

**Rural Health Care (RHC) Universal Service
Eligibility and Registration Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Date Submitted:	
2 Applying to:	<input type="radio"/> Determine eligibility of an HCP site <input type="radio"/> Determine eligibility of Consortium <input type="radio"/> Register an off-site data center
	<input type="radio"/> Register an ineligible site <input type="radio"/> Register an off-site administrative office
2a If applying as an off-site data center, list all sites (eligible and ineligible) that will use the services of this data center.	
2b If applying as an off-site administrative office, list all sites (eligible and ineligible) that will use the services of this administrative office.	

Block 2: Site Information – Physical Site

Enter the actual physical location of the site.		
3 HCP Number	4 Site Name	
5 Name of Legal Entity		
6 Enter FCC Registration Number (FCC RN) for Line 5 legal entity:		
6a If the Line 5 legal entity does not have an FCC RN and only plans to participate as a consortium member, applicant may enter FCC RN for the Consortium (see instructions for more detail):		
7 Site Contact Name		
8 Address Line 1		
9 Address Line 2	10 County	
11 Geo Location (if no street address)		
12 City	13 State	14 Zip Code
15 Phone	Ext.	16 Email

Block 3: Consortium Information

17 HCP Number		
18 Name of Consortium		
19 Is the Consortium a legal entity? <input type="radio"/> Yes <input type="radio"/> No If yes, Consortium FCC RN:		
20 Consortium has a written agreement allocating legal and financial responsibility. <input type="radio"/> Yes <input type="radio"/> No		
If yes, submit the agreement to USAC. If no, see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the Healthcare Connect Fund.		
21 Consortium Leader Type:		
<input type="radio"/> The Consortium <input type="radio"/> An eligible HCP participating in the Consortium <input type="radio"/> Ineligible State organization <input type="radio"/> Ineligible public sector (government) entity <input type="radio"/> Ineligible non-profit entity		
A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.		
22 Consortium Leader Contact Information		23 Name of Consortium Leader
Consortium applicants are required to have a Letter of Agency from each eligible HCP that authorizes the Consortium to file forms on the HCP's behalf. Submit a Letter of Agency for each eligible HCP.		
24 List participating sites by HCP Number (eligible/ineligible)		

Block 4: Contact Information

25 Primary Account Holder/Project Coordinator Name		
26 Employer		
27 Address Line 1	<input type="radio"/> Same as Physical Location	
28 Address Line 2		
29 City	30 State	31 Zip Code
32 Phone #	Ext.	33 Email

34 Secondary Account Holder (Application Contact/Assistant Project Coordinator)		
35 Employer		
36 Address Line 1		<input type="radio"/> Same as Primary Account Holder Address
37 Address Line 2		
38 City	39 State	40 Zip Code
41 Phone #	Ext.	42 Email
Block 5: Eligibility Category		
43 Select the category that describes the HCP site <small>(If seeking an eligibility determination for a Consortium, "Consortium of the above" will be automatically selected)</small>		
<input type="radio"/> A. Community health center or health center providing health care to migrants		
<input type="radio"/> B. Community mental health center		
<input type="radio"/> C. Local health department/agency		
<input type="radio"/> D. Non-profit hospital		
<input type="radio"/> E. Part-time eligible entity located in an ineligible facility		
<input type="radio"/> F. Post-secondary educational Institution offering health care instruction, teaching hospital, or medical school		
<input type="radio"/> G1. Rural health clinic		
G2. Is this a mobile rural health care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="radio"/> H. Dedicated ER of rural, for-profit hospital		
<input type="radio"/> I. Consortium of the above		
44 Provide a brief explanation of why this site qualifies as the organization type selected above:		
Block 6: Additional Information		
45 Non-Profit Tax ID (EIN):		
46 National Provider Identifier:	47a Organization Taxonomy Code:	
Explanation if necessary (see instructions)	47b Site Taxonomy Code:	
	Explanation if necessary (see instructions)	
48 If a Non-Profit Hospital, is this a Critical Access Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No		
49 If a Non-Profit Hospital, how many licensed patient beds are at the site? _____		
50 Is the site location: <input type="checkbox"/> On Tribal lands <input type="checkbox"/> Otherwise affiliated with a Tribe		
<input type="checkbox"/> Operated by the Indian Health Service <input type="checkbox"/> N/A		
51 [Reserved]	52 [Reserved]	
Block 7: Certifications and Signatures		
53 <input type="checkbox"/> I certify that I am authorized to submit this request on behalf of the site or consortium.		
54 <input type="checkbox"/> I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.		
55 <input type="checkbox"/> If applying as an individual health care provider site, I certify that the health care provider is a non-profit or public entity and that the site is located in a FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. Sec. 54.600(b)(2).		
56 <input type="checkbox"/> If applying as a consortium, I certify that the eligible health care providers participating in the consortium are non-profit or public entities.		
57 <input type="checkbox"/> I understand that all documentation associated with this form must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.		
58 <input type="checkbox"/> If applying as a consortium, I understand I must obtain letters of agency from each consortium member that grants me the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.		

59 Signature	60 Date
61 Printed Name of Authorized Person	
62 Title/Position of Authorized Person	
63 Phone	64 Email
65 Employer	66 Employer's FCC RN

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

FCC Form 460 Instructions
Rural Health Care Universal Service
Eligibility and Registration Form

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I. PURPOSE OF FORM

Submitting the Federal Communications Commission (FCC) Form 460 is the first step health care providers (HCPs) must take to participate in the universal service support mechanism's Healthcare Connect Fund (Fund).¹ One Form 460 must be completed for each site, including each eligible HCP site, ineligible site, off-site data center, and off-site administrative office.

Each consortium and each and every HCP site, including those participating in a consortium, must obtain an eligibility determination via the Form 460 to receive Fund support. If participating in a consortium, an HCP may opt to allow the Consortium Leader to file a Form 460 on its behalf to determine its eligibility. In addition, the Form 460 is used to register ineligible HCP sites, off-site data centers, and off-site administrative offices. The Form 460 is also used to notify the Universal Service Administrative Company (USAC) when information for a site or consortium has changed. See *When to File* below for more information about when notification is required.

- An individual applicant must file a Form 460 for itself and a separate Form 460 for any associated off-site administrative office or off-site data center.
- Each participating entity of a consortium must file a Form 460 to determine the eligibility of that physical location, or the register an ineligible entity, off-site data center and off-site administrative offices.
- A consortium applicant must file a Form 460 identifying all of the sites on its network. This includes eligible sites, ineligible sites, off-site data centers and off-site administrative offices. A consortium applicant may also file a Form 460 on behalf of any site on its network to determine that site's eligibility, at the option of the HCP. Consortium applicants must keep their Form 460s current to reflect their current membership.

All individual HCPs, consortia, and consortium members must obtain an eligibility determination via Form 460 to receive Fund support. The eligibility determination must occur before the start of competitive bidding, which is initiated through the submission of FCC Form 461.

Applicants must complete and submit all forms online with USAC, not the FCC. See *Where to File* below for more information.

The Form 460 is completed for each physical location and the information is used to automatically populate, where applicable, the other forms for this funding year and subsequent funding years. Applicants are required to maintain the accuracy of each Form 460. See *When to File* below for more information.

¹ An HCP that is only participating in the Rural Health Care Telecommunications Program is not required to file Form 460. See <http://www.usac.org/rhc/telecommunications/default.aspx>.

All applicants are encouraged to review the FCC's Healthcare Connect Fund Order, FCC 12-150, available at http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-12-150A1.pdf, and the FCC's rules at 47 C.F.R. § 54.600 *et seq.*, available at <http://www.ecfr.gov>.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

A. Who is Eligible to Receive Support from the Fund

1. Eligible Types of HCP Sites:

Eligible HCP sites must be public or non-profit, and must qualify under one of the following categories:

- Post-secondary educational institutions offering health care instruction, including teaching hospitals and medical schools;
- Community health centers or health centers providing health care to migrants;
- Local health departments or agencies;
- Community mental health centers;
- Not-for-profit hospitals;
- Rural health clinics;
- Dedicated emergency room of rural, for-profit hospitals; or
- Consortia of health care providers consisting of one or more entities described above.

In addition, connections and network equipment associated with off-site data centers and off-site administrative offices are eligible for support, subject to certain restrictions.

2. Limitation on Non-Rural HCP Sites:

- *Rural* public or non-profit HCP sites are eligible to receive support individually or as part of a consortium.
- *Non-rural* public or non-profit HCP sites are eligible to receive support only as part of a consortium, and subject to certain restrictions (see below).

3. Applying as an Individual HCP Site:

Only public or non-profit HCP sites located in rural areas may apply for support on an individual basis. An HCP site can determine if it is in an area that meets the FCC definition of rural by consulting the USAC Rural Health Care website at <http://www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp>. HCPs located in rural areas under the FCC's pre-July 1, 2005 definition, and that have been receiving support from the universal service rural health care support mechanism since that time, will be "grandfathered" and will continue to be treated as if they were located in a rural area for the purposes of determining eligibility. If a grandfathered HCP site moves to a new address, USAC will determine whether the new address would also have been considered rural under the pre-July 1, 2005 definition. If so, the HCP will continue to retain its rural classification. If not, the HCP becomes non-rural and is not eligible for support on an individual basis.

4. Applying as a Consortium:

Both rural and non-rural eligible HCP sites may apply for support as part of a consortium. A consortium is a group of two or more health care provider sites that request support through a single application. In addition, ineligible sites may participate as part of a consortium, although they are not eligible to receive support from the Fund and must pay full cost (fair share) for all services, network equipment, and/or facilities received through the consortium. Each ineligible site participating in a consortium must be registered using Form 460.

Non-rural public or non-profit HCP sites may receive support only if they are part of a consortium that includes a majority (more than 50 percent) of eligible HCP sites that are rural. A consortium must achieve compliance with this requirement within three years of the filing date of its first request for funding (FCC Form 462). Non-rural hospitals with 400 or more licensed patient beds also are limited in the amount of support per year. See 47 C.F.R. § 54.630(c) for more information about the limitation.

B. Registration of Ineligible HCP Sites

Each ineligible HCP site participating in a consortium must register with USAC, using Form 460. The Consortium Leader typically will file the Form 460 on behalf of the ineligible HCP site. Although the Consortium Leader is not required to submit a Letter of Agency for an ineligible HCP site, the Consortium Leader must still certify that it has the authority to submit this form on behalf of the ineligible site.

C. Registration of Off-Site Administrative Offices and Off-Site Data Centers

An applicant must register each off-site administrative office and off-site data center for which it requests support. Off-site administrative office and off-site data center themselves are not considered eligible health care providers. However, connections and network equipment associated with off-site administrative offices and off-site data centers used by eligible health care providers are eligible for support. See 47 C.F.R. § 54.637 for the definitions of off-site data center and off-site administrative office and for the restrictions associated with funding for connections and network equipment associated with such sites.

Both individual and consortium applicants must provide a list of all HCP sites (eligible and ineligible) that will use the supported connections and network equipment associated with each off-site data center and off-site administrative office. *Submit FCC Form 460 for the HCP sites (eligible and ineligible) first, since you will need the HCP number assigned by USAC for each HCP site in order to register an off-site data center or off-site administrative office.*

D. When to File

Applicants may submit the Form 460 prior to, or along with, their request for services (FCC Form 461). The purpose of the Form 460 is to determine the eligibility of particular HCP sites or to register ineligible sites, off-site administrative offices, or off-site data centers. The purpose of the Form 461 is to provide the necessary information to initiate the competitive bidding process. Applicants are encouraged to submit all necessary Form 460(s) at least 30 days prior to filing Form 461. Applicants can choose to submit the Form 460(s) and Form 461 concurrently, but Applicants are cautioned that the Form 461 will not be posted until USAC has confirmed eligibility of the HCP site(s) (and consortium, if applicable).

If an applicant is claiming an exemption from competitive bidding (and thus not filing a Form 461), the applicant must submit a Form 460 prior to or with its request for funding (FCC Form 462). In such a case, a funding commitment will not be issued until USAC has confirmed eligibility of the HCP site(s) (and consortium, if applicable).

No further eligibility determination is required for HCP sites that have previously received an eligibility determination under the Telecommunications Program or the RHC Pilot Program. However, applicants are required to complete and submit the Form 460 to USAC for each such site.

All applicants are required to submit an updated Form 460 within 30 days of a material change. Examples include (1) a change in a site's name, site location, contact information or eligible entity type, (2) for non-rural hospitals, an increase to 400 or more licensed patient beds, or (3) a change in any factor that would affect a cost allocation and/or fair share calculation. If in doubt, the applicant should contact USAC for additional guidance.

E. Where to File

Applicants are required to complete and submit all forms online through USAC's RHC "My Portal" website at <https://forms.universalservice.org/usaclogin/login.asp>. A Form 460 is required to be submitted through this link to create an online account. Instructions on how to file electronically are also found at USAC's RHC website at <http://www.usac.org/rhc/tools/applicant-login/applicant-login-info.aspx>. Applicants without adequate Internet access to submit the forms online should contact USAC's Rural Health Care Division (RHC) (1-800-453-1546 or rhc-assist@usac.org) to make alternative arrangements.

Applicants must file all forms with USAC and not the FCC.

F. Next Steps

USAC will notify the applicant within 30 calendar days after submitting the Form 460 of USAC's eligibility determination, of USAC's request for more information, or of USAC's need for additional time to process the form. If USAC determines that the HCP site is ineligible, USAC will automatically register the HCP site as an "ineligible site" without any additional action by the applicant.

After receiving an eligibility determination, the individual HCP site or consortium may then proceed to the competitive bidding stage of the process by submitting an FCC Form 461 (or if the Form 461 is already filed, USAC will post the Form 461 to start the competitive bidding period).

G. For More Information

Contact USAC's Rural Health Care Division (RHC) at 1-800-453-1546 between 9:00 a.m. and 6:00 p.m. EST, Monday through Friday or at rhc-assist@usac.org.

III. SPECIFIC INSTRUCTIONS FOR FILING FORM 460

A. Block 1: General Information

Line 1: The date submitted will be automatically generated.

Line 2: Select the appropriate option that describes why the applicant is submitting this form.

Line 2a (Only complete if registering an off-site data center): Requires a list of eligible and ineligible sites, by HCP number, that will use the supported connections and/or network equipment associated with the off-site data center. The HCP number is a unique identifier assigned by USAC to all sites, eligible and ineligible.

Line 2b (Only complete if registering an off-site administrative office): Requires a list of eligible and ineligible sites, by HCP number, that will use the supported connections and/or network equipment associated with the off-site administrative office.

B. Block 2: Site Information – Physical Location

Only complete Block 2 when using this form to seek an eligibility determination of an HCP site, or when registering an ineligible site, off-site data center, or off-site administrative office. The information required in this block applies to the physical location of the site. Do not enter a P.O. Box or a rural route address. See Lines 8 -14 instructions for more details.

Line 3: Requires providing the HCP number (a unique identifier assigned by USAC to all sites, eligible and ineligible), if previously provided by USAC. If USAC has not previously provided an HCP number for the site, leave this field blank.

Line 4: Requires providing the name of the site. This name will be automatically populated on all forms associated with the HCP number.

Line 5: Requires providing the name of the legal entity that owns and/or operates the site. If registering an off-site data center, provide the legal entity that will purchase the connections and network equipment associated with the off-site data center.

Line 6: Requires providing an FCC Registration Number (FCC RN). If the legal entity named in Line 5 has an FCC RN, the applicant must enter the Line 5 legal entity's FCC RN in Line 6. If the Line 5 legal entity does not have an FCC RN and plans only to apply as part of a consortium, the applicant may enter the FCC RN of the Consortium in Line 6a.

All applicants must obtain an FCC RN, if they do not already have one. Consortium applicants may obtain a single FCC RN for the consortium as a whole, if desired (*i.e.* instead of requiring each participating site to obtain a separate FCC RN).

An FCC RN is a ten digit number that is assigned to a business or individual registering with the FCC, and is used to uniquely identify the business or individual in all of its transactions with the FCC. Obtaining an FCC RN is a simple process that can typically be completed within minutes through the FCC's website at <https://fjallfoss.fcc.gov/coresWeb/publicHome.do>. If you do not have adequate Internet access to complete this process online, call the FCC's FRN Help

Desk/Administrator number at (877) 480-3201 (8 a.m. to 6 p.m. Eastern Time) to obtain information on how to obtain an FCC RN by mail.

Lines 7, 15 and 16: Requires providing the name, phone number and email of a contact person located at the physical site. The site contact person is not necessarily the same person who will be contacted if there are questions about the application (see Block 4 below). In the case of an off-site data center, the site contact person is not required to be physically located at the site.

Lines 8-10, 12-14: Requires providing the site's physical address, county, city, state and zip code.

Line 11: Only if the site does not have a street address, provide geo-location information (i.e., latitude and longitude) in Line 11. Otherwise, leave Line 11 blank.

C. Block 3: Consortium Information

HCPs applying as a consortium must identify a legal entity that will be the lead entity for the consortium (Consortium Leader). The consortium and the Consortium Leader can be the same legal entity, but are not required to be. For example, the consortium may prefer to designate one of its HCP members, an ineligible state government agency, or a non-profit organization as the Consortium Leader. The consortium need not be a legal entity. However, in order for the consortium to be the Consortium Leader, it must be a legal entity. If the Consortium Leader is an ineligible entity, the Consortium Leader is prohibited from receiving support from the Fund. If the Consortium Leader is an eligible HCP, the HCP may receive support while serving as Consortium Leader.

State organizations, public sector (governmental) entities (including Tribal governments), or non-profit entities may serve as Consortium Leaders or provide consulting assistance to the consortium if they do not participate as potential vendors during the competitive bidding process. Conversely, if such entities wish to provide eligible services, network equipment, or facilities to the consortium, they are prohibited from simultaneously serving as the Consortium Leader. Vendors that plan to bid to provide supported services, network equipment, or facilities cannot provide consulting or other expertise to the consortium to assist it in developing its request for services (Form 461). Applicants will be required to disclose entities who have assisted with preparation of the request for services on Form 461.

Certain entities, such as state governmental entities, may be large enough to institute an organizational and functional separation between staff acting on behalf of the part of the organization performing the vendor functions and staff providing application assistance. State organizations, public sector entities, or non-profit entities may obtain an exemption from this prohibition by making a showing to USAC that there is a functional separation within the organization. Attach any such request for exemption to Form 460. The exemption must be obtained before the consortium begins preparing its request for services.

In addition to designating an entity/organization as the Consortium Leader, consortia must designate an individual (person) as the Project Coordinator. See Block 4 below.

Line 17: Requires providing the HCP number of the consortium (a unique identifier that will be assigned by USAC to the consortium), if previously provided by USAC. If USAC has not previously provided an HCP number for the consortium, leave blank and USAC will supply. The consortium will need an HCP number even if the consortium is not a legal entity. If the

Consortium Leader is an eligible HCP participating in the consortium, both the eligible HCP (Consortium Leader) and the consortium itself would each have a unique HCP number.

Line 18: Requires the name of the consortium. If the consortium is a legal entity, provide the name of the legal entity.

Line 19: Requires indicating if the consortium is a legal entity. If the consortium is a legal entity, provide the required FCC RN. See above instructions for Line 6 for more information on how to obtain an FCC RN.

Line 20: Requires the applicant to indicate whether the consortium has a written agreement allocating legal and financial responsibility. By default, the Consortium Leader is the legally and financially responsible entity for the conduct of activities supported by the Fund. The consortium may allocate legal and financial responsibility differently as it finds appropriate (except for the functions listed in 47 C.F.R. § 54.631(c)(2)-(6)), provided that the allocation is memorialized in a formal written agreement between the Consortium Leader and the consortium as a whole and/or its individual members. The Consortium Leader must submit any such agreement to USAC for approval prior to or with the FCC Form 461. The agreement should clearly identify the party(ies) responsible for repayment if fund recovery is necessary at a later date. USAC will provide in writing – by the expiration of the 28-day competitive bidding period – either approval or an explanation as to why the agreement does not provide sufficient clarity about the parties responsible for repayment.

