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			
Line 2: FRN	Invoice Number			
Line 3: HCP Number	Line 7: SPIN/498 ID			
Line 4: Site/Consortium Name	Line 8: Vendor Name			
Line 5: Funding Year:	Line 9: Total Invoice Amount			

	Block Two: Eligible Expenses				Block Three: Dates, Quantities, and Costs				Block Four: Calculation of Support						
Α	В	С	D	E	F	G	Н	I	J	K	L	M	N	0	Р
FRNID	Billing Account Number	HCP Number	Site Name	Category of Expense	Expense Type	Bandwidth	Service Start Date/Shipping Date or Last Day of Work	Billing Period Start Date	Billing Period End Date	Quantity of Items Invoiced	Total Cost Invoiced (Undiscounted)	Percent of Expense Eligible	Percent of Usage Eligible	Total Eligible Actual Cost (Undiscounted)	USF Support Amount to be paid
1															
2															
3															
4															

OMB Approved 3060-0804 Estimatesd time per response: 2 hours

## **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 under penalty of perjury that I am authorized to submit this request on behalf of the service provider.
- ✓ Line 12: I understand that the service provider must apply the amount submitted, approved, and paid by USAC to the billing account of the applicant(s) and FRN/FRN ID listed on this invoice
- ✓ Line 13: I certify under penalty of perjury that I have examined this form and attachments and that, to the best of my knowledge, information, and belief, the date, quantities, and costs provided are true and correct.
- ✓ I certify under penalty of perjury that I have abided by all RHC Program requirements and procedures, including all applicable Commission rules.
- ✓ I certify under penalty of perjury that I charged only for eligible services delivered or provided to the applicant prior to submitting the invoice form and accompanying documentation.
- ✓ I certify under penalty of perjury that I have not offered or provided a gift or any other thing of value to the applicant (or to the applicant's personnel, including its consultant) for which it will provide services.
- ✓ I certify under penalty of perjury that the consultants or third parties hired do not have an ownership interest, sales commission arrangement,

or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program

rules, including the Commission's rules requiring fair and open competitive bidding.

- ✓ I certify under penalty of perjury, as a condition of receiving support, that I will provide to the health care providers, on a timely basis, all information and documents regarding supported equipment, facilities, or services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.
- ✓ I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last day of the delivery of supported services, equipment or facilities pursuant to 47 CFR § 54.631.
- ✓ I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications
  Commission

as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.

•		
Line 14: Signature		Line 15: Date 10/05/2021
Person	-	
Person		
	Ext.	Line 19: Email
Line 20: Employer		Line 21: Employer's FCC RN

## **Block Seven: Applicant Certifications and Signatures**

- ✓ Line 22: I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.
- ✓ Line 23: I certify 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 therein is true and correct.
- ✓ Line 24: I certify under penalty of perjury that the applicant or consortium members have received the related services, network equipment, and/or facilities itemized on the invoice form.
- ✓ Line 25: I certify under penalty of perjury that the required 35% minimum contribution for each item on the FCC Form 463 was funded by eligible sources as defined in the FCC rules and that the required contribution was remitted to the service provider.
- ✓ I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.

Line 26: Signature		Line 27: Date
Person		
Person		
Line 30: Phone	Ext.	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 REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to <a href="mailto:pra@fcc.gov">pra@fcc.gov</a>. Please DO NOT SEND COMPLETED APPLICATIONS 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 PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507

OMB Approved 3060-0804

Estimatesd time per response: 2 hours