

## RHC Connect User Guide – FCC Form 462

**Updated as of May 2023**

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## About RHC Connect for the FCC Form 462

**RHC Connect** is the web-based system that hosts the FCC Form 462. Although the look of the application has changed, the FCC Form 462 did not. To submit your FCC Form 462, you will be asked the same questions and are required to provide the same information as in years past. No preparation for this change is required by you.

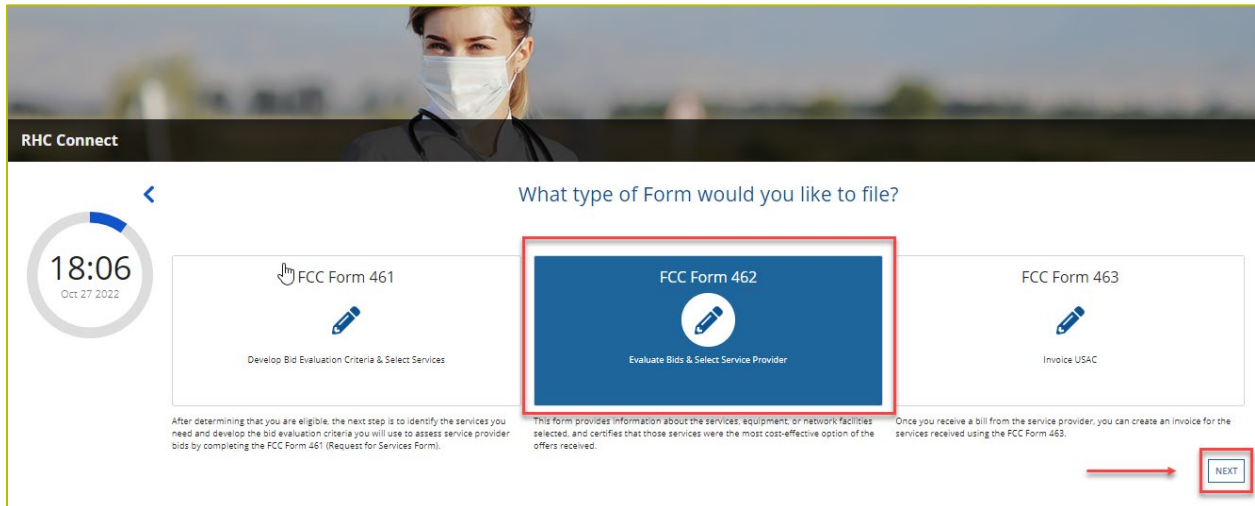
The Funding Year (FY) 2024 filing window will open on December 1, 2023, and close on April 1, 2024. Click on the following hyperlink to view the [FY2024 Program Calendar](#). FCC Forms 461 and 462 will be submitted in RHC Connect. Applicants submitting FCC Forms 460 and 463 (for funding commitments prior to FY 2022) will continue to do so in My Portal.

**Please Note:** The red boxes and arrows in the screenshots that follow do not actually appear in RHC Connect.

The screenshot shows the RHC Connect dashboard. At the top, there is a blue header bar with two buttons: 'DASHBOARD' and 'START A FORM'. The 'START A FORM' button is highlighted with a red box and an arrow. Below the header, there is a large banner image of a healthcare worker wearing a mask. Underneath the banner, the text 'RHC Connect' is displayed. To the left of the main content area, there is a circular clock showing the time '17:57' and the date 'Oct 27, 2022'. To the right of the clock, there is a yellow notification bar that says '(37) Unread Notifications'. Below the notification bar, there are three tabs: 'Information Requests', 'My Forms', and 'My Organizations'. The 'My Forms' tab is selected and highlighted in blue. Below the tabs, there is a blue banner with a warning icon and the text 'The funding year 2022 funding request filing window closes in 3 days'. Below this banner, there is a section titled 'My Forms' which contains a search bar and a table of forms. The table has columns for 'Site Name', 'Site Number', 'Application Number', 'Application Nickname', 'Form', 'Last Update', 'Status', and 'Actions'. The 'Status' and 'Actions' columns are highlighted with a red box. The table contains two rows of data, both showing 'Form 462' and a 'Submitted' status.

### Step 3:

Click **"FCC Form 462"** then click **Next**.



**RHC Connect**

18:06  
Oct 27 2022

What type of Form would you like to file?

FCC Form 461  
Develop Bid Evaluation Criteria & Select Services

FCC Form 462  
Evaluate Bids & Select Service Provider

FCC Form 463  
Invoice USAAC

After determining that you are eligible, the next step is to identify the services you need and develop the bid evaluation criteria you will use to assess service provider bids by completing the FCC Form 461 (Request for Services Form).

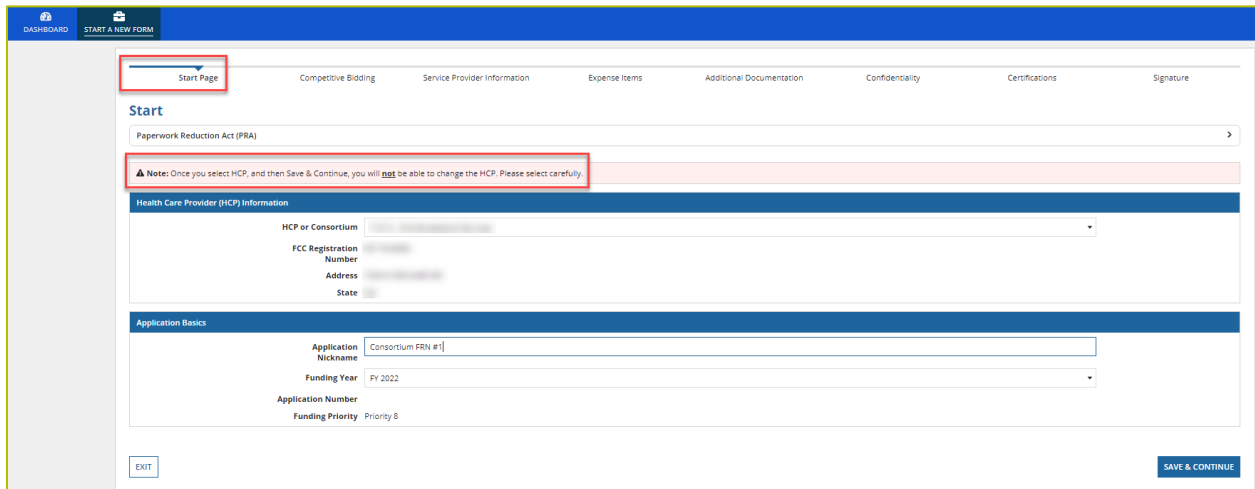
This form provides information about the services, equipment, or network facilities selected, and certifies that those services were the most cost-effective option of the offers received.

