of Agency (LOA)					Submitted	6/10/2024 8:19 PM EDT
700031	Letter of Agency (LOA)					Submitted	6/8/2024 3:05 PM EDT
700024	Letter of Agency (LOA)					Submitted	5/11/2024 1:49 PM EDT
700017	Letter of Agency (LOA)					Submitted	5/9/2024 12:06 PM EDT
700004	Letter of Agency (LOA)					Submitted	5/8/2024 5:03 PM EDT
700002	Letter of Exemption (LOE)					Submitted	5/2/2024 4:55 PM EDT
700001	Letter of Agency (LOA)					Submitted	5/2/2024 4:50 PM EDT

9 items

Details

LOA/ LOE ID 700034

Nickname

LOA/LOE Uploaded Document
Individual IDO PCL

Effective Date 5/30/2024

Expiration Date 7/6/2024

Attached HCP(s)

HCP Number	HCP Name	State	Attached On	Status
			6/10/2024 8:49 PM EDT	Submitted
			6/10/2024 8:49 PM EDT	Submitted

Step 6: To submit a new LOA or LOE, click the **Submit New LOA/LOE** button.

DASHBOARD START & FORMS TOOLS

King's Daughters' Health

Summary [View LOA\(s\)/LOE\(s\)](#) [Member HCP\(s\)](#)

[View Letter\(s\) of Agency/ Exemption](#)

[SUBMIT NEW LOA/LOE](#)

Step 7: When the **Submit New LOA/LOE** button is clicked, this pop-up screen will appear. Read the definitions of the LOA and LOE by clicking the dropdown arrow beside **Definitions** on the **Details** screen.

Submit LOA/LOE

Details Attach HCP(s) Review

Submission Type

☒ Letter of Agency (LOA)

☐ Letter of Exemption (LOE)

Upload Letter of Agency

RHC XLSX - 58.38 KB loaded i...

Nickname

Certifications

☒ Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.

☐ Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

Effective Date

Expiration Date

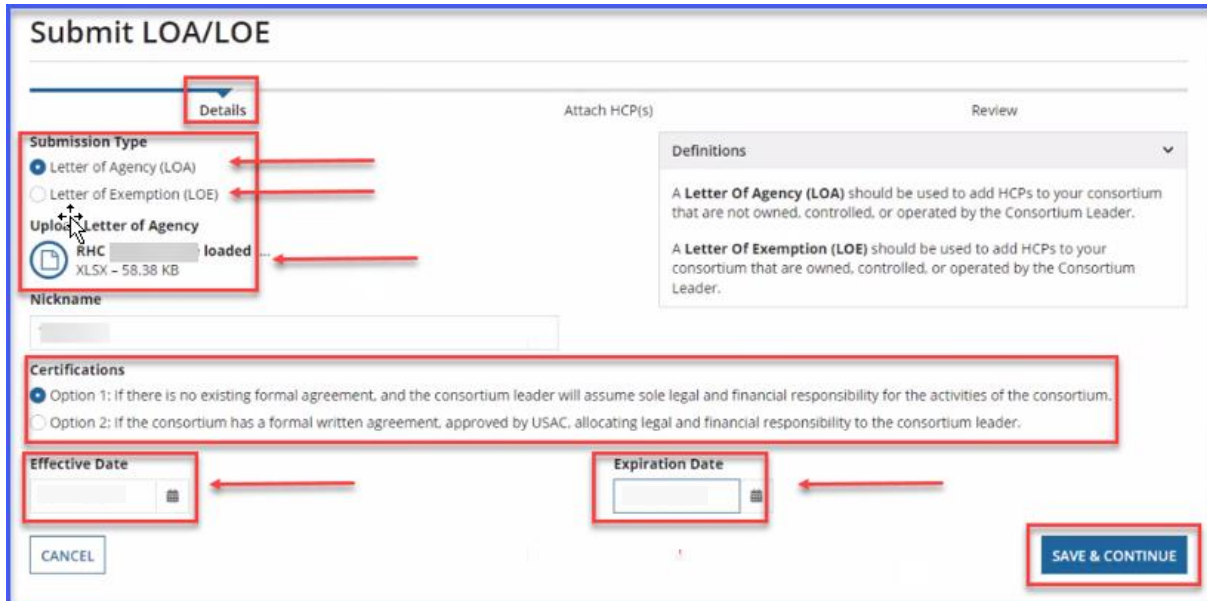
[CANCEL](#) [SAVE & CONTINUE](#)

