

Site and Service Substitution Guide

How to Submit a Site and Service Substitution in My Portal

An applicant may submit a Site and Service Substitution after a funding commitment has been issued as long as it is allowed in the RFP and related contract(s).

Step 1: Log in

Log into My Portal with your username (email address) and password.

Username

Password

[Forgot password?](#)

You are accessing a portal to Universal Service Administrative Company (USAC) systems used to administer participation in the federal Universal Service programs in compliance with 47 C.F.R. Part 54. Access to the systems is provided solely to USAC-authorized users for USAC-authorized business purposes. By logging in, you represent that you are an authorized user. Use of this system indicates acceptance of the terms and conditions governing the USAC systems. USAC monitors user access and content for compliance with applicable laws and policies. Use of the system may be recorded, read, searched, copied and/or captured and is also subject to audit. Unauthorized use or misuse of this system is strictly prohibited and subject to disciplinary and/or legal action.

Click the box to accept

By signing in, I accept the terms and conditions of the USAC system.

Sign In

Step 2: Select “Consortium Project Coordinator”

From the list provided, select “Consortium Project Coordinator – Healthcare Connect Fund.”

RURAL HEALTH CARE

Welcome to the Rural Health Care **My Portal**. You have authorization to access one or more Health Care Provider (HCP) accounts in the Telecommunications and Internet Access programs and the Healthcare Connect Fund program. Select the program you wish to enter from the options below.

You may switch programs at any time by returning to your My Portal tab and selecting another option:

- [Telecommunications and/or Internet Access program \(Forms 465, 466, 466-A, 467\)](#)
- [Individual Applicant - Healthcare Connect Fund \(Forms 460, 461, 462, 463\)](#)
- [Consortium Project Coordinator - Healthcare Connect Fund](#)

Step 3: Select Consortium HCP Number

After selecting the option for “Consortium Project Coordinator,” you will be directed to a page listing the consortium HCPs under the “My Consortia” tab. Select a consortium HCP number to submit a Site and Service Substitution.

RURAL HEALTH CARE
Return to My Portal

The *My Consortia* tab provides a high-level overview of all consortia in the Healthcare Connect Fund which you manage or have account access to, including:

- o HCP Number and HCP Name
- o Street Address
- o Account Holder Type (Primary, Secondary, Tertiary, Draft)

To access a specific consortium, search by HCP Number or HCP Name (or simply scroll down the list of consortia), then click on the HCP Number. Once you have selected a consortium, you will be taken to that consortium’s My Consortium tab, and information on all other tabs will now be specific to that consortium. To access information about another HCP, go to the *My Consortia* tab and select the new consortium.

[File a Form 460 for a new Consortium](#)

My Consortia

Account Holders

Search By HCP Number	Search By HCP Name	Account Holder Type	Address	City	State	Zip
1142047	MKD Health System	Primary	123 Ocean Drive	Avalon	NJ	08202

Step 4: Select “Forms” Tab

Select the “Forms” tab to view the different forms.

RURAL HEALTH CARE
Return to My Consortia

My Consortium

My LOAs

Documents

Account Holders

Forms

MKD Health System Rural Percentage: **100.00%**

HCP Number:

HCP Name:

Search
Reset
LOA Report

Existing HCPs on 460 (From Line 24)

HCP Number	HCP Name	Eligible (Y/N)	Entity Type	Rural	
1142048	MKD Community Mental Health Center	Y		Y	Revoke HCP
1142050	MKD Rural Health Clinic	Y		Y	Revoke HCP
1142049	MKD Hospital	Y		Y	Revoke HCP

HCPs to be added to Consortium

HCP Number	HCP Name	Eligible (Y/N)	Rural
1142113	MKD Emergency Room		

Step 5: Select “Form 462” tab

Select the “Form 462” tab to view FRNs associated with the selected Consortium HCP.

