

## RHC Connect User Guide – FCC Form 466

**Updated as of October 2023**

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## About RHC Connect for the FCC Form 466

**RHC Connect** is the web-based system that hosts the FCC Form 466. Although the look of the application has changed, the FCC Form 466 did not. To submit your FCC Form 466, 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.

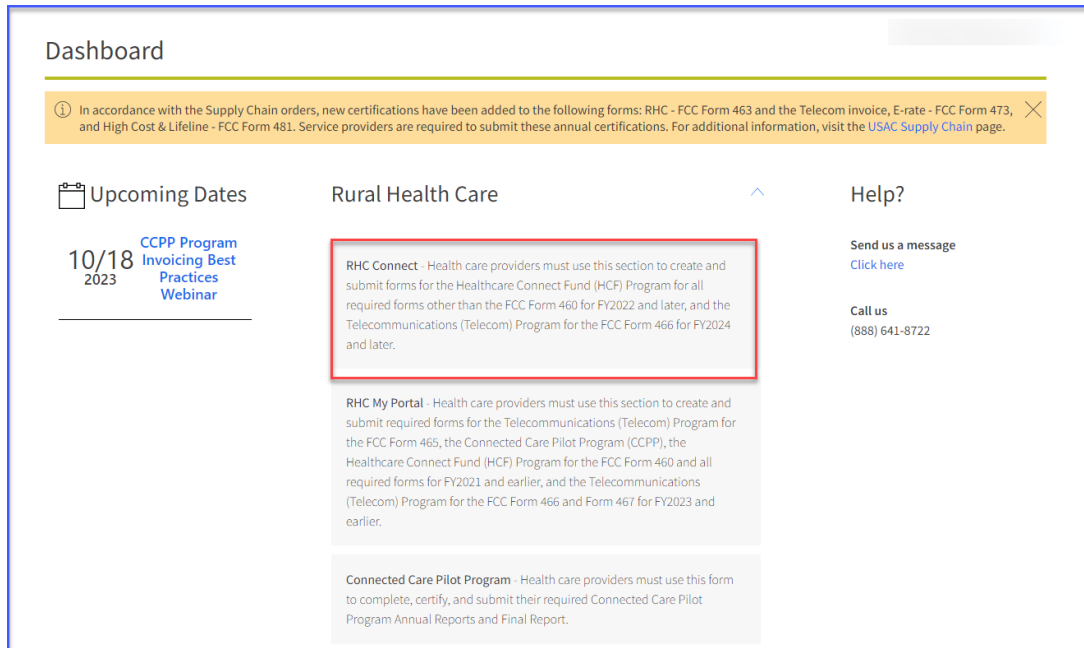
The Funding Year (FY) 2024 filing window will open on December 1, 2023, and close on April 1, 2024. Click on the following hyperlink to view the [FY2024 Program Calendar](#). Applicants submitting FCC Forms 467 and the Telecom Invoice (for funding commitments prior to FY2024) will continue to do so in My Portal.

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

## RHC Connect Walkthrough

### Step 1:

Log into My Portal and click on **RHC Connect**.



**Dashboard**

*In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the Telecom invoice, E-rate - FCC Form 473, and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional information, visit the [USAC Supply Chain](#) page.*

**Upcoming Dates**

10/18  
2023

**CCPP Program Invoicing Best Practices Webinar**

**Rural Health Care**

**RHC Connect** - Health care providers must use this section to create and submit forms for the Healthcare Connect Fund (HCF) Program for all required forms other than the FCC Form 460 for FY2022 and later, and the Telecommunications (Telecom) Program for the FCC Form 466 for FY2024 and later.

**RHC My Portal** - Health care providers must use this section to create and submit required forms for the Telecommunications (Telecom) Program for the FCC Form 465, the Connected Care Pilot Program (CCPP), the Healthcare Connect Fund (HCF) Program for the FCC Form 460 and all required forms for FY2021 and earlier, and the Telecommunications (Telecom) Program for the FCC Form 466 and Form 467 for FY2023 and earlier.

**Connected Care Pilot Program** - Health care providers must use this form to complete, certify, and submit their required Connected Care Pilot Program Annual Reports and Final Report.

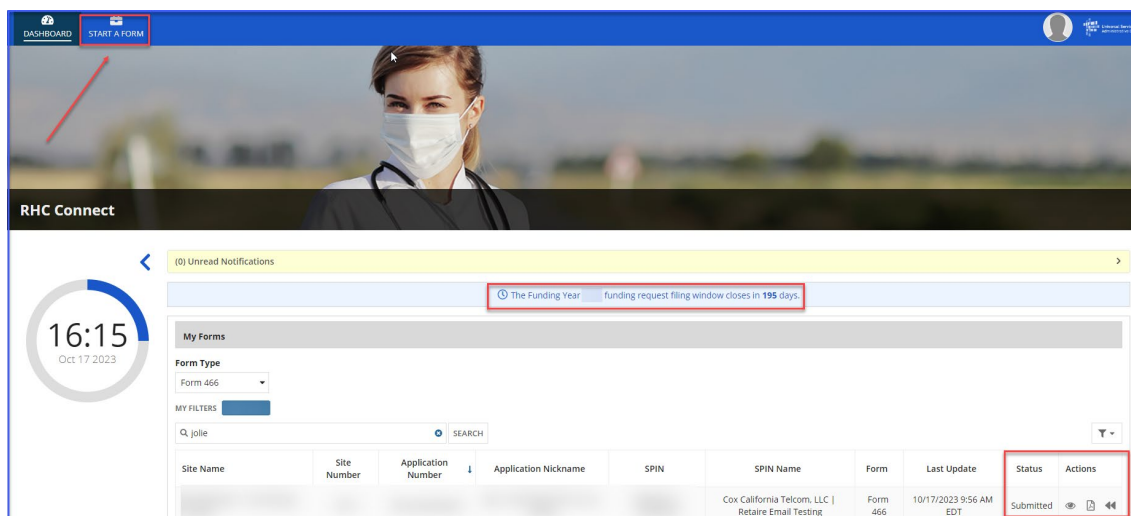
**Help?**

[Send us a message](#)  
[Click here](#)

**Call us**  
(888) 641-8722

### Step 2:

Here you can start a new form, resume working on a draft, or delete a draft FCC Form 466. There's a countdown banner displaying the days remaining in the filing window. The clock on the right is the current date and time.



**RHC Connect**

(0) Unread Notifications

The Funding Year funding request filing window closes in 195 days.

**16:15**  
Oct 17 2023

**My Forms**

Form Type: Form 466

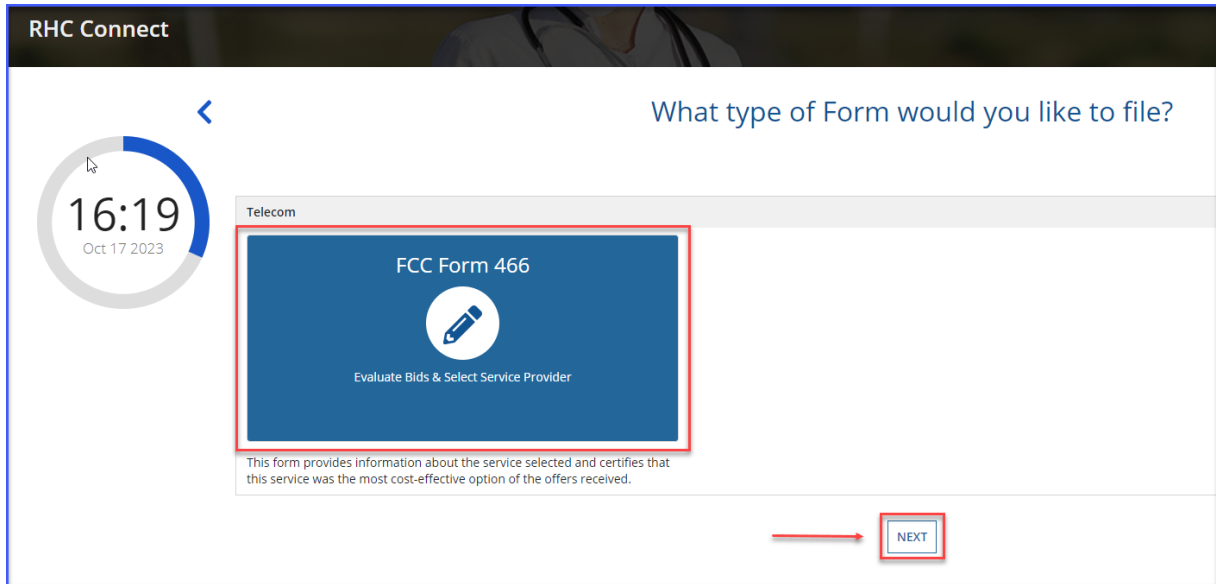
MY FILTERS

Q: jolie SEARCH

Site Name	Site Number	Application Number	Application Nickname	SPIN	SPIN Name	Form	Last Update	Status	Actions
					Cox California Telcom, LLC   Retailer Email Testing	Form 466	10/17/2023 9:56 AM EDT	Submitted	

