

Health Care Providers Universal Service Funding Request and Certification Form

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
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
[] Year 2021 (07/01/2021 - 06/30/2022)
[] Year 2022 (07/01/2022 - 06/30/2023)
[] Year 2023 (07/01/2023 - 06/30/2024)

Block 4: Service Information

Service Category
17 Type of Service & Circuit Bandwidth (Documentation required)
Symmetrical [] Download Bandwidth Upload Bandwidth
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

Table with 5 columns: Connection Information, Carrier A, Carrier B, Carrier C, Carrier D. Rows 21-33 include Service Provider Name, SPIN, Contact Person Name, Phone #, Email, Circuit Start/Termination Location, Billing Account Number, Contract Reference Number, Date Signed, Expiration Date, and Installation Date.

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: [] Yes [] No

35 Are you a mobile rural health care provider? [] Yes [] No If yes, see instructions and attach a list of all sites to be served.

Block 6: Comprehensive Rate Comparison Request

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				

State	
Rate Tier	
Category Of Service	
Bandwidth (Mbps)	
Best efforts/dedicated service	

Median Rural Rate

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 under penalty of perjury that the above-named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. "Cost-effective" is defined in 47 CFR § 54.622(c) of the Commission's rules as the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the applicant deems relevant to choosing a method of providing the required health services.

47 I certify under penalty of perjury that the applicant that I am representing satisfies all of the requirements under section 254 of the Act and applicable Commission rules and understand that any letter from USAC that erroneously commits funds for the benefit of the applicant may be subject to rescission.

48 I hereby certify under penalty of perjury that the applicant will retain all documentation associated with the application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, for a period of at least five years.

49 I certify under penalty of perjury that I am authorized to submit this request on behalf of the named billed entity and applicant.

I certify under penalty of perjury that all RHC Program support will be used only for eligible health care purposes.

I certify under penalty of perjury that I have reviewed all applicable rules and requirements for the RHC Program and will comply with those rules and requirements.

I certify under penalty of perjury that the applicant is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund Program.

I certify under penalty of perjury that the applicant and/or its consultant, if applicable, has not solicited or accepted a gift or any other thing of value from a service provider participating in or seeking to participate in the RHC Program.

I certify under penalty of perjury that I have examined this form and all attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

I certify under penalty of perjury that the consultants or third parties the applicant has hired do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.

I certify under penalty of perjury that the rural rate provided on this form does not exceed the appropriate rural rate determined by USAC.

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-PERF, 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.

<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

SLA

Carrier A

Does the applicant's contract with the service provider include a Service Level Agreement (SLA)?

Yes

No

Latency requirement per the contract SLA

Jitter requirement per the contract SLA

Packet loss rate requirement per the contract SLA

Reliability requirement per the contract SLA (%)

Carrier B

Does the applicant's contract with the service provider include a Service Level Agreement (SLA)?

Yes

No

Latency requirement per the contract SLA

Jitter requirement per the contract SLA

Packet loss rate requirement per the contract SLA

Reliability requirement per the contract SLA (%)

Carrier C

Does the applicant's contract with the service provider include a Service Level Agreement (SLA)?

Yes

No

Latency requirement per the contract SLA

Jitter requirement per the contract SLA

Packet loss rate requirement per the contract SLA

Reliability requirement per the contract SLA (%)

Carrier D

Does the applicant's contract with the service provider include a Service Level Agreement (SLA)?

Yes

No

Latency requirement per the contract SLA

Jitter requirement per the contract SLA

Packet loss rate requirement per the contract SLA

Reliability requirement per the contract SLA (%)

Block 7: Bid Documentation (continued)

Number of Service Providers that Bid: