

Telecommunications (Telecom) Program

FCC Form 465 Guide

How to submit the FCC Form 465 (Description of Services Requested and Certification Form) as a health care provider (HCP).

HCP Location Information Tab

- **Funding Year.** The funding year is a prepopulated field.
- The **FCC Form 465 Application Number** is a prepopulated field. The application number is generated automatically by USAC.
- **FCC Form 465 Application Friendly Name** is an optional field. Enter a name to easily identify this form in the future (e.g., 2017 Funding Year Homewood FCC Form 465).
 - **IMPORTANT:** If there have been any changes to the HCP Location since the last Form 465 filed by this HCP, check the box next to "Check here if any information in this block has changed since your last FCC Form 465 was submitted." Make any changes where necessary. If you leave this box unchecked, the remaining fields on the tab will be auto-filled from the last FCC Form 465 filed by this HCP. This check box will not appear in the portal on an initial FCC Form 465 for a new HCP.
- **HCP Number** is a prepopulated field. The HCP number is a unique identifier given by USAC to each HCP applying for benefits from USAC.
- **Legal Entity Name** is a required field. Enter the name of the legal entity that owns and operates the site.
- **HCP FCC Registration Number (FCCRN)** is a required field. All applicants must obtain an FCCRN if they do not already have one. Obtaining an FCCRN is a simple process that can typically be completed within minutes through the FCC's website: <https://fjallfoss.fcc.gov/coresWeb/publicHome.do>. The FCCRN is a ten digit number that is assigned to a business or individual registering with the FCC and is used to uniquely identify the business or individual in all of its transactions with the FCC.
- **Contact Name** is a required field. This person must be at the physical location of the HCP. The physical location contact is not the person who will be contacted if there are questions about the application. Enter the name of a contact person at the HCP's location.
- **Contact Employer** is a required field. Enter the name of the legal entity for which the Contact works.
- **Title** is a required field. Enter the title of the HCP Contact.
- **Contact Address, Phone, and Email** are required fields, and **Fax** is optional. Enter the Contact's address, state, city, county, zip code, phone number, email address, and fax (optional). If an HCP's address is unavailable, its geo location should be entered into the "Address Line 2" field in the format of latitude and longitude coordinates.
 - Geo location can be found using the following instructions:
 1. Go to <https://maps.google.com>
 2. Type the site (HCP)'s intersection, city/town, or the nearest landmark. Drag the map or use the zoom feature to navigate to its precise location.
 3. Click to drop a pin to mark the location.
 4. Right click on the pin and select "What's Here." A box will appear and the geo-coordinates will be displayed below the address.

Mailing Contact Tab

- The **Mailing Contact Address** inputs are required fields. If the Mailing Contact's address is the same as the physical location contact, select "No" and proceed to the next tab. If the Mailing Contact's address is different from the physical location contact, select "Yes" and complete the remainder of the information on this tab. The mailing contact should

be able to answer questions or verify information submitted on this form in the event that RHC needs to contact the HCP during the application process.

- Note: If a consultant should be the individual contacted with questions, enter their information on this tab.

Eligibility Tab

- **HCP Type** is a required field. Select the category that describes the type of HCP requesting an eligibility determination. Only public or non-profit health care providers that qualify as one of the entity types listed in the drop-down are eligible to participate in the Telecommunications Program.
 - Note: Applicants applying as a consortium of HCPs may only receive support for services provided to the physical location given in the "HCP Location Information" tab. Each HCP site or location is considered an individual HCP for purposes of calculating support under the RHC program. Each site must thus demonstrate that by itself it is an eligible entity. Thus, a separate FCC Form 465 should be filed for each eligible entity in the consortium, using that entity's address, so it can be verified as rural and its Maximum Allowable Distance (MAD) can be determined.
- **HCP operating license/certification** and **CMHC Checklist** are required fields if "Community Mental Health Center" is selected as the HCP Type. Upload both the operating license and the [CMHC checklist](#).
- **Explanation of Organization Type** is an optional field. Provide a brief explanation of why the site qualifies as the category selected.
- **Description of consortium, dedicated emergency department or part-time eligible entity** are required fields if "Consortium of the above," "Dedicated emergency department of rural for-profit hospital," or "Part-time eligible entity" was selected as the HCP Type. Provide a description of the entity and the services it provides.
- **Tribal Affiliation** is a required field. Indicate whether the site is located on Tribal lands, operated by the Indian Health Service, and/or otherwise affiliated with a Tribe. If not applicable, check "N/A."

Additional Information Tab

- **Employer Identification Number (EIN)** is a required field. The EIN is also known as a Federal Tax Identification Number and is used to identify a business or non-profit entity. Enter the EIN for the legal entity listed in the HCP Location Information tab.
- **National Provider Identifier (NPI)** is a required field unless an explanation for why an NPI is not provided is explained in the field below. Enter the ten-digit health care facility NPI used on Medicare and Medicaid claims.
 - IMPORTANT: This should be the organizational NPI, not an individual practitioner NPI. Look up the HCP's NPI code by checking the "[NPI Registry Search](#)."
- **NPI Explanation** is required if an NPI is not provided. If there is no NPI associated with this site, briefly explain why an NPI is not listed.
- **Organization Taxonomy Code** is a required field. Enter the ten-digit taxonomy code associated with the NPI above.
- **Site Taxonomy Code** is a required field. Enter the ten-digit taxonomy code associated with the NPI above.
- **Site Taxonomy Code Explanation** is required if a site taxonomy code is not provided. If there is no taxonomy code associated with this site, briefly explain why a site taxonomy code is not listed.