Definitions

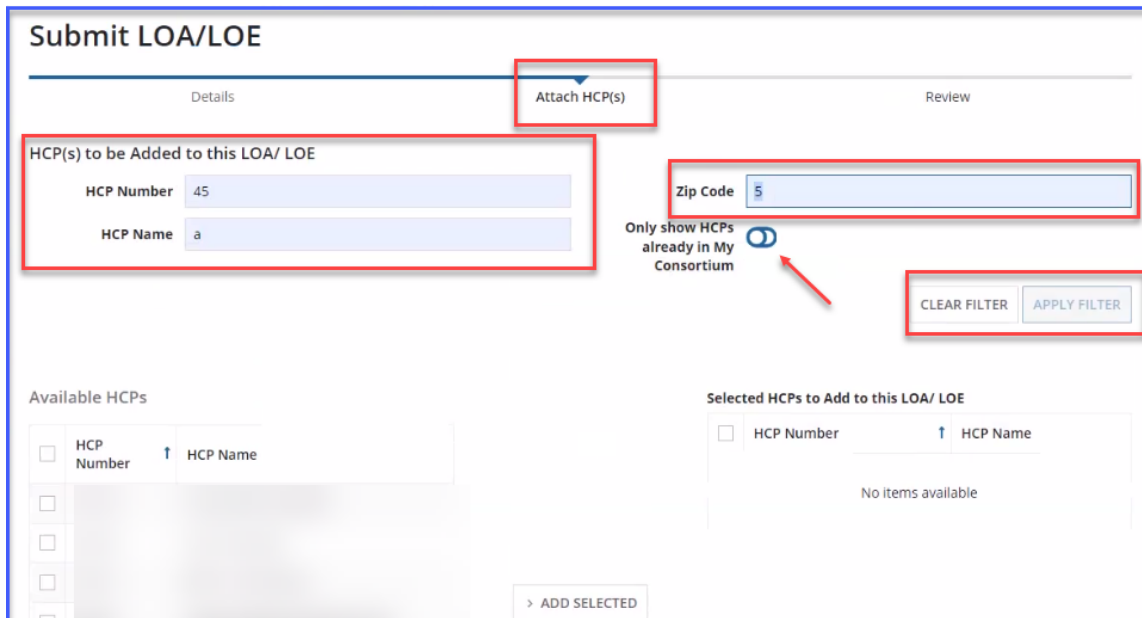
A **Letter Of Agency (LOA)** should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader.

A **Letter Of Exemption (LOE)** should be used to add HCPs to your consortium that are owned, controlled, or operated by the Consortium Leader.

