Purpose of the Form

The Round 2 Request for Reimbursement Form serves as the request to the Universal Service Administrative Company (USAC) on behalf of the Federal Communications Commission (FCC) for disbursement of funding under Round 2 of the COVID-19 Telehealth Program for the eligible services and/or connected devices set forth by an applicant that received a funding commitment letter (funding recipient). Service providers or vendors bill eligible health care providers directly for services and/or connected devices. Under the COVID-19 Telehealth Program, disbursements are issued directly to participating health care providers rather than to the service providers or vendors that have provided the eligible services and/or connected devices to participating health care providers. Any funding received by an applicant on behalf of eligible health care provider(s) must be provided to such health care provider(s) to reimburse them for their respective eligible costs incurred under the COVID-19 Telehealth Program.

Procedures for Submitting the Round 2 Request for Reimbursement Form and Receiving Payments

The Round 2 Request for Reimbursement Form, a sample Letter of Authorization, and complete filing instructions can be found on USAC’s COVID-19 Telehealth Program webpage at https://www.usac.org/about/covid-19-telehealth-program/invoicing. As explained below, the Round 2 Request for Reimbursement Form, Letter of Authorization (where required) and supporting invoice documentation must be uploaded to the U.S. Department of the Treasury’s Bureau of Fiscal Service Invoice Processing Platform (IPP). All funding recipients, including those filing on behalf of other health care provider sites, and those filing individually, must use this Round 2 Request for Reimbursement Form to seek reimbursement where eligible health care providers have incurred costs for eligible services and/or connected devices under the COVID-19 Telehealth Program. For individual funding commitments, the funding recipient is also the eligible health care provider.

Distribution of Funds

Funding disbursements under the COVID-19 Telehealth Program will ultimately be made to the entity listed on the funding commitment letter. All applicants that have received funding commitments under the COVID-19 Telehealth Program must refer to their “Funding Commitment Number” on their funding commitment letter during the invoice process. For applicants that received funding on behalf of eligible health care provider(s), any reimbursements shall be provided to such health care provider(s) to reimburse them for their respective costs incurred under the COVID-19 Telehealth Program. The U.S. Department of the Treasury issues the payments. The payments are sent by Automated Clearing House (ACH) to the bank account on file associated with the funding recipient. Your banking information was previously provided when you registered with the federal System for Award Management (SAM).

Completing the Round 2 Request for Reimbursement Form

A new Excel-based version of the Round 2 Request for Reimbursement Form is required to submit Round 2 reimbursement requests. Round 2 Funding recipients should not use the Request for Reimbursement Form from Round 1.

It is critical that funding recipients do not change cells, functions, tabs, or otherwise alter the Round 2 Request for Reimbursement Form, other than adding the appropriate information into the required cells or, if necessary, adding rows to the “Expense Information & Itemization” section on the Round 2 Request for Reimbursement Form. The first tab of the document contains details about each piece of information requested. The second tab contains a sample form. The third tab is the Request for Reimbursement Form itself and the certifications field. It is recommended that funding recipients save their files in the following format: Funding Commitment Number_HCP Name_Name of Document_Date of Submission. The “Name of Document” should correspond with the request if possible. An example of this file naming convention is:
All funding recipients must provide the required documentation outlined below and submit a complete Request for Reimbursement Form by uploading this form and supporting documents as “Attachments” in IPP. If applicable, a Letter of Authorization for those applicants that received a funding commitment on behalf of other eligible health care provider sites must also be uploaded to IPP for each health care provider site. A sample letter can be found at https://www.usac.org/letter-of-authorization/.

Funding recipients must complete the Round 2 Request for Reimbursement Form in its entirety, including making the required certifications and providing the required signature. If you do not provide the information requested on the Request for Reimbursement Form, or provide the required supporting documentation, or submit the invoice documentation through IPP, this may delay processing the reimbursement request(s). Therefore, please be sure to review your Request for Reimbursement Form and supporting documentation prior to uploading to IPP to ensure that your submission is complete and all fields in the Request for Reimbursement Form have been filled out. You are ultimately responsible for ensuring your compliance with the COVID-19 Telehealth Program rules, procedures, and requirements, including only seeking reimbursement for eligible items.

**Supporting Documentation**

All supporting documentation must be submitted as “Attachments” to the invoice submission in IPP. Please be advised that IPP will not allow more than 10 MB in size per document and 25 attachments. Funding recipients may also submit any other documents to support their Request for Reimbursement Form. However, at a minimum, they must include vendor/service provider invoice documentation and a Letter of Authorization, as applicable.