Once you receive a bill from the service provider, you can create an invoice for the services received using the FCC Form 463.

**NEXT**

### Step 4:

Move to the **Start** page and select the HCP or consortium from the drop-down menu. The information will be prepopulated. Enter an application name as an identifier for the application should you need to exit My Portal and return later. The note at the top in pink is a warning to alert you that once you click save and continue, you will be unable to change the HCP you select.



**DASHBOARD** **START A NEW FORM**

**Start Page** Competitive Bidding Service Provider Information Expense Items Additional Documentation Confidentiality Certifications Signature

**Start**

Paperwork Reduction Act (PRA)

**Note:** Once you select HCP, and then Save & Continue, you will not be able to change the HCP. Please select carefully.

**Health Care Provider (HCP) Information**

HCP or Consortium  
FCC Registration Number  
Address  
State

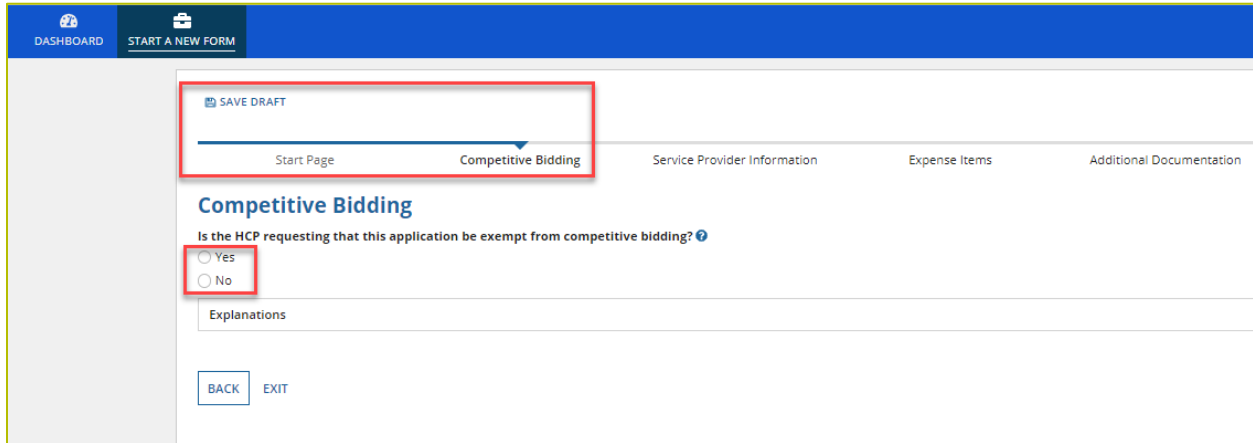
**Application Basics**

Application Nickname Consortium FRN #1  
Funding Year FY 2022  
Application Number  
Funding Priority Priority 8

**EXIT** **SAVE & CONTINUE**

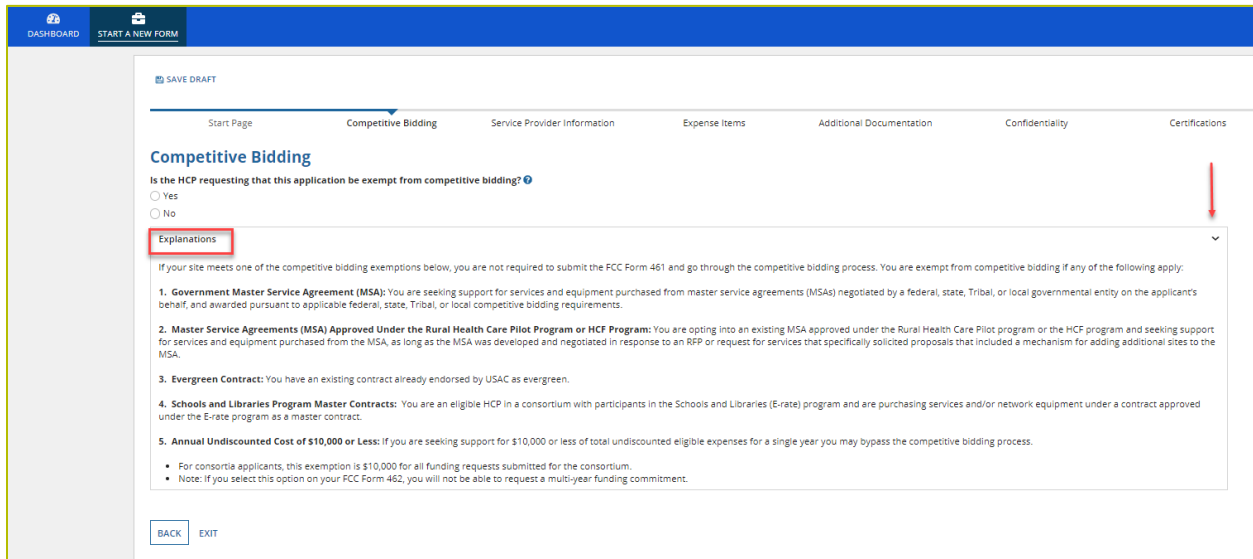
**Step 5:**

Answer **Yes** if you are exempt from competitive bidding and **No** if you completed your competitive bidding process.



