

RHC Connect User Guide – FCC Form 466

Updated as of December 2024

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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.

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 o and High Cost & Lifeline - FCC Form 48	rders, new certifications have been added to the following forms: RHC - FCC Form 463 and the 1. Service providers are required to submit these annual certifications. For additional informat	Telecom invoice, E-rate - FCC Form 473, X
💾 Upcoming Dates	Rural Health Care	Help?
CCPP Program 10/18 Invoicing Best 2023 Practices Webinar	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.	Send us a message Click here Call us (888) 641-8722
	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.	

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.





Step 3:

Click FCC Form 466. Then, click 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								Antoneous Ch.
FCC Form 466								
Start	Competitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
Start								
Paperwork Reduction Act (PRA)								>
A Note: Once you select HCP, and	click Save & Continue, you	u will <u>not</u> be able to change the H	CP. Please select carefully.					
Health Care Provider (HCP) Inform	nation							
	HCP						•	
	FCC Registration							
	Address							
	State	NY						
FCC Form 466 Application Informa	ition							
	Application Nickname (Optional)							
	Funding Year	2024					-	
	Application Number	Deineity 4						
	Funding Priority	Phoney I						
EXIT								SAVE & CONTINUE
								Approved by OMB 3060-0804
	If	you have questions please contac	t 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 assistan	ce.	



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							Linear Server
FCC Form 466 - HCP		R	HC20240000130				
Start Competitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
Competitive Bidding							
A Please note that funding requests can only submitted	luring a filing window period. We	recommend that you submit	your funding request in the earlies	filing window period to rec	ieve funding. For more inform	nation about filing window periods,	click here
Is the HCP requesting that this application be exempt for	om competitive bidding? 🕑						
No							
Explanations						>	
Select the exemption that the HCP is claiming							
Government Master Services Agreement							
Pre-Approved Master Services Agreement Gramman Gramman							
E-Rate Master Contract							
BACK EXIT						,	SAVE & CONTINUE
	If you have questions please cont	act our Help Desk at (800) 45:	3-1546 or RHC-Assist@usac.org 8:0	0 a.m. — 8:00 p.m. ET Mond	lay through Friday for assistan	nce.	
© 2022 Universal Service Administrative Company. All right	reserved.						PRIVACY POLICIES

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								
A Please note that funding requ	ests can only submitted during	a filing window period. We recomm	end that you submit your fun	ding request in the earliest filing wind	ow period to recieve fundi	ng. For more information about filin	g window periods, click here	
Is the HCP requesting that this a Ves No Explanations If your site meets one of the com I. Government Master Service pursuant to applicable federal, st or services purchased from the I 3. Evergreen Contract: You hav 4. Schools and Libraries Progra	pplication be exempt from co petitive bidding exemptions be Agreement (MSA) You are s are, Tribai, or local competitive (MSA) Approved Under the R (MSA) Approved Under the R MSA se long as the MSA was of an existing contract already e m Master Contracts: You are	sow, you are not required to submit exing support for services purchase bidding requirements. Didding requirements eveloped and negotisted in respons indorsed by USAC as evergreen. e an eligible HCP participating in the	the FCC Form 465 and go thn d from master service agreem HCF Program: You are opting to an RFP or request for sen Schools and Libraries (E-rate)	sugh the competitive bidding process. ents (MSAs) negotiated by a federal, s (into an existing MSA approved under (ces that specifically solicited proposa program and are purchasing services	You are exempt from com tate, Tribel, or local govern the Rural Health Care Pilo Is that included a mechani under a contract approvec	spetitive bidding if any of the followi iment entity on the applicant's beha is program or the HCE program and sm for adding additional sites to the d under the E-rate program as a mas	rg apply: if, and awarded seeking support MSA. ter 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.