If the consortium does not have an agreement, the Consortium Leader will be the responsible entity if audits or other investigations by USAC or the FCC reveal violations of the program rules by the consortium, with the individual consortium members being jointly and severally liable if the Consortium Leader dissolves or files for bankruptcy.

For more information, see paragraph 206 of the Healthcare Connect Fund Order.

Line 21: Select the appropriate option that describes the type of Consortium Leader. If the Consortium Leader is an eligible HCP participating in the consortium, provide the HCP number of the eligible HCP. If the eligible HCP has more than one HCP number, enter the HCP number of the site where the Project Coordinator is located. See instructions to Block 4 below for more information on the Project Coordinator.

Lines 22 and 23: Requires contact information, include the address, city, state, and zip, for and the name of the Consortium Leader. This should be the organization that will serve as the main point of contact with USAC and the FCC and who will act on behalf of the consortium members throughout the application process and the funding, invoicing, and post-invoicing periods.

Line 24: List the HCP numbers of all sites (eligible and ineligible) participating in the consortium. The Consortium Leader is required to obtain a Letter of Agency from each eligible HCP authorizing the Consortium Leader to file forms on the HCP's behalf. The Consortium Leader is required to submit a Letter of Agency for each eligible HCP participating in the consortium no later than when it submits its request for services (Form 461). See 47 C.F.R. § 54.632. No Letter of Agency is required for an ineligible HCP site, but the Consortium Leader is still required to certify that it has the authority to submit this request on behalf of the ineligible site. More information on Letters of Agency may be found at: www.usac.org/rhc/healthcare-connect.

D. Block 4: Contact Information

The Consortium Leader (or HCP, if participating individually) must designate a Primary Account Holder for purposes of interacting with USAC. For consortia, the Project Coordinator should also be the Primary Account Holder. The Project Coordinator/Primary Account Holder must be an officer, director, or other authorized employee of the Consortium Leader (or, HCP, if participating individually) and may not be a consultant. See 47 C.F.R. § 54.649.

The Primary Account Holder has the ability to view, create, and enter data in forms, and electronically certify, sign and submit forms, on behalf of the consortium (or HCP, if participating individually). The Primary Account Holder is the person responsible for granting access to and managing the consortium's (or HCP's, if participating individually) online account information. The Primary Account Holder may designate one or more Secondary Account Holders with varying levels of access to the consortium's account (or HCP's account, if participating individually). Learn more by viewing the My Portal: Managing Account Holders video tutorial at: <http://usac.org/rhc/telecommunications/outreach/online-learning.aspx>.

A Secondary Account Holder (also known as an Application Contact or Assistant Project Coordinator) will have access to forms and have the ability to answer specific questions about the applications associated with a funding request. In addition, a Secondary Account Holder has full access, including the ability to sign, certify, and submit forms on behalf of the applicant, if the Secondary Account Holder is a director, officer, or authorized employee of the Consortium Leader (or, a director, officer, or authorized employee of the HCP, participating individually).

The Project Coordinator or Primary Account Holder may choose to engage a third-party (e.g., consultant) and can assign Tertiary Account Holder rights to that third-party. However, a Tertiary Account Holder that is a third-party is prohibited from certifying, signing, or submitting forms, unless USAC receives, prior to the submission of the forms or documentation, a written, dated, and signed authorization from the relevant officer, director, or other authorized employee stating that the individual HCP or Consortium Leader accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party. Attach the required third-party authorization.

Lines 25-33: Require the name, employer, address, and contact information for the Primary Account Holder/Project Coordinator.

Lines 34-42: Require the name, employer, address, and contact information for the Secondary Account Holder (Application Contact/Assistant Project Coordinator).

E. Block 5: Eligibility Information

This block is only required if seeking an eligibility determination of an HCP site or of a Consortium. Otherwise, leave this Block blank.

Line 43: Requires selecting the category that describes the type of health care provider requesting an eligibility determination. Only public or non-profit health care providers that qualify under one of the categories listed in Block 5 are eligible for Fund support. If seeking an

eligibility determination for a Consortium, eligibility category “Consortium of the above” will be automatically selected.

Line 44: Applicants are required to provide a brief explanation of why the HCP site qualifies as the HCP type selected in Line 43. This information will be used to determine the eligibility status of the site. For example, the explanation may include a description of the services provided by the organization or licensing information. If appropriate, supporting documentation (such as a state license) may be uploaded when completing this section. Consortium applicants will provide a brief description of their consortium.

F. Block 6: Additional Information

If seeking an eligibility determination for an HCP site, complete Lines 45-50. If seeking an eligibility determination for a Consortium, only complete Line 45 in this block. Otherwise, leave this Block blank.

Line 45: For an HCP site, enter the non-profit tax identification number for the legal entity listed in Line 5. For a consortium, enter the non-profit tax identification number for the legal entity listed in Line 18 (if the consortium is a legal entity) or Line 23 (if the consortium is not a legal entity).

If the legal entity is not a non-profit entity, provide the Employer Identification Number (EIN).

Line 46: Provide the ten-digit health care facility National Provider Identifier (NPI) used on Medicare and Medicaid claims. **IMPORTANT:** This should be the organizational NPI, not an individual practitioner NPI. An NPI lookup by name and address can be found at: <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>.

If the applicant is unsure of how to determine the appropriate NPI to provide, contact the facility's billing department for assistance. If the applicant does not have an NPI (for example a facility that does not bill) or the NPI Organization or DBA Name or Business Practice Location do not match the name and address on this application, provide a brief explanation in line 46.

Line 47a: Provide the ten-digit Healthcare Provider Taxonomy Code for the site associated with the NPI in line 46 (for the organization).

Line 47b: If the provided taxonomy code is not the appropriate taxonomy code for the site, review the codes and select the appropriate code for this site. If applicant does not provide a taxonomy code or the code is not one associated with the NPI, provide a brief explanation of eligibility.

Line 48: If the HCP selected “non-profit hospital” in Block 5, select “yes” here if it has been designated as a Critical Access Hospital by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Line 49: If the HCP selected “non-profit hospital” in Block 5, enter the number of licensed patient beds. Licensed patient beds are the maximum number of beds the hospital is licensed to operate.

Line 50: Indicate whether the site is located on Tribal lands, operated by the Indian Health Service, and/or otherwise affiliated with a Tribe. If not applicable, check “N/A”.

Lines 51 and 52 are reserved for future use.

G. Block 7: Certifications and Signatures

The Primary Account Holder/Project Coordinator or an authorized designee (see Block 4 instructions) must provide the certifications and signatures in Block 7. All applicable certifications must be checked, the form must be signed and dated, and Lines 59 – 66 completed to submit this form.

Line 53: Certifies that the signatory is authorized to submit this form on behalf of the consortium or HCP.

Line 54: Certifies that the information provided in this form and in any attachments is true and correct.

Line 55: Certifies that if applying as an individual HCP site, the HCP in Block 2 is a non-profit or public entity and that the site is located in an FCC designated rural area, or is grandfathered rural pursuant to 47 C.F.R. § 54.600(b)(2).

Line 56: Certifies that if applying as a consortium, the eligible HCPs participating in the consortium are non-profit or public entities.

Line 57: Certifies that all documentation associated with the Form 460 will be retained for a period of at least five years. See 47 C.F.R. § 54.648.

Line 58: Requires that if applying as a consortium, the Project Coordinator understands that the consortium must obtain letters of agency from each consortium member granting the Project Coordinator the authority to complete, sign, and submit all forms for the funding year(s) for which support is sought.

Lines 59-66: Require the electronic signature, name, contact information, and employer's FCC RN for the person authorized to sign on behalf of the individual HCP or the Consortium Leader.

IV. REMINDERS

- An applicant must complete the required Form 460(s) and receive an eligibility determination for each site seeking support and the consortium (if applicable) before the competitive bidding process may start. If any material information on the approved Form 460 changes, the applicant must submit an updated Form 460 within thirty days of the change.
- USAC will not accept incomplete forms. For assistance in completing this form, contact USAC RHC at 1-800-453-1546 or rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Request for Services Form**

USAC Internal Use Only	
FCC Form 461 Application Number:	FCC Form 460 Number:
Posting Start Date:	Posting End Date:
Allowable Contract Selection Date (ACSD):	Form 461 Friendly Name:

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year	2 HCP Number	
3 Site Name/Consortium Name		
4 Address Line 1		
5 Address Line 2	6 County	
7 City	8 State	9 Zip Code
Block 2: Individual HCP Site Request for Services		
10 <input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form.		
<input type="checkbox"/> Applicant has not and will not prepare an RFP.		
10a Requested contract period		
10b Expected bid evaluation period		
11 Number of Days Posted		
Number of days USAC should post: _____ Posting end date: _____		
12 Category of Expense Requested (check all applicable):		
<input type="checkbox"/> Network Equipment		
<input type="checkbox"/> Leased/Tariffed Facilities or Services		
12a Identify Anticipated Application(s) and Use(s) of the Supported Connection		
The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.		
(Select all that apply. Describe usage level and usage period for all selected.)		
Capability	Usage Level	Usage Period
<u>Category: Interactive</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Real-time remote examination, consultation, and/or monitoring		
<input type="checkbox"/> Video conferencing		
<input type="checkbox"/> Voice service		
<input type="checkbox"/> Other (describe): _____		
<u>Category: Transactional</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Internet access		

<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Other (describe): _____		
Category: Bulk		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Transmission of store and forward consultations		
<input type="checkbox"/> Other (describe): _____		
Category: Miscellaneous		
<input type="checkbox"/> Backup/redundant connectivity		
<input type="checkbox"/> Other (describe): _____		
12b Applicant requesting services for an off-site data center:		
<input type="radio"/> Yes <input type="radio"/> No If yes, provide HCP Number:		
12c Applicant requesting services for an off-site administrative office:		
<input type="radio"/> Yes <input type="radio"/> No If yes, provide HCP Number:		
13 Contact for Request for Services:		
<input type="radio"/> Same as HCP Physical Location Contact <input type="radio"/> Same as HCP Primary Account Holder <input type="radio"/> Other		
13a If other, provide full contact information:		
Contact Name	Organization Name	
Contact Name Title		
Phone	Ext.	Email
Block 3: Consortium Request for Services		
14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):		
HCP Number:	HCP Number:	
HCP Number:	HCP Number:	
15 Indicate whether the Consortium plans to utilize an RFP:		
<input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a.		
<input type="checkbox"/> Applicant has not and will not prepare an RFP.		
15a Applicant is submitting an RFP because:		
<input type="checkbox"/> It is seeking more than \$100,000 in program support <input type="checkbox"/> It is seeking support for infrastructure	<input type="checkbox"/> Of state, Tribal, or local procurement rules <input type="checkbox"/> The applicant has elected to use an RFP	
15b Requested contract period		
15c Expected bid evaluation period		
16 Number of Days Posted:		
Number of days USAC should post: _____ Posting end date: _____		
17 Category of Expense Requested:		
<input type="checkbox"/> Network Design <input type="checkbox"/> Network Equipment <input type="checkbox"/> Infrastructure/Outside Plant	<input type="checkbox"/> Leased/Tariffed Facilities or Services <input type="checkbox"/> Network Management/Maintenance/Operations Cost (not captured elsewhere)	
17a If requesting only Infrastructure/Outside Plant, enter FCC Form 461 Application Number in which the Consortium previously requested Leased/Tariffed Facilities or Services.		
FCC Form 461 Application Number:		
<input type="checkbox"/> I certify that the prior FCC Form 461 resulted in no responsive bids.		

18	Description of Services Requested (Required to provide a summary of RFP if submitting one):												
19	Contact for Request for Services: <input type="radio"/> Same as Project Coordinator <input type="radio"/> Same as Assistant Project Coordinator <input type="radio"/> Other If other, provide full contact information: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contact Name</td> <td style="width: 50%;">Organization Name</td> </tr> <tr> <td colspan="2">Contact Name Title</td> </tr> <tr> <td>Phone</td> <td>Ext.</td> </tr> <tr> <td colspan="2">Email</td> </tr> </table>	Contact Name	Organization Name	Contact Name Title		Phone	Ext.	Email					
Contact Name	Organization Name												
Contact Name Title													
Phone	Ext.												
Email													
Block 4: Declaration of Assistance													
20	Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan? <input type="radio"/> Yes <input type="radio"/> No												
21	List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Name (First, Middle Initial, Last)</td> <td style="width: 50%;">b. Organization Type</td> </tr> <tr> <td>c. Title/Role</td> <td>d. Employer</td> </tr> <tr> <td colspan="2">e. Address Line 1</td> </tr> <tr> <td colspan="2">f. Address Line 2</td> </tr> <tr> <td>g. City</td> <td>h. State</td> </tr> <tr> <td colspan="2">i. Zip Code</td> </tr> </table>	a. Name (First, Middle Initial, Last)	b. Organization Type	c. Title/Role	d. Employer	e. Address Line 1		f. Address Line 2		g. City	h. State	i. Zip Code	
a. Name (First, Middle Initial, Last)	b. Organization Type												
c. Title/Role	d. Employer												
e. Address Line 1													
f. Address Line 2													
g. City	h. State												
i. Zip Code													
Block 5: Bid Evaluation													
22	Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary). <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Criteria</th> <th style="width: 50%;">Weight</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> </tr> <tr> <td>b.</td> <td></td> </tr> <tr> <td>c.</td> <td></td> </tr> </tbody> </table>	Criteria	Weight	a.		b.		c.					
Criteria	Weight												
a.													
b.													
c.													
Block 6: Additional Documentation													
23	List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 100%;">Type of Documentation</th> </tr> </thead> <tbody> <tr> <td>a.</td> </tr> <tr> <td>b.</td> </tr> <tr> <td>c.</td> </tr> </tbody> </table>	Type of Documentation	a.	b.	c.								
Type of Documentation													
a.													
b.													
c.													
Block 7: Certifications													
24	<input type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the health care provider or consortium.												
25	<input type="checkbox"/> I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.												
26	<input type="checkbox"/> I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules.												
27	<input type="checkbox"/> I certify under penalty of perjury that the supported connection(s) and network equipment will be used solely for purposes reasonably related to the provision of healthcare service or instruction that the health care provider is legally authorized to provide under the law of the state in which the connections are provided. In addition, I certify under penalty of perjury that the supported connection(s) and network equipment will not be sold, resold, or transferred in consideration for money or any other thing of value.												

28	<input type="checkbox"/>	I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
29	<input type="checkbox"/>	I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements.
30	<input type="checkbox"/>	I understand that all documentation associated with this form, including a copy of the signed 461, any bids/ contracts resulting from the 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.
31	Signature	
32	Date	
33	Printed Name of Authorized Person	
34	Title/Position of Authorized Person	
35	Phone	Ext.
36	Email	
37	Employer	
38	Employer's FCC RN	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

FCC Form 461 Instructions
Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Request for Services Form

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I. PURPOSE OF FORM

Submitting the Federal Communications (FCC) Form 461 is the second step an individual health care provider (HCP) or consortium must take to participate in the universal service support mechanism's Healthcare Connect Fund (Fund). Submitting the Form 460, which enables USAC to determine whether an HCP site is eligible for support, is the first step.

Unless they are exempt from the competitive bidding requirement (as described below in *Who Must File*), all entities participating in the Healthcare Connect Fund must complete the competitive bidding process before submitting a funding request (the third step, Form 462). To initiate the competitive bidding process, applicants must submit a request for services (Form 461), which must be posted on USAC's website for no less than 28 days. The purpose of the Form 461 and supporting documentation is to provide sufficient information about the requested services, network equipment, and/or facilities to enable an effective competitive bidding process, and to provide the Universal Service Administrative Company (USAC) with the required certifications and other information necessary to prevent waste, fraud, and abuse. Applicants may seek funding (by filing a Form 462) only after the competitive bidding process is complete.

The required FCC Form 460(s) must be filed prior to or with the filing of the FCC Form 461. An applicant is encouraged to file its required Form 460(s) at least 30 days prior to filing a request for services (Form 461). Certain information will carry over ("auto-populate") from FCC Form 460 to Form 461, so make sure that all of the Form 460(s) for consortia and sites that will be listed on the Form 461 are up to date before starting Form 461. Applicants are cautioned that the Form 461 will not be posted on USAC's site until USAC has confirmed eligibility of the HCP site(s) for which support is sought. USAC will normally notify each applicant of its eligibility determination (or whether it needs additional time to process the form) within 30 days of receipt of the Form 460.

Applicants must complete and submit all forms online with USAC, not the FCC. See *Where to File* below for more information.

All applicants are encouraged to review the FCC's Healthcare Connect Fund Order, FCC 12-150, available at http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-12-150A1.pdf, and the FCC's rules at 47 C.F.R. § 54.600 *et seq.*, available at <http://www.ecfr.gov>.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

When submitting a completed Form 461, the applicant should include, if applicable, a legal and financial responsibility agreement (consortium applicant), bid evaluation criteria, request for proposals (RFP), network plan (consortium applicant), letters of agency (consortium applicant) and declarations of assistance. Information about the additional documentation is provided in the specific Block and Line instructions below.

A. Who must file

All applicants are required to file the FCC Form 461 unless their request for services meets one or more of the competitive bidding exemptions listed below. If an applicant is only exempt for a portion of the funding year, the applicant must file a Form 461 and go through the competitive bidding process to receive funding for the remainder of the funding year. If an applicant is

unsure as to whether it must file the FCC Form 461, contact RHC at 1-800-453-1546 or rhc-assist@usac.org for assistance.

Competitive bidding exemptions: Certain applicants seeking support from the Fund are exempt from the competitive bidding process and not required to file a Form 461. After completing the Form 460 process, exempt applicants may proceed directly to filing the request for funding on Form 462. Below are the competitive bidding exemptions. See 47 C.F.R. § 54.642(h).

- Annual Undiscounted Cost of \$10,000 or Less: Applicants seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year (*i.e.* up to \$6,500 in Fund support) are exempt from the competitive bidding requirements. The exemption does not apply to multi-year contracts. Under this exemption, an applicant is restricted to a total of \$6,500 in annual Fund support for services that are not subject to another exemption. Services supported through the Telecommunications Program are not counted toward the \$10,000 limit.
- Government Master Service Agreements (MSAs): Applicants who are purchasing services and/or network equipment from an MSA negotiated by federal, state, Tribal, or local government entities on behalf of such HCPs and others, are exempt from the competitive bidding requirements, but only if such MSAs were awarded pursuant to applicable federal, state, Tribal, or local competitive bidding requirements. This exemption only applies to MSAs that were negotiated by, or under the direction of, government entities and that were subject to government competitive bidding requirements.
- MSA Approved under the RHC Pilot Program or Healthcare Connect Fund: Applicants purchasing services and/or network equipment from MSAs previously approved by USAC under the RHC Pilot Program or the Healthcare Connect Fund are exempt from competitive bidding. The exemption is limited to those MSAs that were developed and negotiated from an RFP or request for services that specifically sought a mechanism to add additional sites to the network.
- Evergreen Contracts: Applicants purchasing services from a contract already designated by USAC as “evergreen” are exempt from the competitive bidding process.
- E-Rate Approved Contracts: Applicants who enter into consortia with E-rate (Schools and Libraries Program) participants under 47 C.F.R. § 54.501(c)(1) and are purchasing services and/or network equipment from a master contract approved under the E-rate program are exempt from the competitive bidding process.