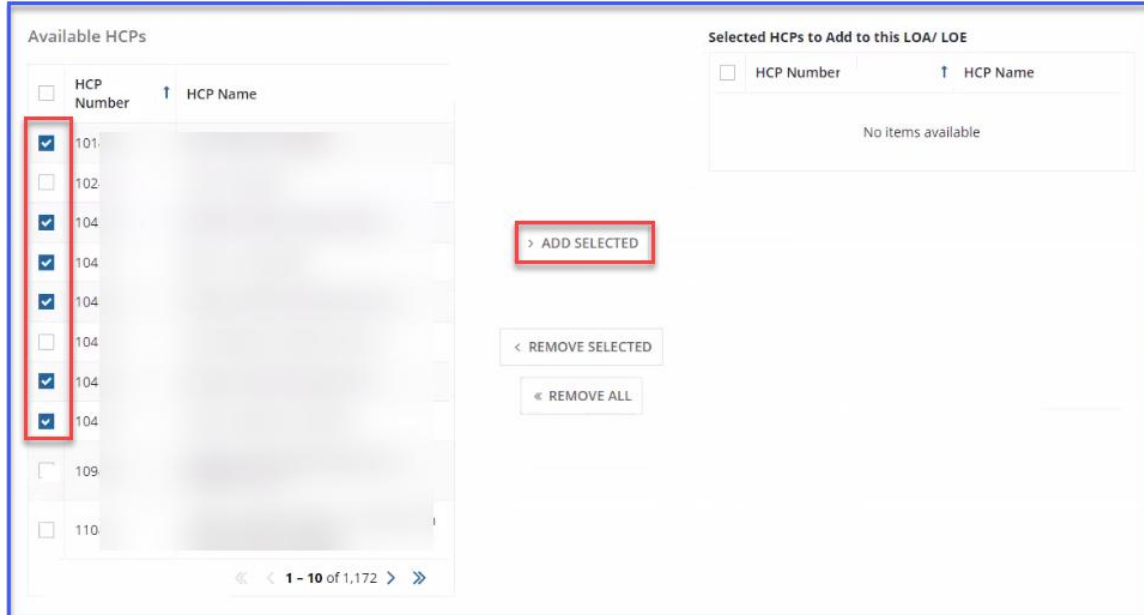
Step 8: On the **Details** screen, click the correct radio button under **Submission Type** and upload the document. Enter a nickname and select **Option 1** or **Option 2** under **Certifications**. Select the **Effective Date** and the **Expiration Date** from the dropdown calendar, then click **Save & Continue**.



Step 9: On the **Attach HCP(s)** screen, search for the HCPs to be added to the LOA/LOE by using the HCP number, the HCP name, or the zip code of the HCP site. Then click **Apply Filter**. A partial search may be entered. To view HCPs that are already members of the consortium, open the toggle button shown below.



Step 10: Select the HCPs to attach, then click **Add Selected**.



Available HCPs		Selected HCPs to Add to this LOA/ LOE	
<input type="checkbox"/>	HCP Number	<input type="checkbox"/>	HCP Name
<input checked="" type="checkbox"/>	101		
<input type="checkbox"/>	102		
<input checked="" type="checkbox"/>	104		
<input checked="" type="checkbox"/>	104		
<input checked="" type="checkbox"/>	104		
<input type="checkbox"/>	104		
<input checked="" type="checkbox"/>	104		
<input checked="" type="checkbox"/>	104		
<input type="checkbox"/>	109		
<input type="checkbox"/>	110		