RURAL HEALTH CARE
Return to My Consortium

Form 460
Form 461
Form 462
Form 463
Documents

RHC Note: RHC applicants who are not exempt from competitive bidding may file their Form 462 by proceeding to the 'Form 461' tab any time after the Allowable Contract Selection Date (ACSD) has passed. Applicants will see all submitted Form 461s on this page and are able to click the 'Create 462' button after the ACSD period.

Create Form 461
Create 462 Exempt from Competitive Bidding

Form 460 App #	Last Edited	Status	Download
1142047-00001	guest 05/04/2015	Approved	
1142047-00002	mkd@mkd.com 05/21/2015	Received	

Step 6: Select the “Substitution” button

Click the “Substitution” button to view approved FCC Forms 462 and submit Site and Service Substitutions.

RURAL HEALTH CARE
Return to My Consortium

Form 460
Form 461
Form 462
Form 463
Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
	14667741	5/20/2015	Multiple Eligible	Multiple	Multiple		Approved		Create 463
	14667061	5/04/2015	Multiple Eligible	Multiple	Multiple		Approved		Create 463
	14667131	5/14/2015	Multiple Eligible				Draft		Create 463
101105434	14667051	5/04/2015	Multiple Eligible				Draft		Create 463

Step 7: Select an FRN

Find and select the FRN for which you would like to perform a substitution.

RURAL HEALTH CARE						
Substitution						
Go Back						
FRN	Vendor Name	Fund Year	Last Edited	Commitment Amount	Funds Remaining	Substitution Status
14667741	Cox California Telecom, LLC	2014	6/03/2015	\$78,000.00	\$62,400.00	Received
14667061	CentraComm Communications, Ltd.	2014	6/04/2015	\$35,999.96	\$30,000.00	Draft Delete

This screen shows all of the approved FCC Forms 462 for the consortium. The “Commitment Amount” column shows the total funding amount committed to this FRN, and the “Funds Remaining” column shows the funds that have not been invoiced.

Note: When the “Substitution Status” column shows “Received,” you will not be able to select that particular FRN or add it to an invoicing FCC Form 463 until the substitution is approved or denied.

Step 8: Add the expense items

The “FRN Search” tab displays all of the expense items from the approved Network Cost Worksheet (NCW). If your NCW has more than 25 expense items, you will have to select the “Next” and “Previous” buttons to navigate between expense item pages.

Select the “Add” button next to the expense items that you want to include on the substitution. Once you select the “Add” button, those expense items will be marked as “Added.”

FRN SEARCH				
FRN Search				
First Previous Page: 1 of 1 1				Next Last
FRN ID	HCP Number	Site Name	Expense Type	
Add	1	1142048	MKD Community Mental Health...	ISDN
Add	2	1142050	MKD Rural Health Clinic	Internet
Added	3	1142049	MKD Hospital	T-1 / DS-1