DASHBOARD START A FORM							
FCC Form 466 - HCP		RHC	20240000130				
Start Competit	ive Bidding Bill Payer Information	Service Information C	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
Competitive Bidding							
A Please note that funding requests can o	nly submitted during a filing window period. V	/e recommend that you submit your f	funding request in the earliest	filing window period to reciev	e funding. For more inform	nation about filing window periods,	click here
Is the HCP requesting that this application Yes No	be exempt from competitive bidding? 🕢						
Explanations						>	
Select the exemption that the HCP is claim Government Master Services Agreement Pre-Approved Master Services Agreement Evergreen Contract B-Rate Master Contract Contract	ing						
Contract Name	Contract Document	Contra	act Sign Date	Contract	End Date	Initial Contra	t Term
			No items available				
BACK EXIT						ADD CON	EDIT DELETE

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:dd95555 mm:dd95555 Contract Term Time Unit Number of Contract Extensions (Optional)	
CANCEL	SAVE
BACK EXIT	SAVE & CONTINUE



Select the exemption that the HCP is claiming Government Master Services Agreement Pre-Approved Mastl ₂ Services Agreement Evergreen Contract E-Rate Master Contract			
New Contract Select an Existing Contract Select a contract Already associated with this HCP Contract Sign Date 07/07/2023 06/30/2026 Length of Initial Contract End Date 07/07/2023 06/30/2026 Length of Initial Contract Term 36 Months • Number of Contract Extensions (Optional) 5 CANCEL	Contract Nickname Test contract	Upload a New Contract Evergreen Contract Date M DOCX - 16.22 KB	SAVE
BACK EXIT			SAVE & CONTINUE

Step 8:

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

FCC Form 466 - H	FCC Form 466 - HCP RHC20240000130								
Start	Competitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates	Installation Charges	Additional Documentation	Certificati	on
Competitive Bidding									
A Please note that funding	requests can only submitted du	iring a filing window period. We	recommend that you submit yo	ur funding request in the earliest filin	g window period t	to recieve funding. For more informa	ation about filing window per	ods, click here	
Is the HCP requesting that ti Yes No Explanations Select the exemption that ti Government Master Servic Pre-Approved Master Servic Evergreen Contract Evergreen Contract	his application be exempt from HEP Is claiming es Agreement CES Agreement	m competitive bidding? 😡					>		
Contract Name	Contract Documen	t		Contract Sign Da	te	Contract End Date	Initi	al Contract Term	
Test contract	Evergreen Contract	Date Modifications_BA		7/1/2023		6/30/2026		36 Months	
BACK EXIT	ſſ	you have questions please cont	act our Help Desk at (800) 453-1	546 or RHC-Assist⊜usac.org 8:00 a.n	ı. — 8:00 p.m. ET N	Monday through Friday for assistanc	ADD	CONTRACT EDIT	DELETE

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. You must enter a number greater than one. If you received zero bids, you'll enter one and information from the service provider you're using to submit the FCC Form 466. 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.



CASHBOARD START A FORM					
FCC Form 466 - HCP	RHC2024	0000130			
Start Competitive Bidding Bill F	Payer Information Service Information Connec	ion Information Rates	Installation Charges	Additional Documentation	Certification
Competitive Bidding					
A Please note that funding requests can only submitted during a fili	ng window period. We recommend that you submit your fundin	request in the earliest filing window period to rec	ieve funding. For more informat	tion about filing window periods, clici	here
S the HCP requesting that this application be exempt from compe Yes No	titive bidding? 🔗				
Explanations				>	
Related FCC Form 465 Application					
Select Form 465			-		
Did you receive any bids in response to the FCC Form 465 Request Yes	For Services posted on the RHC Website? If you check 'Yes',	opies of the bids MUST be submitted to RHC.			
No Number of Service Providers That Bid				_	
Upload Bids					
Document Type	File Name	Uploaded On			
	No items available				
Add Documents					
BACK EXIT					SAVE & CONTINUE

Select a description of the document from the drop-down menu.

FCC Form 466 -								
Start	Competitive Bidding	Bill Payer Information	Service information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
Competitive Bidd	ing							
A Please note that funding r	equests can only submitted during	a filing window period. We recomm	nend that you submit your fun	ding request in the earliest filing windo	w period to recieve funding.	For more information about filing	window periods, click here	
Is the HCP requesting that th	s application be exempt from co	mpetitive bidding? 😧						
O Yes								
Explanations							>	
Related FCC Form 465 Applica	tion							
43425188								
© Yes No Number of Service Providers 2 Upload Bids	That Bid	est for an interposed on one n	ne nebate, n you check re	, copres or one onus most be source				
	locument Type		File Name		Uploaded 0	On		
Select a document type		UPLOAD L Drop fi	le here				×	
Select a document type								
Qualified Bid								
Bidding Matrix								SAVE & CONTINUE
								Approved by OMB 3060-080
								white a second camp proceeding



Step 10:

Click **Yes** on the radio button to copy **Bill Payer Information** from another FCC Form 466. Please note, information from FCC Forms 466 from the prior two years will be migrated over to RHC Connect from My Portal for 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	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)
						Suite, Office Number, Room
City				State	Zip Code	County
				Select State		Select County 🔹
Telephone Number	Extension (Option	nal) Fa	ax Number (Optiona	l)		
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**.

