

Healthcare Connect Fund (HCF) Program

FCC Form 462 Guide

How to file a consortium FCC Form 462 (Funding Request Form). Please keep in mind that the FCC Form 466 must be submitted during a [filing window](#) to be considered for funding.

General Information Tab

- **Funding Year** is a prepopulated field. A funding year runs from July 1 to June 30 of the following year. Thus, for example, funding year 2017 begins on July 1, 2017 and runs through June 30, 2018.
- **Funding Request Number (FRN)** is a prepopulated field. The FRN is a unique identifier for each request submitted. USAC assigns each FCC Form 462 a unique FRN when the form is started.
- **HCP Number** and **Site Name/Consortium Name** are prepopulated fields. These fields are populated based on the approved FCC Form 460. If the name is incorrect, submit an updated FCC Form 460 to make any necessary name corrections and a new FCC Form 462 to capture these changes.
 - Note: Applicants must ensure all associated FCC Forms 460 are up to date and submit any required updates within 30 days of a material change. Examples of a material change include (1) a change in a site's name, site location, contact information or eligible entity type, (2) for non-rural hospitals, an increase to 400 or more licensed patient beds, or (3) a change in any factor that would affect a cost allocation and/or fair share calculation. If in doubt, the applicant should contact USAC for additional guidance.

Vendor Information Tab

- **(SPIN)/498 ID** is a required field. Search for the selected vendor's Service Provider Identification Number (SPIN). If an applicant is requesting support for eligible expenses from more than one vendor, the applicant must submit a separate FCC Form 462 for each vendor.
 - Note: If the service provider with the SPIN/498 ID you selected has not indicated on its FCC Form 498 that it wishes to participate in the HCF program, a notice will appear. To continue with the SPIN/498 ID, select "Select this SPIN/498 ID." Note, however, that disbursements may be held until the service provider makes the required certification on the FCC Form 498. Otherwise, select "Choose Different SPIN/498 ID."
- **Vendor Name** is a prepopulated field. The Vendor Name is populated based on the SPIN/498 ID entered.
 - Note: Vendors can obtain a SPIN/498 ID by submitting the FCC Form 498 (Service Provider Identification Number and General Contact Information Form). Vendors must complete this form and receive a SPIN/498 ID before USAC can authorize support payments. Applicants who do not know their vendor's SPIN should contact their selected vendor and obtain the vendor's SPIN/498 ID before submitting their FCC Form 462.
- **Funding Request** is a prepopulated field. The request type is determined by the type of FCC Form 462 you requested to create.

Competitive Bidding Tab

- **FCC Form 461 Application Number** will display if the form was created using an FCC Form 461, and will be a prepopulated field. The application number is populated based on the FCC Form 461 used to create this FCC Form 462. Only one FCC Form 461 may be associated with each FCC Form 462.
 - Note: If claiming a competitive bidding exemption for some expenses, but not for others, the applicant must file a separate FCC Form 462 for the expenses not covered by a competitive bidding exemption.
- **Allowable Contract Selection Date (ACSD)** will display the form was created using an FCC Form 461, and will be a prepopulated field. The ACSD is the first day in which an applicant may agree to or sign a contract with a vendor. This

field is automatically populated based on the associated FCC Form 461 and is calculated based on the number of days the FCC Form 461 was posted. The ACSD is no less than 29 calendar days after the date on which the FCC Form 461 was posted on USAC's website. Applicants cannot file a FCC Form 462 until the ACSD is reached.