Applicants who do not meet one or more of the exemptions above are required to complete and submit this form and associated documents to USAC. Learn more about the competitive bidding process at: <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

B. When to file

Applicants may submit the Form 461 starting 180 days before the beginning of the funding year, which starts on July 1. To allow sufficient time to complete the competitive bidding process, select a vendor, and have services started on or before the first day of the funding year

(allowing for a full year of support), applicants should submit this form and all supporting documentation as soon as possible. Applicants may of course also request funding for less than a full funding year.

C. Where to file

Applicants must complete and submit all forms online through USAC's RHC "My Portal" website at <https://forms.universalservice.org/usaclogin/login.asp>. Instructions on how to file electronically may be found at USAC's RHC website at: <http://www.usac.org/rhc/healthcare-connect/default.aspx>. Applicants without adequate Internet access to submit the forms online should contact USAC's Rural Health Care Division (RHC) (1-800-453-1546 or rhc-assist@usac.org) to make alternative arrangements.

Do not file this or any other forms for the RHC program with the FCC.

D. Next Steps

After the Form 461 is submitted and processed, USAC will post the Form 461 and supporting documentation on the RHC website for potential vendors to review and provide bids for the requested services, network equipment, and/or facilities. After the form is posted, USAC will send confirmation of the posting to the applicant, including the posting date and the Allowable Contract Selection Date (ACSD). Unless covered by a competitive bidding exemption, an applicant must wait at least until its ACSD before it agrees to or signs a contract with a vendor. An applicant may not agree to or sign a contract with a vendor until after the ACSD, but may discuss requirements, rates, and conditions with potential vendors prior to that date. Applicants who sign a service agreement or contract before the ACSD are not eligible for funding.

Applicants may extend the time period for receiving bids beyond the required minimum 28 days from the posting of the Form 461 without prior approval from USAC. If an applicant would like to post the Form 461 for longer than 28 days, it must indicate that the posting period is longer than 28 days on the Form 461. An applicant can also decide to extend the bidding period after USAC has posted the Form 461 by notifying USAC and requesting that USAC update its web site with notice of the extension. USAC will also revise the ACSD to reflect the extended bidding period. Once an applicant has extended the bidding period, it cannot be shortened.

E. Modifications to the Form 461 and Associated Documents

All potential bidders must have access to the same information and must be treated in the same manner. Any additions or modifications to the documents submitted to, and posted by, USAC must be made available to all potential vendors at the same time and using a uniform method. This does not prohibit applicants from seeking additional information about particular products or services during the competitive bidding process, or potential vendors from supplying it. All applicants who utilize an RFP in conjunction with their competitive bidding process must provide USAC with any subsequent changes to the RFP. USAC will facilitate this process by allowing applicants to submit any additions or modifications to USAC, for posting on the same web page as the originally posted documents. If an applicant makes any changes to its RFP post-submission, it is responsible for ensuring that USAC has a current version of the RFP for the web site posting. Any modification or change to the competitive bidding documents will reset the competitive bidding period and push back the ACSD.

F. For More Information

Contact the USAC RHC Help Desk at 1-800-453-1546 between 9:00 a.m. and 6:00 p.m. EST, Monday through Friday or email at rhc-assist@usac.org.

III. SPECIFIC INSTRUCTIONS FOR FILING FORM 461

A. Block 1: General Information

Requires basic applicant information.

Line 1: Enter the funding year for which support is sought. For an applicant that plans to request a multi-year funding commitment, enter the first funding year for which funding will be requested. The applicant will use the Form 462 to indicate whether it is requesting a multi-year funding commitment.

A funding year runs from July 1 to June 30 (thus, funding year 2014 begins on July 1, 2014 and runs through June 30, 2015).

Line 2: Enter the applicant's HCP Number, assigned by USAC when the Form 460 is submitted.

Line 3: The consortium name (or, HCP name, if participating individually) will be auto-populated based on the HCP Number entered in Line 2. If the name is incorrect, the applicant must submit an updated Form 460.

Lines 4-9: The address, county, city, state and zip code of the consortium (or, HCP, if participating individually) will also be auto-populated based on the HCP Number entered in Line 2. If any of this information is inaccurate, the applicant must submit an updated Form 460.

B. Block 2: Individual HCP Site Request for Services

Only complete lines 10-13 if applying as an individual HCP site.

Line 10: Requires the applicant to indicate whether it has prepared and is submitting an RFP with the Form 461. See *Additional Documentation* in Block 6 below for information about when an RFP must be submitted. If an applicant makes any changes to its RFP post-submission, it is responsible for ensuring that USAC has a current version of the RFP for the web site posting.

Line 10a: Enter the requested contract period. An applicant may enter a range of acceptable contract periods, if so desired. For example, the applicant may request an initial contract period of 12 to 36 months. If the applicant is only seeking a month-to-month arrangement, please enter "month-to-month."

Line 10b: Enter the time period during which the applicant expects to evaluate the bids received after the end of the posting period.

Note: The expected bid evaluation period is not part of the ACSD calculation. An applicant may agree to or sign a contract on or after the ACSD, regardless of whether the expected bid evaluation period has ended, as long as applicant has considered and evaluated all responsive

bids to ensure it is conducting a fair and open competitive bidding process. See paragraphs 231-233 and 247-249 of the Healthcare Connect Fund Order for more information.

Line 11: Provide the time period for which the Form 461 package should be posted on USAC's web site. Applicant can enter either the number of days (minimum 28 days) or specify an end date for the posting (must be at least 28 days after USAC posts the applicant's Form 461 package on the USAC website). USAC's system will only allow the applicant to enter a date that meets or exceeds the 28-day minimum requirement.

Line 12: Requires the HCP to select the Category of Expense(s) being requested. The applicant may select one or both categories. (**Note:** Sites applying individually may not receive support for one-time non-recurring charges of more than \$5,000. This includes, for example, reasonable and customary installation charges and network equipment.) For more information on expense categories, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Line 12a: To assist potential bidders in developing their responses to the Form 461, the applicant is required to identify the potential applications and uses of the connection for which support is sought. (**Note:** The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Fund.) Select all that apply under each of the following categories.

Interactive usage is an interaction that requires the service to have little to no delay.
Example: human-to-human interactions such voice and video conferencing.

Transactional usage is an interaction where minor delays are acceptable, but not above 1-2 seconds. *Example:* accessing a remote database to enter patient records and billing information.

Bulk usage is an interaction usually done in the background with lower priority, or in off-peak hours. *Example:* an automatic, after-hours process to create backup copies of locally stored files at an off-site location.

Miscellaneous usage is only for capabilities that do not readily fit within the above three categories. *Example:* requesting a backup or redundant connection.

For each capability selected, describe the anticipated usage level and usage period.

Usage Level should describe the anticipated level of usage for the selected capability.
Example: for video conferencing, the applicant may want to specify the usage level as "X simultaneous video calls," where X is the number of simultaneous video calls that the connection must support.

Usage Period should describe when and/or how often the selected capability will be used (e.g., 24x7x365, business hours, after hours, intermittent).

Line 12b-12c: List the HCP number(s) for any off-site data center or off-site administrative for which support is sought.

Lines 13: Identify the primary point of contact for potential vendors. This contact should be able to provide additional technical details or answer specific questions about the requested services.

The contact may be (1) the HCP's physical location contact (the contact listed in Block 2 of Form 460); (2) the HCP's Primary Account Holder (the contact listed in Block 4 of Form 460), or (3) "Other." If you choose one of the first two options, the contact information provided on Form 460 will be carried over to this line. If selecting "other," provide the required contact information in Line 13b.

C. Block 3: Consortium Request for Services

Only complete lines 14-19 if applying as a consortium.

Line 14: List the HCP numbers for all sites that are part of this request for services. This includes all eligible HCP sites, and ineligible sites (including ineligible HCP sites, off-site data centers, and off-site administrative offices). The applicant will only be able to enter/select sites that have been associated with the consortium through the consortium's Form 460 and for which the Consortium has obtained an LOA giving the Leader the authorization to file a form on that HCPs behalf. The consortium may include all or a subset of the consortium sites as part of this request for services.

Lines 15: Indicate whether the consortium has prepared and is submitting an RFP with the Form 461. See *Additional Documentation* in Block 6 below for information about when the submission of an RFP is required. To ensure a fair and open competitive bidding process, all applicants who utilize an RFP in conjunction with the competitive bidding process are required to submit the RFP to USAC with their request for services (Form 461).

Line 15a: If the consortium is submitting an RFP with the form, indicate the reason(s) for submitting an RFP. See instructions for Block 6 below for a list of the circumstances requiring the use of an RFP.

Line 15b: Enter the requested contract period. An applicant may enter a range of acceptable contract periods, if so desired. For example, the applicant may request an initial contract period of 12 to 36 months.

Line 15c: Enter the time period during which the applicant expects to evaluate the bids received after the end of the posting period.

Note: The expected bid evaluation period is not part of the ACSD calculation. An applicant may agree to or sign a contract on or after the ACSD, regardless of whether the expected bid evaluation period has ended, as long as applicant has considered and evaluated all responsive bids to ensure it is conducting a fair and open competitive bidding process. See paragraphs 231-233 and 247-249 of the Healthcare Connect Fund Order for more information.

Line 16: Provide the time period for which the Form 461 package should be posted on USAC's web site. Applicant can enter either the number of days (minimum 28 days) or specify an end date for the posting (must be at least 28 days after USAC posts the applicant's Form 461 package on the USAC website). USAC's system will only allow the applicant to enter a date that meets or exceeds the 28-day minimum requirement.

Line 17: Select the Category of Expense(s) requested. For more information on expense categories, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Line 17a: If the consortium filing this Form is seeking bids for only “Infrastructure/Outside Plant,” it is required to certify that it previously posted a Form 461 requesting the proposed services to be provided over leased/tariffed facilities or services, and the prior Form 461 resulted in no bids. See paragraph 73 of the Healthcare Connect Fund Order. Provide the Form 461 Application Number for the prior posting here.

Line 18: If an RFP is submitted, provide a brief summary of the RFP.

If an RFP is not being submitted, enter sufficient information in Line 18 regarding the desired services to enable an effective competitive bidding process, including, at a minimum, a summary of anticipated capabilities for the services being requested as well as usage level and usage time for each such capability. (See line 12a and associated instructions above.)

Applicants that include a particular vendor’s name, brand, product or service in the description must also use the words “or equivalent” in the description in order to avoid the appearance that the applicant has pre-selected the named vendor or intends to give the vendor preference in the bidding process.

Line 19: Identify the primary point of contact that can provide additional technical details or answer specific questions from potential vendors about the requested services. Indicate if it is the Project Coordinator or Assistant Project Coordinator from Block 4 of the Form 460 or “other.” If “other,” provide the required contact information in Line 19a.

D. Block 4: Declaration of Assistance (to be completed by all applicants)

Line 20: Select whether any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the Forms 460 or 461, RFP, bid evaluation, or network plan. An outside expert is anyone who is not an employee of the Consortium Leader, consortium member, or HCP (if applying individually). An employee of the Consortium Leader, consortium member, or HCP (if applying individually) may be considered an “outside expert” if he or she helped prepare the Form 460 or 461 outside of the scope of his or her employment.

Line 21: If the applicant, selected “yes” in line 20, list the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the Forms 460, 461, RFP, bid evaluation, or network plan. Include the person’s name, title, employer, address, and organization type (such as consulting firm).

E. Block 5: Bid Evaluation (to be completed by all applicants)

Line 22: List the selection criteria that will be used to demonstrate how the applicant will choose the most “cost-effective” bid received as a result of this request for services. The applicant must develop a scoring matrix, or a list of weighted evaluation criteria, that will be used to evaluate bids. Price must be a primary factor, but need not be the only primary factor. However, no single factor may receive a weight greater than price. Some examples of other evaluation criteria include, but are not limited to, bandwidth, quality of transmission, reliability, previous experience with the service provider, and technical support. The applicant must then assign weights (with total weight equaling 100%) to the criteria and list both the weights and

criteria in Block 5. Any RFP associated with this request for services must also include this list of weighted evaluation criteria.

F. Block 6: Additional Documentation (to be completed by all applicants)

Line 23: Provide a list of all supporting documentation submitted with this Form 461.

Request for Proposal: Applicants must submit an RFP with its Form 461 if one or more of the following apply:

- The consortium is seeking more than \$100,000 in program support in a funding year.
- The applicant is required to issue an RFP under applicable state, Tribal, or local procurement rules or regulations.
- The consortium is seeking support for infrastructure (*i.e.*, HCP-owned facilities) as well as services. Note that applicants seeking support for long-term capital investments, such as HCP-constructed infrastructure or fiber IRUs, must also seek bids in the same RFP from vendors who propose to meet those needs via services provided over vendor-owned facilities for a time period comparable to the life of the proposed capital investment.
- The applicant elects to use an RFP in the competitive bidding process.

Example RFPs can be found at <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Network Plan: A consortium applicant must submit a narrative of its network plan that includes the following information:

- Goals and objectives of the proposed network,
- Strategy for aggregating the specific needs of the HCPs (including providers that serve rural areas) within a state or region,
- Strategy for leveraging existing technology to adopt the most efficient and cost-effective means of connecting those providers,
- How the broadband services will be used to improve or provide health care delivery,
- Any previous experience in developing and managing health IT (including telemedicine) programs, and
- A project management plan outlining the consortium's leadership and management structure and a work plan, schedule, and budget.

Consortium applicants are required to use program support for the purposes described in their narrative. An applicant will have the opportunity to amend its narrative, if needed, when it submits its request for funding commitment.

Letters of Agency: Consortium applications must include or have on file letters of agency (LOAs) demonstrating that the Consortium Leader is authorized to submit the request for services (Form 461) on behalf of each HCP listed in Line 14 of this Form 461. See 47 C.F.R. § 54.632(a)(1).

G. Block 7: Certifications (to be completed by all applicants)

Applicant is required to provide certifications in lines 24-37 in order to receive Healthcare Connect Fund support. For individual HCP applicants, certifications must be signed by an officer or director of the HCP or other authorized employee of the HCP. For consortium

applicants, an officer, director, or other authorized employee of the Consortium Leader must sign the required certification. See 47 C.F.R. § 54.649.

A third-party (e.g., consultant) is prohibited from certifying, signing, or submitting the Form 462, unless USAC receives, prior to the submission of the form, a written, dated, and signed authorization from the relevant officer, director, or other authorized employee stating that the individual HCP or Consortium Leader accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party. If not previously provided to USAC, submit any such required letter of authorization to USAC and obtain USAC approval *before* signing and submitting this form.

Line 24: Certifies that applicant's representative is authorized to submit this form on behalf of the consortium or HCP.

Line 25: Certifies that the information provided in this form and in any attachments is true and correct.

Line 26: Certifies that applicant has followed applicable state, Tribal, or local procurement rules.

Line 27: Certifies that applicant will only use Healthcare Connect Fund support for purposes reasonably related to the provision of healthcare service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided. In addition, the applicant certifies that the supported connection(s) and network equipment will not be sold, resold, or transferred in consideration for money or any other thing of value.

Line 28: Certifies that the applicant satisfies all of the requirements under Section 254 of the Act and applicable Commission rules.

Line 29: Certifies that applicant has reviewed all program requirements and will comply with those requirements.

Line 30: Certifies that all documentation associated with the form will be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648. Documentation includes all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received.

Lines 31-38: Requires the electronic signature, name, contact information, and employer's FCC RN for the person authorized to sign on behalf of the individual HCP or the Consortium Leader. The name, contact information, and employer's FCC RN will be auto populated based on who is logged in and completing this form.

IV. REMINDERS

- This Form 461 must be submitted and the competitive bidding process completed before USAC may provide support for the requested services, network equipment, and/or infrastructure.
- Incomplete forms or forms missing required documentation will not be processed. For assistance in completing this form, contact USAC RHC at 1-800-453-1546 or rhc-assist@usac.org.

**Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Funding Request Form**

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information	
1 Funding Year _____	2 Funding Request Number (FRN): _____
3 HCP Number: _____	4 Site Name/Consortium Name: _____
Block 2: Competitive Bidding Information	
5 FCC Form 461 Application Number: _____	
6 Allowable Contract Selection Date (ACSD): _____	
7 Number of vendors who bid: _____	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).	
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less	
<input type="checkbox"/> Government Master Services Agreement	Contract ID: _____ Friendly Name: _____
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID: _____ Friendly Name: _____
<input type="checkbox"/> Evergreen Contract	Contract ID: _____ Friendly Name: _____
<input type="checkbox"/> E-Rate Approved Contract	Contract ID: _____ Friendly Name: _____
Block 3: Vendor Information	
9 Service provider identification number (SPIN): _____	
10 Vendor name: _____	
Block 4: Type of Funding Request	
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application	
Block 5: Single Eligible Expense Request for Funding	
12 Category of Expense	13 Expense Type
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No If no, what is the upload bandwidth _____.
15 Circuit ID (optional)	What is the download bandwidth _____.
16 Percentage of expense eligible _____	
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No If yes, percentage of usage eligible _____	
18 Billing Account Number (BAN) _____	
19 Contract ID	19a Date contract signed _____
19b Expected service start date	19c Length of initial contract term _____
19d Number of contract extensions	19e Length of optional extension(s) combined _____
20 Circuit start location	21 Circuit end location _____
22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods _____
25 Undiscounted cost per expense period	26 Source of HCP contribution _____
27 One-time installation charges _____	

28 This contract contains a Service Level Agreement. ○ Yes ○ No	
If yes, provide the following information concerning the SLA in the contract:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Latency: c. Packet Loss: </div> <div style="width: 45%;"> b. Jitter: d. Reliability: </div> </div>
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)	
29 Total undiscounted cost for eligible recurring expenses	
30 Total undiscounted cost for eligible non-recurring expenses	
Block 7: Additional Documentation	
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.	
Type of Documentation	
a. _____	
b. _____	
c. _____	
Block 8: Request for Confidentiality	
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) ○ Yes ○ No	
Block 9: Certifications	
33 <input type="checkbox"/> I certify that I am authorized to submit this request on behalf of the health care provider or consortium.	
34 <input type="checkbox"/> I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.	
35 <input type="checkbox"/> I certify under penalty of perjury that the health care provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. Sec. 54.642(c).	
36 <input type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input type="checkbox"/> I certify that the health care provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input type="checkbox"/> I certify that the health care provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, 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.	
39 <input type="checkbox"/> I certify that I have reviewed all applicable requirements for the program and will comply with those requirements.	
40 <input type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.	
41 Signature	42 Date
43 Printed Name of Authorized Person	
44 Title/Position of Authorized Person	
45 Phone	46 Email
47 Employer	48 Employer's FCC RN

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information

is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

[illegible]

[illegible]

FCC Form 462 Instructions
Rural Health Care Universal Service
Healthcare Connect Fund
Funding Request Form

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I. PURPOSE OF FORM

The Federal Communications Commission (FCC) Form 462 is the funding commitment request under the Healthcare Connect Fund (Fund). After FCC Form 461 is posted and the competitive bidding process is completed, applicants must file Form 462 to request a funding commitment for the selected eligible services, network equipment, and/or facilities. The Form 462 provides the Universal Service Administrative Company (USAC) with information necessary to evaluate an applicant's funding request.

Applicants must complete and submit all forms online with USAC, not the FCC. See *Where to File* below for more information.

All applicants are encouraged to review the FCC's Healthcare Connect Fund Order, FCC 12-150, available at http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-12-150A1.pdf, and the FCC's rules at 47 C.F.R. § 54.600 *et seq.*, available at <http://www.ecfr.gov>.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

A. When to File

All applicants seeking a funding commitment must submit a Form 461 and complete the competitive bidding process prior to submitting a Form 462, except where covered by a competitive bidding exemption. After completing the required competitive bidding process, applicants should submit the Form 462 as soon as possible and in any event no later than the end of the funding year (June 30). Any applicant who submits a Form 462 after the last day of the funding year (June 30) will be denied funding for that funding year (July 1-June 30).