**Vendor/Service Provider Invoices** – All funding recipients must submit, at a minimum, an invoice that identifies the eligible services and/or connected devices purchased and received, and price paid for the services and/or connected devices. A purchase order, vendor quote, or other similar documentation does not demonstrate payment for the services and/or connected devices. If you received and paid for non-recurring services, you can seek reimbursement for those services in one monthly invoice. If an invoice from the service provider or vendor includes ineligible items, be sure to clearly indicate as part of your reimbursement request the items on the invoice that are eligible (e.g., by crossing out the ineligible items on the invoice). On the Round 2 Request for Reimbursement Form, use the column “Description of Service/Device(s) Purchased” and indicate where on the invoice the reviewer can find the relevant information for that line item. Where possible, it is recommended that each line on the Round 2 Request for Reimbursement Form matches the line items on the invoice itself; after each line on the form, there is a space where funding recipients are encouraged to provide detailed information such as a page number or line item number to assist the efficient and accurate review of the reimbursement request.

**Letter(s) of Authorization** – Funding recipients who applied on behalf of, or are receiving funding on behalf of, multiple eligible health care provider sites, must include a signed Letter of Authorization from each eligible health care provider site on whose behalf they applied for or will receive funding for. The Letter of Authorization must authorize the funding recipient to receive funding on behalf of the eligible health care provider site, and to provide such funding to the eligible health care providers to reimburse them for their respective costs incurred under the COVID-19 Telehealth Program, or use such funding to purchase eligible services and connected devices on behalf of the eligible health care providers. The Letter of Authorization is required even if the applicant institution, lead health care provider, and other funding recipients are part of the same health system, and a letter of authorization is required for each eligible health care provider site that received eligible services or connected devices as part of your award. Once submitted for all health care provider sites that received eligible services or connected devices for a given funding commitment, you do not need to submit the Letter of Authorization again. If you have received more than one funding commitment, a Letter of Authorization must be filed for each funding commitment. Please see the sample
Letter of Authorization on USAC’s webpage at [https://www.usac.org/letter-of-authorization/](https://www.usac.org/letter-of-authorization/). Round 1 funding recipients cannot reuse their Letters of Authorization from Round 1, and must submit this Letter of Authorization applicable to Round 2. Due to the limitations on the number of attachments you can upload to IPP, attach one single pdf with all of the letters if submitting as separate letters. As indicated above, IPP will not allow more than 10 MB in size per document and 25 attachments.

**Certifications**

An authorized person, generally the primary contact for the application, is required to provide all required certifications and signatures on the Round 2 Request for Reimbursement Form on behalf of the eligible health care provider(s) receiving eligible services and connected devices through a given funding commitment prior to submitting the form. These include, but are not limited to, an acknowledgement and certification under penalty of perjury that the documentation associated with this form must be retained for a period of at least six years and are subject to audit. All certifications must be made to ensure that COVID-19 Telehealth Program funds are being used for their intended purpose. The certifications field is located on the third tab of the Round 2 Request for Reimbursement Form. It is critical that the individual certifying the form checks each box in the certifications tab by clicking in the squares to the left of the statements.

**Additional Information**

For more information about the COVID-19 Telehealth Program, refer to USAC’s website at [https://www.usac.org/about/covid-19-telehealth-program/invoicing/](https://www.usac.org/about/covid-19-telehealth-program/invoicing/). Questions specific to your Round 2 Request for Reimbursement Form and submission of invoices should be directed to [Round2TelehlthInvoicSupp@FCC.gov](mailto:Round2TelehlthInvoicSupp@FCC.gov).

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT**


The FCC may release information contained in these forms to other individuals and entities when necessary and appropriate under 5 U.S.C. § 552a(b) of the Privacy Act, including: to third parties to facilitate administration of the COVID-19 Telehealth Program; to comply with federal laws requiring disclosure of the information contained in our records; to comply with requests from Congress; to other federal agencies or to other administrative or adjudicative bodies before which the FCC is authorized to appear; to facilitate statistical research, audit or investigative matters; to appropriate agencies for the collection of debt; and, to appropriate agencies, entities, and persons when the FCC suspects or has confirmed that there has been a breach of information related to the COVID-19 Telehealth Program.

Your response is voluntary. However, failure to provide information to the FCC, including your name, contact information, and/or other necessary personally identifiable information (PII), may delay or prevent processing of your reimbursement under the COVID-19 Telehealth Program.

Pursuant to Section 903(e) of the Consolidated Appropriations Act of 2021, Pub. L. No: 116-260, Division N-Additional Coronavirus Response and Relief, Title IX-Broadband Internet Access Service, § 903(e), review of the Round 2 Request For Reimbursement Form by the Office of Management and Budget is not required under the Paperwork Reduction Act, 44 U.S.C. 3507.