Healthcare Connect Fund (HCF) Program

FCC Form 461 Guide

How to submit a consortium FCC Form 461 (Request for Services).

General Information Tab

- **FCC Form 461 Application Number, FCC Form 460 Number, Posting Start Date, Posting End Date, and Allowable Contract Selection Date (ACSD)** are prepopulated fields. If any of this prepopulated information is incorrect, you must submit an FCC Form 460 revision to correct the site information.

- **FCC Form 461 Friendly Name** is an optional field. If you wish, you may enter a name to easily identify this form in the future. (e.g., 2017 Funding Year Homewood FCC Form 461).

- **Funding Year** is a required field. Select the funding year for which support is sought from the dropdown options. A funding year runs from July 1 to June 30 of the following year. For example, funding year 2017 begins on July 1, 2017 and runs through June 30, 2018.
  - Note: If requesting a multi-year funding commitment, enter the first funding year for which funding will be requested. The applicant will use the FCC Form 462 to indicate whether it is requesting a multi-year funding commitment.

- **HCP Number, Site Name/Consortium Name, Address, Geo-Location, County, City, State and Zip Code** are prepopulated fields. If any of this prepopulated information is incorrect, you must submit an FCC Form 460 revision to correct the site information.

Consortium Request for Services Tab

- **Participating entities (list all sites, eligible and ineligible, participating in this request for services)** is a required field. Select the health care provider (HCP) numbers for all sites that are part of this request for services by clicking the "Edit HCPs" button. 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 FCC Form 460 and for which the consortium has obtained a Letter of Agency (LOA). The consortium may include all or a subset of the consortium sites as part of a request for services. Once the HCPs have been selected, click "Update Form" to add the HCPs to your consortium FCC Form 461.

- **Indicating whether the Consortium plans to utilize a Request for Proposal (RFP)** is a required field. Indicate whether you have prepared and are submitting an RFP with this form by selecting the appropriate radio button.
  - Download the RFP Checklist.

- **Applicant is submitting an RFP because** is a required field, if "Applicant has prepared and is submitting an RFP with this form" is selected. Indicate the reason(s) for submitting an RFP by selecting the appropriate box(es). Applicants must submit an RFP with the FCC 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 even though none of the above three criteria apply.

- **Requested contract period** is a required field. Enter the requested contract period. An applicant may enter a single contract period or 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."

- **Expected bid evaluation period** is a required field if no RFP has been uploaded. Enter the number of days the applicant expects to evaluate the bids received after the end of the posting period. Cannot be more than 365 days.

- **Number of Days USAC Should Post** is an editable prepopulated field. This field is prepopulated with the minimum requirement of 28 days. However, the applicant can edit this field by entering any number greater than 28. Provide the time period for which the FCC Form 461 package should be posted on USAC's website by entering either the number of days USAC should post or specifying an end date for the posting.

- **Posting End Date** is a prepopulated field. The posting end date defaults to the minimum requirement of 28 days. This field is updated based on the number entered in 'Number of days USAC should post.'

- **Category of Expense Requested** is a required field. Select all categories of expense requested. If "Infrastructure/Outside Plant" is selected in addition to other categories, the RFP must request bids for both leased and owned infrastructure.

- **New for FY2021:** **Identify services for which the applicant is requesting bids** is a required field. Select all services for which the applicant is seeking bids. To add a service, select “Add service” button, and then select the service in the dropdown. Or, select “Other” and type in the description of the service.

- **Description of Services Requested (Required to provide a summary of RFP if submitting one)** is a required field. If an RFP is submitted, provide a brief summary of the RFP. If the consortium is not submitting an RFP, enter sufficient information 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.
Rural Health Care (RHC) Program

- **Contact for Request for Services** is a required field. Select the appropriate point of contact for potential vendors from the dropdown options. The Request for Services Contact is the person that will answer all questions regarding the FCC Form 461 posting. This contact should be able to provide additional technical details or answer specific questions from potential vendors about the requested services. The contact may be (1) the Project Coordinator; (2) an Assistant Project Coordinator, or (3) "Other."
  - If Project Coordinator or Assistant Project Coordinator is selected, full contact information will be pre-populated with the contact information provided on the FCC Form 460.
  - If "Other" is selected, enter full contact information. The contact person's **Name, Organization Name, Title, Phone, Email, Address, City, State, and Zip Code** are required fields. **Fax** is an optional field.

**Declaration of Assistance Tab**

- **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?** is a required field. Indicate whether you received any assistance with your application. If you select "No," continue to the next tab.
- 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 is required if you selected "Yes" to having assistance in the preparation of any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan. Select "New Contact" to enter each person's **Name, Organization Type, Title/Role, Employer, Address, City, State, Zip Code, Email, and Phone.** Also provide a brief description of the nature of the relationship between the third party and the applicant.

**Bid Evaluation Tab**

- **A bid evaluation matrix, or a list of weighted evaluation criteria that will be used to evaluate bids, is required.** Select the criterion or criteria (or select "Other" and add a description if the criteria aren't listed) that will be used to select the most "cost-effective" bid received as a result of this request for services. The applicant must then assign weights (with total weight equaling 100%).
  - IMPORTANT: Cost (price) must be a primary factor, but need not be the only primary factor. However, no single factor may receive a weight greater than cost. Some examples of other evaluation criteria include bandwidth, quality of transmission, reliability, previous experience with the service provider, and technical support.
- **New for FY2021:** The applicant must enter the **minimum requirement** for each criteria listed, except for cost and one-vendor solution.
- **New for FY2021:** **Disqualification factors** is a required field. If the applicant has any factors that they will use to remove bids or bidders from consideration, list them in the space provided. If there are no disqualification factors, the applicant must check the box to indicate that there are none.
- Upload supplemental information, if necessary.

**Additional Documentation tab**

- **Supporting Documentation** is optional. Upload any additional documentation by clicking "New Document," selecting Document Type from the dropdown, and uploading documentation for your FCC Form 461.
- **New for FY2021:** If the applicant has an **aggregate purchasing arrangement**, the applicant must provide full details of any arrangement involving the purchasing of a service or services and/or equipment as part of an aggregated purchase with other entities or individuals. Upload this information as a supporting document.
Certifications tab

- Certifications are required fields. All certifications must be checked before the form can be submitted.

Signature tab

- The information on the signature block is prepopulated based on login credentials. A third-party must select the individual on behalf of whom they are submitting the form.
- For individual HCP applicants, **certifications must be signed** by an officer or director of the HCP or other authorized employee of the HCP. A third-party (e.g., consultant) is prohibited from certifying, signing, or submitting the FCC Form 461, unless USAC receives, prior to the submission of the form, a written, dated, and signed third party authorization (TPA) from the relevant officer, director, or other authorized employee stating that the individual HCP accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party.