The screenshot shows the 'Competitive Bidding' step of a multi-page form. The top navigation bar includes 'DASHBOARD' and 'START A NEW FORM'. Below this, a progress bar shows five steps: 'Start Page', 'Competitive Bidding' (current step), 'Service Provider Information', 'Expense Items', and 'Additional Documentation'. A 'SAVE DRAFT' button is located at the top left of the form area. The main heading is 'Competitive Bidding'. Below it, the question 'Is the HCP requesting that this application be exempt from competitive bidding?' is displayed. Two radio buttons are provided: 'Yes' and 'No'. The 'Yes' radio button is selected. Below the radio buttons is a text input field labeled 'Explanations'. At the bottom left, there are 'BACK' and 'EXIT' buttons.

There is a drop-down menu with explanations of each competitive bidding exemption.



This screenshot shows the same 'Competitive Bidding' step, but with the 'Explanations' drop-down menu expanded. The 'Explanations' label is highlighted with a red box. The drop-down menu contains a list of five exemptions, each with a brief description. A red arrow points to the top right corner of the form area. The 'BACK' and 'EXIT' buttons are visible at the bottom left.

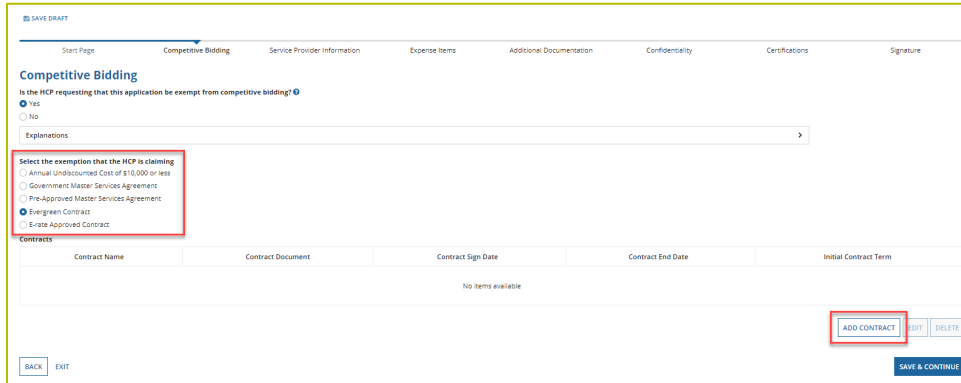
**Explanations**

If your site meets one of the competitive bidding exemptions below, you are not required to submit the FCC Form 461 and go through the competitive bidding process. You are exempt from competitive bidding if any of the following apply:

- 1. Government Master Service Agreement (MSA):** You are seeking support for services and equipment purchased from master service agreements (MSAs) negotiated by a federal, state, Tribal, or local governmental entity on the applicant's behalf, and awarded pursuant to applicable federal, state, Tribal, or local competitive bidding requirements.
- 2. Master Service Agreements (MSA) Approved Under the Rural Health Care Pilot Program or HCF Program:** You are opting into an existing MSA approved under the Rural Health Care Pilot program or the HCF program and seeking support for services and equipment purchased from the MSA, as long as the MSA was developed and negotiated in response to an RFP or request for services that specifically solicited proposals that included a mechanism for adding additional sites to the MSA.
- 3. Evergreen Contract:** You have an existing contract already endorsed by USAC as evergreen.
- 4. Schools and Libraries Program Master Contracts:** You are an eligible HCP in a consortium with participants in the Schools and Libraries (E-rate) program and are purchasing services and/or network equipment under a contract approved under the E-rate program as a master contract.
- 5. Annual Undiscounted Cost of \$10,000 or Less:** If you are seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year you may bypass the competitive bidding process.
  - For consortia applicants, this exemption is \$10,000 for all funding requests submitted for the consortium.
  - Note: If you select this option on your FCC Form 462, you will not be able to request a multi-year funding commitment.

### Step 6:

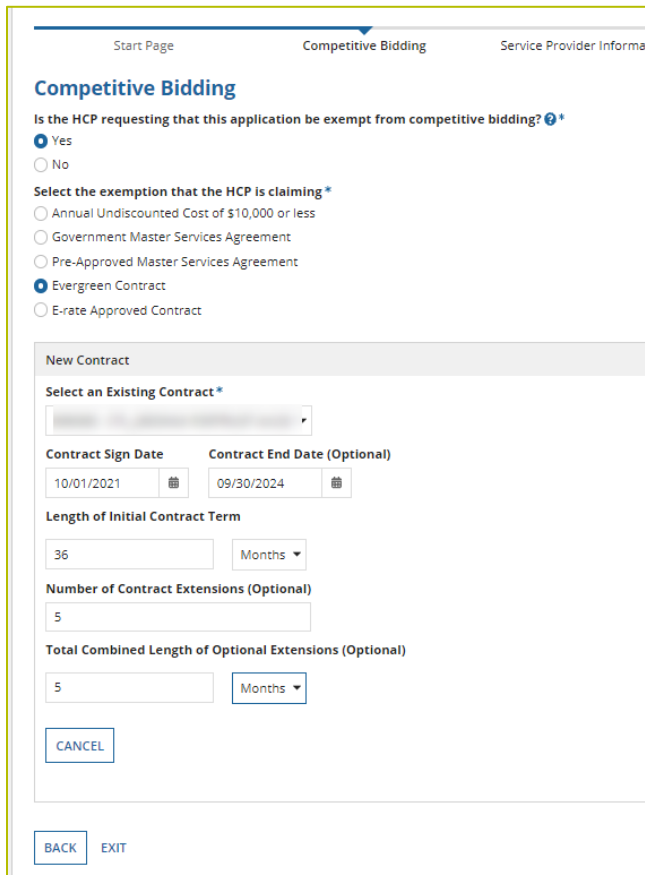
If you are exempt from competitive bidding, select the exemption from the list of eligible exemptions. Click **Add Contract** at the bottom right on the screen.



