

Telecommunications (Telecom) Program

FCC Form 466 Guide

How to submit the FCC Form 466 (Funding Request Form) as a health care provider (HCP). Please keep in mind that the FCC Form 466 must be submitted during a [filing window](#) to be considered for funding.

Bill Payer Information Tab

Block 1: HCP Information

- **466 Funding Request Number (FRN)** is a prepopulated field. The FRN is a unique identifier for each request submitted. USAC assigns each FCC Form 466 a unique FRN when the form is started.
- **466 Friendly Name** is an optional field. If you wish, you may enter a name to easily identify this form in the future.
- **Line 1** is the HCP name, and is pre-populated from the FCC Form 465. If any of this prepopulated information is incorrect, you must submit an FCC Form 465 revision to correct the site information.
- **Line 2** is the HCP number, and is pre-populated. The HCP number is a unique identifier given by RHC to each HCP applying for support. RHCD will assign an HCP number to each new applicant upon receipt of the Form 465. The HCP number entered on Line 2 must match the HCP number in Line 1 of the associated Form 465.
- **Line 3**, Form 465 Application Number, is a pre-populated field and is a unique identifier for this FCC Form 465.
- **Line 4** is an optional field. If the HCP is a consortium member, it is required to provide the name of the consortium, if the HCP is a consortium member. Leave Line 5 blank if the HCP is not a consortium member. If an HCP belongs to more than one consortium, it may have different points of contact, different connections, and different billing numbers. In such a case, it is essential that different consortia names and different Bill Payer Information be provided to avoid processing delays.

Block 2: Bill Payer Information

Note: You may pre-populate Lines 5 through 15 by selecting the "Yes" radio button in **Copy Block 2 From Other 466**, and then selecting the prior FCC Form 466 in the dropdown.

- **Line 5** requires providing the **billed entity's name**. The "billed entity" is the entity that actually pays the bills of the service provider for the HCP. It may be the HCP itself, or it may be a "parent" organization or consortium to which the HCP belongs.
- **Line 6** requires providing the **Billed Entity's FCC Registration Number (FCCRN)**. All participants in the Rural Health Care Program must have an FCCRN to be eligible for participation. Information on how to get an FCCRN is available on the FCC website at www.fcc.gov.
- **Line 7** requires providing the **name of a contact person** at the billed entity location. This person should be able to answer questions or verify the information submitted on this form, in the event that RHCD needs to contact the billed entity during the application process.
- **Lines 8-15** require providing the **contact person's mailing address, city, state, ZIP code, phone number, fax number, and E-mail address**.

Block 3: Funding Year Information

- **Line 16** requires indicating the **funding year** (July 1 through June 30) for which the HCP is requesting support. This information pre-populate based on the funding year selected on the "My Forms" tab.