A consortium applicant may use a single Form 462 to request funding for all (or a subset) of the sites listed on the associated Form 461 (or that are covered by a particular competitive bidding exemption).

USAC will process and prioritize requests for funding on a rolling basis (according to the date of receipt) until the program funding cap established by the FCC is reached. In addition, USAC will specify a filing window period that treats all applicants filing within the window as if their Form 462 application were simultaneously received. Submitting a Form 462 during the filing window is not a guarantee of support; support is provided only for services in accordance with program rules and regulations. See 47 C.F.R. § 54.675.

B. Where to File

Applicants must complete and submit all forms online through USAC's RHC "My Portal" website at <https://forms.universalservice.org/usaclogin/login.asp>. Instructions on how to file electronically are also found at USAC's RHC website at www.usac.org/rhc. Applicants without adequate Internet access to submit the forms online should contact USAC's Rural Health Care Division (RHC) (1-800-453-1546 or rhc-assist@usac.org) to make alternative arrangements.

Do not file this or any other forms for the RHC program with the FCC.

C. Next Steps

Within 21 calendar days of the receipt of a complete Form 462 (including all required supporting documentation and responsive information), USAC will notify the applicant in writing of: (1) any

and all ministerial or clerical errors that it identifies in the funding commitment request, along with an explanation of how the applicant can remedy the errors; (2) any missing information; and (3) any other deficiencies that USAC finds, including any ineligible network components, or ineligible network components that are mislabeled in the funding request. If USAC needs additional time to complete its initial review, USAC will inform the applicant and provide the applicant with a date on or before which USAC plans to complete the initial review.

For purposes of meeting the Form 462 filing deadline (i.e., June 30), the applicant will have 14 calendar days from the date of receipt of the USAC written notice to amend or re-file its Form 462 for the sole purpose of correcting the errors identified by USAC. If the filing deadline has passed and the applicant fails to correct the identified errors by amending or re-filing its Form 462 within the 14-day period, USAC will deny the funding request.

For prioritization purposes, funding requests are deemed to have been filed when the applicant submits an application that is complete and without errors or deficiencies.

Upon completion of the review process, USAC will issue a funding commitment letter that details the requested expenses for which funding is committed. The funding commitment letter will also indicate if the contract has been deemed evergreen, and whether a multi-year commitment has been issued. To the extent the funding request does not comply with program rules and requirements, USAC will deny funding in whole, or in part, as appropriate. If the funding request is denied in full, USAC will issue a denial letter.

D. For More Information

Contact the RHC Help Desk at 1.800.453.1546 between 9:00 a.m. and 6:00 p.m. EST, Monday through Friday or at rhc-assist@usac.org.

III. SPECIFIC INSTRUCTIONS FOR FILING FORM 462

A. Block 1: General Information

Line 1: Enter the funding year for which funding is requested. For an applicant requesting a multi-year funding commitment, enter the first funding year for which funding is requested. If applying as an individual HCP and only seeking support for a single broadband connection, the applicant would use Line 22 (see Section III.E below) to indicate whether a multi-year funding commitment is sought. If applying as a consortium or as an individual HCP that is seeking support for multiple eligible expenses, the applicant would use Column AB on the Network Cost Worksheet (see Section III.G.6 below) to indicate whether a multi-year funding commitment is sought.

A funding year run from July 1 to June 30 (thus, funding year 2014 begins on July 1, 2014 and runs through June 30, 2015).

Line 2: If modifying a previously submitted funding request (Form 462), enter the Funding Request Number (FRN). USAC assigns each Form 462 a unique FRN after the form is completed and submitted. For a new Form 462, leave this line blank.

Note: An applicant may modify a previously submitted Form 462 prior to USAC's issuance of a funding commitment letter (FCL), but will be considered, for priority purposes, to have filed the Form 462 as of the date when the modified Form 462 (i.e., complete and without error or deficiency) is submitted to USAC. For example, an applicant certifies, signs, and submits its Form 462 on July 15. On August 1, prior to USAC issuing an FCL, the applicant modifies its

funding request by adding an additional eligible HCP site and associated eligible expenses. USAC would use the “August 1” date, rather than the “July 15” date, for purposes of prioritizing funding, if requests exceed the amount of available funding under the applicable funding caps. See 47 C.F.R. § 54.675.

Line 3: Enter the HCP Number for the Consortium (or, HCP, if applying individually) that is requesting funding. The HCP Number was issued by USAC when the applicant completed its Form 460.

Line 4: The Consortium or HCP Name associated with the above HCP Number. This field will be automatically populated. If the name is incorrect, submit an updated Form 460 to make any necessary corrections.

Reminder: Applicants must ensure all associated Form 460s are up to date and submit any required updates within 30 days of a material change. Examples of a material change include (1) a change in a site’s name, site location, contact information or eligible entity type, (2) for non-rural hospitals, an increase to 400 or more licensed patient beds, or (3) a change in any factor that would affect a cost allocation and/or fair share calculation. If in doubt, the applicant should contact USAC for additional guidance.

B. Block 2: Competitive Bidding Information

Line 5: Select the Form 461 associated with this application. Only one Form 461 may be associated with each Form 462. If claiming a competitive bidding exemption for this Form 462, select “N/A”. Note: If claiming a competitive bidding exemption for some expenses, but not for others, the applicant must file a separate Form 462 for the expenses not covered by a competitive bidding exemption.

Line 6: The Allowable Contract Selection Date (ACSD) is the first day in which an applicant may agree to or sign a contract with a vendor. This field is automatically populated based on the Form 461 selected above and is calculated based on the number of days the 461 was posted. The ACSD is no less than 29 calendar days after the date on which the Form 461 was posted on USAC’s website. Applicants cannot file a Form 462 until the ACSD is reached. If claiming a competitive bidding exemption, enter “N/A”.

Reminder: Unless covered by a competitive bidding exemption, an applicant must wait at least until its ACSD before it agrees to or signs a contract with a vendor. USAC provides the applicant with the ACSD for its Form 461 via the 461 Posting Notification Letter. An applicant may not agree to or sign a contract with a vendor until after the ACSD, but may discuss requirements, rates, and conditions with potential vendors prior to that date. Applicants who sign a service agreement or contract before the ACSD are not eligible for funding.

Line 7: Enter the number of vendors who bid on the request for services in response to the Form 461. If claiming a competitive bidding exemption, enter “N/A”.

Line 8 (Only complete if claiming a competitive bidding exemption): Select the competitive bidding exemption that applies to the eligible expense(s) for which support is requested on this Form 462. If the applicant has additional eligible expense(s) that qualify under a separate and distinct competitive bidding exemption, the applicant must file a separate Form 462 to request funding for those additional eligible expense(s). If the applicant has expenses that do not qualify for any competitive bidding exemption (i.e., that must be competitively bid), the applicant must file a separate Form 462 for those expenses and select the applicable Form 461 in Line 5

above. For example, an applicant is requesting funding for the purchase of certain eligible services from an “evergreen” contract. These eligible expenses would be submitted on one Form 462. The applicant also is requesting funding for additional eligible services that were not covered by the “evergreen” contract and thus have been competitively bid. These latter eligible expenses would be submitted on a second, separate Form 462 that identifies the required Form 461.

- Annual Undiscounted Cost of \$10,000 or Less: Applicants seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year (*i.e.* up to \$6,500 in Fund support) are exempt from the competitive bidding requirements. The exemption does not apply to multi-year contracts. Under this exemption, an applicant is restricted to a total of \$6,500 in annual Fund support for services that are not subject to another exemption. Services supported through the Telecommunications Program are not counted toward the \$10,000 limit.
- Government Master Services Agreement (MSA): Applicants purchasing services and/or network equipment from an MSA negotiated by federal, state, Tribal, or local government entities on behalf of applicant HCPs and others are exempt from the competitive bidding requirements, but only if such MSAs were awarded pursuant to applicable federal, state or local competitive bidding requirements. This exemption only applies to MSAs that were negotiated by, or under the direction of, government entities and that were subject to government competitive bidding requirements (“Government MSAs”). If applicant has previously submitted (and USAC has approved) this Government MSA, select the Contract ID assigned by USAC and the “friendly name” will be automatically populated. If applicant has not previously submitted this Government MSA, leave the Contract ID blank, enter a “friendly name” for the Government MSA, and submit (1) a copy of the Government MSA and (2) documentation that the MSA was subject to government competitive bidding requirements (e.g., a copy of the RFP that originated the Government MSA).
- MSA Approved under the RHC Pilot Program or Healthcare Connect Fund: Applicants purchasing services and/or equipment from MSAs (and extensions thereof) previously approved by USAC under the RHC Pilot Program or through the Healthcare Connect Fund (Pre-Approved MSA) are exempt from competitive bidding. The exemption is limited to those MSAs that were developed and negotiated from an RFP or request for services that specifically sought a mechanism to add additional sites to the network. Select the applicable Contract ID. The “friendly name” will be automatically populated for the Pre-Approved MSA ID selected.
- Evergreen Contracts: Applicants purchasing services from a contract designated by USAC as “evergreen” are exempt from the competitive bidding process until the contract expires. Select the applicable Contract ID. The “friendly name” will be automatically populated for the contract ID selected.
- E-Rate Approved Contracts: Applicants who enter into consortia with E-rate participants under 47 C.F.R. § 54.501(c)(1) and are purchasing services and/or equipment from a master contract approved under the E-rate program are exempt from the competitive bidding requirements. If applicant has previously submitted the E-Rate Approved Contract, select the applicable Contract ID and the “friendly name” will be automatically populated. If applicant has not previously submitted the E-Rate Approved Contract,

leave the Contract ID blank, enter a “friendly name” for the E-Rate Approved Contract, and submit (1) a copy of the contract and (2) a copy of the E-rate program approval.

C. Block 3: Vendor Information

Line 9: Enter the selected vendor’s Service Provider Identification Number (SPIN). If an applicant is requesting support for eligible expenses from more than one vendor, the applicant must submit a separate Form 462 for each vendor.

Vendors can obtain a SPIN by submitting the FCC Form 498 (Service Provider Identification Number and General Contact Information Form). Vendors must complete this form and receive a SPIN before USAC can authorize support payments. Applicants who do not know their vendor’s SPIN should contact their selected vendor and obtain the vendor’s SPIN before submitting their Form 462.

Line 10: The Vendor name will be automatically populated based on the SPIN entered above.

D. Block 4: Type of Funding Request

Line 11: Check the appropriate box to indicate whether this funding request is for a single eligible expense for an individual HCP site; multiple eligible expenses for an individual HCP; or a Consortium. If the request is for a single broadband connection for an individual HCP, the applicant must complete Block 5. If the request is for multiple eligible expenses or for a Consortium, the applicant must complete Block 6 and the Network Cost Worksheet (NCW).

E. Block 5: Single Service Request for Funding

Complete Block 5 only if the funding request is for a single broadband connection for an individual HCP site. Otherwise, leave Block 5 blank and complete Block 6 and the Network Cost Worksheet (NCW).

Line 12: Select the Category of Expense (e.g., Leased/Tariffed Facilities or Services) for which funding is requested. For more information on expense categories, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Line 13: Select the Expense Type (e.g., T-1, Ethernet) for which funding is requested. For more information on expense types, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Line 14: Enter the Bandwidth of the service selected in Line 13.

Line 14a: Indicate whether the Bandwidth of the service listed in Line 13 is symmetrical. If it is not, provide the upload and download bandwidths.

Line 15: Enter the Circuit ID, if available. The Circuit ID is a vendor-specific identifier assigned to the connection between two locations. The applicant should find the Circuit ID, if available, on the Vendor invoice.

Line 16: Enter the percentage of the expense that is eligible for support. If the entire expense is eligible, enter “100%”. For example, a vendor may provide a bundle that includes both broadband internet access service (eligible) and web-hosting (ineligible). Applicants seeking support for a service that includes both eligible and ineligible components must explicitly ask in their requests for services (Form 461) that vendors include pricing for a comparable service that

is made up of only eligible component(s). If the selected provider submits a price for the eligible component(s) on a stand-alone basis, enter the percentage in this column that reflects the price of the eligible component(s) on a stand-alone basis. If the selected provider does not provide stand-alone pricing for the eligible component(s), the applicant must allocate the costs between the eligible and ineligible components using a methodology that is based on objective and reasonable criteria. See 47 C.F.R. § 54.639(d). Applicants must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Line 17: Enter the percentage of the usage that is eligible for support. If all of the usage is eligible for support, enter “100%”. An applicant should use this column to indicate the portion of a connection that is eligible for support, when a connection is used by both eligible and ineligible sites. See 47 C.F.R. § 54.639(d)(1). In addition, if the applicant indicated on its Form 460 that this site is a “part-time eligible entity,” this column should be used to indicate the portion of usage that is eligible for support. An applicant must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Line 18: Enter the Billing Account Number (BAN), if available. The applicant typically can find the BAN on the vendor’s bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.

Line 19: USAC assigns each contract or service agreement a unique identifier. If the contract was previously provided to USAC, select the applicable Contract ID. Based on the Contract ID selected, Lines 19a-d will be automatically populated. If the applicant has not previously provided the contract to USAC, leave the Contract ID blank, enter a “friendly name” for the contract, and submit a copy of the contract.

Line 19a: Enter the date the contract or service agreement with the vendor was signed.

Line 19b: Enter the date broadband service is expected to start.

Line 19c: Enter the length of the initial contract term (that is, the length of the contract excluding any voluntary renewals). If it is a month-to-month contract, enter “N/A.”

Line 19d: If the contract includes voluntary options to extend the term of the contract, enter the number of such voluntary options. If the contract does not include any voluntary options, enter “N/A”.

Line 19e: If the contract includes one or more voluntary options to extend the term of the contract, enter the combined length of all the voluntary options. If the contract does not include any voluntary options, enter “N/A”.

Line 20: Enter the physical location where the circuit originates. If the circuit start location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit begins.

Line 21: Enter the physical location where the circuit terminates, if applicable. If the circuit end location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit ends.

Line 22: Indicate whether applicant is seeking a multi- year funding commitment. Applicants who are exempt from competitive bidding because they are seeking support for \$10,000 or less of annual undiscounted costs are not eligible for multi-year funding commitments.

Line 23: Select the frequency of the expense for which support is sought. The applicant may specify the Expense Frequency as monthly, quarterly, semi-annual, annual, etc.

Line 24: Enter the Quantity of Expense Periods for which support is requested. If the Expense Frequency (Line 23) is “monthly”, enter the number of months for which support is requested. If the applicant has also requested a multi-year funding commitment, an applicant may request support for up to 36 months. However, the multi-year funding commitment may not cover more than three funding years and may not extend beyond the initial expiration date of the contract (Line 19c). Based on Line 19b (Expected Broadband Start Date), Line 23 (Expense Frequency), and Line 19c (Expiration Date of Initial Term), the number of expense periods will be automatically limited to ensure the requested funding commitment does not exceed three funding years.

Line 25: Enter the Undiscounted Cost per Expense Period, including any applicable taxes or surcharges. For example, if the applicant is requesting monthly support for a single connection (e.g., a single T-1), enter the monthly undiscounted cost of the connection, including any applicable taxes or surcharges.

Line 26: Enter the source of the HCP’s 35 percent contribution. Only funds from eligible sources may be applied toward the HCP’s required contribution. Eligible sources include funding from the applicant or eligible HCP participants; state grants, funding, or appropriations; federal funding, grants, loans, or appropriations except for other federal universal service funding; Tribal government funding; and other grant funding including private grants. Any other source is not an eligible source of funding towards the participant’s required contribution. See 47 C.F.R. § 54.633(b).

Line 27: Enter any one-time installation charges, including any applicable taxes or surcharges. Support is available for reasonable and customary installation charges for broadband services, up to an undiscounted cost of \$5,000 per HCP. See 47 C.F.R. § 54.634(d).

Line 28: Indicate whether the applicant’s contract with the vendor includes a Service Level Agreement (SLA). If “yes”, enter the following broadband performance metrics, if available:

Line 28a: Latency: Enter the latency (in milliseconds), as specified.

Line 28b: Jitter is defined as the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream. Enter the maximum range (in milliseconds) in end-to-end delay.

Line 28c: Packet loss is defined as the percentage of packets that are dropped or discarded before reaching their destination. Enter the maximum packet loss rate as a percentage.

Line 28d: Reliability: Enter the guaranteed availability (as a percentage) of end-to-end network functionality.

F. Block 6: Multi-Service and Consortium Requests for Funding

Complete Block 6 and the Network Cost Worksheet (NCW), if applicant is an individual HCP site seeking funding for multiple eligible expenses or if applicant is a Consortium. Otherwise, leave Block 6 and the NCW blank and complete Block 5 instead.

Applicant will be prompted for information regarding HCPs, contracts, quality of service, circuits, services received, finances, and multi-year funding commitments. Specific details on information requested from applicants in the NCW are listed below under Section III.G.

Line 29: Total undiscounted cost for eligible recurring expenses is automatically calculated by summing Column AH (Total Eligible Undiscounted Cost) for all line items on the NCW with an Expense Frequency (Column AC) other than “one-time”.

Line 30: Total undiscounted cost for eligible non-recurring expenses is automatically calculated by summing Column AH (Total Eligible Undiscounted Cost) for all line items on the NCW with an Expense Frequency (Column AC) equal to “one-time”.

G. Network Cost Worksheet (NCW)

Each eligible expense for which the applicant is requesting funding should be listed on a separate row.

1. Site Information

Column A – HCP Number: Enter the HCP Number for the site associated with the eligible expense for which funding is requested. An applicant may enter the same HCP Number in multiple lines.

Consortium applicants may enter multiple sites, on a single Form 462, as long as the sites (and expenses) are associated with the same Form 461 (or qualify under the same competitive bidding exemption). The Consortium Leader must have a active LOA on file for the participating HCPs that gives the Leader authorization to file the Form 462 for that HCP. The Consortium Leader can update the LOA on file by submitting an updated Consortium 460.

Column B – Site Name: The name of the site (automatically populated based on the HCP number entered). If the name is incorrect, the applicant must submit an updated Form 460 to correct the error.

2. Contract Information

Column C – Contract ID: USAC assigns each contract or service agreement a unique identifier. If the contract was previously provided to USAC, select the applicable Contract ID. Based on the Contract ID selected, Column D through Column H will be automatically populated. If the applicant has not previously provided the contract to USAC, leave the Contract ID blank, enter the required information for Column D through Column H for the contract, and submit a copy of the contract.

Column D – Contract Friendly Name: Enter a friendly name for the contract that will enable the applicant to recognize the contract in the future.

Column E – Date Contract Signed/Vendor Selected: Enter the date the contract or service agreement with the vendor was signed.

Column F – Length of Initial Contract Term: Enter the date the initial term of the contract will expire (that is, before any voluntary renewals). If it is a month-to-month contract, select “month-to-month.”

Column G – Number of Contract Extensions: If the contract includes voluntary options to extend the term of the contract, enter the number of such voluntary options. If the contract does not include any voluntary options, enter “N/A”.

Column H – Length of Optional Extension(s) Combined: If the contract includes one or more voluntary options to extend the term of the contract, enter the combined length of all the voluntary options. If the contract does not include any voluntary options, enter “N/A”.

3. Eligible Expense Information (Cont’d)

Column I – Billing Account Number: Enter the Billing Account Number (BAN), if available. The applicant typically can find the BAN on the vendor’s bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.