**Step 3:**

Click **FCC Form 466**. Then, click **Next**.



RHC Connect

What type of Form would you like to file?

16:19  
Oct 17 2023

Telecom

**FCC Form 466**

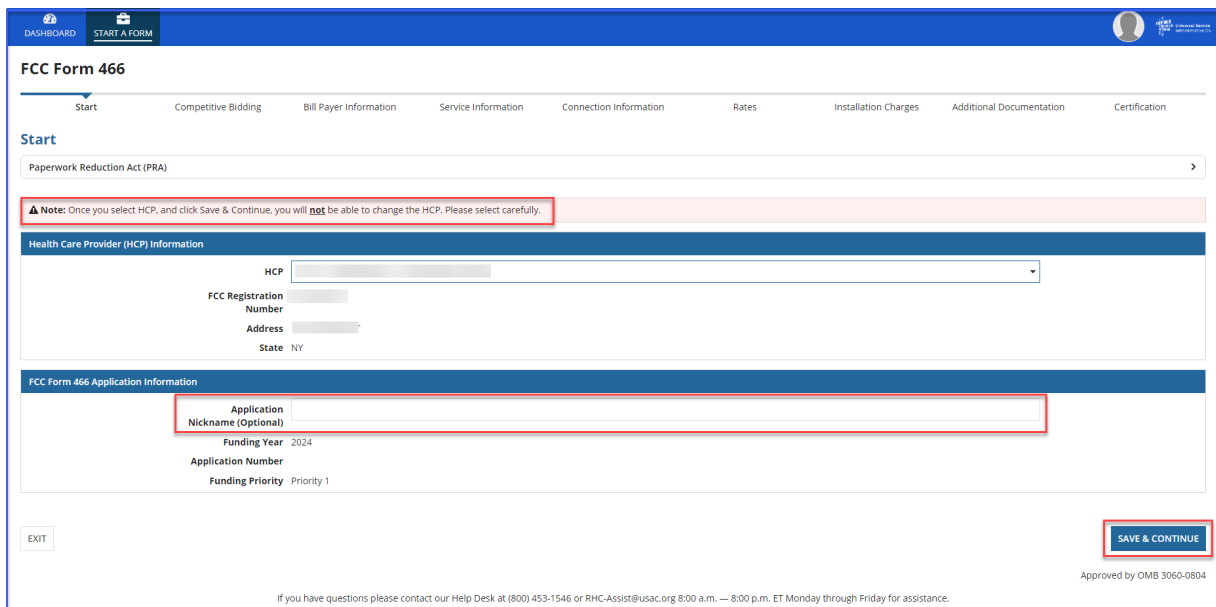
Evaluate Bids & Select Service Provider

This form provides information about the service selected and certifies that this service was the most cost-effective option of the offers received.

NEXT

**Step 4:**

Move to the **Start** page and select the HCP from the drop-down menu. The information will be prepopulated based on information in the FCC Form 465. Enter an **Application Nickname** as an identifier for the application should you need to exit the form 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 FORM

**FCC Form 466**

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

Start

Paperwork Reduction Act (PRA)

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

Health Care Provider (HCP) Information

HCP

FCC Registration Number

Address

State NY

FCC Form 466 Application Information

Application Nickname (Optional)

Funding Year 2024

Application Number

Funding Priority Priority 1

EXIT

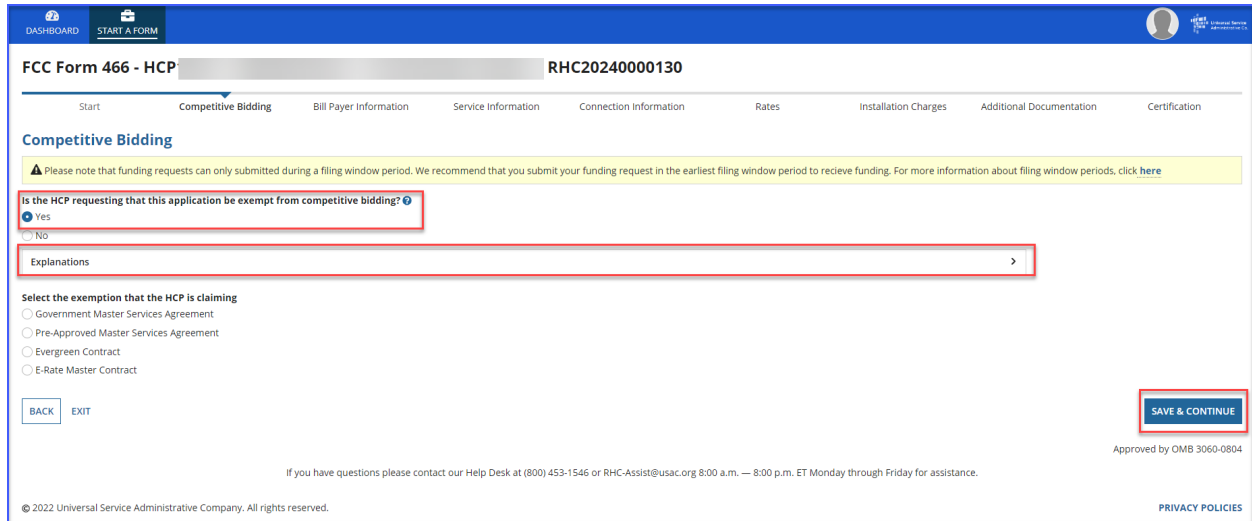
SAVE & CONTINUE

Approved by OMB 3060-0804

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.

### Step 5:

Answer **Yes** if you are exempt from competitive bidding and **No** if you submitted an FCC Form 465 and completed your competitive bidding process.



DASHBOARD START A FORM

FCC Form 466 - HCP RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

**Competitive Bidding**

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

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

Yes

No

Explanations >

Select the exemption that the HCP is claiming

Government Master Services Agreement

Pre-Approved Master Services Agreement

Evergreen Contract

E-Rate Master Contract

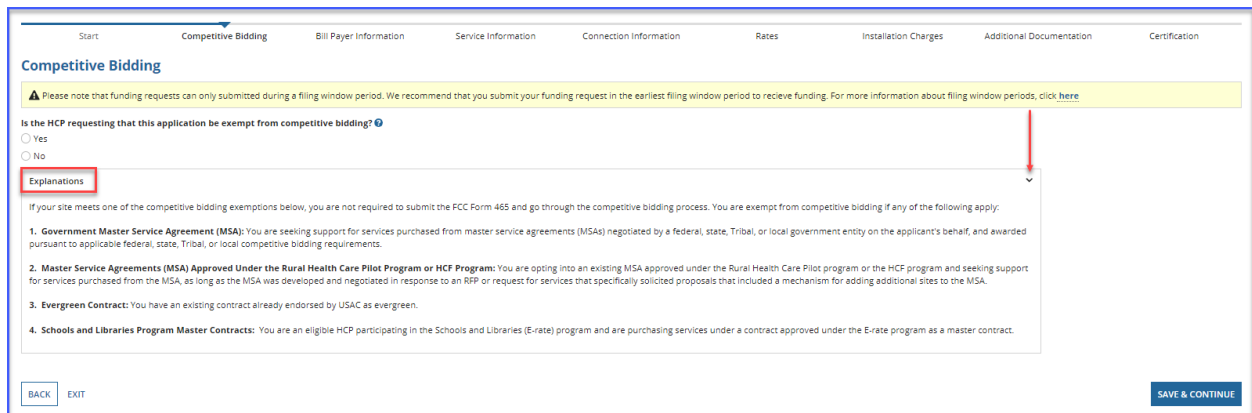
BACK EXIT SAVE & CONTINUE

Approved by OMB 3060-0804

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.