Service Information Tab

Block 4: Service Information

- **Line 17** requires identifying the **services for which the HCP is seeking reduced rates**, and the circuit bandwidth if applicable. First, select the service type from the dropdown, and then select the bandwidth from the dropdown. If ordering multiple circuits, e.g., 2 T-1s, the applicant must file a separate FCC Form 466 for each circuit.
 - The HCP must submit to RHC a **bill, contract, service offer or letter** from the telecommunications carrier, which clearly identifies the service, bandwidth, and cost for which support is requested. The submitted document must be dated, and the date must be within the funding year for which support is requested. If the applicant does not have such documentation or is unsure of the type of service or bandwidth, contact the service provider representative for clarification.
- **Line 18** requires entering the **total billed miles**. Total billed miles must always be entered, for both mileage-based charges requests and comprehensive rate comparison requests. Billed miles identify the miles for which the service provider requires the payment of mileage charges. Total billed miles are the sum of all miles billed by all telecommunications carriers as described in Line 36 or Line 42 below. For instance, if one service provider bills for 100 miles and a second service provider bills for 150 miles, the total billed miles are 250 miles.
 - If a service provider bills for interoffice mileage only, the total billed miles will equal the interoffice portion of the circuit. If a service provider charges for local channel mileage and interoffice mileage, the total billed miles will equal the interoffice channel(s) mileage plus the local channel(s) mileage. Billed miles are determined by and may be obtained from your service provider if you do not have this information.
- **Line 19** is a prepopulated field. The **Maximum Allowable Distance (MAD)** represents the maximum circuit distance for which support can be provided and is determined by calculating the distance from the HCP's location to the farthest point on the jurisdictional boundary of the largest city in the HCP's state (before July 1, 2004, the MAD was calculated from the HCP's location to the nearest large city of population 50,000 or more in the HCP's state).
- **Line 20** requires entering the **percentage of the circuit that is used by the HCP for the provision of health care**. If the percentage is less than 100%, briefly explain in the lines below how the percentage was derived (time of use, number of uses, bandwidth used, etc.). The FCC has determined that non-profit entities functioning as eligible health care providers on a part-time basis are eligible for prorated support from RHC commensurate with their provision of eligible health care services. These part-time non-profit rural health care clinics are eligible to receive supported services during the time that they function as a rural health clinic, even when they are associated with ineligible entities such as nursing homes, hospices, or other long-term care facilities.
 - The FCC also determined that dedicated emergency departments in rural for-profit hospitals constitute eligible rural health clinics, and as such are eligible for prorated RHCD support. These facilities must have indicated that they are a "dedicated emergency department of a rural for-profit hospital" on their Form 465. If the applicant indicated on Line 27 of Form 465 that it is a "part-time eligible entity", Line 20 should be used to explain how the prorated support portion was determined. Please see "Eligibility and Support Percentage for For-Profit Hospital Emergency Department or Part-Time Rural Health Clinic" on the RHCD website for methods these entities may use to determine their prorated support percentage.

Connection Information

- The Connection Information section requires **information about each of the connections that together comprise the entire circuit**. Most circuits only contain one connection (i.e., one service provider for the entire circuit). If the HCP's circuit contains one connection, complete only the first column. However, some circuits contain multiple connections. There are usually multiple connections when there are multiple bills (i.e., more than one service provider) for the same circuit.
- This form accommodates up to four service providers. The information for each connection should be entered in separate columns. Carrier A must be the service provider that provides the segment of the circuit connecting directly to

the HCP. Carrier B should be the service provider for the next segment, Carrier C is the service provider for the next and Carrier D is the service provider furthest from the HCP.

- Select the **Choose a SPIN/498 ID**. In the pop-up, search for the selected vendor's Service Provider Identification Number (SPIN) or Service Provider Name. Choose the hyperlink SPIN number to add that service provider to the form. **Line 21**, Service Provider Name, and **Line 22** Service Provider Identification Number (SPIN/498 ID) will be pre-populated based on your selection.
- **Line 23** requires providing the **name of a contact person for the service provider**. This person should be able to answer questions or verify rates or other information provided on this form
- **Line 24-25** requires providing the phone number and email address of the contact person for the service provider(s).
- The circuit start location or circuit termination location must be the HCP's physical location. Use the radio buttons to select if the **Circuit Starts at HCP Location** or **Circuit Terminates at HCP Location**. The HCP's physical address will pre-populate in Line 26 or Line 27 depending on the selection.
- **Line 26** requires providing the **address of the physical location where each service provider's circuit starts**.
- **Line 27** requires providing the **address of the physical location where each service provider's circuit terminates**.
- **Line 28** requires providing the **account number that the service provider has created to bill for the service**. This information will help the service provider apply the credit to the proper account. If there are multiple account numbers for a particular service, provide one main number. If the service has been established, the applicant should be able to find the account number on past bills, or the account number may be requested from the service provider. If the carrier has not yet established an account number for a new service, ask the service provider for a "pre-account" identifier for the service, and use that identifier.
- **Line 29** gives the option to provide a **tariff, contract, or other document identification** number for each segment of the circuit. Please contact the service provider representative and ask him/her for a contract or tariff reference number, if the applicant does not have this information. If the HCP is receiving service based upon a master contract signed by a state, regional, or local procurement agency, use either the master contract number or the number of the specific purchase agreement for the HCP's service under the master contract. If the HCP is receiving service under a contract, a copy of the contract must be attached to the Form 466.
- **Line 30** requires identifying the **contract selection date**. This is the date the HCP or its authorized representative entered into an agreement with a service provider, or the date the HCP or its authorized representative otherwise selected the service provider. For instance, this may be the date the HCP or its authorized representative signed a contract or requested that the service be installed.
 - The HCP or its authorized representative must not select a service provider or enter into a contract or purchase agreement with a service provider until at least 28 days have elapsed since the Form 465 was posted on the RHC website. This is the Allowable Contract Selection Date (ACSD). An HCP with existing service may continue to receive (non-supportable) service during the 28-day posting period, but must not select a service provider to continue the service beyond the ACSD until the ACSD. Entering into an agreement prior to the ACSD could disqualify the HCP from receiving benefits under the universal service support mechanism for services under those agreements. If an HCP signs a long-term contract after their ACSD, they will be exempt from the 28-day posting for the original term (no optional extensions) of the contract. However, applicants are encouraged to post Form 465 each year, since reliance on an expired, or otherwise inadequate or non-binding contract to avoid the 28-day posting requirement could result in denial of support.
- **Line 31** requires entering the date (mm/dd/yyyy) the **contract expires** (not counting any optional extensions). For tariff services identified as such in Line 29, enter "NA" for month-to-month (MTM) service.
- **Line 32** requires entering the date the service started or was installed, or for a new service, the date the applicant expects it to start.
- **Non Exempt FCC Forms 466:**