Column J – Category of Expense: Select the Category of Expense (e.g., Leased/Tariffed Facilities or Services, Network Equipment) for which the applicant is requesting funding. For more information on expense categories, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Column K – Expense Type: Select the Expense Type (e.g., T-1, Ethernet, network router) for which applicant is requesting funding. For more information on expense types, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Column L – Explanation of Eligible Expense: Enter a brief explanation of the expense for which support is requested, including the page number(s), section number(s), and/or paragraph number(s) of the contract or service agreement where the eligible expense is described.

Column M – Symmetrical Bandwidth: Indicate whether the bandwidth is symmetrical (i.e., the upload and download speeds are equal). If bandwidth is not applicable for the line item, enter “N/A”.

Column N – Upload Speed: Enter the upload speed in megabits per second (Mbps).

Column O – Download Speed: Enter the download speed in Mbps. If the applicant has indicated that the bandwidth is symmetrical, then the download speed will be auto populated with the value entered in Column N (Upload Speed).

Column P – Expected Broadband Service Start Date/Shipping Date or Last Day of Work: Enter the expected date (i) the broadband service will start, (ii) the network equipment will ship to the customer, or (iii) the work will be completed, as applicable to the expense.

4. Quality of Service Guarantees (if applicable and available)

Column Q – Service Level Agreement: Indicate whether the applicant’s contract with the vendor includes a Service Level Agreement (SLA) applicable to the expense described in the line item. If “yes”, enter the following broadband performance metrics, if available:

Column R – Latency: Enter the latency (in milliseconds), as specified.

Column S – Jitter: Jitter is defined as the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream. Enter the maximum range (in milliseconds) in end-to-end delay.

Column T - Packet Loss: Enter the maximum rate (as a percentage) of packets that are dropped or discarded before reaching their destination.

Column U – Reliability: Enter the guaranteed availability (as a percentage) of end-to-end network functionality.

5. Circuit Information (if applicable)

Column V – Circuit ID (if available): Enter the circuit ID, if available. The circuit ID is a vendor-specific identifier assigned to the network between two locations. The applicant should find the Circuit ID, if available, on the Vendor invoice.

Column W – Circuit Start Location (if applicable): Enter the physical location where the circuit originates, if applicable. If the circuit start location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit begins.

Column X – Circuit End Location (if applicable): Enter the physical location where the circuit terminates, if applicable. If the circuit end location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit ends.

Column Y – Total Number of Fiber Strands (if applicable): Enter the total number of fiber strands that are part of the fiber lease or similar agreement for this line item. Only complete this field if the applicant is requesting support for a lease of dark or lit fiber under this line item. See 47 C.F.R. § 54.634(b)-(c).

Column Z – Number of Fiber Strands Eligible for Support (if applicable): Enter the number of fiber strands that are eligible for support. Only fiber strands that are activated and used (e.g., “lit”) are eligible for support. Only complete this field if the applicant is requesting support for a lease of dark or lit fiber under this line item. See 47 C.F.R. § 54.634(b)-(c).

6. Financial Information

Column AA – Quantity of Items: Enter the Quantity of Items applicant is requesting under this line item. For example, if applicant is requesting two routers, enter “2” under Quantity of Items. If applicant is requesting support for a single connection (e.g., circuit), enter “1” under Quantity of Items.

Column AB – Multi-Year Funding Request: Indicate whether applicant is seeking a multi-funding year commitment for this line item.

Column AC – Expense Frequency: Select the frequency of the expense for which support is sought. For example, the applicant may specify the Expense Frequency as one-time, monthly, quarterly, semi-annual, annual, etc.

Column AD – Quantity of Expense Periods: Enter the quantity of expense periods for which support is requested. For example, if the Expense Frequency is “one-time”, enter “1”. If the Expense Frequency is “monthly”, enter the number of months for which support is requested. If the applicant has requested a multi-year funding commitment, an applicant may request support for up to three funding years. The multi-year funding commitment may not exceed three funding years and may not extend beyond the expiration date of the initial term of the contract. Based on Column P (Expected Broadband Start Date), Column AC (Expense Frequency), and Column

F (Length of Initial Contract Term), the number of expense periods will be automatically limited to ensure the requested funding commitment does not exceed three funding years.

Column AE – Undiscounted Cost per Item, per Expense Period: Enter the undiscounted cost for each item, per expense period, including any applicable taxes or surcharges. For example, if the applicant is requesting monthly support for a single connection (e.g., a single T-1) under this line item, enter the monthly undiscounted cost of the connection, including any applicable taxes or surcharges. If the applicant is requesting support for the purchase of two network routers under this line item, enter the one-time, non-recurring undiscounted cost per network router.

Column AF – Percentage of Expense Eligible: Enter the percentage of the expense that is eligible for support. If the entire expense is eligible, enter “100%”. For example, a vendor may provide a bundle that includes both broadband internet access service (eligible) and web-hosting (ineligible). Applicants seeking support for such a service (or piece of equipment) that includes both eligible and ineligible components must explicitly ask in their requests for services (Form 461 or RFPs) that vendors include pricing for a comparable service (or piece of equipment) that is made up of only one or more eligible components. If the selected provider submits a price for the eligible component(s) on a stand-alone basis, enter the percentage in this column that reflects the price of the eligible component(s) on a stand-alone basis. If the selected provider does not provide stand-alone pricing for the eligible component(s), the applicant must allocate the costs between the eligible and ineligible components using a methodology that is based on objective and reasonable criteria. See 47 C.F.R. § 54.639(d). Applicants must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Column AG – Percentage of Usage Eligible: Enter the percentage of the usage that is eligible for support. If all of the usage is eligible, enter “100%”. An applicant should use this column to indicate the eligible portion of a connection (or network equipment) that is used by both eligible and ineligible sites. See 47 C.F.R. § 54.639(d)(1). In addition, if the applicant indicated on its Form 460 that this site is a “part-time eligible entity,” this column should be used to indicate the portion of usage that is eligible for support. An applicant must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Column AH – Total Eligible Undiscounted Cost: The Total Undiscounted Cost will be calculated automatically by multiplying Column AA (Quantity of Items), by Column AD (Quantity of Expense Periods), by Column AE (Undiscounted Cost per Item, per Expense Period), by Column AF (Percentage of Expense Eligible), and by Column AG (Percentage of Usage Eligible).

Column AI – Source of HCP Contribution: Enter the source of the HCP’s 35 percent contribution. Only funds from eligible sources may be applied toward the HCP’s required contribution. Eligible sources include: funds from the applicant or eligible HCP participants; state grants, funding, or appropriations; federal funding, grants, loans, or appropriations except for other federal universal service funding; Tribal government funding; and other grant funding including private grants. Any other source is not an eligible source of funding towards the participant’s required contribution.

H. Block 7: Additional Documentation

Line 31: Consortium and individual HCP applicants must submit the following documentation.

- Contracts or other documentation. All applicants must submit a signed contract or other documentation that clearly identifies the vendor(s) selected and the health care provider(s) who will receive the services, equipment, or facilities; the service, bandwidth, and costs for which support is being requested; and the term of the service agreement(s) if applicable. See 47 C.F.R. §54.643(a)(3) for additional detail.
- Competitive bidding documents. Applicants must submit documentation to support their certifications that they have selected the most cost-effective option, including a copy of each bid received (winning, losing, and disqualified), the bid evaluation criteria, and the following documents (as applicable): bid evaluation sheets; a list of people who evaluated bids (along with their title/role/relationship to the applicant organization); memos, board minutes, or similar documents related to the vendor selection/award; copies of notices to winners; and any correspondence with vendors during the bidding/evaluation/award phase of the process. Applicants who claim a competitive bidding exemption must submit relevant documentation to allow the Administrator to verify that the applicant is eligible for the claimed exemption. See 47 C.F.R. §54.643(a)(4).
- Written descriptions of cost allocations (if applicable). Where applicable, applicants must submit a description of how costs will be allocated for ineligible entities or components, as well as any agreements that memorialize such arrangements with ineligible entities. See 47 C.F.R. § 54.643(a)(5).

Consortium applicants must also submit the following documentation.

- Any revisions to the financial agreement, if submitted with the 460. Any revision or modification to a financial agreement previously approved by USAC may not become effective until those revisions are approved by USAC. See paragraph 206 of the Healthcare Connect Fund Order.
- Any revisions to the network plan submitted with the Form 461. See 47 C.F.R. § 54.643(a)(6)(i).
- Evidence of a viable source for the 35 percent contribution. See 47 C.F.R. § 54.643(a)(6)(iii).
- Sustainability plans (for consortium applicants requesting support for long-term capital expenses). See 47 C.F.R. § 54.643(a)(6)(iv).
- Any revisions to sustainability plans previously submitted. See 47 C.F.R. § 54.643(a)(6)(v).

Letters of Agency (Consortium Applicants Only): If not previously submitted, the Consortium Leader must include with this Form 462 the required letters of agency (LOAs) demonstrating that the Consortium Leader is authorized to submit the funding request (Form 462) and manage invoicing and payments (Form 463) on behalf of each HCP included in the NCW of this Form 462. See 47 C.F.R. § 54.632(a)(2).

I. Block 8: Request for Confidentiality

Line 32: Indicate whether applicant is requesting that commercial and financial information submitted with the Form 462 and any associated Form 463 be treated as confidential. See 47

C.F.R. § 0.459(a)(4). By checking “Yes”, applicant is requesting nondisclosure only of the following commercial and financial information: (i) Line 25 (Undiscounted Cost per Expense Period), Line 27 (One-Time Installation Charges), Line 29 (Total Undiscounted Cost for Eligible Recurring Expenses), and Line 30 (Total Undiscounted Cost for Eligible Non-Recurring Expenses) of this Form 462; (ii) Column AE (Undiscounted Cost per Item, per Expense Period) and Column AH (Total Eligible Undiscounted Cost) on the associated NCW; and (iii) Line 9 (Total Invoice Amount), Column L (Total Cost Invoiced (Undiscounted)), Column O (Total Eligible Actual Cost (Undiscounted)), and Column P (USF Support Amount to be Paid) of the associated Form 463(s).

In addition, by checking “Yes”, the requested non-disclosure will also include the following supporting documents submitted with the Form 462: (i) contracts or other documentation, 47 C.F.R. §54.643(a)(3); (ii) competitive bidding documents, 47 C.F.R. §54.643(a)(4); and (iii) written descriptions of cost allocations, 47 C.F.R. § 54.643(a)(5).

Requesting confidential treatment of the above commercial and financial information does not guarantee non-disclosure. All decisions regarding disclosure of company-specific information will be made by the FCC. See 47 C.F.R. § 0.459.

If the applicant would like to request non-disclosure and confidential treatment of information beyond what is set forth above, the applicant may file a formal request for confidential treatment of that additional information pursuant to 47 C.F.R. § 0.459.

J. Block 9: Certifications

Applicant is required to provide certifications in lines 33-40 in order to receive Healthcare Connect Fund support. For individual HCP applicants, certifications must be signed by an officer or director of the HCP or other authorized employee of the HCP. For consortia applicants, an officer, director, or other authorized employee of the Consortium Leader must sign the required certification. See 47 C.F.R. § 54.649.

A third-party (e.g., consultant) is prohibited from certifying, signing, or submitting the Form 462, unless USAC receives, prior to the submission of the form, a written, dated, and signed authorization from the relevant officer, director, or other authorized employee stating that the individual HCP or Consortium Leader accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party. If not previously provided to USAC, submit any such required letter of authorization to USAC and obtain USAC approval before signing and submitting this form.

Line 33: Certifies that applicant's representative is authorized to submit the request on behalf of the consortium or HCP.

Line 34: Certifies that the information provided in the Form 462 is true and correct.

Line 35: Certifies that applicant has considered all bids received and has selected the most cost-effective method of providing the services. The most cost-effective method is defined as “the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services.” See 47 C.F.R. § 54.642(c).

Line 36: Certifies that applicant will use Healthcare Connect Fund support only for eligible program purposes.

Line 37: Certifies that applicant is not requesting support from both the Telecommunications Program and the Healthcare Connect Fund for the same services.

Line 38: Certifies that applicant has satisfied all of the requirements under 47 U.S.C. § 254 and applicable FCC rules, and that the applicant understands that any letter from USAC that erroneously commits funds for the benefit of the applicant may be subject to rescission.

Line 39: Certifies that applicant has reviewed all applicable program requirements and will comply with those requirements.

Line 40: Certifies that all documentation associated with the form will be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648. Documentation includes all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received.

Lines 41-48: Requires the electronic signature, name, contact information, and employer's FCC RN for the person authorized to sign on behalf of the individual HCP or the Consortium Leader. The name, contact information, and employer's FCC RN will be auto populated based on who is logged in and completing this form.

IV. REMINDERS

- This form 462 must be received by the last day of the funding year (June 30). Applicants who submit this form after June 30th will not be eligible for support for services (or any other expenses) received during the preceding funding year (July 1-June 30).
- Incomplete forms or forms missing required documentation will not be processed. For assistance in completing this form, contact USAC RHC at 1-800-453-1546 or rhc-assist@usac.org.

Invoice and Request for Disbursement Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block One: General Information			
Line 1: RHC Invoice Number		Line 6: Vendor/Applicant Invoice Number	
Line 2: FRN		Line 7: SPIN	
Line 3: HCP Number		Line 8: Vendor Name	
Line 4: Site/Consortium Name		Line 9: Total Invoice Amount	
Line 5: Funding Year:			

[illegible]

Block Five: Supporting Documentation

Line 10: Applicants and/or vendor may, if they so choose, attach supporting documentation, including, but not limited to, a copy of the bill(s) for the line item(s) being submitted on this Form 463. By providing copies of the bills and/or supporting documentation, the applicant and vendor will ensure that USAC has such documentation available for any future audit. See 47 C.F.R. § 54.648

Block Six: Vendor Certifications and Signatures

- ☐ Line 11: I certify that I am authorized to submit this Form 463 on behalf of the vendor.
- ☐ Line 12: I understand that the vendor must apply the amount submitted, approved, and paid by USAC (Column P - USF support amount to be Paid) to the billing account of the health care provider(s) and FRN/FRN IDs listed on this invoice.
- ☐ Line 13: I declare under penalty of perjury that I have examined this form and attachments to the best of my knowledge, information, and belief, the dates, quantities, and costs provided under Block three of this Form 463 are true and correct.

Line 14: Signature	Line 15: Date
Line 16: Printed Name of Authorized Person	
Line 17: Title/Position of Authorized Person	
Line 18: Phone	Line 19: Email
Line 20: Employer	Line 21: Employer's FCC RN

Block Seven: Applicant Certifications and Signatures

- ☐ Line 22: I certify that I am authorized to submit this Form 463 on behalf of the healthcare provider or consortium.
- ☐ Line 23: I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained on this Form 463 is true and correct.
- ☐ Line 24: I declare under penalty of perjury that the HCP or consortium members have received the related services, network equipment, and/or facilities itemized on this Form 463.
- ☐ Line 25: I declare under penalty of perjury that the required 35 percent minimum contribution for each item on the Form 463 was funded by eligible sources as defined in the FCC rules and that the required contribution was remitted to the vendor.

Line 26: Signature	Line 27: Date
Line 28: Printed Name of Authorized Person	
Line 29: Title/Position of Authorized Person	
Line 30: Phone	Line 31: Email
Line 32: Employer	Line 33: Employer's FCC RN

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

FCC Form 463 Instructions
Rural Health Care Universal Service
Healthcare Connect Fund
Invoice and Request for Disbursement Form

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I. PURPOSE OF FORM

The Federal Communications Commission (FCC) Form 463 is the invoice that serves as the request to Universal Service Administrative Company (USAC) for the disbursement of funding from the Healthcare Connect Fund (Fund) for the services, equipment, and/or facilities set forth in an applicant's funding commitment letter. The filing of the Form 463 is a joint process between the applicant (Consortium Leader or HCP, if participating individually) and the vendor (service provider). The applicant initiates the filing of the Form 463, but the vendor has the opportunity to review and revise the Form 463 before it is submitted to USAC for processing and payment. Prior to submission of Form 463, the consortium (or, HCP, if participating individually) must certify that the form is accurate and that the consortium or HCP has paid its required 35 percent contribution. The vendor must also certify to the accuracy of the form.

If the applicant requested confidential treatment and non-disclosure of commercial and financial information in Line 32 of the associated FCC Form 462, that request will cover the information provided in Line 9 (Total Invoice Amount), Column L (Total Cost Invoiced (Undiscounted), Column O (Total Eligible Actual Cost (Undiscounted)), and Column P (USF Support Amount to be Paid) of this Form 463.

Applicants must file all forms with USAC, not the FCC. See *Where to File* below for more information.

All applicants are encouraged to review the FCC's Healthcare Connect Fund Order, FCC 12-150, available at http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-12-150A1.pdf, and the FCC's rules at 47 C.F.R. § 54.600 et seq., available at <http://www.ecfr.gov>.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

A. Who Must File

Filing the Form 463 requires the participation of both the vendor (service provider) and the applicant. To start the filing process, the applicant must first complete the Form 463. The applicant must also certify to the form's accuracy and that it has paid its 35 percent required contribution to the vendor. After the applicant has completed the form and made the required certifications, it must electronically submit the form to USAC.

Upon receipt of the completed Form 463 from the applicant, USAC will electronically notify the vendor that the invoice is ready for review. The vendor must then review and certify to the form's accuracy and that it has credited the applicant's account with the amounts listed in Column U (USF Support Amount to be Paid) on the Form 463 (the portion of total costs to be supported by the Healthcare Connect Fund for each line item). After the vendor has made its certifications, it should electronically re-submit the form to USAC. If the vendor makes any revisions to the Form 463 (including the attachment of any supporting documentation), the applicant must review and re-certify the form before USAC will begin processing it. See *Where to File* below for more details.

B. When to File

The applicant and vendor should seek to submit a completed Form 463 as soon as possible. The Form 463 may only be submitted after:

- The applicant receives a funding commitment,
- The vendor has installed/started/commenced the requested services, network equipment, and/or facilities, as applicable, and
- The applicant has received a bill from the vendor.

The applicant and vendor must file all necessary Form 463(s) within six months after the end date of the funding commitment, as specified on the funding commitment letter issued by USAC. The deadline normally will be six months after the end of the funding year unless the funding commitment is multi-year.

C. Where to File

Applicants and vendors are required to complete and submit the Form 463 online through USAC's Rural Health Care (RHC) "My Portal" website at <https://forms.universalservice.org/usaclogin/login.asp>. Instructions on how to file electronically are also found at USAC's RHC website at <http://www.usac.org/rhc/healthcare-connect/default.aspx>. Applicants without adequate Internet access to submit the forms online should contact USAC's Rural Health Care Division (RHC) (1-800-453-1546 or rhc-assist@usac.org) to make alternative arrangements.

Do not file this or any other forms for the RHC program with the FCC.

D. Next Steps

Once the Form 463 has been reviewed and approved, the vendor will receive payment either directly or as an offset to its universal service contribution obligation, depending on which option the vendor selected on its FCC Form 498.

E. For More Information

Contact the RHC at 1-800-453-1546 between 9:00 a.m. and 6:00 p.m. EST, Monday through Friday or at rhc-assist@usac.org).

III. SPECIFIC INSTRUCTIONS FOR FILING FORM 463

A. Block 1: General Information

Line 1: The RHC Invoice Number uniquely identifies each Form 463. USAC will generate this number.

Line 2: Enter the Funding Request Number (FRN) for which this Form 463 is seeking payment. The FRN is provided in the funding commitment letter. Each funding commitment letter has a unique FRN.

The remaining lines in Block 1, except for line 6 (Vendor or Applicant Invoice Number) and line 9 (Total Invoice Amount), will be automatically populated based on the FRN selected. If any of the automatically populated fields in Block 1 are incorrect, contact RHC (1-800-453-1546, rhc-assist@usac.org) to receive additional information on how to proceed.

Line 3: The HCP Number associated with the FRN. This will be the HCP number of the Consortium (or HCP, if participating individually).