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Click the arrow beside **Explanations** to view a description of each competitive bidding exemption.



Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

**Competitive Bidding**

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

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

Yes

No

Explanations ▾

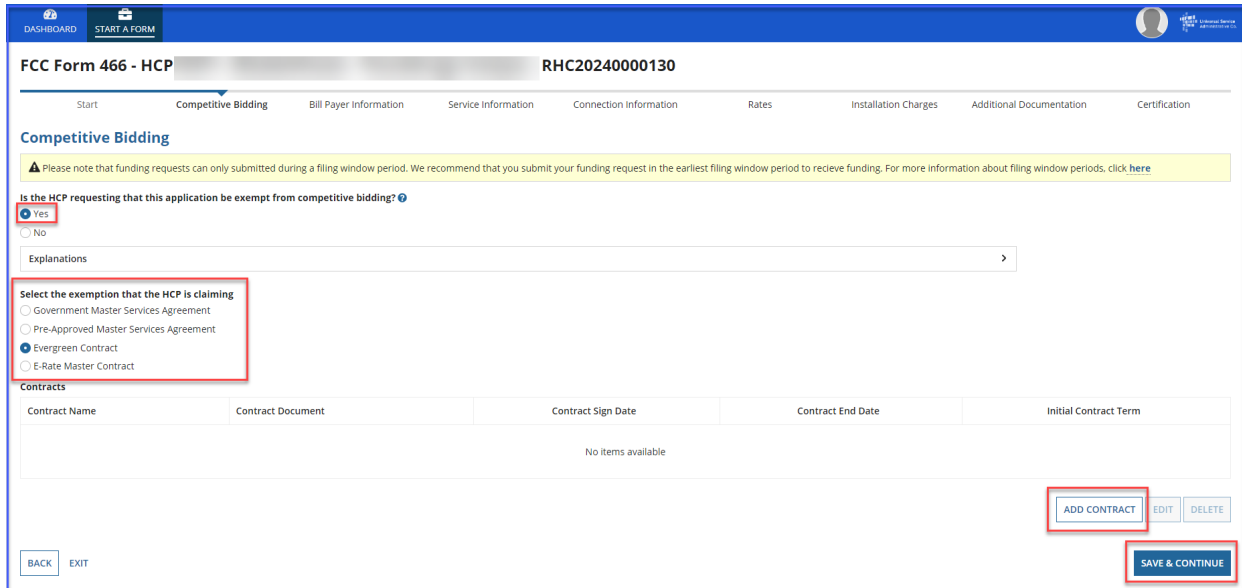
If your site meets one of the competitive bidding exemptions below, you are not required to submit the FCC Form 465 and go through the competitive bidding process. You are exempt from competitive bidding if any of the following apply:

- Government Master Service Agreement (MSA):** You are seeking support for services purchased from master service agreements (MSAs) negotiated by a federal, state, Tribal, or local government entity on the applicant's behalf, and awarded pursuant to applicable federal, state, Tribal, or local competitive bidding requirements.
- 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 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.
- Evergreen Contracts:** You have an existing contract already endorsed by USAC as evergreen.
- Schools and Libraries Program Master Contracts:** You are an eligible HCP participating in the Schools and Libraries (E-rate) program and are purchasing services under a contract approved under the E-rate program as a master contract.

BACK EXIT SAVE & CONTINUE

**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.




**FCC Form 466 - HCP** RHC2024000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

**Competitive Bidding**

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

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

Yes  
 No

Explanations

Select the exemption that the HCP is claiming

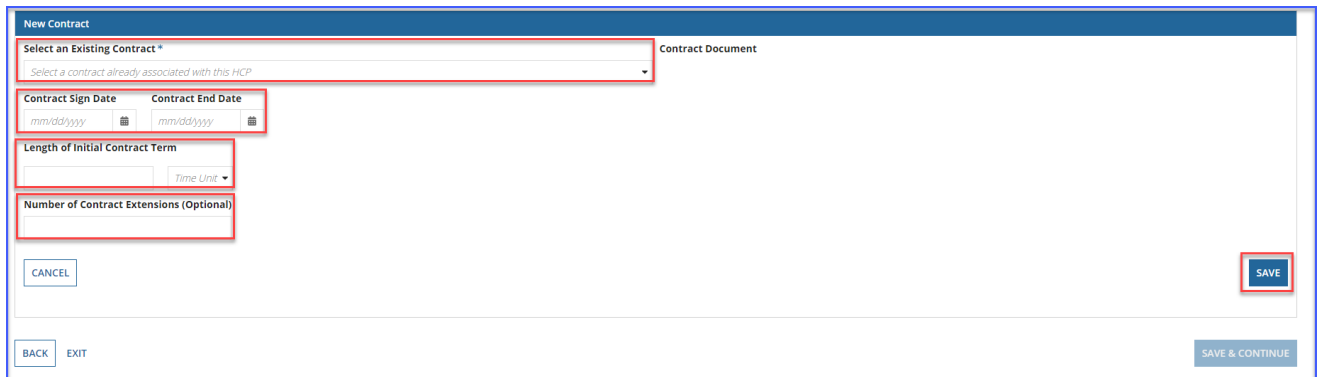
Government Master Services Agreement  
 Pre-Approved Master Services Agreement  
 Evergreen Contract  
 E-Rate Master Contract

Contracts

Contract Name	Contract Document	Contract Sign Date	Contract End Date	Initial Contract Term
No items available				

**Step 7:**

If using an evergreen contract, an existing contract must be selected 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. Click **Save**.



**New Contract**

Select an Existing Contract\*  Contract Document

Select a contract already associated with this HCP

Contract Sign Date  Contract End Date

mm/dd/yyyy  mm/dd/yyyy

Length of Initial Contract Term  Time Unit:

Number of Contract Extensions (Optional)

Select the exemption that the HCP is claiming

Government Master Services Agreement

Pre-Approved Master Services Agreement

Evergreen Contract

E-Rate Master Contract

---

**New Contract**

Select an Existing Contract  OR Contract Nickname  Upload a New Contract  DOCX - 16.22 KB

Contract Sign Date  Contract End Date

Length of Initial Contract Term  Months

Number of Contract Extensions (Optional)

EXIT

### Step 8:

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

FCC Form 466 - HCP RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

**Competitive Bidding**

**⚠ Please note that funding requests can only submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)**

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

Yes

No

Explanations

Select the exemption that the HCP is claiming

Government Master Services Agreement

Pre-Approved Master Services Agreement

Evergreen Contract

E-Rate Master Contract

Contract Name	Contract Document	Contract Sign Date	Contract End Date	Initial Contract Term
Test contract	Evergreen Contract Date Modifications_BA	7/1/2023	6/30/2026	36 Months

EXIT

Approved by OMB 3060-0804

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.

### Step 9:


Choose **No** for the question about qualifying for an exemption if the HCP went through the competitive bidding process. Select the related FCC Form 465 from the drop-down menu. All FCC Forms 465 submitted for the HCP will be available. Answer **Yes** or **No** to the question about whether bids were received in response to the posted FCC Form 465. If **Yes**, enter the number of bids received and upload copies of those bids by clicking **Add Documents**. A red error message will display if you don't upload the documents.

