Rural Health Care (RHC) Universal Service Healthcare Connect Fund Funding Request Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information	
1 Funding Year	2 Funding Request Number (FRN):
3 HCP Number:	4 Site Name/Consortium Name:
Block 2: Competitive Bidding Information	
5 FCC Form 461 Application Number:	
6 Allowable Contract Selection Date (ACSD):	
7 Number of vendors who bid:	
8 Request for competitive bidding exemption (Only comple	te if claiming a competitive bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less	
☐ Government Master Services Agreement	Contract ID: Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID: Friendly Name:
☐ Evergreen Contract	Contract ID: Friendly Name:
☐ E-Rate Approved Contract	Contract ID: Friendly Name:
Block 3: Vendor Information	
9 Service provider identification number (SPIN):	
10 Vendor name:	
Block 4: Type of Funding Request	
11 ☐ Individual HCP, single eligible expense	
☐ Individual HCP, multiple eligible expenses☐ Consortium Application	
Block 5: Single Eligible Expense Request for Funding	
12 Category of Expense	13 Expense Type
14 Bandwidth	14a Is this service symmetrical? O Yes O No
	If no, what is the upload bandwidth
15 Circuit ID (optional)	What is the download bandwidth
16 Percentage of expense eligible	
17 Does the Service Type include both eligible and ineligible	e components? O Yes O No
If yes, percentage of usage eligible	
18 Billing Account Number (BAN)	I
19 Contract ID	19a Date contract signed
19b Expected service start date	19c Length of initial contract term
19d Number of contract extensions	19e Length of optional extension(s) combined
20 Circuit start location	21 Circuit end location
22 Is this a multi-year funding request? O Yes O No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods
25 Undiscounted cost per expense period	26 Source of HCP contribution
27 One-time installation charges	

28	This contract contains a Service Level Ag	reement. O	Yes O No								
	If yes, provide the following information	a. Latency:		b. Jitter:							
	concerning the SLA in the contract:	d. Packet Loss:		d. Reliability:							
Blo	ock 6: Multiple Eligible Expenses and C	onsortium Reques	ts for Funding (atta	ch Network Cost Worksheet)							
	Total undiscounted cost for eligible recurr			·							
30	Total undiscounted cost for eligible non-re	ecurring expenses									
Blo	ock 7: Additional Documentation										
31	List all supporting documentation (Compe	etitive bids, Contract	, etc.) that is require	d to be submitted with this form.							
	Type of Documentation										
	a.										
	b.										
	C.										
Blo	ock 8: Request for Confidentiality										
	Is applicant requesting confidential treatn			nd financial information? (See							
	tructions for specific information covered b	by this request.)	O Yes O No								
	ock 9: Certifications	de mait their manuscraft an	habalf of the bealth								
33	I certify that I am authorized to su			· .							
34	I declare under penalty of perjury			and in any attachments is true and							
0.	correct.	zi, dii iliformation del		and in any attachments to also and							
	I certify under penalty of perjury the										
0.5	received and selected the most c										
35	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 c			chis relevant to choosing a method							
36	I certify under penalty of perjury to	hat all Healthcare C	onnect Fund support	will be used only for the eligible							
30	program purposes for which supp	ort is intended.									
37	I certify that the health care provide the Telecommunications Program			ort for the same service from both							
				irements under Section 254 of the							
20	Telecommunications Act of 1996										
38	letter from the Administrator that of	erroneously commits	s funds for the benef	it of the applicant may be subject to							
	recission.			1 30 1 30 0							
39	I certify that I have reviewed all a requirements.	pplicable requiremen	nts for the program a	ind will comply with those							
	I understand that all documentation										
40	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. § 54.648, or as										
	otherwise prescribed by the Com	•	least live years purs	uant to 47 C.F.R. § 54.648, or as							
41	Signature		42 Date								
	Printed Name of Authorized Person		1 200								
	Title/Position of Authorized Person										
	Phone Ext	 t.	46 Email								
	Employer		48 Employer's FC	C RN							

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

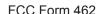
Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information

is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.



	Si Inform				Contract	t Inform	ation			Eligi	ble Exp	ense Ir	nforn	natio	on	Quality of Serv Guarantees (applicable an available) Q RST						
	Α	В	С	D	Е	F	G	Н	- 1	J	K	L	М	Ν	0	Р	Q	R	S	Т	U	
Line Number	HCP Number	Site Name	Contract ID	Contract Friendly Name	Date Contract Signed/Vendor Selected	Length of initial contract term	Number of contract extensions	Length of optional extension(s) combined	Billing Account Number	Category of Expense	Expense Type	Explanation of Eligible Expense	Is this Service Symmetrical?	Upload Speed	Download Speed	Expected Broadband Service Start date/Shipping Date/Last Day of Work	Service Level Agreement	Latency	Jitter	Packet Loss	Reliability	
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(þi		Circuit In	ircuit Information (if applicable) Financial Information											
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Line Number (continued)	Circuit ID (if available)	Circuit Start Location (if applicable)	Circuit End Location (if applicable)	Total Number of Fiber Strands (if applicable)	Number of Fiber Strands Eligible for Support (If applicalbe)	Quantity of Items	Multi-Year Funding Request	Expense Frequency	Quantity of Expense Periods	Undiscounted Cost per Item, per Expense Period	Percentage of Expense Eligible	Percentage of Usage Eligible	Total Eligible Undiscounted Cost	Source of HCP Contribution
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