Line 4: The Consortium or HCP Name associated with the above HCP Number.

Line 5: The Funding Year(s) associated with the FRN entered above.

Line 6 (Optional): Enter the Vendor or Applicant Invoice Number, if desired. This field enables the vendor and/or applicant to include an identifier to more easily track the Form 463 within the billing system of the vendor or applicant.

Line 7: The Service Provider Identification Number (SPIN) associated with the FRN entered above. The SPIN will be included in the funding commitment letter.

Line 8: The Vendor Name associated with the above SPIN. The Vendor Name will be included in the funding commitment letter.

Line 9: The Total Invoice Amount is the total amount that USAC will pay the vendor for services listed on this invoice. The total invoice amount is the sum of the values in Column P (USF Support Amount to be Paid). This value will be automatically calculated based on the values entered below in Columns I-L.

B. Block 2: Eligible Expenses

Column A – FRN ID: The Funding Request ID (FRN ID) is a separate and unique identifier associated with each line item for which the applicant is seeking support. The FRN ID for each line item is found in the funding commitment letter. Select the FRN ID(s) which will be submitted to USAC for disbursement on this invoice.

Note: An applicant must file a separate Form 463 for each separate funding commitment letter (FRN). Moreover, an applicant may not enter FRN ID(s) that are not associated with the FRN entered in Block 1. An applicant may submit a single Form 463 to cover more than one site as long as the sites and associated expenses (FRN IDs) are part of the same funding commitment letter.

The remaining columns in Block 2 will be automatically populated based on the FRN and FRN ID(s) selected. If any of the remaining fields in Block 2 are incorrect, contact RHC (1-800-453-1546, rhc-assist@usac.org) to receive additional information on how to proceed.

Column B – Billing Account Number (BAN): If provided on the Form 462, this field will be automatically populated. If it was not provided on the Form 462, the applicant will enter the BAN associated with the FRN ID upon the submission of the first invoice for that FRN ID. On subsequent invoices, the BAN will be pre-populated based on prior submission. The applicant

typically can find the BAN on the vendor's bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.

Column C – HCP Number: The HCP number of the site for which this line item is being submitted.

Column D – Site Name: The name of the site for which this line item is being submitted. The name must match the name on record for the HCP Number listed for this line item.

Column E – Category of Expense: The Category of Expense associated with the FRN ID.

Column F – Expense Type: The Expense Type associated with the FRN ID.

Column G – Bandwidth: The bandwidth, if applicable, for the line item.

C. Block 3: Dates, Quantities, and Costs

Column H – Service Start Date/Shipping Date or Last Day of Work: Enter the actual date the broadband service was started, the network equipment was shipped to the customer, or the last day of work was completed, as applicable.

Column I – Billing Period Start Date: Enter the first date of the billing period for this invoice, if applicable. If the eligible expense is for a non-recurring expense, enter "N/A."

Column J – Billing Period End Date: Enter the last date of the billing period for this invoice, if applicable. If the eligible expense is for a non-recurring expense, enter "N/A."

Column K – Quantity of Items Invoiced: Enter the quantity of items billed on this invoice. For example, if applicant is invoicing for two routers, enter "2". If applicant is invoicing for a single connection (e.g., circuit), enter "1".

Column L – Total Actual Cost Invoiced (Undiscounted): Enter the actual total undiscounted cost for the applicable billing period being submitted for disbursement on this invoice. For example, if the applicant is invoicing for a single month of recurring service, enter the **total actual cost** for the service, including any applicable taxes or surcharges. If the applicant has received multiple bills from its vendor for the applicable service that it is submitting for disbursement on a single invoice, calculate the **total actual cost**, including any applicable taxes and surcharges, for the applicable line item on **each bill** and **add together** to determine the **total actual cost** for the billing period.

D. Block 4: Calculation of Support Amount

Column M – Percentage of Expense Eligible: The percentage of expense eligible for support associated with the FRN ID. This is automatically populated based on the FRN ID selected.

Column N – Percentage of Usage Eligible: The percentage of usage eligible for support associated with the FRN ID. This is automatically populated based on the FRN ID selected.

If the percentage in Column M or N is incorrect, contact RHC (1-800-453-1546, rhc-assist@usac.org) to receive additional information on how to proceed.

Column O – Total Eligible Actual Cost (Undiscounted): The total amount of the expense that is eligible for USF support on this Form 463. The total eligible actual cost is automatically calculated by multiplying Column L (Total Actual Cost Invoiced (Undiscounted)) by Column M (Percentage of Expense Eligible) and by Column N (Percentage of Usage Eligible).

Column P – USF Support Amount to be Paid: The total amount that USAC will pay the vendor for this line item. The “USF Support Amount to be Paid” is capped at the support amount specified in the funding commitment letter (FCL). First, USAC will multiply Column O (Total Eligible Actual Cost (Undiscounted)) by the Fund discount percentage, as specified on the funding commitment letter. The discount percentage is normally 65 percent, but may be decreased if one or more of the funding caps are reached. See 47 C.F.R. § 54.675.

Second, USAC will pay the lesser of the calculated value and the support amount for the billing period specified in the FCL. If the calculated value exceeds the funds available for the FRN ID, the applicant may be able to pursue a reallocation of funds within the FRN. Contact RHC (1-800-453-1546, rhc-assist@usac.org) to receive additional information on how to proceed.

E. Block 5: Supporting Documentation

Line 10: Applicants and/or vendors may, if they so choose, attach supporting documentation, including, but not limited to, a copy of the bill(s) for the line item(s) being submitted on this Form 463. By providing copies of the bills and/or other supporting documentation, the applicant and/or vendor will ensure that USAC has such documentation for any future audit. See 47 C.F.R. § 54.648.

F. Block 6: Vendor Certifications and Signatures

The vendor representative must provide the certifications and signature in Block 6.

Line 11: Certifies that he or she is authorized to submit the Form 463 on behalf of the vendor.

Line 12: Acknowledges that the vendor must credit the health care provider(s) and FRN/FRN IDs listed on this invoice with the amount submitted, approved, and paid by USAC (Column P - USF support amount to be Paid).

Line 13: Certifies that the dates, quantities, and costs provided under Block 3 of this Form 463 are true and correct.

Lines 14-21: Requires the electronic signature, name, title, contact information, and employer's FCC RN for the person authorized to sign on behalf of the vendor.

G. Block 7: Applicant Certifications and Signatures:

Lines 22-25: The representative of the Consortium Leader (or, HCP, if participating individually) must certify that: (1) he or she is authorized to submit the Form 463 on behalf of the

health care provider or consortium, (2) the information provided on the Form 463 is true and correct, (3) the HCP or consortium members have received the related services, network equipment, and/or facilities itemized on the Form 463, and (4) the required 35 percent minimum applicant contribution for each item on the Form 463 was funded by eligible sources as defined in the FCC rules and that the required contribution has been remitted to the vendor.

Note: For consortium applicants, if the individual participating entities are paying the 35 percent minimum contribution directly to the vendor, the Consortium Leader must verify that the 35 percent has been paid by the participating entity before certifying and submitting this form.

Lines 26-33: Requires the electronic signature, name, title, contact information, and employer's FCC Registration Number (FCC RN) for the person authorized to sign on behalf of the individual HCP or the Consortium Leader. The name, contact information, and employer's FCC RN will be auto populated based on who is logged in and completing this form. .

For an individual HCP, an officer or director of the HCP or other authorized employee of the HCP must sign the required certifications (a letter of authorization (LOA) must be on record, if not an employee of the HCP). For a consortium, an officer, director or other authorized employee of the Consortium Leader must sign the required certifications (an LOA must be on record, if not an employee of the Consortium Leader).

IV. REMINDERS

- The applicant and vendor must complete the required Form 463(s) within six months after the end of the funding commitment. The exact deadline is specified on the funding commitment letter.
- USAC will not accept incomplete forms. For assistance in completing this form, contact USAC RHC at 1-800-453-1546 or rhc-assist@usac.org.

Health Care Providers Universal Service Description of Services Requested & Certification Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Form 465 Application Number (assigned by RHCD)

Block 1: HCP Location Information

Information required in this block applies to the **physical location** of the HCP. Do not enter a "PO Box" or "Rural Route" address.

1 HCP Number	2 Consortium Name		
3 HCP Name	4 HCP FCC Registration Number (FCC RN)		
5 Contact Name			
6 Address Line 1			
7 Address Line 2		8 County	
9 City	10 State	11 ZIP Code	
12 Phone #	13 Fax #	14 Email	

Block 2: HCP Mailing Contact Information

15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location described in Block 1?		<input type="checkbox"/> Yes, complete Block 2 <input type="checkbox"/> No, go to Block 3.	
16 Contact Name		17 Organization	
18 Address Line 1			
19 Address Line 2			
20 City	21 State	22 ZIP Code	
23 Phone #	24 Fax #	25 Email	

Block 3: Funding Year Information

26 Funding Year (Check only one box)		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Eligibility

27 Only the following types of HCPs are eligible. Indicate which category describes the applicant. (Check only one.)	
<input type="checkbox"/> Post-secondary educational institution offering health care instruction, teaching hospital or medical school	<input type="checkbox"/> Rural health clinic
<input type="checkbox"/> Community health center or health center providing health care to migrants	<input type="checkbox"/> Consortium of the above
<input type="checkbox"/> Local health department or agency	<input type="checkbox"/> Dedicated ER of rural, for-profit hospital
<input type="checkbox"/> Community mental health center	<input type="checkbox"/> Part-time eligible entity
<input type="checkbox"/> Not-for-profit hospital	

28 If consortium, dedicated emergency department, or part-time eligible entity was selected in Line 27, please describe the entity.

29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations.

Block 5: Request for Services

30 Is the HCP requesting reduced rates for:		
<input type="checkbox"/> Both Telecommunications & Internet Services	<input type="checkbox"/> Telecommunications Service ONLY	<input type="checkbox"/> Internet Service ONLY

Block 6: Certification

31 <input type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 <input type="checkbox"/> I certify that the health care provider has followed any applicable State or local procurement rules.	
33 <input type="checkbox"/> I certify that the telecommunications services and/or Internet access charges that the HCP receives at reduced rates as a result of the HCPs' participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 <input type="checkbox"/> I certify that the health care provider is a non-profit or public entity.	
35 <input type="checkbox"/> I certify that the health care provider is located in a rural area. Visit the Eligible Rural Areas Search Tool on the Telecommunications Program web page at http://usac.org/rhc/telecommunications/tools/rural/search/search.asp or contact RHCD at (800) 453-1546 for a listing of rural areas.	
36 <input type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature	38 Date
39 Printed name of authorized person	40 Title or position of authorized person
41 Employer of authorized person	42 Employer's FCC RN

Please remember:

- ♦ Form 465 is the **first** step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.
 - ♦ After the HCP submits a complete and accurate Form 465, RHCD will post it on the RHCD website for 28 days.
 - ♦ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
 - ♦ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

Form 465 Instructions

Rural Health Care Universal Service Mechanism¹

PURPOSE OF FORM

FCC Form 465 is the **first step** a health care provider (HCP) must take in order to benefit from the universal service support mechanism. Universal service support allows eligible health care providers to purchase certain services at reduced rates. Form 465 is the means by which a health care provider:

1. Requests bids for the provision of telecommunications or Internet services from service providers.
2. Certifies to the Rural Health Care Division of the Universal Service Administrative Company, which serves as the administrator, that the health care provider is eligible to benefit from the universal service support mechanism.

Health care providers who have previously posted a Form 465 can register for electronic certification. Electronic certification allows the health care provider to electronically sign the new Form 465 so it can be immediately posted on the RHCD website, www.usac.org/rhcd/.

After the health care provider submits a Form 465, the Rural Health Care Division (RHCD) will post the completed Form 465 on its website. The posted Form 465 provides information about the HCP and its need for services to service providers that might wish to bid to provide the services.

Each health care provider's Form 465 must be posted on the RHCD website for at least 28 days prior to selecting a service provider, to fulfill the program's competitive bidding requirement.

Rural health care providers may enter into agreements to purchase services after 28 days have elapsed since the descriptions set forth in Form 465 were posted on the RHCD website. Entering into any agreement during the 28-day posting period is prohibited.

RHCD will send each applicant a "Receipt Acknowledgement Letter" confirming that its Form 465 is posted on the website. The confirmation of posting sent by RHCD will indicate the date on which the health care provider may enter into an agreement to purchase services from a service provider. This date is known as the Allowable Contract Selection Date (ACSD).

The health care provider must certify to RHCD that the service chosen is, to the best of the health care provider's knowledge, the most cost-effective service. "The most cost-effective service" is defined in the Universal Service Order² as the service available "at the lowest cost, after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing an adequate method of providing the required health care services." This requirement is reiterated for Internet service in the Rural Health Care Order.³

¹Rural Health Care Pilot Program Participants should consult the 2007 *Rural Health Care Pilot Program Selection Order*, WC Docket No. 02-60, Order, 22 FCC Rcd 20,360 (2007) (2007 RHC PP Selection Order), available at <http://www.fcc.gov/cgb/rural/rhcp.html>, concerning form completion and related program requirements. Additional information concerning the Rural Health Care Pilot Program is available on the Universal Service Administrative Company's (USAC) website at <http://www.usac.org/rhcp/default.aspx> and on the Federal Communications Commission's website at <http://www.fcc.gov/cgb/rural/rhcp.html>.

² *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9134 (1997) (Universal Service Order) (subsequent history omitted)

³ *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 18 FCC Rcd 24546 (2003) (2003 Report and Order and FNPRM).

After the HCP enters into a service agreement, it must initiate the next step in the application process, the filing of an FCC Form 466 (Funding Request and Certification Form) and/or 466-A (Internet Service Funding Request and Certification Form and Advanced Services Funding Request and Certification for Entirely Rural States).

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who is Eligible

An HCP must meet two criteria in order to benefit from the universal service support mechanism.

First, it must be a public or non-profit health care provider that falls within one of the following categories:

- Post-secondary educational institution offering health care instruction (including teaching hospitals and medical schools);
- Community health center or health center providing health care to migrants;
- Local health department or agency;
- Community mental health center;
- Not-for-profit hospital;
- Rural health clinic;
- Consortium of health care providers consisting of one or more of the above entities;
- Dedicated emergency department of for-profit hospitals, including Critical Access Hospitals;
- Part-time eligible entity.

Health care providers that do not fall into one of these categories are not eligible to benefit from the universal service support mechanism.

Second, a health care provider must be located in a rural area to qualify for support. An HCP can determine if it is in an area that meets the Federal Communication Commission's definition of "rural" by consulting the Eligible Rural Areas Search Tool on the Telecommunications Program "Search Tools" web page of the RHCD website at <http://www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp>, or by calling the Rural Health Care Division at (800) 453-1546 for assistance. HCPs that meet both the eligible category and rural criteria are considered "eligible health care providers." There is a limited exception to the rural requirement for urban HCPs that must pay toll charges to reach the Internet. Such urban HCPs may receive the lesser of \$180 or 30 hours for toll charges to reach the Internet. This is the only exception to the requirement that an HCP must be rural to benefit from the universal service support mechanism.

Filing Exception - The filing of a Form 465 may not be required if the HCP is receiving services under a currently valid contract executed pursuant to a Form 465 posted in a prior program year, or if services are received under a contract signed on or before July 10, 1997. A renewed contract or a contract with an automatic renewal provision is considered a new contract on the renewal date, and an expired contract is not considered a currently valid contract. Questions about the status of an HCP's contract may be directed to RHCD at (800) 453-1546. **Applicants who are not required to file a Form 465 must still file a Form 466 and/or 466-A for each program year to receive support for the contracted services.**

Where to File

The FCC Form 465 must be filed with the Rural Health Care Program through the online application management system, My Portal (<https://forms.universalservice.org/usaclogin/login.asp>).

DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.

Compliance

Anyone filing false information may be subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

Where to Get More Information

Contact the Rural Health Care Division at (800) 453-1546 for more information on how to complete this or other universal service forms. Information is also available on the RHCD website at www.usac.org/rhc/.

SPECIFIC INSTRUCTIONS FOR FILING FORM 465

Type or print clearly in spaces provided. Attach additional sheets if necessary. Applicants are also encouraged to complete this form electronically to speed up the processing of applications. RHCD will post all applications on the RHCD website at www.usac.org/rhc/. Instructions on how to file electronically are posted on the website.

Form 465 Application Number

RHCD will insert the Form 465 Application Number (known in prior years as the "Universal Service Control Number"). **Leave this line blank.**

Block 1: HCP Location Information

The information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.

Line 1 requires providing an HCP number. The HCP number is a unique identifier given by RHCD to each health care provider applying for benefits from the Universal Service Rural Health Care Support Mechanism. If an HCP previously applied, RHCD has already assigned a number, which must be used here. If it is unknown whether the HCP has already been assigned a number, contact RHCD at (800) 453-1546. If the HCP is a new applicant, leave this line blank. RHCD will assign an HCP number to each new eligible applicant upon receipt of the Form 465.

Line 2 requires identifying the name of the consortium to which the HCP belongs, if any. (If the HCP does not belong to a consortium, leave Line 2 blank.)

Line 3 requires providing the health care provider's organization name. This name must be used consistently on all universal service forms (i.e., Form 465, Form 466, Form 466-A, and Form 467).

Line 4 requires providing the HCP's FCC Registration Number (FCC RN). All participants in the Rural Health Care Program must have an FCC RN in order to participate. Information on how to get an FCC RN is available on the FCC website at www.fcc.gov.

Line 5 requires providing the name of a contact person at the health care provider's location.

Lines 6-14 require providing the HCP contact person's address, county in which the HCP is located, city, state, zip code, phone, fax, and email address.

Block 2: HCP Mailing Contact Information

Line 15 requires indicating whether or not the HCP's mailing address is different from the address in Block 1. If "No" is checked, skip the remainder of Block 2 and proceed to Block 3. The person listed in

Block 2 will serve as RHCD's primary contact with the HCP. This person should be able to answer questions or verify information submitted on this form, in the event that RHCD needs to contact the HCP during the application process.

Line 16 requires identifying the name of the person to receive mail regarding the Form 465.

Line 17 requires providing the mailing contact person's organization (which might be the same as the HCP or consortium name).

Lines 18-25 require providing the address, city, state, zip code, phone, fax, and email address of the mailing contact.

Block 3: Funding Year Information

Line 26 requires identifying the funding year for which the HCP is applying. The applicant should check only one box.

Block 4: Eligibility

Line 27 requires checking the box indicating the eligibility category of the HCP. Only public or non-profit health care providers located in rural areas that fall into one of the categories listed in Line 27 are eligible to benefit from this universal service support mechanism. Rural for-profit hospital emergency departments may also qualify as "public" by virtue of their requirement to examine or treat patients pursuant to the Emergency Medical Treatment and Labor Act (EMTALA).

Note that applicants that apply as a consortium of health care providers may only receive support for services provided to the physical location given in Block 1, meaning that unless the "above entities" are at that address, they cannot receive support. Rather, a separate Form 465 should be filed for each eligible entity in the consortium, using that entity's address, so it can be verified as rural and its Maximum Allowable Distance can be determined. Applicants selecting the consortium category must complete Line 28, and may contact RHCD at (800) 453-1546 for further explanation of their eligibility.

The categories of "Dedicated emergency department of rural for-profit hospitals including Critical Access Hospitals" and "Part-time eligible entity" were defined in the Rural Health Care Order. Applicants selecting these categories must complete Line 28, and may contact RHCD at (800) 453-1546 for further questions about eligibility.

Line 28 must be completed if "Consortium of the above," "Dedicated emergency department of rural for-profit hospitals including Critical Access Hospitals," or "Part-time eligible entity" was selected in Line 27. A description of the entity and the services it provides is required.

