

## RHC Connect User Guide – FCC Form 461

**Updated as of May 2023**

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## About RHC Connect for the FCC Form 461

**RHC Connect** is the web-based system that will host the FCC Form 461 beginning in FY2023. Although the look of the application has changed, the FCC Form 461 did not. To submit your FCC Form 461, 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.

**RHC program applicants can submit their FCC Forms 461 to initiate competitive bidding as early as July 1, 2023, five months before the opening of the Funding Year (FY) 2024 filing window.** The FY2024 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. FCC Forms 462 submitted prior to FY2022 will continue to be accessible 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 in to My Portal and click “**RHC Connect.**”

### Dashboard

*i* In accordance with the Supply Chain orders, new certifications have been added to the following forms: RHC - FCC Form 463 and the and High Cost & Lifeline - FCC Form 481. Service providers are required to submit these annual certifications. For additional informat

#### Upcoming Dates

07/07  
2022

New Filer ID  
Basics Webinar

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08/01  
2022

Quarterly Filing  
due August 1

#### Rural Health Care

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

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

**Connected Care Pilot Program** - Health care providers must use this form to complete and submit their original Connected Care Pilot Program proposal application directly to FCC.


**Step 2:** Click the box titled “FCC Form 461.”

RHC Connect

09:45  
Jun 13, 2022


What type of Form would you like to file?

FCC Form 461



Develop Bid Evaluation Criteria & Select Services

FCC Form 462



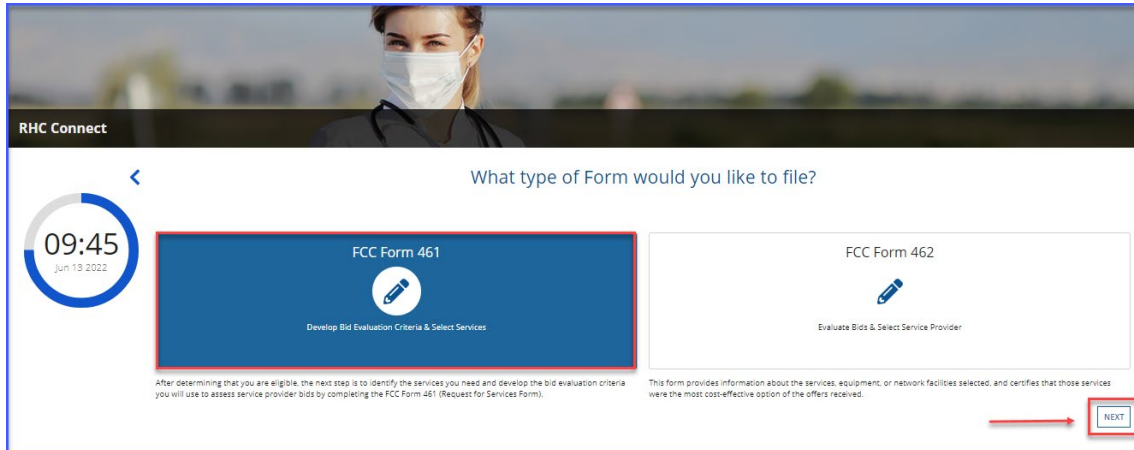
Evaluate Bids & Select Service Provider

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.

NEXT

**Step 3:** Click “Next” in the lower right-hand corner of the page.



RHC Connect

What type of Form would you like to file?

09:45  
Jun 13 2022

FCC Form 461  
Develop Bid Evaluation Criteria & Select Services

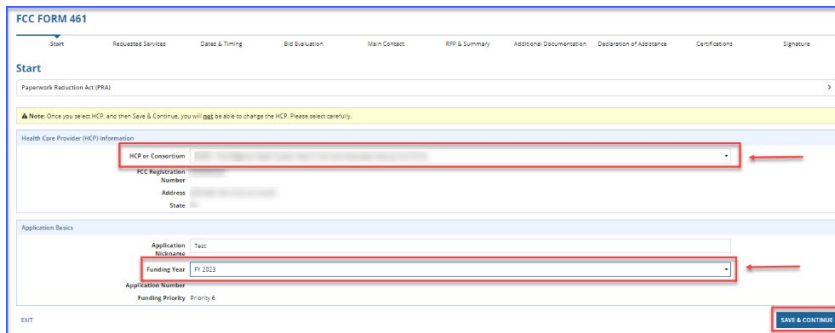
FCC Form 462  
Evaluate Bids & Select Service Provider

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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.