Request For Services Tab

An FCC Form 465 can be used to request telecommunications service only. Applicants may apply to the Healthcare Connect Fund (HCF) Program to request support for broadband service. Therefore, the options to apply for Internet services have been disabled.

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

- **Number of Days USAC Should Post** is a prepopulated field that cannot be changed by the applicant. The number of days USAC should post defaults to the minimum requirement of 28 days.
- **Posting End Date** is a prepopulated field that cannot be changed by the applicant. The posting end date defaults to the minimum requirement of 28 days.
- **Expected Bid Evaluation Period** is a required field. Enter the number of days the applicant expects to evaluate the bids received after the end of the posting period.
 - Note: "Number of Days USAC should post" and the "posting end date" are used by the system to auto-generate the allowable contract selection date (ACSD). If the minimum requirement of 28 days needs to be adjusted, please contact the RHC Help Desk at RHC-Assist@usac.org. The expected bid evaluation period is not part of the ACSD calculation. An applicant may agree to or sign a contract on or after the ACSD, regardless of whether the expected bid evaluation period has ended, as long as the applicant has considered and evaluated all responsive bids to ensure it is conducting a fair and open competitive bidding process.
- **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.
 - Enter a bandwidth range for each service where bandwidth is required. For services where the bandwidth fields are enabled, enter in a number of Mbps for **minimum download speed, maximum download speed, minimum upload speed, and maximum upload speed**. The bandwidth can be up to 6 digits with 3 decimal places. For services where the bandwidth fields are gray and locked for editing, bandwidth is not applicable.
- Up to five "Other" services can be added to the form. If entering an "Other" service, bandwidth range is optional.
- Choose "Select All" button to add all services at once.
- Use the checkbox column on the right to indicate if **the applicant is seeking bids for similar services if appropriate**. By default, this box will be checked for each service.
- **Anticipated Applications and Use of Supported Connection** is a required field. Select all of the ways in which the HCP anticipates using the supported connections and services. Indicate both the usage level and usage period for the application and use of supported connection by selecting the options from the drop-down menus.
 - NOTE: *Usage Level* describes the number of users and how often they will use the application or supported connection. *Usage Period* describes when the application or supported connection will be used.
- **New for FY2021: Does the applicant require a Service Level Agreement (SLA)?** is a required field. Select "Yes" or "No" to indicate if the applicant has a quality of service requirement. If yes, then also indicate Yes/No if the applicant has a quality of service requirement for these four categories:
 - **Latency** is the amount of time a message takes to traverse the network.
 - **Jitter** is defined as the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream.
 - **Packet Loss** is defined as the percentage of packets that are dropped or discarded before reaching their destination
 - **Reliability** is the guaranteed availability of end-to-end network functionality. If there is a reliability requirement, enter the required **Reliability %** as a percentage with up to 10 decimal places.

Bid Evaluation Tab

- A **Bid Evaluation** matrix, or a list of weighted evaluation criteria, is required to evaluate bids. 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%). 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.

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 465.
- If the applicant is using a **Request for Proposal**, upload as a supporting document.
- 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.
 - **IMPORTANT:** Any documentation uploaded to this tab will be made publicly available on the Search Posted Services tool on USAC's website.

Declaration of Assistance Tab

- **Declaration of Assistance** is an optional field, and only required if the applicant received assistance filling out this form and/or the bid evaluation. Enter the contact information of any consultants, service providers, or any other outside experts, whether paid or unpaid that aided in the preparation of the FCC Form 465 or bid evaluation. Also provide a brief description of the **nature of the relationship** between the third party and the applicant. If the applicant did not receive assistance, you can leave this blank and move to the next tab.
 - **Note:** An outside expert is anyone who is not an employee of the HCP. An employee of the Consortium Leader, consortium member, or HCP may be considered an "outside expert" if he or she helped prepare the Form 465 outside of the scope of his or her employment.

Certifications Tab

Certifications

- **Certifications** are required fields. All certifications must be checked.
- **Name, Title or position, Email address, Employer and Employer's FCC RN** of authorized person are required fields for new applicants. When applying as a new applicant, input the information of the person authorized to submit this FCC Form 465.
- If filing as a third-party, the Third Party Authorization (TPA) must be attached as supporting documentation.

Preview

- Applicants must **preview** the FCC Form 465 before the form can be submitted. Once the form is reviewed, applicants should:
 1. Make any necessary changes to the information entered; or,
 2. Select the "I have reviewed the form and have no changes" radio button, and then click "Save and Continue."
- New applicants submit the FCC Form 465 after reviewing the form, selecting the "**I have reviewed the form and have no changes**" radio button and clicking "**Submit**."
- Returning applicants continue to an additional tab after reviewing the form, selecting the "**I have reviewed the form and have no changes**" radio button and clicking "**Save and Continue**."

Submit

- Select "**Accept**," enter your **Signature** (the "Signature" is your password to access My Portal), and click "**Certify & Submit**."
- The person signing the FCC Form 465 must be authorized to provide the information required by FCC Form 465 on behalf of the HCP.