- Note: Unless covered by a competitive bidding exemption, an applicant must wait at least until its ACSD before it agrees to or signs a contract with a vendor. USAC provides the applicant with the ACSD for its FCC Form 461 via the 461 Posting Notification Email. An applicant may not agree to or sign a contract with a vendor until after the ACSD, but may discuss requirements, rates, and conditions with all potential vendors prior to that date. Applicants who sign a service agreement or contract before the ACSD are not eligible for funding.
- **Number of vendors who bid** [will display if the form was created using an FCC Form 461 and is a required field. Enter the number of vendors who bid on the request for services in response to the FCC Form 461.
- **Service Provider Selection Date** will display if the form was created using an FCC Form 461 and is a required field. Enter the date that the vendor was selected.
- **Are you continuing services with your current service provider?** will display if the form was created using an FCC Form 461 and is a required field. State whether or not you are continuing a pre-existing service using the radio buttons.
- **Are you claiming a competitive bidding exemption?** is a required field. Select "Yes" if this funding request is using an exemption, select "No" if this funding request is not using an exemption.
- **Request for competitive bidding exemption (Choose at least one option)** is a required field if "Yes" was your response to the previous question. Select the competitive bidding exemption that applies to the eligible expense(s) for which support is requested on this FCC Form 462. This may require uploading a contract using the "Add Contract" button.
 - If the applicant has additional eligible expense(s) that qualify under a separate and distinct competitive bidding exemption, the applicant must file a separate FCC Form 462 to request funding for those additional eligible expense(s).
 - If the applicant has expenses that do not qualify for any competitive bidding exemption (i.e., that must be competitively bid), the applicant must file a separate FCC Form 462 for those expenses and select the applicable FCC Form 461. For example, an applicant is requesting funding for the purchase of certain eligible services from an "evergreen" contract. These eligible expenses would be submitted on one FCC Form 462. The applicant also is requesting funding for additional eligible services that were not covered by the "evergreen" contract and thus have been competitively bid. These latter eligible expenses would be submitted on a second, separate FCC Form 462 that identifies the required FCC Form 461.
- **Annual Undiscounted Cost of \$10,000 or less:** Applicants seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year (i.e. up to \$6,500 in Fund support) are exempt from the competitive bidding requirements. The exemption does not apply to multi-year contracts. Under this exemption, an applicant is restricted to a total of \$6,500 in annual Fund support for services that are not subject to another exemption. Services supported through the Telecommunications Program are not counted toward the \$10,000 limit.
- **Government Master Services Agreement:** Applicants purchasing services and/or network equipment from an MSA negotiated by federal, state, Tribal, or local government entities on behalf of applicant HCPs and others are exempt from the competitive bidding requirements, but only if such MSAs were awarded pursuant to applicable federal, state or local competitive bidding requirements. This exemption only applies to MSAs that were negotiated by, or under the direction of, government entities and that were subject to government competitive bidding requirements ("Government MSAs"). If applicant has previously submitted (and USAC has approved) this Government MSA, select the Contract ID assigned by USAC and the "friendly name" will be automatically populated. If applicant has not previously submitted this Government MSA, leave the Contract ID blank, enter a "friendly name" for the Government MSA, and submit (1) a copy of the Government MSA and (2) documentation that the MSA was subject to government competitive bidding requirements (e.g., a copy of the RFP that originated the Government MSA).
 - NOTE: Only one document can be uploaded on the Competitive Bidding Information tab. Any additional documents should be uploaded via the 'Additional Documentation' tab

- **Pre-Approved Master Services Agreement:** Applicants purchasing services and/or equipment from Master Services Agreements (MSAs) (and extensions thereof) previously approved by USAC under the RHC Pilot Program or through the Healthcare Connect Fund (Pre-Approved MSA) are exempt from competitive bidding. The exemption is limited to those MSAs that were developed and negotiated from an RFP or request for services that specifically sought a mechanism to add additional sites to the network. Select the applicable Contract ID. The "friendly name" will be automatically populated for the Pre-Approved MSA ID selected.
- **Evergreen Contract:** Applicants purchasing services from a contract designated by USAC as "[evergreen](#)" are exempt from the competitive bidding process until the contract expires. Select the applicable Contract ID. The "friendly name" will be automatically populated for the contract ID selected.
- **E-Rate Approved Contract:** Applicants who enter into consortia with E-rate participants under 47 C.F.R. § 54.501(c)(1) and are purchasing services and/or equipment from a master contract approved under the E-rate program are exempt from the competitive bidding requirements. If applicant has previously submitted the E-Rate Approved Contract, select the applicable Contract ID and the "friendly name" will be automatically populated. If applicant has not previously submitted the E-Rate Approved Contract, leave the Contract ID blank, enter a "friendly name" for the E-Rate Approved Contract, and submit (1) a copy of the contract and (2) a copy of the E-rate program approval.