**FCC Form 466 - HCP** RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

**Competitive Bidding**

⚠ Please note that funding requests can only be submitted during a filing window period. We recommend that you submit your funding request in the earliest filing window period to receive funding. For more information about filing window periods, click [here](#)

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

Yes

No

Explanations >

Related FCC Form 465 Application

Select Form 465

Did you receive any bids in response to the FCC Form 465 Request For Services posted on the RHC Website? If you check 'Yes', copies of the bids MUST be submitted to RHC.

Yes

No

Number of Service Providers That Bid

Upload Bids

Document Type	File Name	Uploaded On
No items available		

[Add Documents](#)

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

**Step 10:**

Click **Yes** on the radio button to copy **Bill Payer Information** from another FCC Form 466. Please note, the only FCC Forms 466 that are available are those that have already been submitted in RHC Connect from the same HCP. Click **No** to enter information into required fields. Then click **Save and Continue**.

**Bill Payer Information**

[Copy from another 466](#)

Yes  No

Select Prior FCC Form 466

Please select from Dropdown

Billed Entity Name  Billed Entity FCC RN

Billed Entity Contact Employer

First Name  Last Name

Address Line 1  Address Line 2 (Optional)

City  State  Zip Code  County

Telephone Number  Extension (Optional)  Fax Number (Optional)

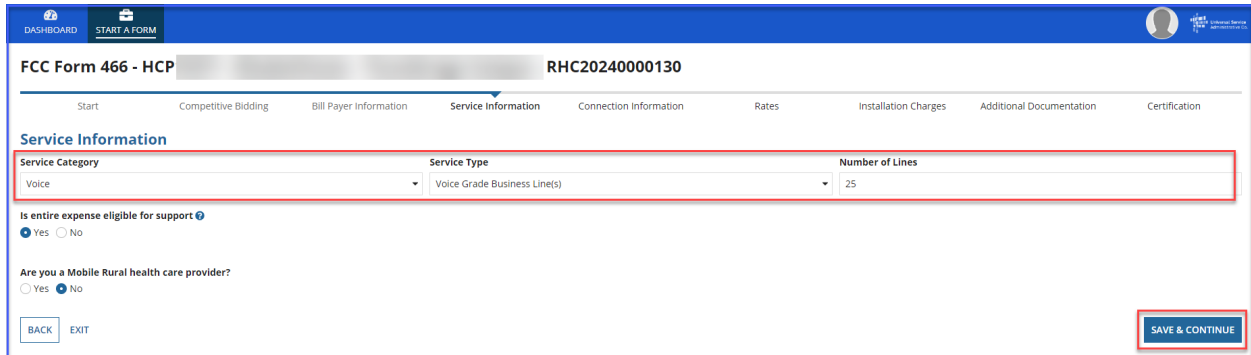
Email  Confirm Email

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



**Step 11:**

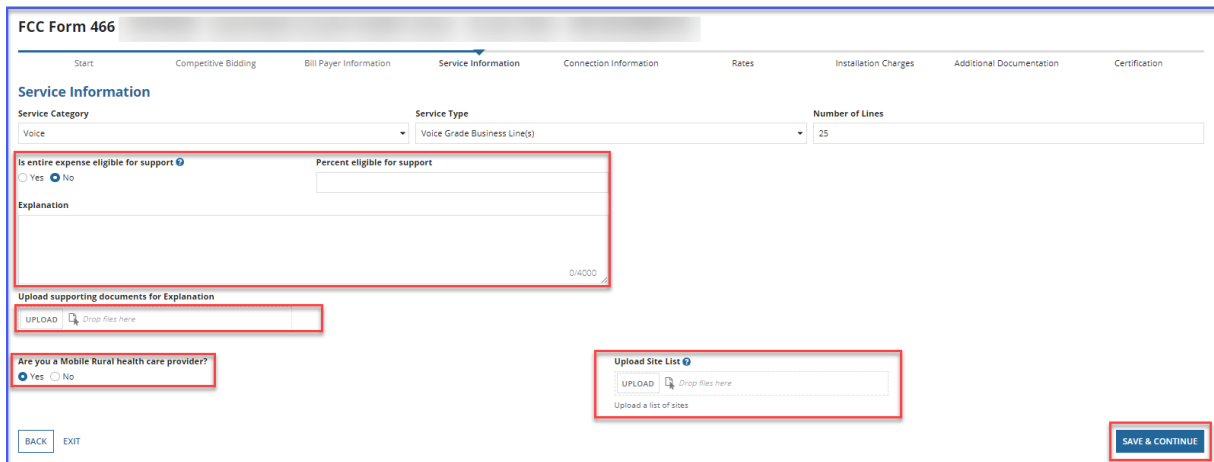
Select the **Service Category** and the **Service Type** from the drop-down menus. For voice services, enter **Number of Lines**. Click **Save and Continue**.



The screenshot shows the 'Service Information' step of the FCC Form 466 - HCP. The form title is 'FCC Form 466 - HCP' with ID 'RHC20240000130'. The navigation bar includes: Start, Competitive Bidding, Bill Payer Information, Service Information (active), Connection Information, Rates, Installation Charges, Additional Documentation, and Certification. The 'Service Information' section contains three dropdown menus: 'Service Category' (set to 'Voice'), 'Service Type' (set to 'Voice Grade Business Line(s)'), and 'Number of Lines' (set to '25'). Below these are two questions: 'Is entire expense eligible for support?' with radio buttons for 'Yes' (selected) and 'No', and 'Are you a Mobile Rural health care provider?' with radio buttons for 'Yes' and 'No' (selected). At the bottom, there are 'BACK EXIT' and 'SAVE & CONTINUE' buttons.

**Step 12:**

Answer **Yes** or **No** for the question: **Is entire expense eligible for support?** If **No**, enter **Percent eligible for support**, enter an explanation about the eligible percentage calculation, and upload supporting documentation. Answer **Yes** or **No** for the question: **Are you a Mobile Rural health care provider?** If **Yes**, upload the required lists of sites the mobile clinic visits. Click **Save and Continue**.



The screenshot shows the 'Service Information' step of the FCC Form 466. The navigation bar is the same as in Step 11. The 'Service Information' section has the same dropdowns as Step 11. The 'Is entire expense eligible for support?' question now has a 'Percent eligible for support' input field. Below this is a large 'Explanation' text area with a '0/14000' character count. There is an 'Upload supporting documents for Explanation' section with an 'UPLOAD' button and a 'Drop files here' area. The 'Are you a Mobile Rural health care provider?' question now has an 'Upload Site List' section with an 'UPLOAD' button, a 'Drop files here' area, and the text 'Upload a list of sites'. At the bottom, there are 'BACK EXIT' and 'SAVE & CONTINUE' buttons.

**Step 13:**

For data services, answer the question: **Is this service symmetrical?** And enter bandwidth. If **No** is selected, enter **Download Bandwidth** and **Upload Bandwidth**. If **Yes** is selected, only one bandwidth is required. Click **Save and Continue**.

**FCC Form 466 - HCP** RHC20240000130

Start Competitive Bidding Bill Payer Information **Service Information** Connection Information Rates Installation Charges Additional Documentation Certification

**Service Information**

Service Category: Data Service Type: Ethernet - Dedicated

Is this service symmetrical?  
 Yes  No

Download Bandwidth:  Speed in Bytes Per Second:  Mbps  Gbps

Upload Bandwidth:  Speed in Bytes Per Second:  Mbps  Gbps

Is entire expense eligible for support?  
 Yes  No

Are you a Mobile Rural health care provider?  
 Yes  No

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

**FCC Form 466 - HCP** RHC20240000130

Start Competitive Bidding Bill Payer Information **Service Information** Connection Information Rates Installation Charges Additional Documentation Certification

**Service Information**

Service Category: Data Service Type: Ethernet - Dedicated

Is this service symmetrical?  
 Yes  No

Download Bandwidth:  Speed in Bytes Per Second:  Mbps  Gbps

Is entire expense eligible for support?  
 Yes  No

Are you a Mobile Rural health care provider?  
 Yes  No

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

Approved by OMB 3060-0804

**Step 14:**

On the **Connection Information** page, click the hyperlink titled **Enter a New Connection**. If the service is a multi-carrier connection, each connection should be added using that hyperlink. If the HCP is a consortium member or the circuit uses more than one carrier, please attach a circuit diagram as indicated on this page. Click **Save and Continue**.