NEXT

**Step 4:** Select the Health Care Provider (HCP) or consortium from the dropdown menu and then select the funding year. If you select a consortium from the drop-down menu, you will be asked to add all participating sites from another drop-down menu (see first screen shot on next page below). Click “Save & Continue” in the lower right-hand corner of the page. **Note:** Once you select an HCP and click “Save & Continue,” you will not be able to change the HCP.



FCC FORM 461

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Description of Assistance 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

HCC Registration Number

Address

State

Application Basics

Application Title

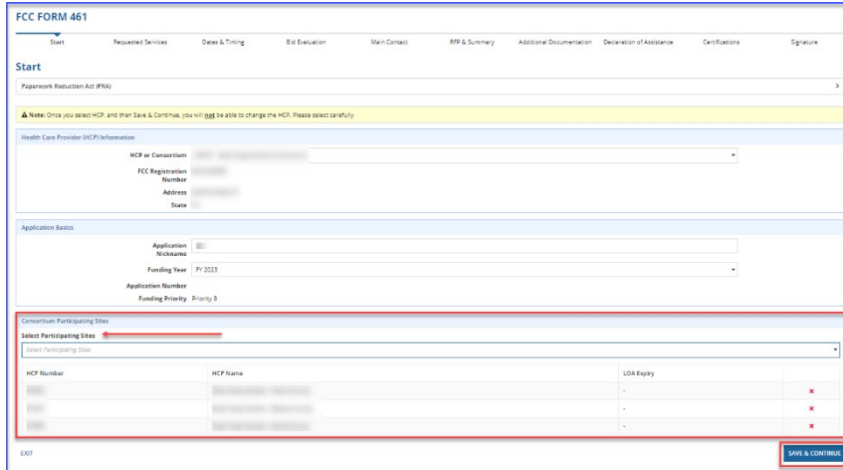
Funding Year

Application Number

Funding Priority

Priority 6

SAVE & CONTINUE



**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance 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: [Dropdown]  
 HCP Registration Number: [Text]  
 Address: [Text]  
 State: [Text]

**Application Basics**

Application Nickname: [Text]  
 Funding Year: FY 2023  
 Application Number: [Text]  
 Funding Priority: Priority 3

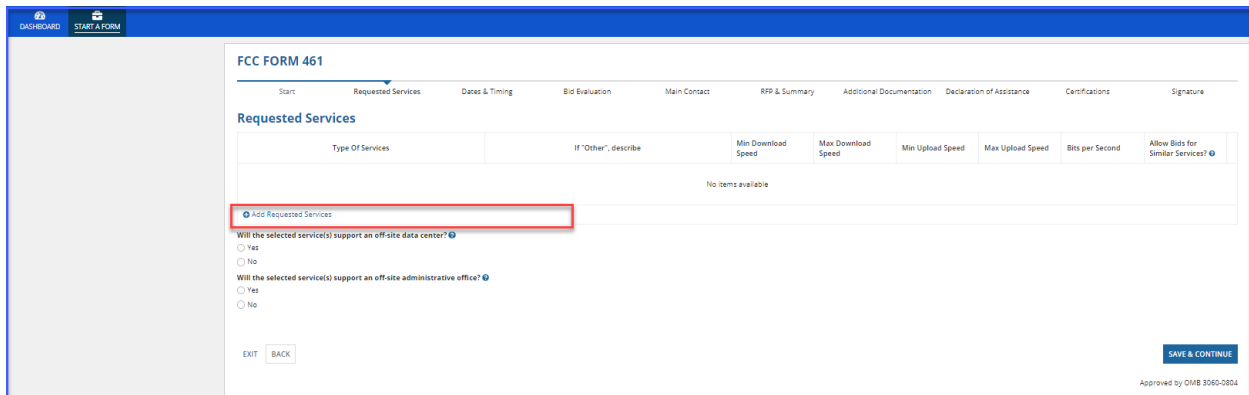
**Consortium Participating Sites**

Select Participating Sites: [Dropdown]