- **Are you submitting a new contract to be reviewed for evergreen endorsement?** Is a required field. Select 'Yes' or 'No' radio buttons indicate if the contract should be considered for evergreen endorsement. If Yes, you must click “**Select Contract Info**” button and provide contract information.
 - If you have a contract for this circuit and have already received an evergreen endorsement from RHC, enter the RHC Contract ID and Contract Expiration Date in the [Evergreen Contract](#) section and select “**I have Evergreen.**”
 - If you have already submitted this contract with another form in this funding year and have not received an evergreen endorsement, in the **Contract Submitted** section, choose the Contract ID from the “**Contracts for this HCP**” dropdown and then select “**Okay.**”
 - If you are attaching a new contract for review, in the **Upload New Contract** section, provide a **friendly name** for the contract, upload the document, and then select “**I am attaching a new contract for review.**”
- **Exempt FCC Forms 466**
 - **Are you submitting a new contract to be reviewed for [competitive bidding exemption](#)?** Is required only on forms that were created as an exempt FCC Form 466. Select whether the exemption type is government master services agreement, pre-approved master services agreement, or E-Rate master contract. Click “**Select Contract Info**” button. In the pop-up, you must upload the contract documentation used to support the exemption selection.
- **Line 33**
 - The **Undiscounted Cost per Month** must be the calculated rural rate, consistent with the requirements in 47 CFR 54.607. You must include documentation that supports this calculation.
 - The **Taxes & Fees per Month** must be any eligible taxes and fees you are charged, consistent with the requirements in 47 CFR 54.609. You must include documentation that supports this figure. As stated in 47 CFR 54.609, “charges for termination liability, penalty surcharges, and other charges not included in the cost of taking such service shall not be covered by the universal service support mechanisms.”
 - The **Total Undiscounted Cost per Month** is the sum of the two previous lines. You must include documentation that supports this figure. This amount will be used to calculate your level of support. This should be the Monthly Recurring Cost (MRC).
- **Line 34** requires providing a **circuit diagram** if the HCP is part of a consortium or has multiple service providers for the service. The diagram need not be detailed but must identify the individual sites and service providers so RHC can verify that there is no overlap in support requests from multiple consortium members or multiple carriers involved in the service.
- **Line 35** requires the applicant to **indicate if the HCP is a mobile rural health care provider**. If not, check “NO” and proceed to Block 5. If the HCP is a mobile rural health care provider, check “YES” and provide an attachment listing the names and full addresses of all sites expected to be served by the mobile HCP during the funding year. For each site, indicate the expected schedule and duration of visiting each site. The HCP must verify that each of the sites is rural, or prorate the support request to cover only the time when the mobile health care provider will operate in a rural area. The HCP must maintain records of the supported services, any proration of support, and sites served for five years.

Rate/Bid Tab

Block 5: Mileage-based Charge Discount Request

Block 5 of the FCC Form 466 requires information about **monthly mileage charges** billed by the service provider. An HCP may choose to calculate support based on mileage only in Block 5, or the actual urban/rural rate difference in Block 6, but not both. **Complete either Block 5 or Block 6, depending on which is easier or provides the most support. RHC cannot make that determination for an HCP.**

Block 5 presumes that most of the disparity between urban and rural rates is due to distance-based charges. Thus, HCPs may be able to simplify their applications by requesting support for only the distance-based charges for their service, which constitutes most or all of the urban/rural difference in the cost of their selected service.

- **Line 36** requires entering the **billed miles** for each connection. The sum of billed miles for all connections should equal the "total billed miles" on Line 18. If the billed miles exceed the MAD (Line 18 exceeds Line 19), RHCD will limit supportable mileage to the MAD. The Standard Urban Distance (SUD) for the HCP's state will also be deducted from supportable billed miles. (Standard Urban Distances can be found on the RHCD website.)
- **Line 37** requires entering the **monthly mileage charges** for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 36.
 - Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should include taxes and regulatory fees that are applied as a percentage of the per mile charge. If the service has been established, the monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider's representative for mileage charge information. If the amounts on Line 37 and Line 33 are identical, please consult the service provider, because non-mileage charges may be incorrectly included on Line 37. If the service provider affirms that under their rate structure, the HCP does not pay any fixed, non-mileage charge for the service, please enclose documentation from the service provider certifying to that effect. The application cannot be processed without such documentation if the amounts on Line 37 and Line 33 are identical, as it will be presumed that the form contains incorrect information.
- **Line 38** requires entering the **cost per mile per month** (e.g. \$11.50 per mile) for each connection.
 - If a circuit uses banded mileage, for example the first 10 miles are \$10 per mile and the next 25 miles are \$5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service provider for this information. This information should be consistent with the information on Lines 36 and 37, that is, the applicant should be able to derive monthly mileage charges (Line 37) by applying the cost per mile information on line 38 to the billed miles on Line 36.

Block 6: Comprehensive Rate Comparison Request

If the applicant completed Block 5, do not complete Block 6. If both Blocks are completed, processing of the application may be delayed or support may be less than expected. If a service provider's rural rates are greater than urban rates for reasons that are not just due to mileage, the HCP may choose to use a comprehensive rate comparison of all elements of the service to determine the supportable urban/rural difference.

- **Line 39** requires entering the **one-time urban rate charge** for the service listed in Line 17 in any large city in the HCP's state with a population of 50,000 or more. The one-time urban rate charge is the amount a service provider would charge to install the service in that large city. This should be documented in the same manner as for Line 40 below.
- **Line 40** requires entering the **actual one-time rural rate charge** for the service listed in Line 17. The one-time rural rate charge is what the service provider will charge the billed entity to install the service listed in Line 17. If service was installed before the Allowable Contract Selection Date, the HCP is not eligible to receive installation support and Lines 39 and 40 blank should be left blank.
- **Line 41** requires entering the **monthly urban rate** for the service listed in Line 17. Prior to Funding Year 2004, urban/rural rate comparison required the services to be as identical as possible. However, the FCC has now determined that comparability of urban and rural services may be based on functionality, from the end user's perspective. That means the urban service type and bandwidth should functionally match the actual service for which support is requested, even if the services are not identical. For RHC purposes only, the FCC created "[safe harbor](#)" categories of functionally equivalent services based on the advertised speed and nature of the service:
 - Low 144-256 kbps
 - Medium 257-768 kbps
 - High 769-1400 kbps