DASHBOARD START A FORM			
FCC Form 466 - HCP	RHC20240000130		
Start Competitive Bidding	Bill Payer Information Service Information Connection Information	Rates Installation Charges Additional Docu	mentation Certification
Service Information			
Service Category	Service Type	Number of Lines	
Voice	 Voice Grade Business Line(s) 	• 25	
Is entire expense eligible for support @ Yes No			
Are you a Mobile Rural health care provider? Yes O No			
BACK EXIT			SAVE & CONTINUE

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.



FCC Form 466									
Start	Competitive Bidding	Bill Payer Information	Service Information	Connection	Information	Rates	Installation Charges	Additional Documentation	Certification
Service Information									
Service Category			Service Type				Number of Lines		
Voice		•	Voice Grade Business Line(s)			•	25		
Is entire expense eligible for sur Ves No Explanation Upload supporting documents f UPLOAD De Drop fies new	pport 🖗	Percent eligible for su	pport	0/4000					
Are you a Mobile Rural health ca	are provider?				Upload Site List 🚱	les here]		
BACK EXIT									SAVE & CONTINUE

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**.

DASHBOARD START A FORM									Advanced Service
FCC Form 466 - HC	:P		R	HC20240000130					
Start	Competitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates		Installation Charges	Additional Documentation	Certification
Service Information	ı								
Service Category			Service Type						
Data		-	Ethernet - Dedicated			•			
Is this service symmetrical?	1	Download Bandwidt	h	Speed in Bytes Per	Second				
🗌 Yes 💿 No	1	Input Download Band	lwidth Speed	O Mbps O Gbps					
		Upload Bandwidth		Speed in Bytes Per	Second				
		Input Upload Bandwl	dth Speed	O Mbps O Gbps					
Is entire expense eligible for s	upport 🕜	-							
• Yes 🔿 No									
Are you a Mobile Rural health	care provider?								
🔾 Yes 💿 No									
BACK EXIT									SAVE & CONTINUE
<u>a</u> =									in the second se
DASHBOARD START A FORM									- Here Annesista Co
FCC Form 466 - HC	P		R	HC20240000130					
Start	Competitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates		Installation Charges	Additional Documentation	Certification
Service Information	1								
Service Category			Service Type						
Data		•	Ethernet - Dedicated			•			
Is this service symmetrical?		Download Bandwidth	I	Speed in Bytes Per	econd				
Yes 🔿 No		10		Mbps Obps					
Is entire expense eligible for su	ipport 🕜								
• Yes () No									
Are you a Mobile Rural health	care provider?								
🔾 Yes 💿 No									
BACK EXIT									SAVE & CONTINUE
									Approved by OMB 3060-0804
									Approved by UMB 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**.

DASHBOARD START A FORM									
FCC Form 466 - H0	CP			RHC202400	000130				
Start	Competitive Bidding	Bill Payer Information	Service Informat	ion Connection	Information	Rates	Installation Charges	Additional Documentation	Certification
Connection Inform	ation Summary								
# Service Provider Name	Billing Account Number	Service Installation Date	Service Type	SLA	Monthly Rate	per Service Agreement	Total Monthly U	Indiscounted Cost	Actions
				No Items	avaliable				
C Enter a New Connection									
								Monthly Rate per Se	rvice Agreement \$0.00
If you are a consortium mem	ber OR have multiple carri	iers, please attach a Circuit	Diagram to show how the	e sites interconnect				Total Monthly of	laiscountea cost \$0.00
UPLOAD Crop files here	each ch cur segment.								
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	C Form 466 - HC	CP		RI	HC20240000130				
	Start	Competitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
Ad	ld Connecti	ion							
Cor Monti Total	hly Rate per Service Agreer Monthly Undiscounted Co	ment \$0.00 st \$0.00			_				
>	Service Provider		Service Provider	ovider Name Q					
0	Circuit		Choose one(1) Service Prov	der for this application					
~			SPIN	ervice Provider Name					
0	Billing Information		143000013	ox Virginia Telcom, LLC					
0	Service Level Agree	ment	143000014	ox California Telcom, LLC					
			143000067 1	eleport Communications Americ	a, LLC				
0	Monthly Costs		143000072	ablevision Lightpath LLC					
			143000093	O Communications Services, LLC	:				
					< 1 - 5 of 2,774 >	»			
BAC	EXIT								SAVE & CONTINUE



