

Estimated time per response: 1.5 hours

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

Block 1: HCP Information		FRN:		
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 checked="" type="checkbox"/> Year 2019 (07/01/2019 - 06/30/2020) <input type="checkbox"/> Year 2020 (07/01/2020 - 06/30/2021) <input type="checkbox"/> Year 2021 (07/01/2021 - 06/30/2022)				
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 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 47 C.F.R. § 54.603(b)(4) 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 Pursuant to 47 C.F.R. § 54.601 and 54.603, I certify that the HCP 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. § 254. I understand that any letter from RHC that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 I hereby certify that the billed entity will retain complete billing records for the service for five years.

49 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 RHCD immediately and submit a revised Form 466.
- ◆ If you have any questions, call 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 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 1.5 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-PER, 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.

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

Block 2: Bill Payer Information (continued)

Billed Entity Contact Employer:

County:

Block 4: Service Information (continued)

Rural Rate

Carrier A

Carrier B

Carrier C

Carrier D

Block 5: Mileage-based Charge Discount Request (continued)

Mileage Charges

Carrier A

Carrier B

Carrier C

Carrier D

Block 6: Comprehensive Rate Comparison Request (continued)

Urban Rate

Monthly Urban Rate (excluding taxes & fees):

Monthly Taxes & Fees:

Total Monthly Urban Rate:

Block 7: Bid Documentation (continued)

Number of Service Providers that Bid: