

## 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.

## Start Tab

- The following fields are prepopulated based on information from the FCC Form 465: **HCP Number and Name, FCC Registration Number, Address and State**. If the information displayed is incorrect, submit an FCC Form 465 for the HCP to make any necessary corrections prior to submitting an FCC Form 466.
- **Application Nickname** is a nickname for the form that should be entered to easily identify this form in the future.
- **Funding Year** is a prepopulated field. A funding year runs from July 1 to June 30 of the following year.
- **Application Number** is a prepopulated field. The Application Number is a unique identifier for each request submitted. USAC assigns each FCC Form 466 a unique Application Number when the form is started.
- The **Funding Priority Tier** is based on the rurality of the HCP site filing the FCC Form 466 and whether that site is in a Medically Underserved Area or Population (MUA/P) as determined by the Health Resources and Services Administration (HRSA). The priority tier is assigned when the FCC Form 465 is approved. USAC is directed to prioritize funding using priority tiers should program demand exceed the program cap in any given funding year.

## Competitive Bidding Tab

- **Is the HCP requesting that this application be exempt from competitive bidding?** Select "Yes" if this funding request is using an exemption, select "No" if this funding request is not using an exemption.
  - If the applicant has an additional eligible expense that qualifies under a separate and distinct competitive bidding exemption, the applicant must file a separate FCC Form 466 to request funding for that additional eligible expense.
  - 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 466 for those expenses and select the applicable FCC Form 465. For example, an applicant is requesting funding for the purchase of certain eligible services from an evergreen contract. Each of these eligible expenses would be submitted on one FCC Form 466. The applicant also is requesting funding for additional eligible services that were not covered by the evergreen contract. Each of these latter eligible expenses would be submitted on their own separate FCC Form 466 that identifies the required FCC Form 465.
- Competitive bidding exemptions are displayed under "**Explanations**" and are as follows:
  - **Government Master Service Agreement:** Applicants purchasing services from a Master Service Agreement (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 the applicant has previously submitted (and USAC has approved) this Government MSA, select the Contract ID assigned by USAC and the "Contract Nickname" will automatically be populated. If the applicant has not previously submitted this Government MSA, leave the Contract ID blank, enter a "Contract Nickname" 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).

- **Pre-Approved Master Service Agreement:** Applicants purchasing services from Master Service 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 "Contract Nickname" 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 "Contract Nickname" will be automatically populated for the contract ID selected.
- **E-Rate Approved Contract:** Applicants who enter into consortium with E-rate participants under 47 C.F.R. § 54.501(c)(1) and are purchasing services from a master contract approved under the E-rate program are exempt from the competitive bidding requirements. If the applicant has previously submitted the E-Rate Approved Contract, select the applicable Contract ID and the "Contract Nickname" will be automatically populated. If the applicant has not previously submitted the E-Rate Approved Contract, leave the Contract ID blank, enter a "Contract Nickname" for the E-Rate Approved Contract, and submit (1) a copy of the contract and (2) a copy of the E-rate program approval.
- if "Yes" was chosen as the response to the previous question, select the competitive bidding exemption that applies to the eligible expense(s) for which support is requested. This will require uploading a contract using the "Add Contract" button.
- If using an evergreen contract, select the existing contract from the drop-down menu. For all other exemptions, upload a new contract or choose an existing contract.
- For **Contract Sign Date**, enter the date the contract or service agreement with the vendor was signed.
- **Contract End Date** is a mandatory field. Enter the date the contract ends based on the contract term.
- For **Length of initial contract term**, enter the length of the initial contract term (that is, the length of the contract excluding any voluntary extensions). Indicate the unit of measure by selecting the "Months" or "Years" from the drop-down menu.
- If the contract includes voluntary options to extend the term of the contract, enter the number of such voluntary extensions. If the contract does not include any voluntary options, enter "0" or leave the field blank. Up to five years of voluntary extensions are allowable under RHC program rules.
- If an FCC Form 465 was used to submit the FCC Form 466, select "No" for the question about qualifying for an exemption.
- **Related FCC Form 465 Application** will display if the form was created using an FCC Form 465. Select the related FCC Form 465 from the drop-down menu. All FCC Forms 465 submitted for the HCP will be available.
  - The application number is populated based on the FCC Form 465 used to create this FCC Form 466. Only one FCC Form 465 may be associated with each FCC Form 466.
  - Note: If claiming a competitive bidding exemption for some expenses, but not for others, the applicant must file a separate FCC Form 466 for each of the expenses not covered by a competitive bidding exemption.
- Enter the **Number of Service Providers That Bid** and click "Add Documents" to upload all bids received including winning, losing, and disqualified bids as well as the bidding matrix used to evaluate each bid based on the weighted criteria entered on the 465.
- **Allowable Contract Selection Date (ACSD)** - The ACSD is the first day an applicant may agree to or sign a contract with a vendor. The ACSD is calculated based on the number of days the FCC Form 465 was posted. The ACSD is no less than 29 calendar days after the date on which the FCC Form 465 was posted on USAC's website. Applicants cannot file an FCC Form 466 until the ACSD is reached.  
 Note: Unless covered by a competitive bidding exemption, applicants must wait at least until its ACSD before a contract may be signed with a vendor. USAC provides the applicant with the ACSD for the FCC Form 465 via a 465 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.