DASHBOARD START A FORM							Provide University Service Co.
FCC Form 466 - HCP		RHC20	0240000130				
Start Competitive Bidding	Bill Payer Information	Service Information Cor	nection 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						
> Service Provider	Search by SPIN or Service	Provider Name Q					
O Circuit	Choose one(1) Service Pro	ovider for this application		Selected SPIN			
	SPIN	Service Provider Name		©143001197			
O Billing Information	143000013	Cox Virginia Telcom, LLC					
O Service Level Agreement	143000014	Cox California Telcom, LLC					
	143000067	Teleport Communications America, LLC					
O Monthly Costs	143000072	Cablevision Lightpath LLC					
	143000093	XO Communications Services, LLC					
			< 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 Fo	orm 466 - HCP		R	HC20240000130			
	Start Competit	ive Bidding Bill Payer Information	Service Information	Connection Information	Rates In:	stallation Charges	Additional Documentation
Add	Connection						
Connee Monthly Rat Total Month	ction 1 of 1 te per Service Agreement \$0.00 nly Undiscounted Cost \$0.00						
🗸 Ser	rvice Provider	The circuit start or o	ircuit terminate locatior	n must be the HCP's physical lo	cation.		
> Cir	rcuit	Where is the site's location of The circuit starts at the site l The circuit ends at the site le	n the circuit? ocation ocation				
O Bill	ling Information	Circuit Start Location					
O Ser	rvice Level Agreement	Street Address		Street	Address 2 (Optional)		
O Mo	onthly Costs	City		State NY		Zip Code	
		Enter Circuit End Location					
		Street Address		Street	Address 2 (Optional)		
		cin.				The Code	
		city		State	t State		



Step 17:

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

DASHBOARD START A FORM		enter Université device Administration Ca.
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		
	Billing Account Number	
 Service Provider 	12345 Tariff, Contract, or Other Document Reference Number	
✓ Circuit		
> Billing Information	Date Contract Signed or Date HCP Selected Contract Expiration Date (Optional) Service Installation Carrier 07/03/2023 Image: Contract Signed or Date HCP Selected 07/03/2023	
O Service Level Agreement		
O Monthly Costs		
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-tomonth application.

Con Month Total M	nection 1 of 1 ly Rate per Service Agreement \$0.00 Aonthly Undiscounted Cost \$0.00	
~	Service Provider	Are you submitting a new contract to be reviewed for Evergreen endorsement? * Yes No (Process this item as month-to-month)
~	Circuit	
~	Billing Information	
>	Evergreen	
0	Service Level Agreement	
0	Monthly Costs	







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 	Are you submitting a new contract to be reviewed for Evergreen endorsement? * Yes No (Process this item as month-to-month)	
✓ Circuit	Select an Existing Contract Contract Nickname	Upload a New Contract
	Select a contract already associated with this HCP	UPLOAD
 Billing Information 	Contract Start Date Initial Contract End Date	
	mm/dd/yyyy	
> Evergreen	Length of Initial Contract Term	
	Sime Unit -	
O Service Level Agreement	Number of Contract Extensions (Optional)	
O Monthly Costs		
O Monthly Costs	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 Bate per Service Agreement \$0.00 Total Monthly Undiscounted Cost \$0.00	
✓ Service Provider	Does the applicant's contract with the service provider include a Service Level Agreement(SLA)? Yes No What is the SLA for Latency? (Optional)
✓ Circuit	ms What is the SLA for jitter? (Optional)
✓ Billing Information	ms What is the SLA for Packet Loss? (Optional)
> Service Level Agreement	%) What is the SLA for Packet Reliability? (Optional)
O Monthly Costs	5
BACK EXIT	



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		
	Monthly Undiscounted Cost (excluding taxes and fees)	
 Service Provider 	\$1,000.00	
	Monthly Taxes and Fees (optional)	
✓ Circuit	\$50.00	
	Totai Monthiy Undiscounted Cost	
 Billing Information 	\$1,050.00	
 Service Level Agreement 	Attach documentation to support the monthly rate per the service agreement C Form 46 Review C 411.29 KB	
> Monthly Costs	Coop files here	
BACK EXIT		SAVE & CONTINUE

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**.