Expense Item Tab

Site Information:

- **HCP Number and Site Name** are required on each expense item. Select the "Search for An HCP button." In the "Search HCPs" pop-up, search for a consortium member HCP by HCP name or HCP number. Click "Select" to add the HCP to the expense item.
 - If this FCC Form 462 was created from an FCC Form 461, then the search results will be limited to only member sites of the consortium that were listed on the corresponding FCC Form 461.
 - Partial searches are allowed. For example, searching for "Health Center" will give all HCPs in the consortium with "Health Center" somewhere in the HCP name.
 - Up-to-date LOAs are required for each member site in the consortium. The "LOA Expiry" column will show the LOA expiration date for each member site, or "N/A" if the site is exempt from an LOA. Note that if the LOA is expired, the applicant may add the HCP to an expense item and save the FCC Form 462 as a draft, but the FCC Form 462 cannot be submitted.

Contract Information:

- **Please process my form as month-to-month. I do not wish to submit a contract for review** is an optional field. Check this box if you wish to request support on a month-to-month basis. If the box is selected, only enter the expected service start date; additional contract information is not required. This box is not selectable if claiming a Competitive Bidding Exemption.
- **Contract ID** is a required field if a contract is being used for the service. Upload the contract or attach an existing contract. USAC assigns each contract or service agreement a unique identifier (Contract ID). If the contract was previously provided to USAC, select the applicable Contract ID.
- **Contract Friendly Name** is an optional field if a contract is attached to the expense. Enter the name of the contract for ease of use.
- **Date Contract Signed/Vendor Selected** is a required field if a contract is attached to the expense. Enter the date the contract or service agreement with the vendor was signed.
- **Contract End Date** is an optional field, if the applicant has uploaded a contract. Enter the date the contract ends.
- **Length of initial contract term** is a required field if a contract is attached to the expense. Enter the length of the initial contract term (that is, the length of the contract excluding any voluntary renewals). Indicate the unit of measure by selecting the 'Months' or 'Years' radiobutton.

- **Number of contract extensions** is a required field if a contract is attached to the expense. If the contract includes voluntary options to extend the term of the contract, enter the number of such voluntary options. If the contract does not include any voluntary options, enter 'N/A' or '0'.
- **Length of optional extension(s) combined** is a required field if a contract is attached to the expense. If the contract includes one or more voluntary options to extend the term of the contract, enter the combined length of all the voluntary options. If the contract does not include any voluntary options, enter 'N/A' or '0'.
- **If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement?** is a required field if a contract is attached to the expense. Select 'Yes' or 'No' from the drop down options to indicate if the contract should be considered for evergreen endorsement.
 - Note: An evergreen contract provides the HCP with an exemption from the competitive bidding requirement for future funding years, meaning that the HCP is not required to file the FCC Form 461 or participate in competitive bidding for the life of the contract.

Eligible Expense Information

- **Is this a newly installed circuit?** is an optional field. Indicate whether the circuit for which you are requesting funding is newly installed using the dropdown options.
- **Billing Account Number (BAN)** is an optional field. Enter the BAN, if available. The applicant typically can find the BAN on the vendor's bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.
- **Category of Expense** is a required field. Select the category of expense (e.g., Leased/Tariffed Facilities or Services) for which funding is requested.
- **Expense Type** is a required field. Select the expensetype (e.g., T-1, Ethernet) for which funding is requested.
- **Explanation of Eligible Expense** is a required field. Enter a description of the eligible expense for which funding is requested.
- **Is this Service Symmetrical?** is an optional field. The checkbox indicates that the service is symmetrical. If the bandwidth is symmetrical, the download speed field will need to be entered using the dropdown. If the bandwidth is not symmetrical do not check this box.
- **Upload Speed and Download Speed** are required fields if the symmetrical service field is not checked. Use the dropdowns to indicate the upload and download speeds for the expense item. If the symmetrical service box is checked, only the download speed will need to be entered using the dropdown.
- **Expected Broadband Service Start Date/Shipping Date/Last Day of Work** is a required field. Select the date when service began, or is expected to begin.