Line 29 requires a description of how the health care provider will use the supported service. This description will allow service providers to learn what the health care provider wants to do, so they can propose services to meet the health care provider's needs. Some examples are transmission of data and medical images or X-rays; provider-to-provider consultation between health care professionals in a rural facility and professionals in other locations, provider-to-patient consultation, examination, or counseling; medical research, access to the health care provider's website, offsite storage of medical records, or other uses.

Block 5: Request for Services

Line 30 indicates that the HCP is requesting support for a telecommunications service, Internet service, or both. A Form 465 must be posted for the type of service (telecommunications or Internet) for which support will be sought, e.g., a Form 465 posted for telecommunications service only would not be eligible

to request support for Internet service. **If additional guidance on eligible services is needed, please contact RHCD at (800) 453-1546.**

Block 6: Certification

Line 31 requires the person signing on behalf of the HCP to certify that he or she is authorized to submit the information contained in the Form 465 on behalf of the entity or entities (if a consortium) applying for discounted services, and that the information contained in the Form 465 is true to the best of his or her knowledge, information and belief. *Under federal law, persons willfully making false statements on this form can be punished by fine, forfeiture, or imprisonment.*

Line 32 requires the authorized representative of the HCP to certify that any applicable state or local procurement rules have been followed.

Line 33 requires the authorized representative to certify that the services for which the health care provider receives a discount will not be used for unauthorized purposes. Specifically, the representative must certify that such services will be used solely for purposes reasonably related to the provision of health care or instruction that the health care provider is legally authorized to provide under the law of the state in which the services are provided. The representative must also certify that the discounted services that the HCP receives will not be sold, resold, or transferred in consideration for money or any other thing of value.

Line 34 requires certifying that the HCP is a non-profit or public entity, or that the service will be used exclusively in the emergency department of a rural for-profit hospital.

Line 35 requires identifying whether or not the HCP is located in an eligible rural area or if the HCP is a mobile rural health clinic, that it will operate in eligible rural areas. Visit the Eligible Rural Areas Search tool at <http://www.usac.org/rhc/telecommunications/tools/Rural/search/search.asp> for a list of rural areas.

Line 36 requires the authorized representative to certify that the HCP satisfies each of the specific requirements set forth in the Form 465 and that the HCP will abide by the relevant requirements of 47 U.S.C. Section 254.

Line 37 requires the signature of the authorized representative certifying the information contained in Form 465 on behalf of the applicant.

Line 38 requires the date the Form 465 was signed.

Line 39 requires the printed name of the authorized representative certifying the information contained in Form 465 on behalf of the applicant.

Line 40 requires the title or position of the authorized representative certifying the information contained in Form 465 on behalf of the applicant.

Line 41 requires the name of the employer of the person signing the Form 465.

Line 42 requires the FCC RN of the employer of the person signing the Form 465.

REMINDERS

- Health care providers seeking to benefit from universal service support must file an FCC Form 465.
- The representative authorized to provide the information required by FCC Form 465 on behalf of a

health care provider must sign and date FCC Form 465.

- Provide data for all items that apply. Include additional information as supporting documentation if necessary. Any attachments to FCC Form 465 must be clearly labeled.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information

1 HCP Name	2 HCP Number
3 Form 465 Application #	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name	6 Billed Entity FCC RN	
7 Contact Name		
8 Address Line 1		
9 Address Line 2		
10 City	11 State	12 Zip
13 Contact Phone #	14 Fax #	15 Email

Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required)	
18 Total Billed Miles	19 Maximum Allowable Distance (From Form 465)
20 Percentage of HCP's service used for the provision of health care. _____ (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. _____ _____ _____ _____	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name				
22 Service Provider Identification Number (SPIN)				
23 Service Provider Contact Person Name				
24 Service Provider Contact Person's Phone #				
25 Service Provider Contact Person Email				
26 Circuit Start Location				
27 Circuit Termination Location				
28 Billing Account Number				
29 Tariff, Contract or other document reference number				
30 Date Contract Signed or Date HCP Selected Carrier				
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)				
32 Service Installation Date				
33 Actual Rural Rate per Month (Enclose Documentation)				
34 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. Circuit Diagram included: <input type="checkbox"/> Yes <input type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/>				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☐ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

Block 8: Certification

46 <input type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.	
47 <input type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.	
48 <input type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years.	
49 <input type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
50 Signature	51 Date
52 Printed name of authorized person	53 Title or position of authorized person
54 Employer of authorized person	55 Employer's FCC RN

Please remember:

- ♦ You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- ♦ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ♦ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHC **D** immediately and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

Form 466 Instructions

Rural Health Care Universal Service Mechanism¹

PURPOSE OF FORM

The universal service support program for rural health care providers enables telecommunications carriers to provide service to rural health care providers (HCP) at reduced rates. Form 466 is the means by which an applicant identifies the telecommunications service, rates, carrier(s), and the date(s) of carrier selection. The applicant must submit one Form 466 for each service (i.e., circuit) for which the HCP is seeking a reduced rate. The Rural Health Care Division (RHCD) cannot commit Universal Service funds for the benefit of the HCP until Form 466 is received.

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who Must File

Only the HCP or its authorized representative may file Form 466.

HCPs cannot receive support directly from the universal service fund. Rather, HCPs may receive the benefit of reduced rates for telecommunications service from their selected telecommunications carriers, who will be compensated for the reduced rates by the Universal Service Rural Health Care Support Mechanism.

When to File

Beginning with Funding Year 2004 (July 1, 2004-June 30, 2005), the FCC has set the June 30th end of the funding year as the deadline by which all Form 466s must be submitted. RHCD cannot accept Form 466s for a funding year after the June 30th end of that funding year.

Although RHCD will accept Form 466 and accompanying documentation at any time during the funding year, an HCP should strive to submit its Form 466 during the "initial funding request filing period." The "initial filing period" is a period during which all Forms 466 received by RHCD will be treated as if they had arrived on the first day for purposes of funding priority. The opening and closing dates of the initial filing period are announced each year on the RHCD website. Forms received after the close of the initial filing period will be processed and prioritized according to the date of receipt by RHCD. RHCD will continue to accept and process Forms 466 throughout the funding year, until RHCD reaches the annual funding cap established by the FCC.

Please note that there are certain prerequisites to completing Form 466. The HCP or its authorized representative must select the carrier(s) before completing Form 466. However, **to satisfy the FCC's competitive bidding requirement, an HCP must wait at least 28 days after the descriptions set**

¹Rural Health Care Pilot Program Participants should consult the 2007 *Rural Health Care Pilot Program Selection Order*, WC Docket No. 02-60, Order, 22 FCC Rcd 20,360 (2007) (2007 RHC PP Selection Order), available at <http://www.fcc.gov/cgb/rural/rhcp.html>, concerning form completion and related program requirements. Additional information concerning the Rural Health Care Pilot Program is available on the Universal Service Administrative Company's (USAC) website at <http://www.usac.org/rhcp/default.aspx> and on the Federal Communications Commission's website at <http://www.fcc.gov/cgb/rural/rhcp.html>. Note, Pilot Program participants are instructed to complete FCC Form 466-A, not FCC Form 466.

forth in the HCP's Form 465 are posted on the RHCD website, before signing a contract or otherwise selecting the telecommunications carrier(s) to provide the services. RHCD will send a "Receipt Acknowledgement Letter" to each applicant who submits a Form 465. This letter will expressly identify the **earliest** date (Allowable Contract Selection Date) on which the HCP may sign an agreement or otherwise select a carrier to provide services to the HCP.

Where to File

The FCC Form 466 must be filed with the Rural Health Care Program online through the online application system, My Portal (<https://forms.universalservice.org/usaclogin/login.asp>).

DO NOT FILE THIS OR ANY UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.

Compliance

Anyone filing false information may be subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

Where to Get More Information

You may contact RHCD at (800) 453-1546 for more information on how to complete this and other universal service forms. Information is also available on the RHCD website at www.usac.org/rhc.

SPECIFIC INSTRUCTIONS FOR FILING FORM 466

Type or print clearly in spaces provided. Attach additional sheets if necessary.

Block 1: HCP Information

Block 1 will help the applicant and RHCD identify each Form 466 filed.

Line 1 requires providing the HCP name. This name must be used consistently on all universal service forms (i.e., Forms 465, 466, 466-A, and 467). The HCP name should match the HCP name in Line 3 of Form 465.

Line 2 requires providing the HCP number. The HCP number is a unique identifier given by RHCD to each HCP applying for support. RHCD will assign an HCP number to each new applicant upon receipt of the Form 465. The HCP number entered on Line 2 must match the HCP number in Line 1 of the associated Form 465.

Line 3 requires providing the Form 465 Application Number. The Form 465 Application Number should match the Form 465 Application Number at the top of the Form 465.

Line 4 requires providing the name of the consortium, **if the HCP is a consortium member**. Leave Line 5 blank if the HCP is not a consortium member. If an HCP belongs to more than one consortium, it may have different points of contact, different connections, and different billing numbers. **In such a case, it is essential that different consortia names and different Bill Payer Information be provided to avoid processing delays.**

Block 2: Bill Payer Information

Line 5 requires providing the billed entity's name. The "billed entity" is the entity that actually pays the bills of the service provider for the HCP. It may be the HCP itself, or it may be a "parent" organization or consortium to which the HCP belongs.

Line 6 requires providing the Billed Entity's FCC Registration Number (FCC RN). All participants in the Rural Health Care Program must have an FCC RN to be eligible for participation. Information on how to get an FCCRN is available on the FCC website at www.fcc.gov.

Line 7 requires providing the name of a contact person at the billed entity location. This person should be able to answer questions or verify the information submitted on this form, in the event that RHCD needs to contact the billed entity during the application process.

Lines 8-15 require providing the contact person's mailing address, city, state, ZIP code, telephone number, fax number, and email address.

Block 3: Funding Year Information

Line 16 requires indicating the funding year (July 1 through June 30) for which the HCP is requesting support. Check **ONLY** one box. This information should match the information in Block 3 Line 26 of the Form 465 for the same funding year.

Block 4: Service Information

Line 17 requires identifying the services for which the HCP is seeking reduced rates, and the circuit bandwidth if applicable. If ordering multiple circuits, e.g., 2 T-1s, the applicant must file a separate Form 466 for each circuit. The HCP must submit to RHCD a bill, contract, service offer or letter from the telecommunications carrier, which clearly identifies the service, bandwidth, and cost for which support is requested. The submitted document must be dated, and the date must be within the funding year for which support is requested. If the applicant does not have such documentation, or is unsure of the type of service or bandwidth, contact the service provider representative for clarification.

Line 17 is also used by an HCP seeking support for long distance toll charges to reach an Internet service provider, if the HCP does not have toll-free Internet access. Such support may equal the lesser of \$180 or 30 hours of toll charges per month. To receive this support the HCP need not be located in a rural area, but must demonstrate the lack of toll-free Internet access and be an eligible health care provider. Only telecommunications toll charges, not support for monthly Internet access, can be so requested on Form 466. (Form 466-A is used to request support for Internet access charges). Any HCP using Form 466 to request such toll charge support should contact RHCD at (800) 453-1546 for assistance in how to document the need for such support.

Line 18 requires entering the total billed miles. Total billed miles must always be entered, for both mileage-based charges requests and comprehensive rate comparison requests. Billed miles identify the miles for which the service provider requires the payment of mileage charges. **Total billed miles are the sum of all miles billed by all telecommunications carriers as described in Line 36 or Line 42**

below. For instance, if one service provider bills for 100 miles and a second service provider bills for 150 miles, the total billed miles are 250 miles.

If a service provider bills for interoffice mileage only, the total billed miles will equal the interoffice portion of the circuit. If a service provider charges for local channel mileage and interoffice mileage, the total billed miles will equal the interoffice channel(s) mileage plus the local channel(s) mileage. **Billed miles are determined by and may be obtained from your service provider if you do not have this information.**

Line 19 requires entering the Maximum Allowable Distance (MAD) for the HCP. This is the maximum circuit distance for which support can be provided. The MAD is the distance from the HCP's location to the farthest point on the jurisdictional boundary of the largest city in the HCP's state. (Before July 1, 2004, the MAD was calculated from the HCP's location to the nearest large city of population 50,000 or more in the HCP's state. The Maximum Allowable Distance is determined by RHCD when Form 465 is posted initially on the RHCD website and will be shown on Line 8 following the HCP's County Name on the posted Form 465 on the RHCD website at www.usac.org/rhc.

Line 20 requires entering the percentage of the circuit in Line 17 that is used by the HCP for the provision of health care. If the percentage is less than 100%, briefly explain in the lines below how the percentage was derived (time of use, number of uses, bandwidth used, etc.).

The FCC has determined that non-profit entities functioning as eligible health care providers on a part-time basis are eligible for prorated support from RHCD commensurate with their provision of eligible health care services. These part-time non-profit rural health care clinics are eligible to receive supported services during the time that they function as a rural health clinic, even when they are associated with ineligible entities such as nursing homes, hospices, or other long-term care facilities.

The FCC also determined that dedicated emergency departments in rural for-profit hospitals constitute eligible rural health clinics, and as such are eligible for prorated RHCD support. These facilities must have indicated that they are a "dedicated emergency department of a rural for-profit hospital" on their Form 465.

If the applicant indicated on Line 27 of Form 465 that it is a "part-time eligible entity," Line 20 should be used to explain how the prorated support portion was determined.

Connection Information

The Connection Information section requires information about each of the connections that together comprise the entire circuit. Most circuits only contain one connection (i.e., one service provider for the entire circuit). If the HCP's circuit contains one connection, complete only the first column. However, some circuits contain multiple connections. There are usually multiple connections when there are multiple bills (i.e., more than one service provider) for the same circuit.

This form accommodates up to four service providers. The information for each connection should be entered in separate columns. Carrier A must be the service provider that provides the segment of the circuit connecting directly to the HCP. Carrier B should be the service provider for the next segment, Carrier C is service provider for the next and Carrier D is service provider furthest from the HCP.

Line 21 requires providing the full legal name of the selected service provider. Provide a service provider name for each segment of the circuit.

Line 22 requires entering the 9-digit Service Provider Identification Number ("SPIN") for the service provider(s) listed in Line 21 above. Each service provider should provide its SPIN upon request.

Line 23 requires providing the name of a contact person for the service provider. This person should be able to answer questions or verify rates or other information provided on this form, in the event that RHCD needs to contact the service provider during the application review process.

Line 24 requires providing the telephone number of the contact person for the service provider(s).

Line 25 requires providing the email address of the contact person for the service provider(s).

Line 26 requires providing the address of the physical location where each service provider's circuit starts.

Line 27 requires providing the address of the physical location where each service provider's circuit terminates.

Line 28 requires providing the account number that the service provider has created to bill for the service. This information will help the service provider apply the credit to the proper account. Often, this is called the billed telephone number ("BTN") associated with the service. If there are multiple account numbers for a particular service, provide one main number. If the service has been established, the applicant should be able to find the account number on past bills, or the account number may be requested from the service provider. If the carrier has not yet established an account number for a new service, ask the service provider for a "pre-account" identifier for the service, and use that identifier.

Line 29 requires providing a tariff, contract, or other document identification number for each segment of the circuit. Please contact the service provider representative and ask him/her for a contract or tariff reference number, if the applicant does not have this information. If the HCP is receiving service based upon a master contract signed by a state, regional, or local procurement agency, use either the master contract number or the number of the specific purchase agreement for the HCP's service under the master contract. If the HCP is receiving service under a contract, a copy of the contract must be attached to the Form 466.

Line 30 requires identifying the date the HCP or its authorized representative entered into an agreement with a service provider, or the date the HCP or its authorized representative otherwise selected the service provider. For instance, this may be the date the HCP or its authorized representative signed a contract or requested that the service be installed.

The HCP or its authorized representative **must not select a service provider** or enter into a contract or purchase agreement with a service provider until at least 28 days have elapsed since the Form 465 was posted on the RHCD website. This is the Allowable Contract Selection Date (ACSD). An HCP with existing service may continue to receive (non-supportable) service during the 28-day posting period, but must not select a service provider to continue the service beyond the ACSD until the ACSD. Entering into an agreement prior to the ACSD could disqualify the HCP from receiving benefits under the universal service support mechanism for services under those agreements. If an HCP signs a long-term contract after their ACSD, they will be exempt from the 28-day posting for the original term (no optional extensions) of the contract. However, applicants are encouraged to post Form 465 each year, since reliance on an expired, or otherwise inadequate or non-binding contract to avoid the 28-day posting requirement could result in denial of support.

Line 31 requires entering the date (mm/dd/yyyy) the contract expires (not counting any optional extensions). For tariff services identified as such in Line 29, enter "NA" for month-to-month (MTM) service.

Line 32 requires entering the date the service started or was installed, or for a new service, the date the applicant expects it to start.

Line 33 requires entering the amount the HCP pays per month, or the amount the HCP expects to pay per month for the service. This information should be taken from the service provider's bill, or from the new service offer or contract received from the service provider. The applicant must submit to RHCD a bill, contract, service offer or letter from the service provider, from which this information was taken. Please exclude from this amount any toll (per minute) charges, equipment charges, or other non-eligible charges that may be on the bill. Taxes and regulatory or related fees incurred in obtaining telecommunications service, which are assessed as a percentage rather than a fixed per line or per account charge, may be included in the rural rate for which support is requested. However, as noted below, the same taxes or fees must be included in the urban rate used for comparison.

Line 34 requires providing a circuit diagram if the HCP is part of a consortium or has multiple service providers for the service. The diagram need not be detailed, but must identify the individual sites and service providers, so RHCD can verify there is no overlap in support requests from multiple consortium members or multiple carriers involved in the service.

Line 35 requires the applicant to indicate if the HCP is a mobile rural health care provider. If not, check "NO" and proceed to Block 5. If the HCP is a mobile rural health care provider, check "YES" and provide an attachment listing the names and full addresses of all sites expected to be served by the mobile HCP during the funding year. For each site, indicate the expected schedule and duration of visiting each site. The HCP must verify that each of the sites is rural, or prorate the support request to cover only the time when the mobile health care provider will operate in a rural area. The HCP must maintain records of the supported services, any proration of support, and sites served for five years.

Block 5: Mileage-based Charge Discount Request

Block 5 of Form 466 requires information about monthly mileage charges billed by the service provider. An HCP may choose to calculate support based on mileage only in Block 5, or the actual urban/rural rate difference in Block 6, but not both. **Complete either Block 5 or Block 6, depending on which is easier or provides the most support. RHCD cannot make that determination for an HCP. Processing of an application may be delayed if both Blocks are completed or support may be less than expected because RHCD will process the request using the information in only one of the blocks, which may not be what the HCP expected.**

Block 5 presumes that most of the disparity between urban and rural rates is due to distance-based charges. Thus, HCPs may be able to simplify their applications by requesting support for only the distance-based charges for their service, which constitutes most or all of the urban/rural difference in the cost of their selected service.

Line 36 requires entering the billed miles for each connection. The sum of billed miles for all connections should equal the "total billed miles" on Line 18. If the billed miles exceed the MAD (Line 18 exceeds Line 19), RHCD will limit supportable mileage to the MAD. The Standard Urban Distance (SUD) for the HCP's state will also be deducted from supportable billed miles. (Standard Urban Distances can be found on the RHCD website.)

Line 37 requires entering the monthly mileage charges for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 36. Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should

include taxes and regulatory fees that are applied as a percentage of the per mile charge. If the service has been established, the monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider's representative for mileage charge information. If the amounts on Line 37 and Line 33 are identical, please consult the service provider, because non-mileage charges may be incorrectly included on Line 37. If the service provider affirms that under their rate structure, the HCP does not pay any fixed, non-mileage charge for the service, please enclose documentation from the service provider certifying to that effect. The application cannot be processed without such documentation if the amounts on Line 37 and Line 33 are identical, as it will be presumed that the form contains incorrect information.