DASHBOARD START A FORM							Anterestation Co.			
FCC Form 466 RHC20240000130										
Start	Competitive Bidding	Bill Payer Information	Service Information	on Connection Info	ormation Rates Insta	llation Charges Additional Documentation	Certification			
Connection Inform	ation Summary									
# Service Provider Name	Billing Account Number	Service Installation Date	Service Type	SLA	Monthly Rate per Service Agreement	Total Monthly Undiscounted Cost	Actions			
1 Verizon Business Global LLC	12345	7/3/2023	Ethernet - Dedicated	No	\$1,000.00	\$1,050.00	Edit Delete			
Enter a New Connection						Monthly Rate per Servi	e Agreement \$1,000.00			
		_				Total Monthly Undis	counted Cost \$1,050.00			
If you are a consortium memb and which carrier(s) provides	per OR have multiple carri each circuit segment.	ers, please attach a Circuit	Diagram to show how the	sites interconnect						
UPLOAD C Drop files here										
BACK EXIT							SAVE & CONTINUE			





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 <u>Urban and Rural Rate Information FY2024-2025</u> tip sheet on the USAC website. Click **Save and Continue**.

	Competitive Bidding	Bill Paver Information	Service Information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
	competitive biobing	biir tayer intornation		000000000000000000000000000000000000000		instantion crisiges		Certification
nprehensive R	ate Comparison Rec	quest						
al				Urban				
thod for determining t	the Rural Rate			Method for det	ermining the Urban Rat	2		
elect Method				▼ Select Method				
vlect Method		*		Monthly Urban	Rate (excluding taxes a	nd fees)		
ethod 1 (Rate included v	with this application)							
ethod 2				Monthly taxes	and fees (optional)			
ethod 3 - State Commiss	sion							
ethod 3 - FCC	hi Approved Date)			Total Monthly	Irban Rate			
eviously approved rate '	from existing multi-year contract							
ich Documentation to	Support the Monthly Bural Bai	te		Attach Docume	ntation to Support the I	Jonthly Urban Rate		
				UNION D	Dran filor bara	, or other state		
LOAD LA Drop meshe	ne			OPLOAD LA	orop mes nere			
K EXIT								SAVE & CON
Form 466 -								
Start	Competitive Bidding	Bill Payer Information	Service Information	Connection information	Rates	Installation Charges	Additional Documentation	Certification
prehensive Ra	ate Comparison Requ	Jest						
				Urban				
od for determining th	ne Rural Rate			Method for det	ermining the Urban Rate	-		
ct Method				Select Method	-			
hiv Rural Rate (exclus	ding taxes and fees)			Select Method				
				State tariff				
this taxes and fees (or	otionall			Federal tariff				
and the set of	, control ,			NECA tariff				
Monthly Rural Rate				Advertised rate				
				E-Rate open data	La la			
ch Documentation to !	Support the Monthly Rural Rate			Other				
non B and for an				un out D	Turn Mar Kowa			
cono ca non				CICOND C4				
K EXIT								SAVE & CO
								_
a =								
BOARD START A FO	DRM							
2) Eovin 466	DRM			4620240000120				
BOARD START A FO	MRC		R	HC20240000130				
BOARD START A FO	2RM	Bill Payer Information	R Service Information	HC20240000130	Rates	Installation Charges	Additional Documentation	Certification
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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**.

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C Form 466 - H	СР		R	HC20240000130				
Start	Competitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
stallation Charge	es							
	One-time Rural Rate Cha	arge (ontional)			One-time Urban Rate Ch	arge (optional)	-	
	\$500.00				\$50.00			
	Upload ONLY one-time r	rural charges documentation.			Upload ONLY one-time u	rban charges documentatio	n.	
	UAT FCC Form 466 DOCX - 411.29 KB	5 Review			UAT FCC Form 466 DOCX - 411.29 KB	Review		
	+ Drop files here	+			Drop files here	+		
	Do not upload document fo	r other line items here	<i>i</i>		Do not upload document for	other line items here		
CK EXIT	L		-		L		-	SAVE & CONT

Step 25:

On the **Additional Documentation** page, upload any additional supporting documentation. Add a description of the document in the required field. To use the **Bulk Upload** feature, upload all documents and enter a description for each. Click the red **x** to delete the document. Click **Save and Continue**.

