

**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): | | Service Provider Selection Date: |
| 7 Number of vendors who bid: | Are you continuing service with your current service provider? <input type="radio"/> Yes <input type="radio"/> No | |
| 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 checked="" 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 | | |
| Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No | | |
| 12 Category of Expense | 13 Expense Type | |
| 14 Bandwidth | 14a Is this service symmetrical? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 15 Circuit ID (optional) | If no, what is the upload bandwidth _____. | |
| 16 Percentage of expense eligible | | |
| 17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| If yes, percentage of usage eligible _____ | | |
| 18 Billing Account Number (BAN) | | |
| 19 Contract ID | 19a Date contract signed | End |
| 19b Expected service start date | 19c Length of initial contract term | |
| 19d Number of contract extensions | 19e Length of optional extension(s) combined | |
| If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No | | |
| 20 Circuit start location | | |
| Address Line 1 | | |
| Address Line 2 | | |
| City | State | Zip Code |
| 21 Circuit end location | | |
| Address Line 1 | | |
| Address Line 2 | | |
| City | State | Zip Code |

| | | |
|--|---|--|
| 22 Is this a multi-year funding request? <input type="radio"/> Yes <input checked="" 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. | | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If yes, provide the following information concerning the SLA in the contract: | a. Latency: c. Packet Loss: | b. Jitter: d. Reliability: |
| USAC Internal Use Only | | |
| Funding Start Date | Funding End Date | |
| 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.) <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Block 9: Certification | | |
| 33 | <input type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium. | |
| 34 | <input type="checkbox"/> I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct. | |
| 35 | <input type="checkbox"/> I certify under penalty of perjury that the healthcare 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 healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 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 healthcare 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 healthcare 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 rules and requirements for the program and will comply with those rules and 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 | 44 Title/Position |
| 45 Phone Ext. | 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 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-PERF, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. 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