The screenshot shows the 'Competitive Bidding' section of a web form. At the top, there is a 'SAVE DRAFT' button and a navigation bar with links: Start Page, Competitive Bidding, Service Provider Information, Expense Items, Additional Documentation, Confidentiality, Certifications, and Signature. The main heading is 'Competitive Bidding'. Below it, a question asks 'Is the HCP requesting that this application be exempt from competitive bidding?' with radio buttons for 'Yes' (selected) and 'No'. An 'Explanations' field is provided. A red box highlights the 'Select the exemption that the HCP is claiming' section, which includes radio buttons for: Annual Undiscounted Cost of \$10,000 or less, Government Master Services Agreement, Pre-Approved Master Services Agreement, Evergreen Contract (selected), and E-rate Approved Contract. Below this is a table with columns: Contract Name, Contract Document, Contract Sign Date, Contract End Date, and Initial Contract Term. The table is currently empty with the text 'No items available'. At the bottom right, there is a red box around the 'ADD CONTRACT' button, along with 'EXIT' and 'DELETE' buttons. At the bottom left, there are 'BACK' and 'EXIT' buttons. At the bottom right, there is a 'SAVE & CONTINUE' button.

### Step 7:

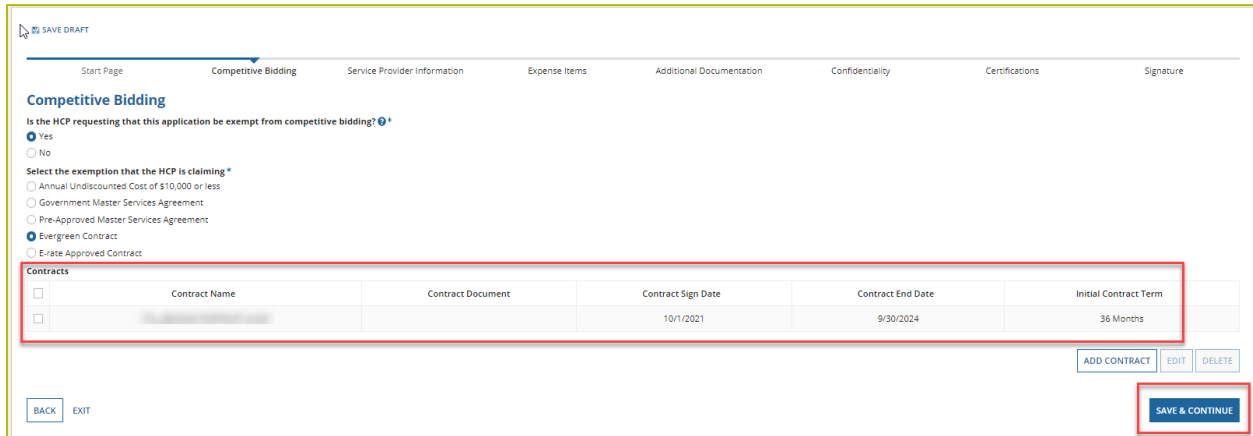
If using an evergreen contract, select an existing contract from the drop down menu. For all other exemptions, upload a new contract or choose an existing contract. Enter the relevant information about the contract in the fields. Use the drop-down calendar to enter dates.



The screenshot shows the 'New Contract' section of the web form. It includes a 'Select an Existing Contract\*' dropdown menu. Below this, there are fields for 'Contract Sign Date' (10/01/2021) and 'Contract End Date (Optional)' (09/30/2024), both with calendar icons. The 'Length of Initial Contract Term' is set to 36 Months. The 'Number of Contract Extensions (Optional)' is set to 5. The 'Total Combined Length of Optional Extensions (Optional)' is set to 5 Months. A 'CANCEL' button is located at the bottom left of the form. At the bottom of the page, there are 'BACK' and 'EXIT' buttons.

### Step 8:

Once the contract is selected, click **Save and Continue**.



SAVE DRAFT

Start Page Competitive Bidding Service Provider Information Expense Items Additional Documentation Confidentiality Certifications Signature

### Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding? ⓘ \*

☒ Yes  
☐ No

Select the exemption that the HCP is claiming \*

☐ Annual Undiscounted Cost of \$10,000 or less  
☐ Government Master Services Agreement  
☐ Pre-Approved Master Services Agreement  
☒ Evergreen Contract  
☐ E-rate Approved Contract

Contracts	Contract Name	Contract Document	Contract Sign Date	Contract End Date	Initial Contract Term
<input type="checkbox"/>			10/1/2021	9/30/2024	36 Months