Start	Competitive Bidding	Bill Payer Information	Service information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
onal Docum	entation			2n	y			
Use this tab to up	load additional documentation that	is relevant to the application. Ensure t	hat all bandwidths, costs, se	rvice locations, and expense types are	supported with documentation.			
	Description			File Name			Uploaded On	_
1		0/1000 D Tracker XLSX -	нг 11.72 КВ				10/26/2023 2:36 PM EDT	×
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Note: On this	s screen only, error messages may p	ersist even after errors have been fixe	d. After fixing errors, please	select save and continue				

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**.



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FCC Form 466 - HCP			R	HC20240000130				
Start C	ompetitive Bidding	Bill Payer Information	Service Information	Connection Information	Rates	Installation Charges	Additional Documentation	Certification
Certification & Signature								
contraction a signature								
I certify under penalty of perjury nethod that costs the least after	that the above-named e consideration of the fea	entity has considered all bids rec atures, quality of transmission, re	eived and selected the most eliability, and other factors t	cost-effective method of providing hat the applicant deems relevant to	the requested service or choosing a method of pr	services. "Cost-effective" is defir oviding the required health serv	ed in 47 CFR § 54.622(c) of the Corr ices.	nmission's rules as the
 I certify under penalty of perjury applicant may be subject to resc 	that the applicant that I ission.	am representing satisfies all of t	he requirements under sect	ion 254 of the Act and applicable Co	ommission rules and und	erstand that any letter from USA	AC that erroneously commits funds	for the benefit of the
I hereby certify under penalty of services received, for a period of	perjury that the applicar at least five years.	nt will retain all documentation a	ssociated with the application	on, including all bids, contracts, scor	ing matrices, and other i	nformation associated with the e	competitive bidding process, and all	I billing records for
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 su	pport will be used only for eligib	le health care purposes.					
I certify under penalty of perjury	that I have reviewed all	applicable rules and requiremen	its for the RHC Program and	will comply with those rules and re	quirements.			
I certify under penalty of perjury	that the applicant is not	requesting support for the sam	e service from both the Tele	communications Program and the H	Healthcare Connect Fund	Program.		
I certify under penalty of perjury	that the applicant and/o	or its consultant, if applicable, ha	s not solicited or accepted a	gift or any other thing of value from	n a service provider parti	cipating in or seeking to particip	ate in the RHC Program.	
I certify under penalty of perjury	that I have examined th	is form and all attachments and	that to the best of my know	ledge, information, and belief, all st	atements of fact containe	d herein are true.		
 I certify under penalty of perjury otherwise complied with RHC Pr 	that the consultants or t ogram rules, including th	third parties the applicant has hi ne Commission's rules requiring	red do not have an ownersh fair and open competitive bi	iip interest, sales commission arran idding.	gement, or other financia	I stake in the service provider ch	nosen to provide the requested serv	vices, and that they have
ertify under penalty of perjury	that the rural rate provi	ded on this form does not excee	d the appropriate rural rate	determined by USAC.				
Certifier's Full Name				Digital Sign	ature			
Date 10/17/202	23							
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.

AC A CARACTERISTIC ACTION	
FCC Form 466 - HCP RHC20240000130	
Application sucessfully 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.	
© 2022 Universal Service Administrative Company. All rights reserved.	PRIVACY POLICIES

The submitted form with all other FCC Forms 466 will appear on the **My Forms** tab. Under the **Actions** column on the right, you can click the icons to view the submitted form, download a PDF copy of the form, or click the double arrows to recall the form to make corrections.

DASHBOARD START A FORM												Universal Service Advancements Co.
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			RHC20240000126		Reg-4954	143000013	Cox Virginia Telcom, LLC	Form 466	10/17/2023 2:48 PM EDT	Draft	@ C	1



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 <u>Welcome to RHC Connect - FCC Form 466</u> webpage.

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