### Bill Payer Information Tab

Note: You may pre-populate all fields on this page by clicking the “Yes” radio button, and then selecting the prior FCC Form 466 in the drop-down menu. FCC Forms 466 from two years prior to the current funding year will be available to select.

- **Billed entity’s name** 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.
  - **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](#).
  - **First and last name of a contact person** is the 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 RHC needs to contact the billed entity during the application process.
- Other fields on this page require providing the **contact person’s mailing address, city, state, ZIP code, phone number, fax number** (optional), and **E-mail address**.

### Service Information Tab

- Select the **Service Category** and **Service Type** from the drop-down menu.
  - If the service category selected is “Voice,” enter the **Number of Lines** in the field.
  - If the service category selected is “Data,” enter the bandwidth speeds of the service. If ordering multiple circuits, e.g., 2 T-1s, the applicant must file a separate FCC Form 466 for each circuit.
  - **Upload Speed and Download Speed** are required fields. Enter the bandwidth in the field and use the dropdown menu to indicate the unit e.g., Mbps, for the service. If the service is symmetrical, only the download speed is required. If the service is not symmetrical, both the upload and download speeds are required.
- The HCP must submit to RHC a bill, contract, service offer or letter from the telecommunications carrier, which clearly identifies the service, bandwidth, cost, and circuit location 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.
- Answer “Yes” or “No” to the question “Is this entire expense eligible for support?”
    - If “No” is selected, enter the percentage of the expense that is eligible for support. 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”, this section should be used to explain how the prorated support portion was determined.

### Connection Information Tab

- 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, click **Enter a New Connection** to add information about the circuit. If there is more than one connection, click **Enter a New Connection** for each section of the circuit and enter information about each connection.
- Answer "Yes" or "No" to the question "Are you a Mobile Rural health care provider?" If "Yes" is selected, upload the required list of sites that mobile clinic visits. The HCP must 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.
- If the HCP is a member of a consortium or uses multiple carriers for the circuit, a circuit diagram must be uploaded to show how the sites interconnect and which carrier(s) provide each circuit segment. 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.

### Add Connection Section

#### Service Provider

- Select the **498 ID/SPIN** by searching for the selected vendor's Service Provider Identification Number (SPIN) in the drop-down menu.
  - Note: If the selected service provider has not indicated on its FCC Form 498 that it wishes to participate in the Telecommunications 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."
- The **Service Provider Name** is populated based on the SPIN/498 ID entered.
  - Note: Service providers can obtain a SPIN/498 ID by submitting the FCC Form 498 (Service Provider Identification Number and General Contact Information Form). Service providers must complete this form and receive a SPIN/498 ID before USAC can authorize support payments. Applicants who do not know their service provider's SPIN should contact their selected service provider and obtain the correct SPIN/498 ID before submitting their FCC Form 466.
- Answer the question "Where is the site's location on the circuit?"
- **Circuit Start Location** is a prepopulated field if the answer to the question is that the circuit starts at the HCP. This field will be populated with the HCP physical location information from the FCC Form 465.
- For **Circuit End Location**, enter the physical location where the circuit terminates. The HCP's physical location must either be the circuit start or end location. Enter the amount of **Billed Circuit Miles**. Billed miles identify the miles for which the service provider requires the payment of mileage charges. If the service provider does not charge based on mileage, enter \$0.

#### Billing Information

- **Billing Account Number (BAN)** is a required field. The applicant typically can find the BAN on the vendor's bill. Contact the service provider with any questions regarding the appropriate BAN to enter in this field.
- **Tariff, Contract, or Other Document Reference Number** is an optional field. For each segment of the circuit, please contact the service provider with any questions regarding the appropriate number to enter in this field 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.

- Enter the **Date Contract Signed or Date HCP Selected Carrier**. 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.
- Enter the **Contract Expiration Date** (optional) and the **Service Installation Date**. Enter the date the service started or was installed, or for a new service, the date the applicant expects it to start.

### Evergreen

- **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 an Existing Contract**” or click “**Upload a New Contract**” and enter a “**Contract Nickname**” in the field.
  - Provide contract information in the fields shown.

### Service Level Agreement

- Answer “Yes” or “No” to the question “Is there a service level agreement (SLA) with the service provider for this expense item. 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.

### Monthly Costs

- **Monthly undiscounted cost (excluding taxes and fees)** is a required field. Enter the undiscounted cost per month 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.
- **Monthly taxes and fees** is an optional field. Enter applicable taxes or surcharges for the service.
- **Total Monthly Undiscounted Cost** is a prepopulated field. This field is populated with the sum of the monthly undiscounted cost (excluding taxes & fees) and monthly taxes & fees.
- Upload a document such as a bill or invoice to support the amounts entered in the fields above.

## Rates Tab

### Comprehensive Rates Comparison Request

Choose the **Method for determining the Rural Rate**. Applicants must choose a method to calculate the rural rate for same or similar services to the service requested. Similar services can include non-telecommunications services that deliver the same or similar functionality as the requested service and can include services with advertised speeds 30% above or below the speed of the requested service. For more information, please use the [Urban and Rural Rate Information FY2024-2025](#) tip sheet on the USAC website.

- Select from the following methods in the drop-down methods:
  - Method 1
  - Method 2
  - Method 3 using a rate for intrastate rates – State Commission
  - Method 3 using a rate for interstate rates – FCC
  - Method 3 using a rate for interstate rates – FCC (Previously Approved Rate)
- Enter the **Monthly Rural Rate** (excluding taxes and fees)
- Enter the **Monthly taxes and fees** (optional). If monthly taxes and fees are entered for the rural rate, they will be required to be entered for the urban rate.
- **Total Monthly Rural Rate** is pre-populated based on the sum of the **Monthly Rural Rate** and the **Monthly taxes and fees**.
- Upload supporting documentation to support selected method and rate.

Choose the **Method for determining the Urban Rate**. Applicants must choose a method to calculate the urban rate for same or similar services to the service requested. Similar services can include non-telecommunications services that deliver the same or similar functionality as the requested service and can include services with advertised speeds 30% above or below the speed of the requested service. For more information, please use the [Urban and Rural Rate Information FY2024-2025](#) tip sheet on the USAC website.

- Select from the following methods in the drop-down methods:
  - State tariff
  - Federal tariff
  - NECA tariff
  - Advertised rate
  - E-Rate Open Data
  - RHC Open Data
  - Other
- Enter the **Monthly Urban Rate** (excluding taxes and fees)
- Enter the **Monthly taxes and fees** (optional). If monthly taxes and fees are entered for the rural rate, they will be required to be entered for the urban rate.
- **Total Monthly Urban Rate** is pre-populated based on the sum of the **Monthly Urban Rate** and the **Monthly taxes and fees**.
- Upload supporting documentation to support selected Method and rate.

## Installation Charges Tab

- If requesting installation charges, enter the **One-time Rural Rate charge**. If one-time installation fees are entered for the rural rate, they will be required to be entered for the urban rate.
- Upload supporting documentation.
- Enter **One-Time Urban Rate Charge**.
- Upload supporting documentation.

### Additional Documentation Tab

- Use this tab to upload additional documentation that is relevant to the application if applicable. With each upload, enter a description of the document.
- Here is where a cover letter, if needed, may be uploaded to provide an explanation of the submission.

### Certifications Tab

- **Certifications** are required fields. All 11 certifications must be checked to move forward.
- **Digital Signature** – Sign using your full name as it appears in RHC Connect.