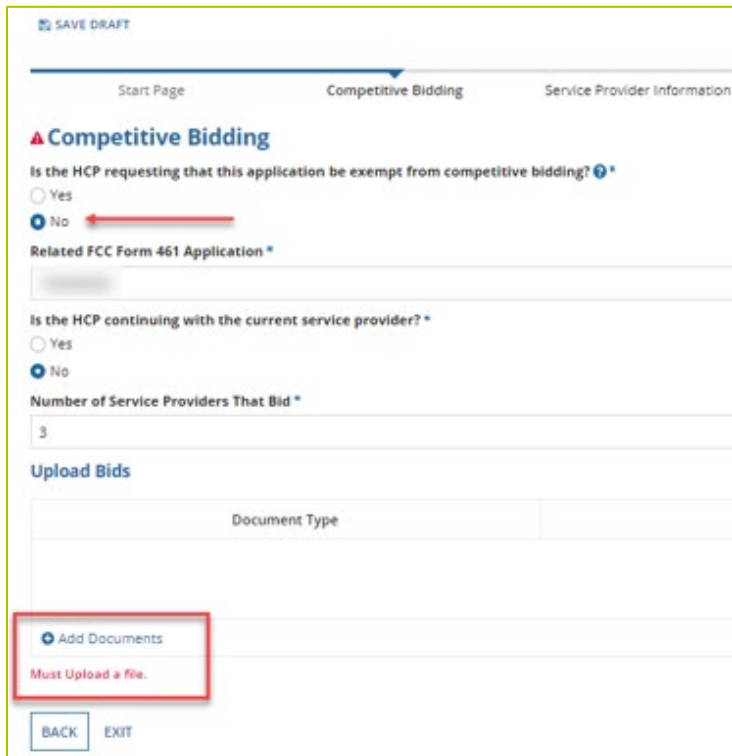
ADD CONTRACT EDIT DELETE

BACK EXIT

SAVE & CONTINUE

### Step 9:

If an FCC Form 461 was submitted, choose **No** for the question about qualifying for an exemption. Select the related FCC Form 461 from the drop-down menu. All FCC Forms 461 submitted for the HCP will be available. Enter the number of bids received and upload copies of those bids. A red error message will display if you don't upload the documents.



SAVE DRAFT

Start Page Competitive Bidding Service Provider Information

### Competitive Bidding

Is the HCP requesting that this application be exempt from competitive bidding? ⓘ \*

☐ Yes  
☒ No

Related FCC Form 461 Application \*

Is the HCP continuing with the current service provider? \*

☐ Yes  
☒ No

Number of Service Providers That Bid \*

3

### Upload Bids

Document Type

Add Documents

Must Upload a file.

BACK EXIT

**Upload Bids**

Document Type	Document	Uploaded On
Bids	[Redacted]	11/8/2021 9:26 AM EST

[Add Documents](#)

[BACK](#) [EXIT](#) [SAVE & CONTINUE](#)

### Step 10:

Select your service provider's 498 ID/SPIN. You can search by service provider name or the 489 ID/SPIN.

[SAVE DRAFT](#)

Start Page Competitive Bidding **Service Provider Information** Expense Items Additional Documentation Confidentiality Certifications Signature

**Service Provider Information**

498 ID/SPIN  Service Provider Name centurylink [SEARCH](#) [CLEAR](#)

498 ID/SPIN	Service Provider Name
<input type="checkbox"/> 143022618	CenturyLink CenturyTel Solutions, LLC
<input type="checkbox"/> 143001636	CenturyLink CenturyTel of Ooltewah-Collegedale, Inc.
<input type="checkbox"/> 143002667	CenturyLink CenturyTel of the Gem State (Nevada)
<input type="checkbox"/> 143002671	CenturyLink Central Telephone Co. of Nevada (PXA)
<input checked="" type="checkbox"/> 143005231	CenturyLink Qwest Corporation

[BACK](#) [EXIT](#) [SAVE & CONTINUE](#)

### Step 11:

Download the NCW Template to populate and upload or enter a new expense item manually. **Note:** If you enter any information manually and then choose to use the NCW template, the NCW will overwrite that information.

Start Page Competitive Bidding Service Provider Information **Expense Items** Additional Documentation Confidentiality Certifications Signature

**Expense Item Summary**

#	Site #	Site Name	Contract Number	Expense Type	Eligible Undiscounted Cost	Maximum Support Amount	Actions
1	[Redacted]	[Redacted]		Network Maintenance			<a href="#">Edit</a>   <a href="#">Delete</a>
2	[Redacted]	[Redacted]		Ethernet			<a href="#">Edit</a>   <a href="#">Delete</a>

[Advanced Features](#)  
[Download NCW Template](#)  
[Upload NCW Document](#)

[ENTER A NEW EXPENSE ITEM](#)

### Step 12:

For consortia applicants, all member sites will appear in the drop-down menu. Select a site from the drop-down menu. Answer the question about whether the HCP is submitting this expense with a contract. If **No** is selected, the application will be processed as month-to-month. Month-to-month funding requests, meaning forms submitted without a contract, are limited to 12 months of funding and competitive bidding is required each year.



Start Page Competitive Bidding Service Provider Information **Expense Items** Additional Documentation Confidentiality

## Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost: \$0.00  
Maximum Support Amount: \$0.00

Contract Status

- Expense Information
- Expense Type
- Bandwidth
- Service Level Agreement
- Circuit Information
- Financial Information
- HCP Contribution Source

Expense Item Site  
---Select---

Does the HCP have a Contract with the Service Provider? ⓘ

☐ Yes

☒ No (process this item as month-to-month)

Sum of All Expense Item Total Eligible Undiscounted Cost: \$0.00  
Sum of All Expense Item Maximum Support Amount: \$0.00

BACK EXIT

### Step 13:

For expenses submitted with a contract, select **Yes** to the question: **Does the HCP have a contract with the service provider**. Enter all information in the required fields. Contract information is entered for each line item.

Start Page Competitive Bidding Service Provider Information **Expense Items** Additional Documentation Confidentiality

## Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost: \$0.00  
Maximum Support Amount: \$0.00

Contract Status

- Expense Information
- Expense Type
- Bandwidth
- Service Level Agreement
- Circuit Information
- Financial Information
- HCP Contribution Source

Expense Item Site  
[Redacted]

Does the HCP have a Contract with the Service Provider? ⓘ

☒ Yes

☐ No (process this item as month-to-month)

Select an Existing Contract

Select a contract already associated ... OR Contract Nickname

Upload a New Contract

UPLOAD Drop file here

Contract Start Date

mm/dd/yyyy

Initial Contract End Date

mm/dd/yyyy

Length of Initial Contract Term

Time Unit

Number of Contract Extensions (Optional)

Total Combined Length of Optional Extensions (Optional)