Quality of Services Guarantee (if applicable and available):

- **Service Level Agreement** is a required field. Use the dropdown to indicate if there is a service level agreement. Indicate whether the applicant's contract with the vendor includes a Service Level Agreement (SLA). If "yes", enter the following broadband performance metrics, if available:
 - **Latency:** Enter the latency (in milliseconds), as specified.
 - **Jitter** is defined as the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream. Enter the maximum range (in milliseconds) in end-to-end delay.
 - **Packet loss** is defined as the percentage of packets that are dropped or discarded before reaching their destination. Enter the maximum packet loss rate as a percentage.
 - **Reliability:** Enter the guaranteed availability (as a percentage) of end-to-end network functionality.

Circuit Information (If applicable)

- **Circuit ID (if available)** is an optional field. Enter the circuit ID, if available. The Circuit ID is a vendor-specific identifier assigned to the connection between two locations. The applicant should find the Circuit ID, if available, on the Vendor invoice.

- **Circuit Start Location** is a prepopulated field. This field will be populated with the HCP physical location information. If the circuit ends at the HCP location, select the 'Swap Address Locations' button and input the correct circuit start location.
- **Circuit End Location** is an optional field. Enter the physical location where the circuit terminates, if applicable.
 - Note: The HCP's physical location must either be the circuit start or end location.
- **Total Number of Fiber Strands (if applicable)** is an optional field. Enter the number of fiber strands, if applicable.
- **Number of Fiber Strands Eligible for Support (if applicable)** is an optional field. Enter the number of fiber strands eligible for support, if applicable.

Financial Information:

- **Quantity of Items Invoiced** is a required field. Enter the number of items invoiced for this expense item.
- **Multi-Year Funding Request** is an optional field. Check the box to indicate that the applicant is seeking a multi-year funding commitment. Applicants who are exempt from competitive bidding because they are seeking support for \$10,000 or less of annual undiscounted costs, and applicants that requested to have their form processed as month-to-month, are not eligible for multi-year funding commitments.
- **Expense Frequency** is a required field. Select the frequency of the expense for which support is sought. The applicant may specify the expense frequency as monthly, quarterly, semi-annual, annual, or one-time.
- **Quantity of Expense Periods** is a required field. Enter the quantity of expense periods for which support is requested. If the Expense Frequency is "monthly", enter the number of months for which support is requested. If the applicant has also requested a multi-year funding commitment, an applicant may request support for up to 36 months. However, the multi-year funding commitment may not cover more than three funding years and may not extend beyond the initial expiration date of the contract.
 - Note: Based on Expected Broadband Start Date, Expense Frequency, and Expiration Date of Initial Term, the number of expense periods will be automatically limited to ensure the requested funding commitment does not exceed three funding years.
- **Undiscounted cost per expense period (excluding taxes & fees)** is a required field. Enter the undiscounted cost per expense period excluding taxes and fees. For example, if the applicant is requesting monthly support for a single connection (e.g., a single T-1), only enter the monthly undiscounted cost of the connection.
- **Taxes & fees per expense period** is an optional field. Enter applicable taxes or surcharges for the service.
- **Undiscounted Cost per item, per Expense period** is a prepopulated field. This field is populated with the sum of the undiscounted cost per expense period (excluding taxes & fees) and taxes & fees per expense period.
- **Percentage of Expense Eligible** is a required field. Enter the percentage of the expense that is eligible for support. If the entire expense is eligible, enter "100%". For example, a vendor may provide a bundle that includes both broadband internet access service (eligible) and web-hosting (ineligible).
 - Applicants seeking support for a service that includes both eligible and ineligible components must explicitly ask in their requests for services (FCC Form 461) that vendors include pricing for a comparable service that is made up of only eligible component(s). If the selected provider submits a price for the eligible component(s) on a stand-alone basis, enter the percentage that reflects the price of the eligible component(s) on a stand-alone basis. If the selected provider does not provide stand-alone pricing for the eligible component(s), the applicant must allocate the costs between the eligible and ineligible components using a methodology that is based on objective and reasonable criteria. See 47 C.F.R. § 54.617(d). Applicants must submit a written description of any required cost allocation(s). See 47 C.F.R § 54.623(a)(4).
- **Percentage of Usage Eligible** is a required field. Enter the percentage of the usage that is eligible for support. If the entire usage is eligible, enter "100%." For example, an HCP may use their broadband for a combination of ineligible and eligible uses. In this case, applicants must upload a cost allocation letter explaining how the usage is being allocated between eligible and ineligible uses.

- **Total Eligible Undiscounted Cost** is a prepopulated field. This is calculated from the information entered in the expense frequency, undiscounted cost per item per expense period, percentage of expense eligible, and percentage of usage eligible fields.
- **Source of the HCP Contribution (choose at least one source)** is a required field. Select at least one source of the HCP's 35 percent contribution. Only funds from eligible sources may be applied toward the HCP's required contribution. Eligible sources include funding from the applicant or eligible HCP participants; state grants, funding, or appropriations; federal funding, grants, loans, or appropriations except for other federal universal service funding; Tribal government funding; and other grant funding including private grants. Any other source is not an eligible source of funding towards the participant's required contribution. See 47 C.F.R. § 54.611(b).
- To add another expense item to the funding request, elect "**Add Expense**" or "**Save and Continue**" to move onto the next section.
- **Total undiscounted cost for eligible recurring expenses** is a pre-populated field. This will display the sum of all eligible recurring expenses on all line items on the FCC Form 462.
- **Total undiscounted cost for eligible non-recurring expenses** is a pre-populated field. This will display the sum of all eligible non-recurring expenses on all line items on the FCC Form 462.

Additional Documentation Tab

- **List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form** is an optional field, unless the applicant received competitive bids and has a contract associated with the FCC Form 462. Select the appropriate documentation type from the dropdown menu, and upload the documentation. Document types include, but are not limited to:
 - Award Letter to Vendor
 - Competitive Bids
 - Contract
 - Cost Allocation
 - Cost Effectiveness Evaluation
 - Eligible Usage Calculation
 - List of Evaluators and Titles
 - Viable Source Letter (35%)

Certifications tab

- **Request for Confidentiality** is a required field. Indicate whether applicant is requesting that commercial and financial information submitted with the FCC Form 462 and any associated FCC Form 463 be treated as confidential. See 47 C.F.R. § 0.459(a)(4).
 - In addition, by checking "Yes", the requested non-disclosure will also include the following supporting documents submitted with the FCC Form 462: (i) contracts or other documentation, 47 C.F.R. §54.643(a)(3); (ii) competitive bidding documents, 47 C.F.R. §54.643(a)(4); and (iii) written descriptions of cost allocations, 47 C.F.R § 54.643(a)(5).
 - Requesting confidential treatment of the above commercial and financial information does not guarantee non-disclosure. All decisions regarding disclosure of company-specific information will be made by the FCC. See 47 C.F.R. § 0.459.
 - If the applicant would like to request non-disclosure and confidential treatment of information beyond what is set forth above, the applicant may file a formal request for confidential treatment of that additional information pursuant to 47 C.F.R. § 0.459.
- **Certifications** are required fields. All eight certifications must be checked.

Signature tab

- **Email, Printed Name of Authorized Person, Title/Position, Phone, Employer, and Employer's FCCRN** are prepopulated fields. These fields are populated based on the user credentials associated with the login information used for My Portal.
- **Signing on behalf of** is a required field for tertiary account holders. Select the Name of the Primary Account Holder or Secondary Account holder from the dropdown menu to identify on whose behalf you are signing the form.
 - Certifications must be signed by an officer or director of the HCP or other authorized employee of the HCP. See 47 C.F.R. § 54.649. A third-party (e.g., consultant) is prohibited from certifying, signing, or submitting the FCC Form 462, unless USAC receives, prior to the submission of the form, a written, dated, and signed authorization 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. If not previously provided to USAC, submit any such required letter of authorization to USAC and obtain USAC approval before signing and submitting this form.