- T-1 1.41-8 mbps
- T-3 8.1-50 mbps
- Telecommunications services will be considered functionally similar when operated at advertised speeds within the same category (see above) and when the nature of the service is the same (symmetrical or asymmetrical). For example, a symmetrical fractional T-1 service operating at an advertised speed of 144 kbps would be considered functionally similar to a symmetrical DSL transmission service with an advertised speed of 256 kbps.
- If an applicant procures service on a month-to-month rate, the comparison urban rate should be a month-to-month rate, whereas if the rural rate is for a multi-month contractual obligation of the HCP, the urban rate should use the same multi-month commitment. HCPs that procure service under a master contract that does not obligate the HCP to a multi-month commitment should base the urban rate on month-to-month service.
- **Applicants MUST document the urban rate.** However, the RHC website provides a "[safe harbor](#)" urban rate for many services and many locations. If an urban rate is on the RHC website for the selected service in the HCP's state, the HCP can use that rate as documentation. An HCP may also document the urban rate offered by any common carrier in any large city of 50,000 or more in the HCP's state. An HCP may do this to show a lower urban rate (meaning a larger urban/rural rate difference and more support), or the HCP must do this if the RHC website does not list an urban rate for the selected service/bandwidth in the HCP's state. When an HCP submits its own urban rate documentation, the urban rate should price a circuit of the Standard Urban Distance (SUD) in the HCP's state. (The SUD can be found on the RHC website). Check the appropriate box on Line 41 to indicate that other rate documentation is being submitted. Documentation may include tariff pages, contracts, a letter on company letterhead from the urban service provider, rate pricing information printed from the urban service provider's website, or similar documentation showing how the urban rate was obtained.
 - The source of the documentation and the date must be clearly identifiable on the document. Please use arrows, circles, or otherwise point out the exact numbers or rates on which the rate comparison is based. (Do not use "highlighter" that will not copy). Tariff pages, without annotations and without carrier identification, are not acceptable. Please include only summary pages where possible. If taxes and regulatory or related fees are included in the rural rate for which support is requested, the same taxes or fees must be included in the urban rate used for comparison. Taxes and fees are NOT included in the urban rates on the RHC website, so if an applicant uses RHC's posted urban rates, the tax or fee percentages that apply to the rural rate must be applied to the urban rate in the support calculation. Unless an applicant's supporting documentation makes it clear that taxes or regulatory fees are assessed as a percentage rather than as fixed, per line assessment, RHC will not include them in the support calculation.
- **Lines 42-44** need only be completed if Line 18 exceeds Line 19, that is, if the HCP's billed mileage exceeds the Maximum Allowable Distance, in which case support must be reduced by the cost-per-mile times the excess miles. (Note that Lines 42 to 44 are identical to Lines 36 to 38. If Lines 36 to 38 were completed, DO NOT complete Lines 42 to 44, because only Block 5 or Block 6, but not both, should be completed.)
- **Line 42** requires entering the **billed miles** for each connection. The sum of billed miles for all connections should equal the "total billed miles" on Line 18.
- **Line 43** requires entering the **monthly mileage charges** for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 42.
 - Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should include taxes and regulatory fees that are applied as a percentage of the per mile charge. Monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider representative for mileage charge information.
- **Line 44** requires entering the **cost per mile per month** (e.g. \$11.50 per mile) for each connection.
 - If a circuit uses banded mileage, for example the first 10 miles are \$10 per mile and the next 25 miles are \$5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service

provider for this information. This information should be consistent with the information on Lines 42 and 43, that is, the applicant should be able to derive monthly mileage charges (Line 43) by applying the cost per mile information on Line 44 to the billed miles on Line 42.

Block 7: Bid Documentation

- **Line 45** requires confirmation of **whether or not bids were received** for the services requested. If bids were received, the applicant must upload a copy of each bid received.

Certifications Tab

Block 8: Certification

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

Preview

- Applicants must **preview the FCC Form 466** 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**."

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 466 must be authorized to provide the information required by FCC Form 466 on behalf of the HCP.