Time Unit

Contract Sign Date

mm/dd/yyyy

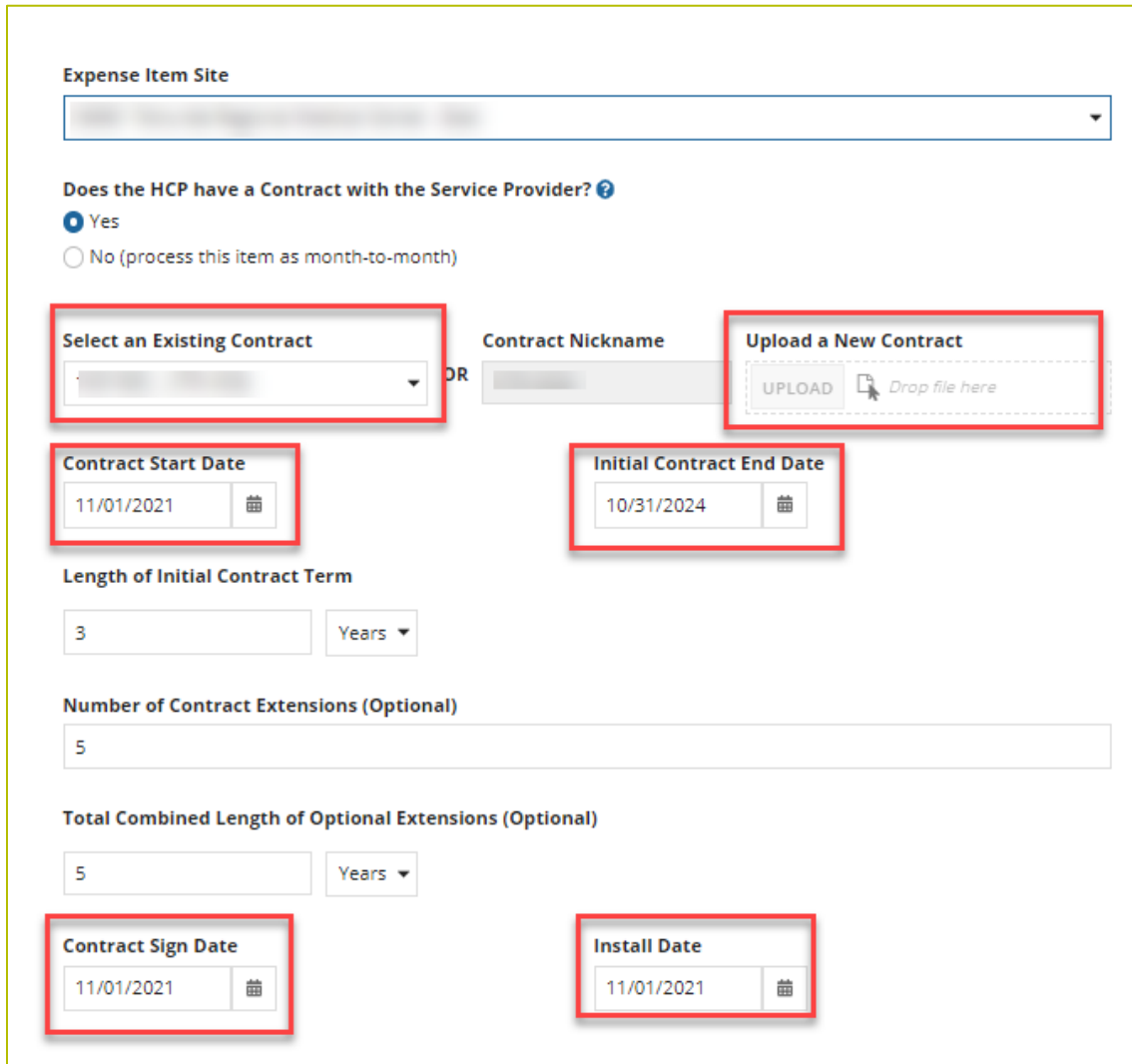
Install Date

mm/dd/yyyy

Sum of All Expense Item Total Eligible Undiscounted Cost: \$0.00  
Sum of All Expense Item Maximum Support Amount: \$0.00

**Step 14:**

Enter the contract start date, initial contract end date, contract sign date, and installation date for the requested expense.



The form contains the following fields and options:

- Expense Item Site:** A dropdown menu.
- Does the HCP have a Contract with the Service Provider?** Radio buttons for **Yes** (selected) and **No (process this item as month-to-month)**.
- Select an Existing Contract:** A dropdown menu, highlighted with a red box.
- OR** (text separator)
- Contract Nickname:** A text input field.
- Upload a New Contract:** A section with an **UPLOAD** button and a *Drop file here* instruction, highlighted with a red box.
- Contract Start Date:** A date picker showing 11/01/2021, highlighted with a red box.
- Initial Contract End Date:** A date picker showing 10/31/2024, highlighted with a red box.
- Length of Initial Contract Term:** A text input with the value 3 and a **Years** dropdown.
- Number of Contract Extensions (Optional):** A text input with the value 5.
- Total Combined Length of Optional Extensions (Optional):** A text input with the value 5 and a **Years** dropdown.
- Contract Sign Date:** A date picker showing 11/01/2021, highlighted with a red box.
- Install Date:** A date picker showing 11/01/2021, highlighted with a red box.

**Step 15:**

Enter the date that you either actually began receiving the service or the date that you expect to receive the service. If it is actually the first day of the funding year, you may to enter July 1 as the expected service start date.

[Start Page](#)
[Competitive Bidding](#)
[Service Provider Information](#)
[Expense Items](#)
[Additional Documentation](#)
[Confidentiality](#)

## Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost \$N/A  
Maximum Support Amount \$N/A

✓ Contract Status

> Expense Information

○ Expense Type

○ Bandwidth

○ Service Level Agreement

○ Circuit Information

○ Financial Information

○ HCP Contribution Source

Is this a newly installed circuit?

☒ Yes  
☐ No

Billing Account Number (Optional)

Expected Broadband Service Start Date

07/01/2022

**You have chosen the funding year start date. Please make sure that this is the date when you actually expect to begin this service or have already started this service.**

Installation Date

mm/dd/yyyy

Sum of All Expense Item Total Eligible Undiscounted Cost: \$N/A  
Sum of All Expense Item Maximum Support Amount: \$N/A

[BACK](#) [EXIT](#)

### Step 16:

Choose the expense category and the expense type from the drop-down menus. There's an optional field where an explanation of the eligible expense may be added.

[Start Page](#)
[Competitive Bidding](#)
[Service Provider Information](#)
[Expense Items](#)
[Additional Documentation](#)
[Confidentiality](#)

## Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost \$N/A  
Maximum Support Amount \$N/A

✓ Contract Status

✓ Expense Information

> Expense Type

○ Bandwidth

○ Service Level Agreement

○ Circuit Information

○ Financial Information

○ HCP Contribution Source

Expense Category

Data

Expense Type

Ethernet

Explanation of Eligible Expense (Optional)

Ethernet circuit between service provider and eligible HCP

**Step 17:**

Enter the bandwidth for the requested expense. For expenses such as equipment, installation, construction and network management services, bandwidth is not required and fields may be left blank. For all other services, bandwidth is required.

[Start Page](#) [Competitive Bidding](#) [Service Provider Information](#) [Expense Items](#) [Additional Documentation](#)

## Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost \$48,480.00  
Maximum Support Amount \$31,512.00

✓ Contract Status

✓ Expense Information

✓ Expense Type

> **Bandwidth**

☐ Service Level Agreement

☐ Circuit Information

☐ Financial Information

☐ HCP Contribution Source

**Download Speed**

Mbps

**Upload Speed**

Mbps

**Step 18:**

Select **Yes** or **No** to answer the question about whether the requested expense includes a service level agreement and, if yes, enter the information shown.

### Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost \$48,480.00  
Maximum Support Amount \$31,512.00

- ✓ Contract Status
- ✓ Expense Information
- ✓ Expense Type
- ✓ Bandwidth
- > **Service Level Agreement**
- Circuit Information

Is there a service level agreement (SLA) with the service provider for this expense item? (Optional)

☒ Yes  
☐ No

What is the SLA for Latency? (Optional)

What is the SLA for Jitter? (Optional)

What is the SLA for Packet Loss? (Optional)

What is the SLA for Packet Reliability? (Optional)

**Step 19:**

Enter a circuit ID (optional) and select where the site is located on the requested circuit. This should align with submitted service provider confirmed documentation. Information will pre-populate based on information in the FCC Form 460.

### Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost \$48,480.00  
Maximum Support Amount \$31,512.00

- ✓ Contract Status
- ✓ Expense Information
- ✓ Expense Type
- ✓ Bandwidth
- ✓ Service Level Agreement
- > **Circuit Information**
- Financial Information
- HCP Contribution Source

Circuit ID (Optional)

Where is the site's location on the circuit?

☒ The circuit starts at the site location  
☐ The circuit ends at the site location

**Circuit Start Location**

Address Line 1

Address Line 2

City

State

CO

ZIP Code

## Step 20:

**For consortia applicants only:** For expenses associated with off-site administrative offices and off-site data centers, the circuit end location is required. If you select **Location is a Member Site**, a drop-down menu with a list of all HCP sites that appear on the FCC Form 460 for the administrative office or data center will appear. Choose the relevant member site.

### Expense Items

Expense Item 1 of 1  
Total Eligible Undiscounted Cost \$N/A  
Maximum Support Amount \$N/A

- Contract Status
- Expense Information
- Expense Type
- Bandwidth
- Service Level Agreement
- Circuit Information**
- Financial Information
- HCP Contribution Source

Sum of All Expense Item Total Eligible Undiscounted Cost: \$N/A  
Sum of All Expense Item Maximum Support Amount: \$N/A

Circuit ID (Optional)

Where is the site's location on the circuit?

☒ The circuit starts at the site location  
☐ The circuit ends at the site location

Circuit Start Location

Address Line 1  
Address Line 2  
City  
State  
CO  
ZIP Code

Circuit End Location

☐ Location is a Member Site  
☒ Location is the Service Provider  
☐ Location is not a Member Site or Service Provider

Address Line 1  
Address Line 2  
City  
State  
State  
Choose a State  
ZIP Code

## Step 21:

Indicate whether there are multiple items being requested, whether you're asking for multi-year funding, how often the expense is invoiced, and how many expense periods are being requested. Enter the undiscounted cost per expense period, taxes and fees and indicate whether this expense is to be cost-allocated. If **No** is selected for **Is this entire expense eligible for support**, enter the eligible percentage and an explanation about how the percent eligible for support was calculated. Upload the document with the explanation where indicated.

### Expense Items

Expense Item 2 of 2  
Total Eligible Undiscounted Cost \$0.00  
Maximum Support Amount \$0.00

- Contract Status
- Expense Information

Does this expense item represent multiple items or circuits?

☒ Yes  
☐ No

Quantity of Items

Enter a value.

**Expense Item 1 of 1**  
Total Eligible Undiscounted Cost \$0.00  
Maximum Support Amount \$0.00

✓ Contract Status

✓ Expense Information

✓ Expense Type

✓ Bandwidth

✓ Service Level Agreement

✓ Circuit Information

> **Financial Information**

○ HCP Contribution Source

Sum of All Expense Item Total Eligible Undiscounted Cost: \$N/A  
Sum of All Expense Item Maximum Support Amount: \$N/A

Does this expense item represent multiple items or circuits?

☐ Yes  
☒ No

Multi-year Funding Request

☐ Yes  
☒ No

How often is this item expensed?

Monthly

How many expense periods will there be total?

12

Undiscounted Cost Per Expense Period (Excluding Taxes and Fees)

\$1,000.00

Taxes and Fees per Expense Period

\$50.00

Is this entire expense eligible for support?

☐ Yes  
☒ No

Percent Eligible for Support

90

Explanation

Ten locations use this service but one site is ineligible for funding.

70/1000

Upload Documentation to Support Your Explanation

UPLOAD Drop file here

## Step 22:

Answer the question about how the HCP will cover their costs not covered by Healthcare Connect Fund (HCF) support. Click all that apply.

Start Page Competitive Bidding Service Provider Information **Expense Items** Additional Documentation Confidentiality

**Expense Items**

**Expense Item 1 of 1**  
Total Eligible Undiscounted Cost \$12,600.00  
Maximum Support Amount \$8,190.00

✓ Contract Status

✓ Expense Information

✓ Expense Type

✓ Bandwidth

✓ Service Level Agreement

✓ Circuit Information

✓ Financial Information

> **HCP Contribution Source**

Sum of All Expense Item Total Eligible Undiscounted Cost: \$12,600.00  
Sum of All Expense Item Maximum Support Amount: \$8,190.00

How will the HCP cover their costs including the required 35% that are not covered by HCF support? (select all that apply)

☐ The HCP will cover the difference

☐ State grants, funding, or appropriations

☐ Federal funding, grants, loans, or appropriations

☐ Tribal government funding

☐ Other grant funding including private grants

BACK EXIT

### Step 23:

Continue to add new expenses or move to next steps to complete your form. The total eligible undiscounted cost and total maximum support based on 65 percent of the total undiscounted cost for eligible expenses will be clearly displayed.

Expense Item Summary

ENTER A NEW EXPENSE ITEM

#	Site #	Site Name	Contract Number	Expense Type	Eligible Undiscounted Cost	Maximum Support Amount	Actions
1				Ethernet	\$24,240.00	\$15,756.00	<a href="#">Edit</a>   <a href="#">Delete</a>

Show 5 records/page

Total Eligible Undiscounted Cost \$24,240.00

Total Maximum Support \$15,756.00

BACK

EXIT

SAVE & CONTINUE

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Approved by OMB 3060-0804

### Step 24:

Upload all supporting documentation. For consortia applicants, a copy of the viable source letter is required.

SAVE DRAFT

Start Page
Competitive Bidding
Service Provider Information
Expense Items
Additional Documentation
Confidentiality
Certifications
Signature

Additional Documentation

Use this tab to upload additional documentation that is relevant to the application. Ensure that all bandwidths, costs, service locations, and expense types are supported with documentation.

Service provider documentation required to confirm expenses

Document Type	Document	Uploaded On
No items available		

Add Documents

Must upload a file of document type Viable Source Letter

Note: If a document is uploaded that gives an error message for an empty document, the error message may persist even after replacing the empty document with a valid document. Please select **save and continue**.

BACK

EXIT

SAVE & CONTINUE

If you have questions please contact our Help Desk at (800) 453-1546 or RHC-Assist@usac.org 8:00 a.m. — 8:00 p.m. ET Monday through Friday for assistance.

Approved by OMB 3060-0804

### Step 25:

Select **Yes** or **No** to answer the question about confidentiality. An explanation of why we ask the question can be viewed in the **Explanation** section.

Start Page

Competitive Bidding

Service Provider Information

Expense Items

Confidentiality

Is the HCP requesting confidential treatment and non-disclosure of commercial and financial information? \*

☐ Yes
☐ No

Explanation

BACK

EXIT



**Step 26:**

Each certification must be checked to continue.

Start PageCompetitive BiddingService Provider InformationExpense ItemsAdditional DocumentationConfidentialityCertificationsSignature

### Certifications

☐ I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.

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

☐ I certify under penalty of perjury that the applicant or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. "Cost-effective" is defined 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 care services." 47 CFR § 54.622(c).

☐ 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 the applicant or consortium 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 or consortium satisfies all of the requirements under Section 254 of the Act and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.

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

☐ I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, all billing records for services received and any other documentation demonstrating compliance with the rules must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR §§ 54.631 or as otherwise prescribed by the Commission's rules.

☐ I certify under penalty of perjury that the applicant or consortium 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 any consultants or third parties associated with this request or RFP do not have an ownership interest, sales commission arrangement, or other financial stake in the vendor 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.

BACKEXIT

SAVE & CONTINUE

**Step 27:**

Sign the form using your first and last name as it appears in RHC Connect.

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### Signature

Current User Information

Name

Email

Phone

Employer

Title

Employer's FCC RN

Signature

Certifier's Full Name

\* Digital Signature

Date10/21/2021

BACKEXIT

CERTIFY & SUBMIT

## Frequently Asked Questions

**What changes were made to the RHC Connect?**

RHC Connect has a new look and feel that is more intuitive and user-friendly. It is easier to navigate the form for submission, and it is easier for RHC program reviewers to approve funding requests.

**Did the FCC Form 462 change?**

No, the FCC Form 462 itself did not change – only the platform changed. The questions on the form and the information required of applicants remain the same.

**Who is impacted by this change?**

RHC Connect is used for FY2022 and future funding years. Applicants who participate in the Telecommunications (Telecom) Program will begin submitting the FCC Form 466 in RHC Connect in FY2024. Connected Care Pilot Project (CCPP) projects are not impacted unless they also participate in the HCF Program.

**Can I still make updates or changes to my FCC Forms 460 in My Portal?**

Yes, please verify in My Portal that all account holder information is accurate and up to date. USAC will import this data to pre-populate the FCC Forms 462.

**How do I access RHC Connect to file my FCC Form 462?**

To access RHC Connect, simply use the same log-in credentials you use for My Portal. You can log in and create a draft FCC Form 462 shortly before the beginning of a filing window however you will be unable to submit it until the filing window opens.

## Resources

For more information, visit the Welcome to [Welcome to RHC Connect - FCC Form 462](#) webpage.

For questions about the Rural Health Care program, contact [RHC-Assist@usac.org](mailto:RHC-Assist@usac.org) or the RHC Help Desk at (800) 453-1546 from 8 a.m. - 8 p.m. ET Monday through Friday for assistance. Use the [RHC Help Desk Tip Sheet](#) to learn about what the RHC Help Desk can and cannot help you with.