**FCC Form 466 - HCP** RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

**Connection Information Summary**

#	Service Provider Name	Billing Account Number	Service Installation Date	Service Type	SLA	Monthly Rate per Service Agreement	Total Monthly Undiscounted Cost	Actions
No items available								

[Enter a New Connection](#)

Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

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.

UPLOAD

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

**Step 15:**

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

FCC Form 466 - HCP RHC2024000130

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

### Add Connection

Connection 1 of 1  
Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

- Service Provider**
- Circuit
- Billing Information
- Service Level Agreement
- Monthly Costs

**Service Provider**

Search by SPIN or Service Provider Name

Choose one(1) Service Provider for this application

SPIN	Service Provider Name
143000013	Cox Virginia Telcom, LLC
143000014	Cox California Telcom, LLC
143000067	Teleport Communications America, LLC
143000072	Cablevision Lightpath LLC
143000093	XO Communications Services, LLC

« < 1 - 5 of 2,774 > »

BACK EXIT **SAVE & CONTINUE**

DASHBOARD START A FORM

FCC Form 466 - HCP RHC2024000130

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

### Add Connection

Connection 1 of 1  
Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

- Service Provider**
- Circuit
- Billing Information
- Service Level Agreement
- Monthly Costs

**Service Provider**

Search by SPIN or Service Provider Name

Choose one(1) Service Provider for this application

SPIN	Service Provider Name
143000013	Cox Virginia Telcom, LLC
143000014	Cox California Telcom, LLC
143000067	Teleport Communications America, LLC
143000072	Cablevision Lightpath LLC
143000093	XO Communications Services, LLC

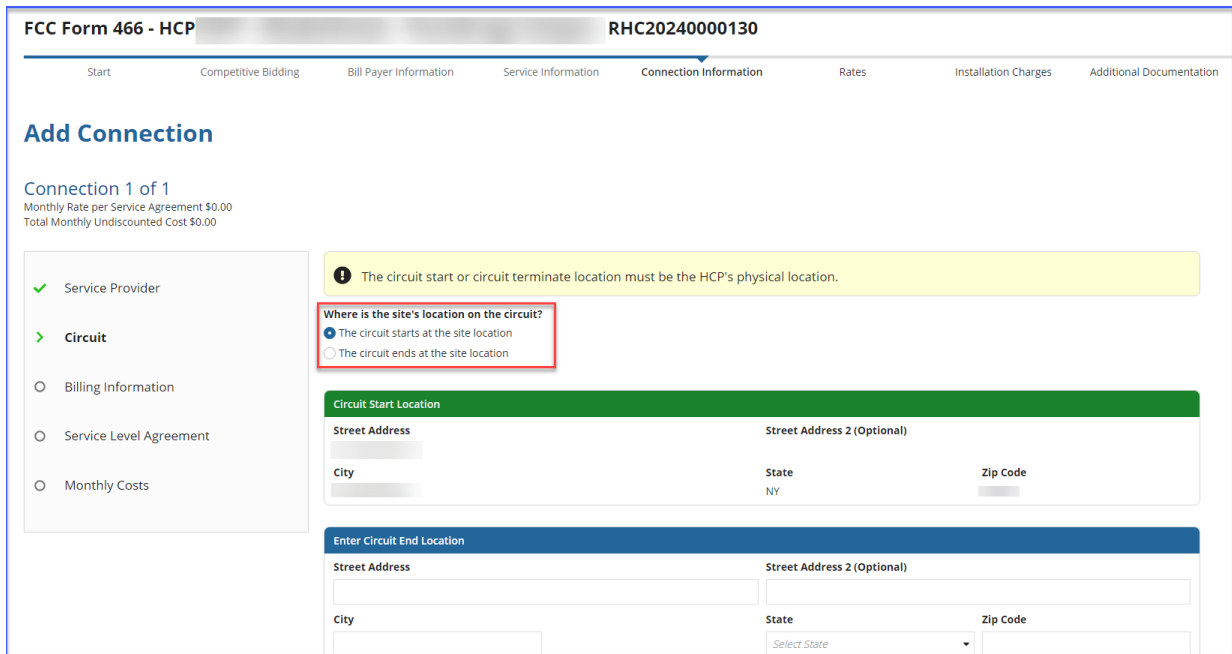
Selected SPIN: 143001197

« < 1 - 5 of 2,774 > »

BACK EXIT **SAVE & CONTINUE**

**Step 16:**

Select the radio button that describes where the site is located on the requested circuit. This should align with the submitted service provider confirmed documentation. Information will pre-populate based on information in the FCC Form 465.



**FCC Form 466 - HCP** RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation

**Add Connection**

Connection 1 of 1  
Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

- ✓ Service Provider
- > Circuit**
- Billing Information
- Service Level Agreement
- Monthly Costs

**ⓘ** The circuit start or circuit terminate location must be the HCP's physical location.

**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**

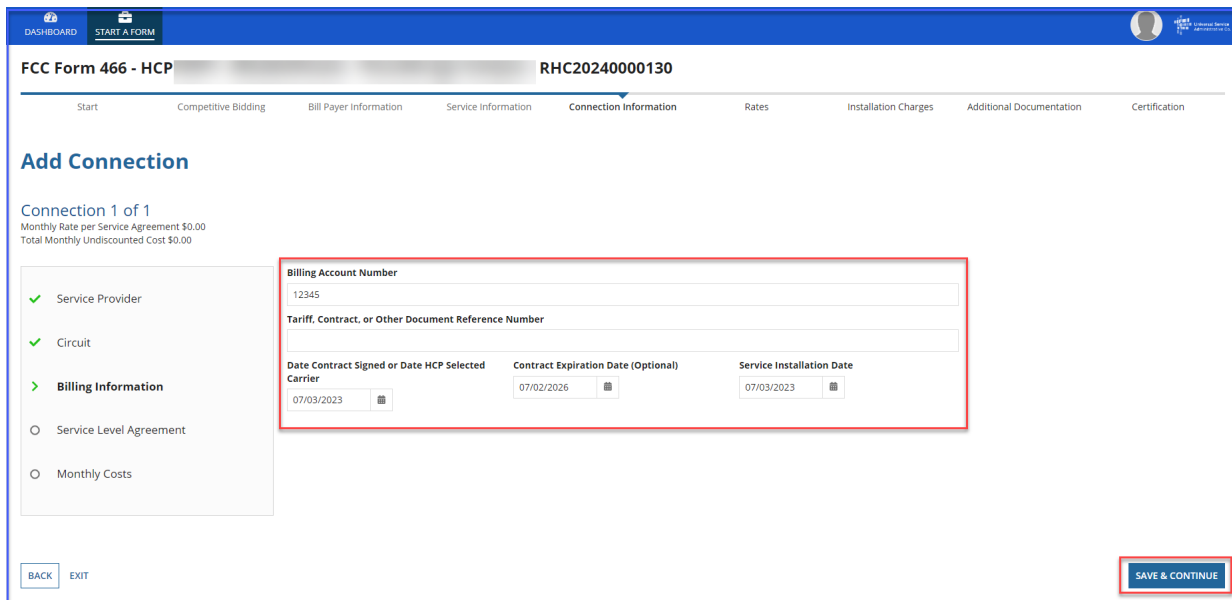
Street Address Street Address 2 (Optional)  
City State Zip Code  
NY

**Enter Circuit End Location**

Street Address Street Address 2 (Optional)  
City State Zip Code  
Select State

**Step 17:**

Enter **Billing Information** in fields shown. Click **Save and Continue**.