Line 38 requires entering the cost per mile per month (e.g. \$11.50 per mile) for each connection. If a circuit uses banded mileage, for example the first 10 miles are \$10 per mile and the next 25 miles are \$5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service provider for this information. This information should be consistent with the information on Lines 36 and 37, that is, the applicant should be able to derive monthly mileage charges (Line 37) by applying the cost per mile information on line 38 to the billed miles on Line 36.

Block 6: Comprehensive Rate Comparison Request

If the applicant completed Block 5, do not complete Block 6. If both Blocks are completed, processing of the application may be delayed or support may be less than expected. If a service provider's rural rates are greater than urban rates for reasons that are not just due to mileage, the HCP may choose to use a comprehensive rate comparison of all elements of the service to determine the supportable urban/rural difference.

Line 39 requires entering the one-time urban rate charge for the service listed in Line 17 **in any large city in the HCP's state** with a population of 50,000 or more. The one-time urban rate charge is the amount a service provider would charge to install the service in that large city. This should be documented in the same manner as for Line 40 below.

Line 40 requires entering the actual one-time rural rate charge for the service listed in Line 17. The one-time rural rate charge is what the service provider will charge the billed entity to install the service listed in Line 17. If service was installed before the Allowable Contract Selection Date, the HCP is not eligible to receive installation support and Lines 39 and 40 blank should be left blank.

Line 41 requires entering the monthly urban rate for the service listed in Line 17. Prior to Funding Year 2004, urban/rural rate comparison required the services to be as identical as possible. However, the FCC has now determined that comparability of urban and rural services may be based on functionality, from the end user's perspective. That means the urban service type and bandwidth should functionally match the actual service for which support is requested, even if the services are not identical.

For RHCD purposes only, the FCC created "safe harbor" categories of functionally equivalent services based on the advertised speed and nature of the service:

- Low 144-256 kbps
- Medium 257-768 kbps
- High 769-1400 kbps
- T-1 1.41-8 mbps
- T-3 8.1-50 mbps

Telecommunications services will be considered functionally similar when operated at advertised speeds within the same category (see above) and when the nature of the service is the same (symmetrical or asymmetrical). For example, a symmetrical fractional T-1 service operating at an advertised speed of 144 kbps would be considered functionally similar to a symmetrical DSL transmission service with an advertised speed of 256 kbps.

For HCPs seeking support for satellite service where a less expensive wireline service would be available, the amount of support for satellite is capped at the amount the HCP would receive for a functionally similar wireline service. HCPs seeking such support must document the urban and rural rates for the functionally similar wireline service. For example, if an HCP pays \$10,000 per month for satellite service and the rural rate for a functionally similar rural wireline service is \$1,500 per month while the comparable urban rate is \$500 per month, the HCP could receive \$1,000 per month in support for the satellite service. However, this limitation on support does not apply to mobile health care providers who can demonstrate that although wireline service might be available, satellite is a more cost-effective option over the course of a funding year in view of their mobile nature and the need for multiple changes to a wireline connection.

If an applicant procures service on a month-to-month rate, the comparison urban rate should be a month-to-month rate, whereas if the rural rate is for a multi-month contractual obligation of the HCP, the urban rate should use the same multi-month commitment. HCPs that procure service under a master contract that does not obligate the HCP to a multi-month commitment should base the urban rate on month-to-month service.

Applicants **MUST** document the urban rate. However, the RHCD website provides a “safe harbor” urban rate for many services and many locations. If an urban rate is on the RHCD website for the selected service in the HCP’s state, the HCP can use that rate as documentation. An HCP may also document the urban rate offered by any common carrier in any large city of 50,000 or more in the HCP’s state. An HCP may do this to show a lower urban rate (meaning a larger urban/rural rate difference and more support), or the HCP must do this if the RHCD website does not list an urban rate for the selected service/bandwidth in the HCP’s state. When an HCP submits its own urban rate documentation, the urban rate should price a circuit of the Standard Urban Distance (SUD) in the HCP’s state. (The SUD can be found on the RHCD website). Check the appropriate box on line 41 to indicate that other rate documentation is being submitted.

Documentation may include tariff pages, contracts, a letter on company letterhead from the urban service provider, rate pricing information printed from the urban service provider’s website, or similar documentation showing how the urban rate was obtained. The source of the documentation and the date must be clearly identifiable on the document. Please use arrows, circles, or otherwise point out the exact numbers or rates on which the rate comparison is based. (Do not use “highlighter” that will not copy). Tariff pages, without annotations and without carrier identification, are not acceptable. Please include only summary pages where possible.

If taxes and regulatory or related fees are included in the rural rate for which support is requested, the same taxes or fees must be included in the urban rate used for comparison. Taxes and fees are **NOT** included in the urban rates on the RHCD website, so if an applicant uses RHCD’s posted urban rates, the tax or fee percentages that apply to the rural rate must be applied to the urban rate in the support calculation. Unless an applicant’s supporting documentation makes it clear that taxes or regulatory fees are assessed as a percentage rather than as fixed, per line assessment, RHCD will not include them in the support calculation.

Lines 42 to 44 need only be completed if Line 18 exceeds Line 19, that is, if the HCP’s billed mileage exceeds the Maximum Allowable Distance, in which case support must be reduced by the cost-per-mile times the excess miles. (Note that Lines 42 to 44 are identical to Lines 36 to 38. If Lines 36 to 38 were completed, **DO NOT** complete Lines 42 to 44, because only Block 5 or Block 6, but not both, should be completed.)

Line 42 requires entering the billed miles for each connection. The sum of billed miles for all connections should equal the “total billed miles” on Line 18.

Line 43 requires entering the monthly mileage charges for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 42. Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should include taxes and regulatory fees that are applied as a percentage of the per mile charge. Monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider representative for mileage charge information.

Line 44 requires entering the cost per mile per month (e.g. \$11.50 per mile) for each connection. If a circuit uses banded mileage, for example the first 10 miles are \$10 per mile and the next 25 miles are \$5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service provider for this information. This information should be consistent with the information on Lines 42 and 43, that is, the applicant should be able to derive monthly mileage charges (Line 43) by applying the cost per mile information on Line 44 to the billed miles on Line 42.

Block 7: Bid Documentation

Line 45 requires confirmation of whether or not bids were received for the services requested. If bids were received, the applicant must submit copies to RHCD. **For identification purposes, write the HCP number on the first page of each bid copy.**

Block 8: Certification

Line 46 requires certification that the HCP or its authorized representative has considered all bids received (see Line 45) in response to the RHCD website posting of the HCP’s Description of Services Requested and Certification Form (FCC Form 465). Line 46 also requires the applicant to certify that the HCP or its authorized representative has selected the most cost-effective method of providing the requested service(s). The most cost-effective service is defined in the FCC’s *Universal Service Order*² as the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the HCP deems relevant to choosing a method of providing the required health care services.

Line 47 requires certification that the HCP satisfies each of the specific requirements set forth in Form 466 and its instructions, and that the HCP will abide by the relevant requirements of 47 U.S.C. § 254.

Line 48 requires certification that the billed entity will maintain records necessary to document compliance with all Commission rules, including complete billing records for the service provided to the HCP at reduced rates, for a period of five years. Such records will be needed if the HCP is subject to audit, as provided by 47 CFR 54.619. Service providers shall also retain documents related to the delivery of discounted telecommunications and supported services for at least five years after the last day of the delivery of discounted services.³

²*Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9134 (1997), as corrected by *Federal-State Joint Board on Universal Service*, Errata, CC Docket No. 96-45, FCC 97-157 (rel. June 4, 1997) (*Universal Service Order*) (subsequent history omitted).

³47 C.F.R. § 54.619(d); *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-195, 02-60, 03-109, CC Docket Nos. 96-45, 02-6, 97-21, Report and Order, 22 FCC Rcd 16372, 16385, at para. 26 (2007) (*Comprehensive Review Report and Order*).

Line 49 requires certification that the person signing the Form 466 is authorized to submit the information contained in the Form 466 on behalf of the HCP, and that the information contained in the Form 466 is true to the best of his/her knowledge, information, and belief. *Persons willfully making false statements on this form may be punished by fine, imprisonment, or forfeiture under federal law.*

Line 50 requires the authorized person to sign his/her name to certify all of the information contained in Form 466 and all attachments.

Line 51 requires the authorized person signing to identify the date that the Form 466 was signed. **Line 52** requires the printed name of the authorized person signing Form 466.

Line 53 requires the authorized person signing to identify his/her title or position.

Line 54 requires the name of the organization employing the signer of Form 466.

Line 55 requires the FCC RN of the organization employing the signer of Form 466.

REMINDERS

- An applicant may not sign Form 466 until **after** Form 465 has been posted on the RHCD website for 28 days.
- The person signing the Form 466 must be authorized to provide the information required by Form 466 on behalf of the HCP, and must sign and date the form.
- The applicant must provide data for all items that apply. Incomplete applications will result in processing delays. Include additional information as supporting documentation if necessary. Any attachments to Form 466 must be clearly labeled.
- The applicant must submit the required documentation of the service or cost.
- If the applicant checked *Other rate* on Line 41, thereby indicating that he/she is submitting an urban rate other than the one provided on the RHCD website for the HCP's large city, the applicant must submit the required documentation to support the rate submitted.
- If the applicant answered Yes to Block 7 Line 45, copies of the bids received in response to the Request for Services must be submitted.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by

the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Estimated time per response: .5 hour

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

The Connection Certification (Form 467) is the means by which an HCP informs RHCD that the service provider(s) has turned on the service(s) for which the HCP is seeking reduced rates under the universal service support mechanism. Form 467 must also be used to notify RHCD that a supported service was disconnected or that the service was not or will not be turned on during the funding year.

An applicant must submit one Form 467 for each Form 466 or Form 466-A that it previously submitted to RHCD.

Block 1: HCP Information

1 HCP Name	2 Consortium Name
3 HCP Number	

Block 2: Funding Year Information

4 Funding Year - Check only one box
<input type="checkbox"/> Year 2013 (7/1/2013-6/30/2014) <input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015) <input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)

Block 3: Action Taken

5 By filing this form, the HCP or its authorized representative is (check one):
<input type="checkbox"/> Confirming the connection of a telecommunications or Internet service for which the HCP has requested a discount and is confirming the accuracy of all information previously filed with RHCD regarding this service; or
<input type="checkbox"/> Notifying RHCD of the disconnection of a discounted service. Date of Disconnection (mm/dd/yyyy) _____
<input type="checkbox"/> Informing RHCD that service was not (or will not be) turned on during the funding year

Block 4: Connection Information

6 Funding Request Number				
7 Service Provider Name				
8 Service Provider Identification Number (SPIN)				
9 Billing Account Number				
10 Type of Telecommunications Service & Circuit Bandwidth or "Internet" for Internet service.				
11 Actual Service Start Date (date service began)				
12 End of Service Date (date service was or will be turned off)				

Block 5: Certification

13 <input type="checkbox"/> I certify that the service identified above has been or is being provided to the above-named health care provider. I certify that the universal service credit will be applied to the telecommunications service or Internet billing account of the HCP or the billed entity as directed by the HCP. I certify that I am authorized to submit this request on behalf of the above-named HCP, and that I have examined this request and that to the best of my knowledge, information and belief, all statements of fact contained herein are true.	
14 <input type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.	
15 Signature	16 Date
17 Printed name of authorized person	18 Title or position of authorized person
19 Employer of authorized person	20 Employer's FCC RN

Please remember:

- This form must be submitted to RHCD in order for the HCP to receive support and may be submitted at the same time or after the billed entity has submitted the Form 466 or Form 466-A.
- You may submit this form along with the Form 466 or Form 466-A only if the service has started.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to verify that the health care provider participating in the universal service support mechanism has begun to receive, or has stopped receiving, the services for which universal service support has been allocated. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average .5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

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This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

Form 467 Instructions

Rural Health Care Universal Service Mechanism¹

PURPOSE OF FORM

Form 467 is used by a health care provider (HCP) to notify the Rural Health Care Division (RHCD) of the Universal Service Administrative Company that the service provider began providing the telecommunications or Internet services for which the HCP is seeking to receive the benefit of reduced rates through the rural health care universal service support mechanism. It is the last form required in the application process. This form is also used to notify RHCD when the HCP has discontinued the service (i.e., service is turned off), or that service was not (or will not be) turned on during the funding year. An applicant must submit one Form 467 for **each** Funding Request and Certification Form (Form 466) or Internet Service Discount Request (Form 466-A)² that it submitted to RHCD.

An HCP will not receive benefits from this universal service support mechanism until RHCD receives the completed Form 467.

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who Must File

The HCP or its authorized representative must file a Form 467 to certify that the service provider began providing the service (i.e., the service is turned on), or to notify RHCD that the service provider has ceased to provide service that the HCP had been receiving at reduced rates as a result of its participation in this program, or to inform RHCD that service was not (or will not be) turned on during the funding year.

HCPs cannot receive support directly from the Universal Service Fund. Rather, HCPs may receive the benefit of reduced rates for telecommunications and Internet services from their selected service providers, who will be compensated for those reduced rates by the Universal Service Rural Health Care Support Mechanism.

When to File

The HCP or its authorized representative must file Form 467 after it has filed a Form 466 or a Form 466-A and the service provider(s) has begun to provide the service (i.e., the service is turned on). The HCP or its authorized representative must also file Form 467 when the service provider has ceased to provide service that the HCP had been receiving at reduced rates as a result of its participation in this program.

The HCP or its authorized representative must submit a separate Form 467 for **each** Form 466 or Form 466-A that it previously submitted to RHCD.

¹Rural Health Care Pilot Program Participants should consult the 2007 *Rural Health Care Pilot Program Selection Order*, WC Docket No. 02-60, Order, 22 FCC Rcd 20,360 (2007) (2007 RHC PP Selection Order), available at <http://www.fcc.gov/cgb/rural/rhcp.html>, concerning form completion and related program requirements. Additional information concerning the Rural Health Care Pilot Program is available on the Universal Service Administrative Company's (USAC) website at <http://www.usac.org/rhcp/default.aspx> and on the Federal Communications Commission's website at <http://www.fcc.gov/cgb/rural/rhcp.html>.

²The FCC Form 466 (Funding Request and Certification Form) and FCC Form 466-A (Internet Service Discount Request) are the means by which an HCP informs RHCD that it has entered into an agreement with a service provider to purchase telecommunications or Internet service.

Where to File

The FCC Form 467 must be filed with the Rural Health Care Program online through the online application management system, My Portal (<https://forms.universalservice.org/usaclogin/login.asp>).

DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.

Compliance

HCPs that fail to file Form 467 will not receive benefits from this universal service support mechanism. Anyone filing false information may be subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

Where to Get More Information

Contact RHCD at (800) 453-1546 for more information on how to complete this and other universal service forms. Information is also available on the RHCD website at www.usac.org/rhc/.

SPECIFIC INSTRUCTIONS

Type or print clearly in spaces provided. Attach additional sheets if necessary.

Block 1: HCP Information

Block 1 will help the applicant and RHCD identify and match up Form 467 with previous forms that have been filed on behalf of the HCP.

Line 1 requires providing the HCP's name. This name must be used consistently on all universal service forms (i.e., Form 465, 466, 466-A and 467). The HCP name should match the HCP name supplied in Line 3 of the Form 465.³

Line 2 requires providing the name of the consortium, if the HCP is a member of a consortium. If the HCP is not a consortium member, Line 2 should be left blank.

Line 3 requires providing the HCP number. The HCP number is a unique identifier given by RHCD to each HCP applying for benefits. RHCD assigns an HCP number to each new applicant upon receipt of Form 465. This number is in the funding commitment letter that you received from RHCD, and should match the HCP number in Line 1 of Form 465.

³Form 465 is the first form that the HCP or its authorized representative filed with RHCD in order to receive telecommunications or Internet service at reduced rates. All Forms 465 are posted on the RHCD website.

Block 2: Funding Year Information

Line 4 requires providing the funding year (July 1 through June 30) for which the HCP is requesting support. Check **ONLY** one box. This information should match the information in Block 3 of the Form 465 for the same funding year.

Block 3: Action Taken

Block 3 of Form 467 is used to confirm that the HCP is receiving the service for which it is requesting a discount, and in the event that the service is discontinued, to notify RHCD of the date of disconnection so that RHCD can arrange for termination of the discount. **HCPs must promptly report to RHCD all connections and disconnections.**

Line 5 requires identifying the purpose for which this form is being used. If confirming the connection of a service, check the first box in Line 5. If notifying RHCD of the disconnection of a service, check the second box in Line 5 and enter the effective date of the disconnection. If notifying RHCD that the requested service was never turned on (or will not be turned on) during the funding year, check the third box in Line 5.

Block 4: Connection Information

For Telecommunications Service - Block 4 requires information about each of the connections that together comprise the entire circuit for telecommunication service. The telecommunication connection information in Block 4 (Lines 7, 8, 9, and 10) of Form 467 must match the information provided in Block 4 (Lines 21, 22, 28 and 17) of Form 466. Most circuits only contain one connection (i.e., one telecommunications carrier provides the entire circuit), in which case only the first column should be completed. However, some circuits have multiple connections and multiple bills (i.e., more than one telecommunications carrier) for the same circuit. This form accommodates information for up to four connections. The information for each connection should be entered in separate columns. Telecommunications Carrier A must be the carrier that provides the segment of the circuit connecting directly to the HCP. Telecommunications Carrier B should be the carrier that provides the next segment, Telecommunications Carrier C the next segment, and Telecommunications Carrier D is the furthest from the HCP. If the circuit contains more than four connections, please contact RHCD at (800) 453-1546.

For Internet Access Service - Only the first column should be completed. The Internet connection information in Block 4 (Lines 7, 8 and 9) of Form 467 must match the information provided in Block 4 (Lines 20, 21, and 22) of Form 466-A.

Line 6 requires providing a funding request number. The funding request number is a unique identifier assigned by RHCD for each discounted service requested by the HCP. This number is in the funding commitment letter that RHCD previously sent.

Line 7 requires providing the full legal name of each service provider for each connection.

Line 8 requires entering the 9-digit Service Provider Identification Number (SPIN) for the service provider(s) listed in Line 7. Each service provider should provide its SPIN upon request.

Line 9 requires providing the account number that the service provider has created to bill for the services provided to the HCP.

Line 10 requires identifying the services and bandwidths for which the HCP is seeking the benefits of reduced rates. For Internet access enter "Internet".

Line 11 requires providing the actual start date for each service.

Line 12 requires the date service was or will be disconnected, if Form 467 is being submitted to notify RHCD that the discounted service has been terminated. If there are no plans to disconnect the service, leave this item blank.

Block 5: Certification

Line 13 requires certification that the service(s) identified above have been or are being provided to the HCP. It also requires certification that the person signing the Form 467 is authorized to submit the information contained in the Form 467 on behalf of the HCP, and that the information contained in the Form 467 is true to the best of his/her knowledge, information, and belief. *Persons willfully making false statements on this form may be punished by fine, imprisonment, or forfeiture under federal law.*

Line 14 requires certification that the HCP satisfies each of the specific requirements set forth in the Form 467 and its instructions, and that the HCP will abide by all relevant requirements of 47 U.S.C. Sec. 254.

Line 15 requires the authorized person to sign his/her name to certify all of the information contained in Form 467 and all attachments.

Line 16 requires the authorized person to identify the date that the Form 467 was signed.

Line 17 requires the printed name of the authorized person signing Form 467.

Line 18 requires the authorized person signing to identify his/her title or position.

Line 19 requires the name of the organization employing the signer of Form 467.

Line 20 requires the FCC RN of the organization employing the signer of Form 467.

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