HCP Number	HCP Name	LOA Equity
1001	Healthcare Services	-
1002	Healthcare Services	-
1003	Healthcare Services	-

EXIT **SAVE & CONTINUE**

**Step 5: Click “Add Requested Services”:**



**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

**Requested Services**

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
No items available							

**Add Requested Services**

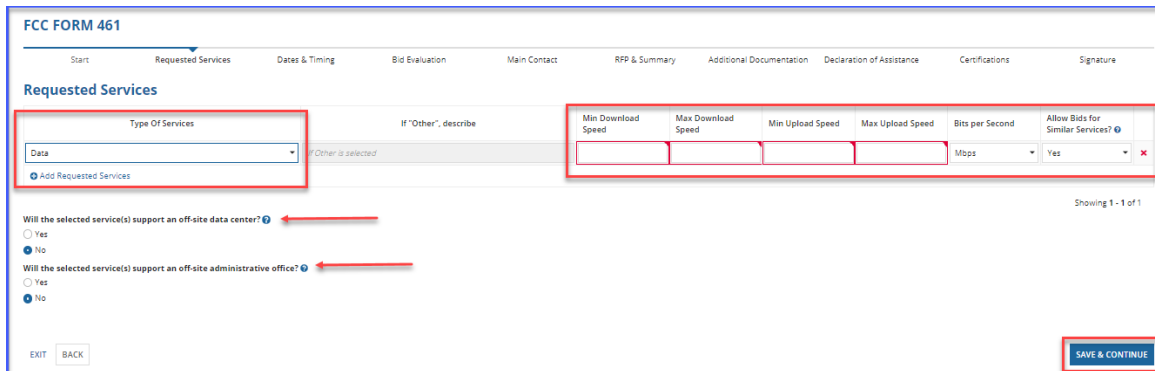
Will the selected service(s) support an off-site data center? ☐ Yes ☒ No

Will the selected service(s) support an off-site administrative office? ☐ Yes ☒ No

EXIT **SAVE & CONTINUE**

Approved by OMB 3060-0804

**Step 6:** Select the type of service(s) from the drop-down menu and enter minimum and maximum bandwidth speeds in increments of megabits. Indicate if you will accept bids for similar services. Answer the questions about off-site data centers and off-site administrative offices. If you select “**No**,” click “**Save & Continue**.” If you select “**Yes**,” a drop-down menu will appear. Select the off-site data center or off-site administrative office from the drop-down menu or select “**Other**” and provide details.



**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

**Requested Services**

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
Data	Other is selected					Mbps	Yes

**Add Requested Services**

Will the selected service(s) support an off-site data center? ☐ Yes ☒ No

Will the selected service(s) support an off-site administrative office? ☐ Yes ☒ No

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

Showing 1 - 1 of 1

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

**Requested Services**

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
No items available							

[Add Requested Services](#)

Will the selected service(s) support an off-site data center? [?](#)

☒ Yes  
☐ No

Select the supported off-site data center

Other

data center

Will the selected service(s) support an off-site administrative office? [?](#)

☒ Yes  
☐ No

Select the supported off-site administrative office

EXIT [BACK](#)

[SAVE & CONTINUE](#)

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**Step 7:** You can add additional products or services by clicking “**Add Requested Services.**” Once you’ve added all services, click “**Save & Continue.**”

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

**Requested Services**

Type Of Services	If "Other", describe	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Bits per Second	Allow Bids for Similar Services?
Data	If Other is selected	10	250	10	250	Mbps	Yes
Equipment	If Other is selected					Select	Yes/No

[Add Requested Services](#)

Showing 1 - 2 of 2

Will the selected service(s) support an off-site data center? [?](#)

☐ Yes  
☒ No

Will the selected service(s) support an off-site administrative office? [?](#)

☐ Yes  
☒ No

EXIT [BACK](#)

[SAVE & CONTINUE](#)

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**Step 8:** Use the drop-down menu to select “**Up to**” or “**Equal to**” for the desired contract length then enter the number of year(s) in the field titled “**Year (s).**” Answer the questions beside the arrows in the screen shot below. Enter the number of days the FCC Form 461 will be posted (you can enter more than the minimum 28 days if applicable). Then enter how many days the expected bid evaluation period will be. Click “**Save & Continue.**”

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

**Dates & Timing**

What is the HCP's desired service contract length?

Up to 3 Year(s)

Will the HCP consider bids with contract extension language?

☐ Yes. This is preferred  
☒ Yes  
☐ No

Will the HCP consider bids for month-to-month contracts?

☐ Yes. This is preferred  
☒ Yes  
☐ No

What is the HCP's desired time to publicly post this request for services?

28 Days

What is the HCP's expected bid evaluation period after the public posting?

5 Day(s)

EXIT BACK SAVE & CONTINUE

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**Step 9:** Choose the appropriate bid evaluation criteria from the drop-down menu or select “Other” and provide a description of the criterion. Enter the evaluation percentages in the fields as shown and provide a description of the minimum requirements of each criterion listed. Provide details about disqualifying factors that will remove bids or bidders from consideration. Click “**Save & Continue.**”

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

**Bid Evaluation**

Select the criteria that will be used to evaluate the bids collected

Criteria	Describe if Other is selected	Evaluation Weight (%)	Minimum Requirement
Cost	Describe if Other is selected	40	
Quality of transmission	Describe if Other is selected	30	Must include Service Level Agreement
Technical support	Describe if Other is selected	30	Must outline all technical support in response

Add Criteria

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?

☒ Yes  
☐ No

Describe the disqualifying factors

No Service Level Agreement

Showing 1 - 3 of 3

EXIT BACK SAVE & CONTINUE

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**Step 10:** Choose the account holder from the drop-down menu who will be the main contact for responses from bidders. Information about the account holder will be auto populated with information from the HCP's FCC Form 460. Click “**Save & Continue.**”

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation **Main Contact** RFP & Summary Additional Documentation Declaration of Assistance Certifications Signature

**Main Contact**

Who is the main contact for this request?  
Primary - [dropdown]

Full Contact Information

First Name Middle Initial (Optional) Last Name

Organization Name

Title

Phone Extension (Optional)

Fax (Optional)

Email

Address Line 1

Address Line 2

City State Zip Code


EXIT BACK **SAVE & CONTINUE**


**Step 11:** Answer the questions beside the red arrows below. If you are a consortium applicant seeking more than \$100,000 in annual support, you are required to submit a Request for Proposal (RFP). If you select “Yes” on the first or the third question, you will be required to upload the RFP on this page. Provide a summary of the HCP’s request for services in the field shown. Click “**Save & Continue.**”


**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact **RFP & Summary** Additional Documentation Declaration of Assistance Certifications Signature

**RFP & Summary**

Is the HCP likely to request more than \$100 000 in program support from this request for services?   
☐ Yes  
☒ No

Do state, Tribal, or local procurement rules require the HCP to include an RFP with this request for services application?   
☐ Yes  
☒ No

Will the HCP be including an RFP with this application?   
☐ Yes  
☒ No

Please provide a summary of the HCP's requested services. If an RFP is attached above, summarize that document.

