

SAMPLE THIRD-PARTY AUTHORIZATION FOR CONSORTIUM OWNED HCPs

[CONSORTIUM LEADER LETTERHEAD]

[Consortium Name
Address
Telephone Number
Email address]

[Date]

Universal Service Administrative Company
700 12th St., NW, Suite 900
Washington, DC 20005

Re: **Third Party Authorization for the Rural Healthcare Program**

[Provide the following:]

Third Party:
Name of Third Party
Main Point of Contact (POC)
POC Address
POC Email
POC Phone

Provide the following for each HCP site for which third party access is being authorized:

*Reminder: If you are attempting to authorize member HCP sites as part of a consortium, **DO NOT** submit a TPA.*

- HCP Number
 - *If submitting a TPA with a new FCC Form 460, this can be omitted if HCP number is not yet available.*
- HCP Name
- Physical address for the HCP
- End date of the authorization

NOTE: Only HCP numbers included in the Appendix will be authorized.

[Applicant] [HCP or consortium leader, referred to below as “**Applicant**”], through this third-party authorization, authorizes the above **[Third Party]** [referred to below as “**Third Party**”] to act on its behalf before the Universal Service Administrative Company (USAC) in matters related to the Rural Health Care (RHC) program. **[Applicant]** authorizes **[Third Party]** to prepare and submit all applicable Federal Communications Commission (FCC) forms, and all required supporting documentation for the designated program listed in the appendix (“Program Appendix”).

The primary account holder and or secondary account holder is responsible for authorizing and managing all of its account holders. By this letter, **[Applicant]** authorizes **[Third Party]** and **[Third Party]**'s designated employee(s) to act as account holders with rights to submit forms and other documentation on behalf of **[Applicant]**. **[Applicant]** also authorizes **[Third Party]** and its designated employee(s) to have access to **[Applicant]**'s online application information and, on behalf of **[Applicant]**, to complete, certify, sign, and submit forms associated with applying for and receiving funding. **[Applicant]** understands that USAC will continue to include **[Applicant]** in all correspondence. **[Applicant]** also authorizes **[Third Party]** and its designated employees to respond to inquiries from the RHC program concerning processing the forms covered by this TPA.

[Applicant] acknowledges and agrees that it is subject to all Rural Health Care (RHC) program orders, rules, and requirements promulgated by the FCC, including those set forth in 47 C.F.R. Part 54, Subparts G and H, and that funding decisions will be made by USAC as a result of representations made and information submitted by **[Applicant]** and **[Third Party]** during the application and funding process. **[Applicant]** accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the **[Third Party]**.

This authorization is for all HCPs listed in the appendices and is effective from the date this TPA is processed by USAC until **[specific end date]**.

[Applicant]

By (signature): _____

Name (print): _____

Title: _____

Date: _____

-See Appendix on the following page for HCP authorization(s)-

Appendix - HCF Consortium Applicants Owning and Operating Member Sites that have an HCP Number and have Submitted a Letter of Exemption (LOE) PRIOR* to this TPA.

- This authorization is for the purpose of allowing the third party to file **BOTH** consortium level forms and Healthcare Connect Fund (HCF) Program individual level forms for the consortium’s HCP member site(s) listed in this appendix.
- Consortium leader must also have submitted to USAC a letter of exemption (LOE) confirming the consortium owns and operates the member sites and is exempt from requiring authorization to act on their behalf **PRIOR*** to this TPA.

Insert new rows into the table as needed

HCP Number	HCP Name	Physical Address	LOE ID(s) (If Applicable)
12345	HCP Name	123 Sample Street, Sample City, DC 20005	1234

NOTE: If you are attempting to authorize member HCP sites as part of a consortium, **DO NOT** file a TPA. **An LOA/LOE must be submitted for the member sites.**

*Consultants must file a TPA for the consortium HCP in order to file the LOE.