**FCC Form 466 - HCP** RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information **Connection Information** Rates Installation Charges Additional Documentation Certification

**Add Connection**

Connection 1 of 1  
Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

- ✓ Service Provider
- ✓ Circuit
- > Billing Information**
- Service Level Agreement
- Monthly Costs

**Billing Account Number**  
12345

**Tariff, Contract, or Other Document Reference Number**

**Date Contract Signed or Date HCP Selected Carrier** **Contract Expiration Date (Optional)** **Service Installation Date**  
07/03/2023 07/02/2026 07/03/2023

BACK EXIT **SAVE & CONTINUE**

**Step 18:**

Select **Yes** to the question: **Are you submitting a new contract to be reviewed for Evergreen endorsement?** if submitting application with a new contract. Select **No** if submitting as a month-to-month application.

**Connection 1 of 1**  
Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

- Service Provider
- Circuit
- Billing Information
- Evergreen**
- Service Level Agreement
- Monthly Costs

**Are you submitting a new contract to be reviewed for Evergreen endorsement?\***

Yes

No (Process this item as month-to-month)

**Step 19:**

If **Yes**, enter information about the contract in the fields as shown. **Click Save and Continue.**

**Add Connection**

**Connection 1 of 1**  
Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

- Service Provider
- Circuit
- Billing Information
- Evergreen**
- Service Level Agreement
- Monthly Costs

**Are you submitting a new contract to be reviewed for Evergreen endorsement?\***

Yes

No (Process this item as month-to-month)

**Select an Existing Contract** **Contract Nickname** **Upload a New Contract**

Select a contract already associated with this HCP OR  UPLOAD Drop file here

**Contract Start Date** **Initial Contract End Date**

**Length of Initial Contract Term**

Time Unit

**Number of Contract Extensions (Optional)**

**Total Combined Length of Optional Extensions (Optional)**

Time Unit

**Contract Sign Date** **Install Date**

**Step 20:**

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. Click **Save and Continue**.

### Add Connection

Connection 1 of 1  
Monthly Rate per Service Agreement \$0.00  
Total Monthly Undiscounted Cost \$0.00

- ✓ Service Provider
- ✓ Circuit
- ✓ Billing Information
- **Service Level Agreement**
- Monthly Costs

Does the applicant's contract with the service provider include a Service Level Agreement(SLA)?  
 Yes  No

What is the SLA for Latency? (Optional)  
 ms

What is the SLA for Jitter? (Optional)  
 ms

What is the SLA for Packet Loss? (Optional)  
 %

What is the SLA for Packet Reliability? (Optional)  
 %

**Step 21:**

Enter the **Monthly Undiscounted Cost** and **Monthly Taxes and Fees** listed on the bill or invoice and upload the documentation that supports these costs. Click **Save and Continue**.

### Add Connection

Connection 1 of 1  
Monthly Rate per Service Agreement \$1,000.00  
Total Monthly Undiscounted Cost \$1,050.00

- ✓ Service Provider
- ✓ Circuit
- ✓ Billing Information
- ✓ Service Level Agreement
- **Monthly Costs**

Monthly Undiscounted Cost (excluding taxes and fees)  
\$1,000.00

Monthly Taxes and Fees (optional)  
\$50.00

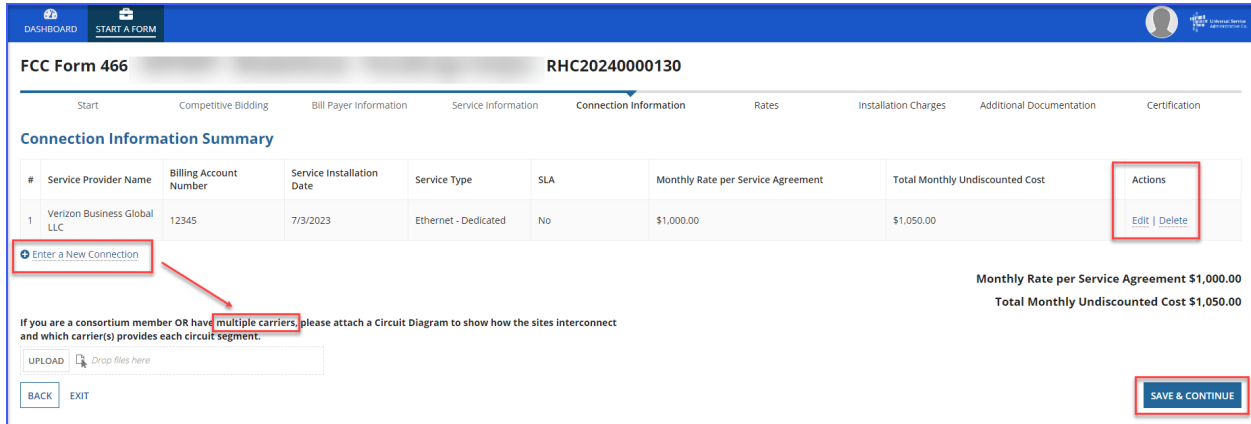
**Total monthly undiscounted cost**  
\$1,050.00

Attach documentation to support the monthly rate per the service agreement

DOCK - 411.29 KB

**Step 22:**

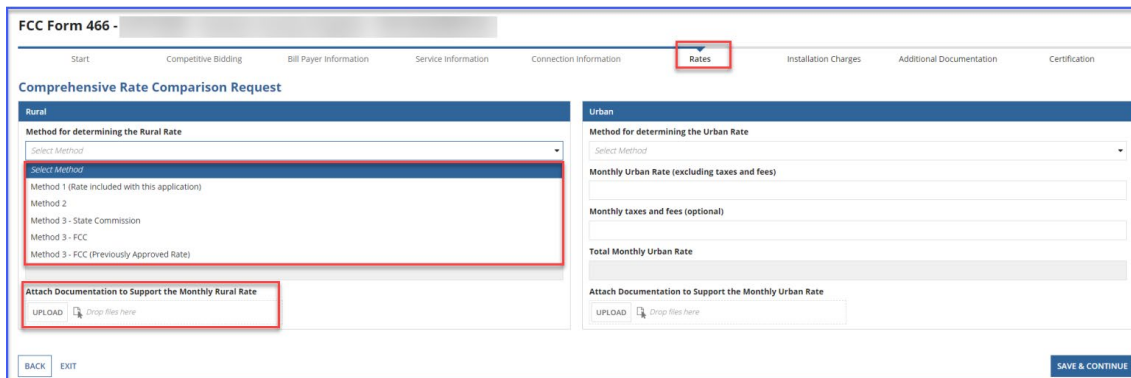
For multiple carrier circuits, enter each section of the service as a new connection by clicking **Enter a New Connection** and upload a Circuit Diagram to support the data entered. Connections may be edited or deleted by clicking the hyperlinks under the **Actions** column. Click **Save and Continue**.



The screenshot shows the 'Connection Information Summary' page for FCC Form 466, RHC20240000130. The page includes a navigation bar with tabs for Start, Competitive Bidding, Bill Payer Information, Service Information, Connection Information, Rates, Installation Charges, Additional Documentation, and Certification. The 'Connection Information Summary' table lists one connection for Verizon Business Global LLC with a monthly rate of \$1,000.00 and a total monthly undiscounted cost of \$1,050.00. A red box highlights the 'Enter a New Connection' button, and another red box highlights the 'Actions' column with 'Edit' and 'Delete' links. A red arrow points from the 'Enter a New Connection' button to the 'multiple carriers' text in the instructions below the table. The instructions state: '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.' There is an 'UPLOAD' button with a file icon and the text 'Drop files here'. At the bottom, there are 'BACK', 'EXIT', and 'SAVE & CONTINUE' buttons.

**Step 23:**

On the **Rates** page, choose the **Method for determining the Rural Rate** and the **Method for determining the Urban Rate** from the drop-down menu and enter the monthly calculated rural and urban rate that comply with the method per Telecom Program rules. Upload documentation to support the rural and urban rates below the data fields on this page. For more information about calculating the rural and urban rate, please use the [Urban and Rural Rate Information FY2024-2025](#) tip sheet on the USAC website. Click **Save and Continue**.



The screenshot shows the 'Rates' page for FCC Form 466, RHC20240000130. The page is titled 'Comprehensive Rate Comparison Request' and is divided into 'Rural' and 'Urban' sections. The 'Rural' section has a 'Method for determining the Rural Rate' dropdown menu with options: 'Method 1 (Rate included with this application)', 'Method 2', 'Method 3 - State Commission', 'Method 3 - FCC', and 'Method 3 - FCC (Previously Approved Rate)'. A red box highlights this dropdown menu. Below it is an 'Attach Documentation to Support the Monthly Rural Rate' section with an 'UPLOAD' button and the text 'Drop files here'. The 'Urban' section has a 'Method for determining the Urban Rate' dropdown menu, a 'Monthly Urban Rate (excluding taxes and fees)' field, a 'Monthly taxes and fees (optional)' field, and a 'Total Monthly Urban Rate' field. Below the 'Urban' section is an 'Attach Documentation to Support the Monthly Urban Rate' section with an 'UPLOAD' button and the text 'Drop files here'. At the bottom, there are 'BACK', 'EXIT', and 'SAVE & CONTINUE' buttons.

FCC Form 466 - [Redacted]

Start Competitive Bidding Bill Payer Information Service Information Connection Information **Rates** Installation Charges Additional Documentation Certification

### Comprehensive Rate Comparison Request

Rural	Urban
<p>Method for determining the Rural Rate</p> <p>Select Method</p> <p>Monthly Rural Rate (excluding taxes and fees)</p> <p>Monthly taxes and fees (optional)</p> <p>Total Monthly Rural Rate</p> <p>Attach Documentation to Support the Monthly Rural Rate</p> <p>UPLOAD <input type="text" value="Drop files here"/></p>	<p>Method for determining the Urban Rate</p> <p>Select Method</p> <p>State tariff</p> <p>Federal tariff</p> <p>NECA tariff</p> <p>Advertised rate</p> <p>E-Rate open data</p> <p>RHC open data</p> <p>Other</p> <p>UPLOAD <input type="text" value="Drop files here"/></p>

BACK EXIT SAVE & CONTINUE

DASHBOARD START A FORM

FCC Form 466 RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information **Rates** Installation Charges Additional Documentation Certification

### Comprehensive Rate Comparison Request

Rural	Urban
<p>Method for determining the Rural Rate</p> <p>Method 2</p> <p>Monthly Rural Rate (excluding taxes and fees)</p> <p>\$1,100.00</p> <p>Monthly taxes and fees (optional)</p> <p>\$50.00</p> <p>Total Monthly Rural Rate</p> <p>\$1,150.00</p> <p>Attach Documentation to Support the Monthly Rural Rate</p> <p>UAT FCC Form 466 Review DOCX - 411.29 KB</p> <p>UPLOAD <input type="text" value="Drop files here"/></p>	<p>Method for determining the Urban Rate</p> <p>RHC open data</p> <p>Monthly Urban Rate (excluding taxes and fees)</p> <p>\$150.00</p> <p>Monthly taxes and fees (optional)</p> <p>\$15.00</p> <p>Total Monthly Urban Rate</p> <p>\$165.00</p> <p>Attach Documentation to Support the Monthly Urban Rate</p> <p>UAT FCC Form 466 Review DOCX - 411.29 KB</p> <p>UPLOAD <input type="text" value="Drop files here"/></p>

BACK EXIT SAVE & CONTINUE

**Step 24:**

On the **Installation Charges** page, enter **One-time Rural Rate Charge** and **One-time Urban Rate Charge**, if applicable, and upload supporting documentation. Please note, this is optional and can be skipped if no installation costs were incurred. Click **Save and Continue**.

DASHBOARD START A FORM

FCC Form 466 - HCP RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates **Installation Charges** Additional Documentation Certification

### Installation Charges

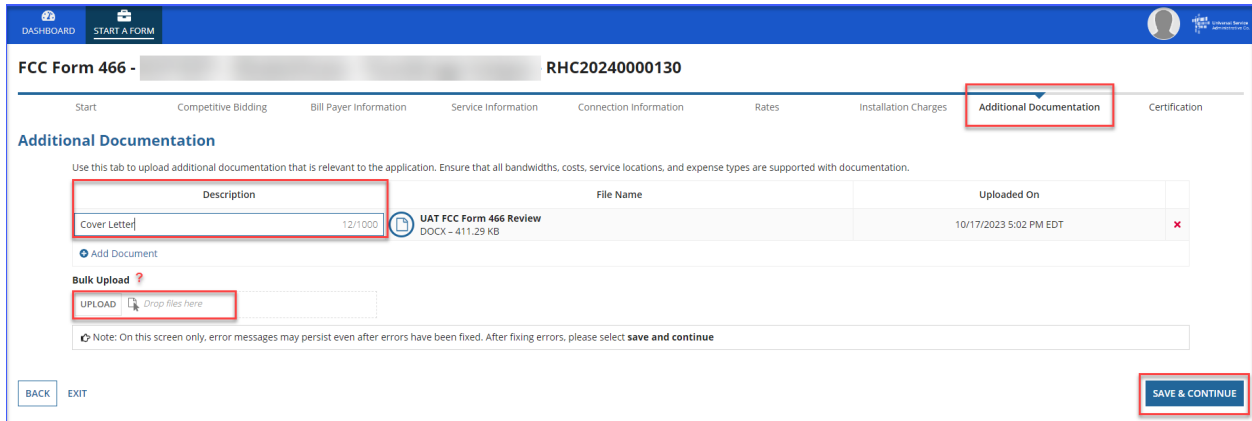
<p>One-time Rural Rate Charge (optional)</p> <p>\$500.00</p> <p>Upload ONLY one-time rural charges documentation.</p> <p>UAT FCC Form 466 Review DOCX - 411.29 KB</p> <p>UPLOAD <input type="text" value="Drop files here"/></p> <p>Do not upload document for other line items here</p>	<p>One-time Urban Rate Charge (optional)</p> <p>\$50.00</p> <p>Upload ONLY one-time urban charges documentation.</p> <p>UAT FCC Form 466 Review DOCX - 411.29 KB</p> <p>UPLOAD <input type="text" value="Drop files here"/></p> <p>Do not upload document for other line items here</p>
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BACK EXIT SAVE & CONTINUE



**Step 25:**

On the **Additional Documentation** page, upload any additional supporting documentation. Add a description of the document in the required field. Click **Save and Continue**.



FCC Form 466 - RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges **Additional Documentation** Certification

**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.

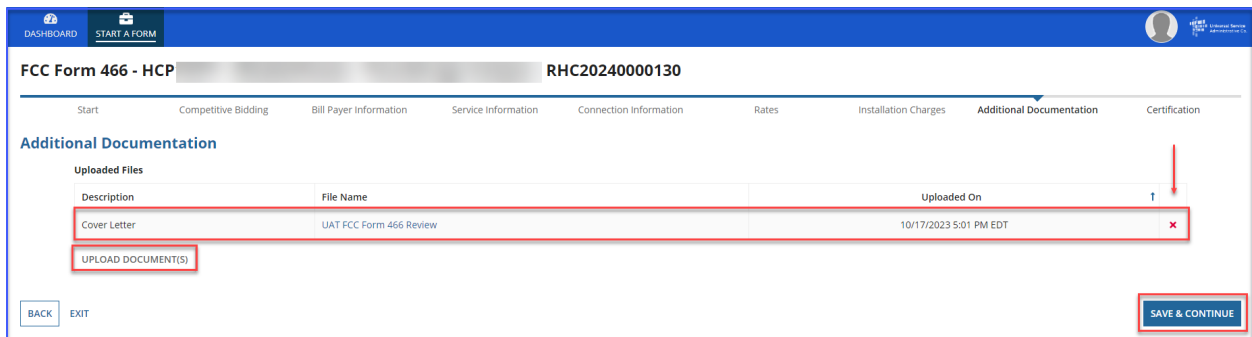
Description	File Name	Uploaded On
Cover Letter 12/1000	UAT FCC Form 466 Review DOXX--411.29 KB	10/17/2023 5:02 PM EDT

**Bulk Upload** ?  
 Drop files here

Note: On this screen only, error messages may persist even after errors have been fixed. After fixing errors, please select save and continue

EXIT

Click the red **x** to delete the document. Click **Save & Continue**.