Provide a summary of the HCP's requested services

EXIT BACK **SAVE & CONTINUE**

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**Step 12:** If there is additional documentation included on the public posting, upload it on this page.  
**Note:** Consortia applicants are required to upload a [Network Plan](#). Click “**Add Documents**” and use the drop-down menu to select “**Network Plan**” or “**Other.**” If you select “**Other**” provide a description of the uploaded document. Click “**Save & Continue.**”



**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary **Additional Documentation** Declaration of Assistance Certifications Signature

**Additional Documentation**

Document Type	Document	Uploaded On
Select a document type	<input type="button" value="UPLOAD"/> Drop file here	
<a href="#">Add Documents</a>		

<< < Showing 1 - 1 of 1 > >>

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

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

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**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary **Additional Documentation** Declaration of Assistance Certifications Signature

**Additional Documentation**

Document Type	Document	Uploaded On
Network Plan	<input type="button" value="1-2 DOCK - 26.56 KB"/>	6/13/2022 3:07 PM EDT
<a href="#">Add Documents</a>		

<< < Showing 1 - 1 of 1 > >>

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

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

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**Step 13:** You are required to disclose any consultants, service providers, or outside experts who assisted in the preparation of the FCC Forms 460, 461, RFP, bid evaluation, or network plan. If a Tertiary Account Holder is completing the FCC Form 461, the answer defaults to “**Yes**” and the consultant’s information will appear. Click “**Add Contact**” if applicable. Then click “**Save & Continue.**”

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP & Summary **Additional Documentation** **Declaration of Assistance** Certifications Signature

**Declaration of Assistance**

Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aid in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?

☒ Yes  
☐ No

Name	Title	Employer	Nature of the Relationship	State	Email	Telephone Number	Action
			Consultant				
<a href="#">+ Add Contact</a>							

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

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**Step 14:** Read and click all certifications. You will be unable to move forward until all certifications are clicked. Click “**Save & Continue.**”

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP / Summary Additional Documentation Declaration of Assistance **Certifications** Signature

**Certifications**

☒ I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider 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 contained herein and in any attachments are true.

☒ I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, Tribal, or local procurement rules.

☒ I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonably related to the provision of health care service or instruction that the health care provider is legally authorized to provide under the law of the state in which the services are provided.

☒ I certify under penalty of perjury that the applicant seeking supported services satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.

☒ I certify under penalty of perjury that the applicant seeking support has reviewed and is compliant with all applicable RHC Program requirements.

☒ I understand that all documentation associated with this request, including a copy of the signed Request for Services (FCC Form 461), any bids/contracts resulting from the FCC Form 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.

☒ I certify under penalty of perjury that the applicant seeking supported services is a nonprofit or public entity that falls within one of the seven categories set forth in the definition of health care provider listed in 47 CFR § 54.600 of the Commission's rules.

☒ I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in section 47 CFR § 54.600 of the Commission's rules.

☒ I certify under penalty of perjury that the services will not be sold, resold, or transferred in consideration for money or any other thing of value.

EXIT BACK **SAVE & CONTINUE**

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**Step 15:** Type your full name, as it appears in RHC Connect, into the “**Digital Signature**” field and then click “**Certify & Submit.**”

**FCC FORM 461**

Start Requested Services Dates & Timing Bid Evaluation Main Contact RFP / Summary Additional Documentation Declaration of Assistance Certifications **Signature**

**Signature**

Current User Information

Name  
Email  
Phone  
Employer  
Title  
Employer's FCC RN

Signature

Certifier's Full Name  
Digital Signature  
Date 06/13/2022

EXIT BACK **CERTIFY & SUBMIT**

**Step 16:** You will receive an email confirmation once your FCC Form 461 is submitted. You can also make sure your FCC Form 461 was submitted by returning to the “**My Forms**” section of the Dashboard. To view, download a copy of the PDF or withdraw a form, click on the icons under “**Actions.**”

**RHC Connect**

15:39 Jun 13 2022

40 Unread Notifications

Information Requests **My Forms** My Organizations

The Funding Year 2022 funding request filing window closes in 16 days.

**My Forms**

Form Type  
Form 461

SEARCH

Site Name	Site Number	Application Number	Application Nickname	Form	Last Update	Status	Actions
				Form 461	6/13/2022 3:39 PM EDT	Submitted	

## Frequently Asked Questions

### **What changes were made to 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 review and approve forms.

### **Did the FCC Form 461 change?**

No, the FCC Form 461 itself did not change—only the look and feel has 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 Healthcare Connect Fund (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 461 and 462.

## Resources

For more information, visit the [Welcome to RHC Connect – FCC Form 461](#) webpage.

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