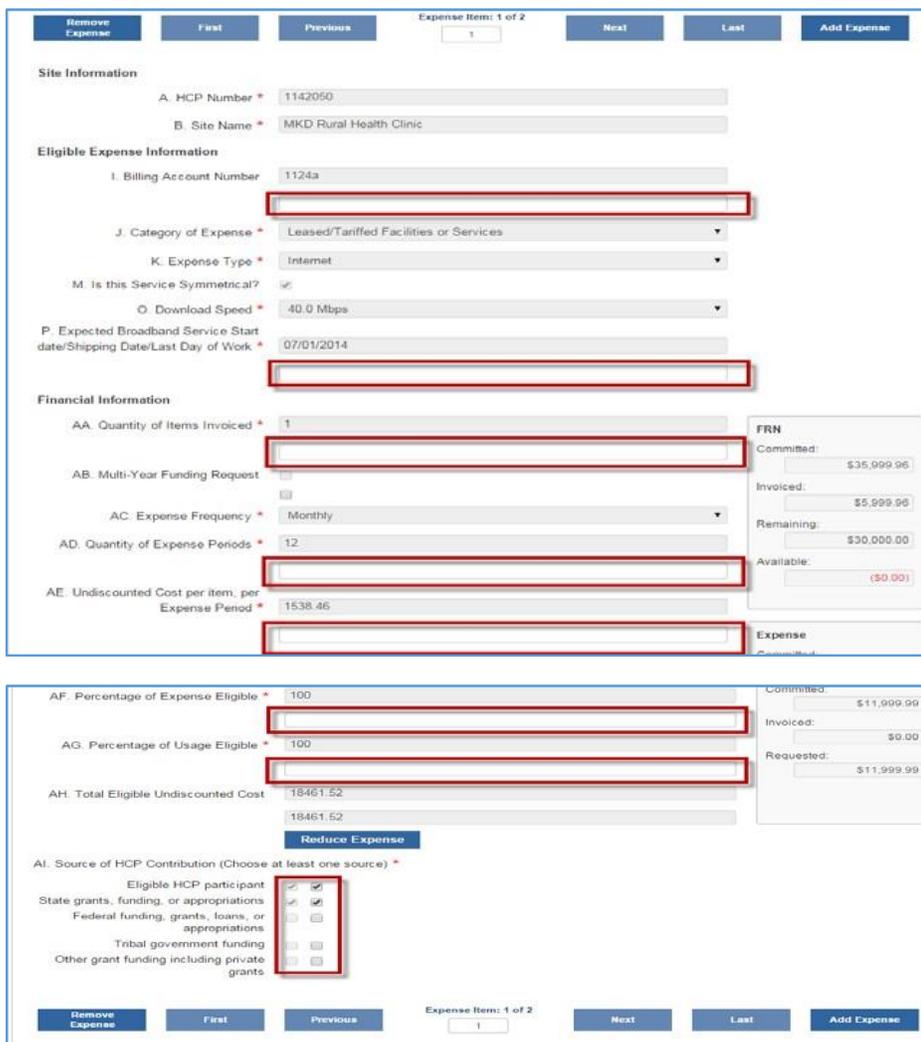
[Save and Exit](#)
[Save and Continue](#)
[Exit](#)

Once you have added the expense items that are involved in the substitution, click “Save and Continue.”

Note: You will not be able to submit a substitution request if the expense item is included on an FCC Form 463 that is in draft status, with the service provider for review, or under USAC review. In addition, you cannot perform a substitution on an expense item where the full funding amount has already been disbursed. These items will be marked as “N/A.”

Step 9: Increase/Reduce Expenses or Add/Remove Sites

The “Expense Items” tab displays the values from the latest approved FCC Form 462. You can navigate between expense items by using the “Next” and “Previous” buttons.



The screenshot displays the 'Expense Items' form with the following sections and highlighted fields:

- Site Information:**
 - A. HCP Number: 1142050
 - B. Site Name: MKD Rural Health Clinic
- Eligible Expense Information:**
 - I. Billing Account Number: 1124a
 - J. Category of Expense: Leased/Tariffed Facilities or Services
 - K. Expense Type: Internet
 - M. Is this Service Symmetrical?:
 - O. Download Speed: 40.0 Mbps
 - P. Expected Broadband Service Start date/Shipping Date/Last Day of Work: 07/01/2014
- Financial Information:**
 - AA. Quantity of Items Invoiced: 1
 - AB. Multi-Year Funding Request:
 - AC. Expense Frequency: Monthly
 - AD. Quantity of Expense Periods: 12
 - AE. Undiscounted Cost per item, per Expense Period: 1538.46
- FRN Summary:**
 - Committed: \$35,000.00
 - Invoiced: \$5,999.96
 - Remaining: \$30,000.00
 - Available: (\$0.00)
- Additional Fields:**
 - AF. Percentage of Expense Eligible: 100
 - AG. Percentage of Usage Eligible: 100
 - AH. Total Eligible Undiscounted Cost: 18461.52
 - AI. Source of HCP Contribution (Choose at least one source):
 - Eligible HCP participant:
 - State grants, funding, or appropriations:
 - Federal funding, grants, loans, or appropriations:
 - Tribal government funding:
 - Other grant funding including private grants:

The blank fields indicated in the screenshot above are able to be modified to insert new values. If you need to modify a line that does not have a blank field, e.g. the bandwidth or the HCP number, you will need to reduce the expense and add the line item as a new expense.

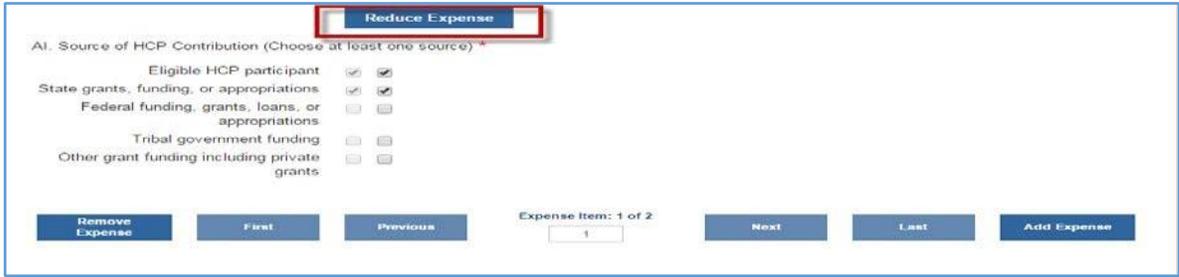
The “Add Expense” button can be found at the top or at the bottom of the expense page.



The screenshot shows the 'Expense Items' form with the 'Add Expense' button highlighted in a red box. The form includes the following elements:

- Expense Items:**
 - Remove Expense
 - First
 - Previous
 - Expense Item: 1 of 2
 - Next
 - Last
 - Add Expense (highlighted)
- Site Information:**
 - A. HCP Number: 1142050
 - B. Site Name: MKD Rural Health Clinic
- Eligible Expense Information:**

The “Reduce Expense” button can be found at the bottom of the expense page.



AI. Source of HCP Contribution (Choose at least one source) *

Eligible HCP participant

State grants, funding, or appropriations

Federal funding, grants, loans, or appropriations

Tribal government funding

Other grant funding including private grants

Remove Expense First Previous Expense Item: 1 of 2 Next Last Add Expense

Note: The “Reduce Expense” button can also be used when a service has been terminated and you would like to remove the funds from that line item and add it to the discretionary bucket.

The “Remove Expense” button can be found at the top or at the bottom of the expense page. Removing an expense will not reduce the funding from this expense item. This button simply allows you to delete this expense item from the substitution request.



FRN SEARCH EXPENSE ITEMS ADDITIONAL DOCUMENTATION CERTIFICATIONS SIGNATURE

Expense Items Preview PDF Preview NCW

Remove Expense First Previous Expense Item: 1 of 2 Next Last Add Expense

Site Information

A. HCP Number * 1142050

Financial Information Calculators

In the “Financial Information” section, there are two calculators: The FRN calculator and the Expense calculator.

FRN Calculator:

FRN	
Committed:	\$35,999.96
Invoiced:	\$5,999.96
Remaining:	\$30,000.00
Available:	(\$0.00)

“Committed” shows the total amount of funding committed to the FRN, and this amount will **not** change. Substitutions cannot increase the total amount of funding committed.

“Invoiced” shows the total amount of the commitment that has already been invoiced and disbursed by USAC.

“Remaining” shows the difference between the “Committed” and “Invoiced,” and this number represents the funding for the FRN that is ready to be re-allocated .

“Available” will change based on the new values that you input in the “Financial Information” section. When you first begin the substitution, “Available” will be at 0.

Expense Calculator:

Expense	
Committed:	\$11,999.99
Invoiced:	\$0.00
Requested:	\$11,999.99

“Committed” shows the total amount of funding committed to this particular expense item.