FCC Form 466 - HCP RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges **Additional Documentation** Certification

**Additional Documentation**

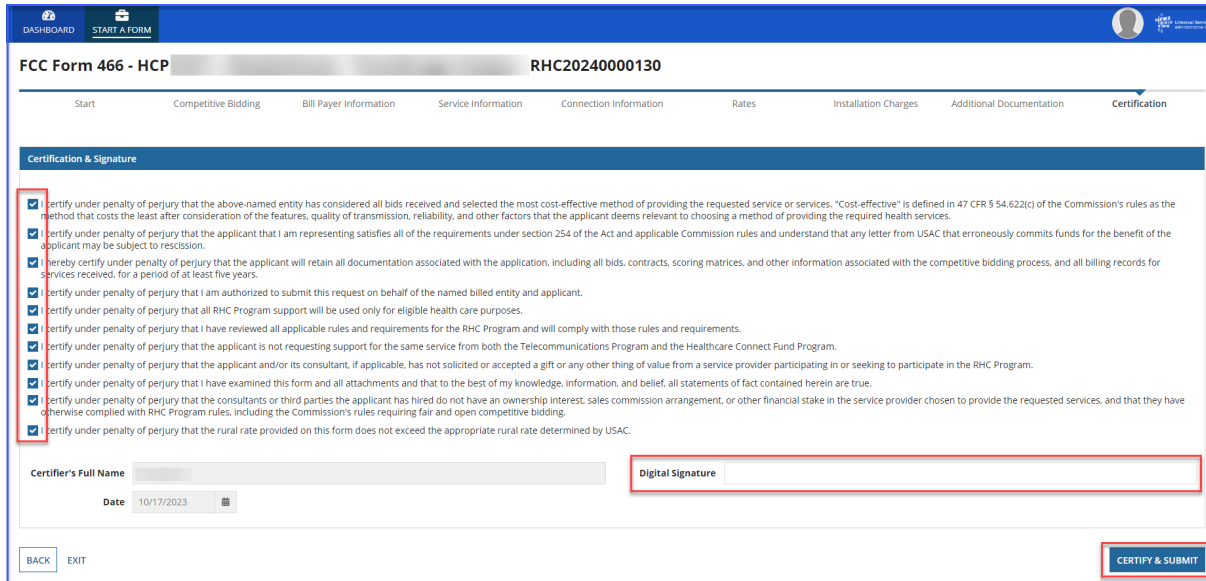
Uploaded Files

Description	File Name	Uploaded On
Cover Letter	UAT FCC Form 466 Review	10/17/2023 5:01 PM EDT

EXIT

**Step 26:**

Each certification must be checked to continue. Enter your first and last name as it appears in RHC Connect in the **Digital Signature** field. Click **Certify and Submit**.



**FCC Form 466 - HCP** RHC20240000130

Start Competitive Bidding Bill Payer Information Service Information Connection Information Rates Installation Charges Additional Documentation Certification

**Certification & Signature**

- 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.
- 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.
- 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.
- 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.

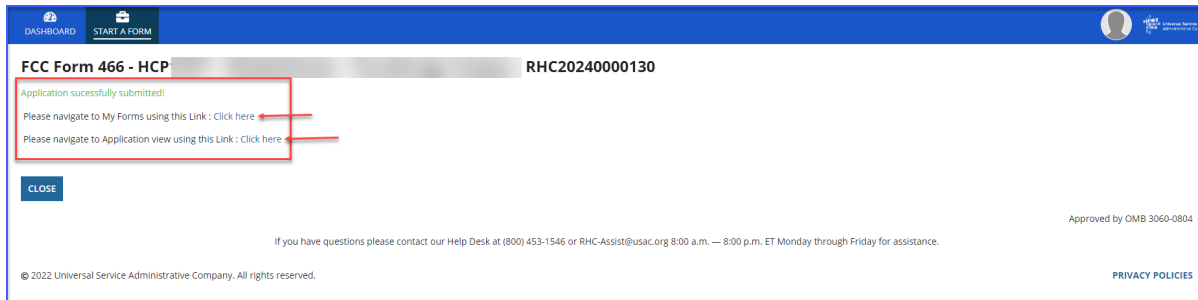
Certifier's Full Name  Digital Signature

Date 10/17/2023

BACK EXIT CERTIFY & SUBMIT

**Step 27:**

Once submitted, this screen will appear with a link to navigate back to the **My Forms** tab and a link to navigate to view the submitted FCC Form 466 Application.



**FCC Form 466 - HCP** RHC20240000130

Application successfully submitted!

Please navigate to My Forms using this Link: [Click here](#)

Please navigate to Application view using this Link: [Click here](#)

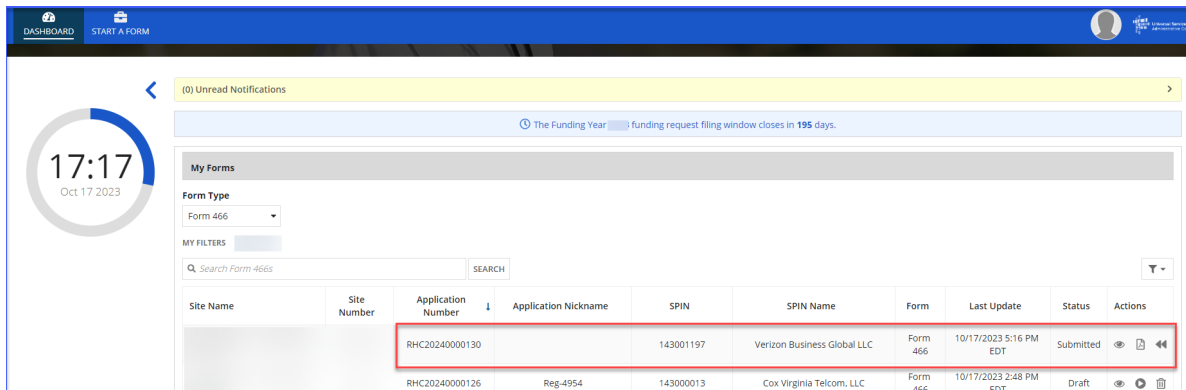
CLOSE

Approved by OMB 3060-0804

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.

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The submitted form with all other FCC Forms 466 will appear on the **My Forms** tab.



(0) Unread Notifications

The Funding Year funding request filing window closes in 195 days.

17:17 Oct 17 2023

**My Forms**

Form Type: Form 466

MY FILTERS: Search Form 466s

Site Name	Site Number	Application Number	Application Nickname	SPIN	SPIN Name	Form	Last Update	Status	Actions
		RHC20240000130		143001197	Verizon Business Global LLC	Form 466	10/17/2023 5:16 PM EDT	Submitted	👁️ 🗑️ ⏪
		RHC20240000126	Reg-4954	143000013	Cox Virginia Telcom. LLC	Form 466	10/17/2023 2:48 PM EDT	Draft	👁️ 🗑️

## 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 466 change?**

No, the FCC Form 466 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 for the HCF Program and FY2024 and forward for the Telecom Program. Connected Care Pilot Project (CCPP) projects are not impacted unless they also participate in the HCF or Telecom Program.

### **Can I still make updates or changes to my FCC Forms 466 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 466.

### **How do I access RHC Connect to file my FCC Form 466?**

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 466 shortly before the opening 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 466](#) 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.