<< < 1 - 10 of 1,172 > >>

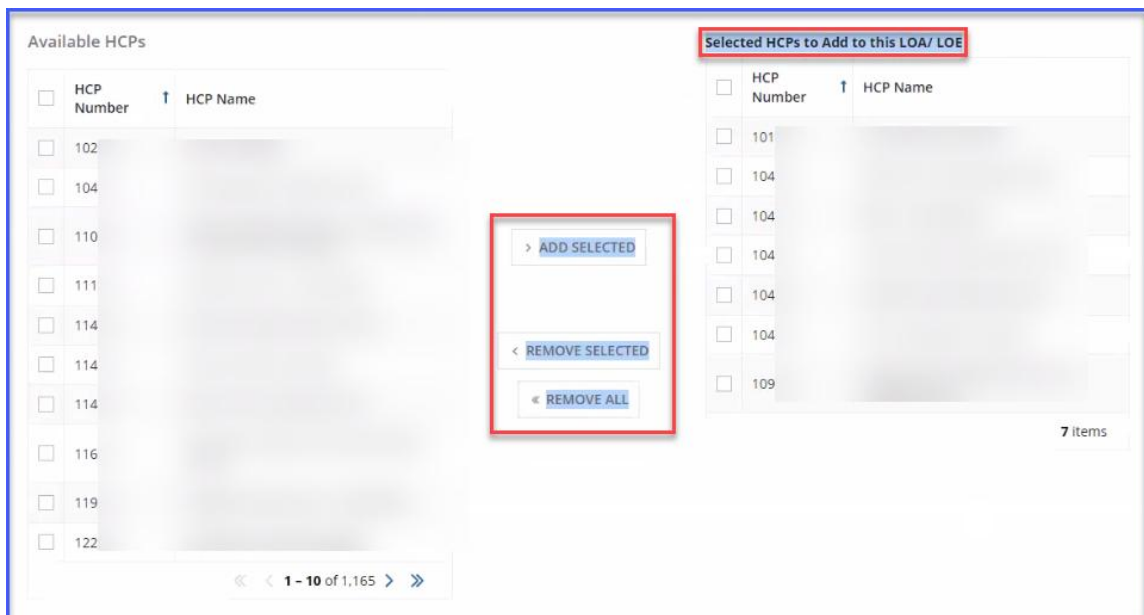
> ADD SELECTED

< REMOVE SELECTED

« REMOVE ALL

No items available

Step 11: Selected HCPs will move to the column on the right. Click **Remove Selected** or **Remove All** if the HCP(s) was selected incorrectly. Once all HCPs are added, click **Save & Continue**.



Available HCPs		Selected HCPs to Add to this LOA/ LOE	
<input type="checkbox"/>	HCP Number	<input type="checkbox"/>	HCP Name
<input type="checkbox"/>	102	<input type="checkbox"/>	101
<input type="checkbox"/>	104	<input type="checkbox"/>	104
<input type="checkbox"/>	110	<input type="checkbox"/>	104
<input type="checkbox"/>	111	<input type="checkbox"/>	104
<input type="checkbox"/>	114	<input type="checkbox"/>	104
<input type="checkbox"/>	114	<input type="checkbox"/>	104
<input type="checkbox"/>	114	<input type="checkbox"/>	104
<input type="checkbox"/>	116	<input type="checkbox"/>	109
<input type="checkbox"/>	119		
<input type="checkbox"/>	122		

<< < 1 - 10 of 1,165 > >>

> ADD SELECTED

< REMOVE SELECTED

« REMOVE ALL

7 items

Step 12: On the **Review** screen, review all of the information entered, then click **Submit LOA**.

Submit LOA/LOE

Details
Attach HCP(s)
Review

Submission Type

☒ Letter of Agency (LOA)
☐ Letter of Exemption (LOE)

Uploaded File(s)

Requirement sheet_050322

Nickname

Certifications

☒ Option 1: If there is no existing formal agreement, and the consortium leader will assume sole legal and financial responsibility for the activities of the consortium.
☐ Option 2: If the consortium has a formal written agreement, approved by USAC, allocating legal and financial responsibility to the consortium leader.

Effective Date

Expiration Date

Selected HCPs to be added to this LOA

HCP #	HCP Name
100X	
100X	
100X	
100X	

CANCEL

SUBMIT LOA

Definitions

A **Letter Of Agency (LOA)** should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader.

A **Letter Of Exemption (LOE)** should be used to add HCPs to your consortium that are owned, controlled, or operated by the Consortium Leader.

Step 13: After submitting, you will be directed to the confirmation page. The message in the green banner confirms that the LOA/LOE was successfully submitted.

Submit LOA/LOE | ID: 700035

☑ You have successfully attached a Letter of Agency to the following Health Care Providers.

LOA/LOE ID

700035

Submission Type

☒ Letter of Agency (LOA)
☐ Letter of Exemption (LOE)

Uploaded File(s)

Requirement sheet_050322

Nickname

Certifications

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Effective Date

Expiration Date

Attached HCP(s)

Definitions

A **Letter Of Agency (LOA)** should be used to add HCPs to your consortium that are not owned, controlled, or operated by the Consortium Leader.

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 requirements for Letters of Agency (LOA) or Letters of Exemption (LOE) change?

No, the requirements for Letters of Agency (LOA) or Letters of Exemption (LOE) did not change – only the platform changed.

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 forms in RHC Connect in FY2024.

Resources

For more information, visit the following webpages on the USAC website:

- [Letter of Agency](#)
- [Letter of Exemption](#)
- [What is a Consortium?](#)

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.