“Invoiced” shows the total amount of money for this particular expense item that has already been invoiced and disbursed.

“Requested” represents the modified amount of funding being requested for this expense item, based on the changes you make in the Financial Information section. When you first begin the substitution, the “Requested” amount will be equal to the “Committed” amount.

Note: Please keep in mind that the numbers mentioned above reflect USAC’s 65% contribution.

Once you have made all the necessary changes to the expense item, click “Save and Continue.”

Step 10: Upload Supporting Documentation

Applicants are required to upload supporting documentation for Site and Service Substitution requests in the “Additional Documentation” tab. Generally, supporting documentation may include a contract, service order, an addendum, correspondence with a service provider, and/or a summary/explanation of request.

Select “New Document.”

Additional Documentation Preview PDF
Preview NCW

31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.

Previous Next New Document Select All Documents Delete Checked Documents

Select the document type and “Click to Upload.”

<ul style="list-style-type: none"> Competitive bids Contract Cost Allocation Cost Effectiveness Evaluation Eligible Usage Calculation Network Plan Sustainability Plan Other Competitive bids 	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="button" value="Download Philadelphia-Phillies-Logo-HD.jpg"/> <input type="button" value="Delete Philadelphia-Phillies-Logo-HD.jpg"/> <input style="border: 2px solid red;" type="button" value="Click to Upload"/> <input type="button" value="Click to Upload"/>
<input type="button" value="Save and Exit"/> <input type="button" value="Save and Go Back"/> <input style="border: 2px solid red;" type="button" value="Save and Continue"/> <input type="button" value="Exit"/>		

Note: If the document type is not listed as an option, select “Other” and manually enter the document type in the blank field.

Once the document(s) have been uploaded, click “Save and Continue.”

Step 11: Certifications

On the “Certifications” tab, read and check the certifications in Lines 32-40, then click “Save and Continue”.

Preview PDF
Preview NCW

Request for Confidentiality

32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.)

Yes No

Certifications

- 33. I certify that I am authorized to submit this request on behalf of the health care provider or consortium.
- 34. I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
- 35. I certify under penalty of perjury that the health care provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The “most cost-effective service” is defined as the “method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services.” 47 C.F.R. Sec. 54.642(c).
- 36. I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.
- 37. I certify that the health care provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.
- 38. I certify that the health care provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.
- 39. I certify that I have reviewed all applicable requirements for the program and will comply with those requirements.
- 40. I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least five years pursuant to 47 C.F.R. Sec. 54.648, or as otherwise prescribed by the Commission’s rules.

Save and Exit
Save and Go Back
Save and Continue
Exit

Step 12: Sign and Certify

Click “Certify” to certify and submit the form using your My Portal password as your signature.

Preview PDF
Preview NCW

Signature

46 Email

43 Printed Name of Authorized Person

First Name:	Middle Initial:	Last Name:
<input type="text" value="Mason"/>	<input type="text" value="K"/>	<input type="text" value="Dixon"/>

44 Title/Position of Authorized Person

45 Phone Ext.

47 Employer

48 Employer’s FCC RN

Save and Exit
Save and Go Back
Certify
Exit

Step 13: Confirm Successful Submission

Once the substitution has been successfully submitted, it will be listed under the “Substitution” section of My Portal, referred to in Steps 6-7, with a status of “Received.” You will receive an email notification that the substitution was submitted.

RURAL HEALTH CARE						
Substitution						
Go Back						
FRN	Vendor Name	Fund Year	Last Edited	Commitment Amount	Funds Remaining	Substitution Status
14667741	Cox California Telecom, LLC	2014	6/03/2015	\$78,000.00	\$62,400.00	Received
14667061	CentraComm Communications, Ltd.	2014	6/04/2015	\$35,999.96	\$30,000.00	Draft Delete

Once the substitution has been reviewed, the status will change to approved or denied. If approved, you will receive an email notification.