

**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 complete if claiming a competitive bidding exemption).	
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less	
<input type="checkbox"/> Government Master Services Agreement	Contract ID: Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID: Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID: Friendly Name:
<input type="checkbox"/> 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 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application	
Block 5: Single Eligible Expense Request for Funding	
12 Category of Expense	13 Expense Type
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No If no, what is the upload bandwidth _____. What is the download bandwidth _____.
15 Circuit ID (optional)	
16 Percentage of expense eligible	
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No If yes, percentage of usage eligible _____	
18 Billing Account Number (BAN)	
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? <input type="radio"/> Yes <input type="radio"/> 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 Agreement. <input type="radio"/> Yes <input type="radio"/> No	
If yes, provide the following information concerning the SLA in the contract:	a. Latency: b. Jitter: c. Packet Loss: d. Reliability:
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)	
29 Total undiscounted cost for eligible recurring expenses	
30 Total undiscounted cost for eligible non-recurring expenses	
Block 7: Additional Documentation	
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.	
Type of Documentation	
a.	
b.	
c.	
Block 8: 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.) <input type="radio"/> Yes <input type="radio"/> No	
Block 9: Certifications	
33 <input type="checkbox"/> I certify that I am authorized to submit this request on behalf of the health care provider or consortium.	
34 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> I certify that I have reviewed all applicable requirements for the program and will comply with those requirements.	
40 <input type="checkbox"/> 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. § 54.648, or as otherwise prescribed by the Commission's rules.	
41 Signature	42 Date
43 Printed Name of Authorized Person	
44 Title/Position of Authorized Person	
45 Phone	46 Email
47 Employer	48 Employer's FCC 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-PER, 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 PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

FCC Form 462 Instructions
Rural Health Care Universal Service
Healthcare Connect Fund
Funding Request Form

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I. PURPOSE OF FORM

The Federal Communications Commission (FCC) Form 462 is the funding commitment request under the Healthcare Connect Fund (Fund). After FCC Form 461 is posted and the competitive bidding process is completed, applicants must file Form 462 to request a funding commitment for the selected eligible services, network equipment, and/or facilities. The Form 462 provides the Universal Service Administrative Company (USAC) with information necessary to evaluate an applicant's funding request.

Applicants must complete and submit all forms online with USAC, not the FCC. See *Where to File* below for more information.

All applicants are encouraged to review the FCC's Healthcare Connect Fund Order, FCC 12-150, available at http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-12-150A1.pdf, and the FCC's rules at 47 C.F.R. § 54.600 *et seq.*, available at <http://www.ecfr.gov>.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

A. When to File

All applicants seeking a funding commitment must submit a Form 461 and complete the competitive bidding process prior to submitting a Form 462, except where covered by a competitive bidding exemption. After completing the required competitive bidding process, applicants should submit the Form 462 as soon as possible and in any event no later than the end of the funding year (June 30). Any applicant who submits a Form 462 after the last day of the funding year (June 30) will be denied funding for that funding year (July 1-June 30).

A consortium applicant may use a single Form 462 to request funding for all (or a subset) of the sites listed on the associated Form 461 (or that are covered by a particular competitive bidding exemption).

USAC will process and prioritize requests for funding on a rolling basis (according to the date of receipt) until the program funding cap established by the FCC is reached. In addition, USAC will specify a filing window period that treats all applicants filing within the window as if their Form 462 application were simultaneously received. Submitting a Form 462 during the filing window is not a guarantee of support; support is provided only for services in accordance with program rules and regulations. See 47 C.F.R. § 54.675.

B. Where to File

Applicants must complete and submit all forms online through USAC's RHC "My Portal" website at <https://forms.universalservice.org/usaclogin/login.asp>. Instructions on how to file electronically are also found at USAC's RHC website at www.usac.org/rhc. Applicants without adequate Internet access to submit the forms online should contact USAC's Rural Health Care Division (RHC) (1-800-453-1546 or rhc-assist@usac.org) to make alternative arrangements.

Do not file this or any other forms for the RHC program with the FCC.

C. Next Steps

Within 21 calendar days of the receipt of a complete Form 462 (including all required supporting documentation and responsive information), USAC will notify the applicant in writing of: (1) any

and all ministerial or clerical errors that it identifies in the funding commitment request, along with an explanation of how the applicant can remedy the errors; (2) any missing information; and (3) any other deficiencies that USAC finds, including any ineligible network components, or ineligible network components that are mislabeled in the funding request. If USAC needs additional time to complete its initial review, USAC will inform the applicant and provide the applicant with a date on or before which USAC plans to complete the initial review.

For purposes of meeting the Form 462 filing deadline (i.e., June 30), the applicant will have 14 calendar days from the date of receipt of the USAC written notice to amend or re-file its Form 462 for the sole purpose of correcting the errors identified by USAC. If the filing deadline has passed and the applicant fails to correct the identified errors by amending or re-filing its Form 462 within the 14-day period, USAC will deny the funding request.

For prioritization purposes, funding requests are deemed to have been filed when the applicant submits an application that is complete and without errors or deficiencies.

Upon completion of the review process, USAC will issue a funding commitment letter that details the requested expenses for which funding is committed. The funding commitment letter will also indicate if the contract has been deemed evergreen, and whether a multi-year commitment has been issued. To the extent the funding request does not comply with program rules and requirements, USAC will deny funding in whole, or in part, as appropriate. If the funding request is denied in full, USAC will issue a denial letter.

D. For More Information

Contact the RHC Help Desk at 1.800.453.1546 between 9:00 a.m. and 6:00 p.m. EST, Monday through Friday or at rhc-assist@usac.org.

III. SPECIFIC INSTRUCTIONS FOR FILING FORM 462

A. Block 1: General Information

Line 1: Enter the funding year for which funding is requested. For an applicant requesting a multi-year funding commitment, enter the first funding year for which funding is requested. If applying as an individual HCP and only seeking support for a single broadband connection, the applicant would use Line 22 (see Section III.E below) to indicate whether a multi-year funding commitment is sought. If applying as a consortium or as an individual HCP that is seeking support for multiple eligible expenses, the applicant would use Column AB on the Network Cost Worksheet (see Section III.G.6 below) to indicate whether a multi-year funding commitment is sought.

A funding year run from July 1 to June 30 (thus, funding year 2014 begins on July 1, 2014 and runs through June 30, 2015).

Line 2: If modifying a previously submitted funding request (Form 462), enter the Funding Request Number (FRN). USAC assigns each Form 462 a unique FRN after the form is completed and submitted. For a new Form 462, leave this line blank.

Note: An applicant may modify a previously submitted Form 462 prior to USAC's issuance of a funding commitment letter (FCL), but will be considered, for priority purposes, to have filed the Form 462 as of the date when the modified Form 462 (i.e., complete and without error or deficiency) is submitted to USAC. For example, an applicant certifies, signs, and submits its Form 462 on July 15. On August 1, prior to USAC issuing an FCL, the applicant modifies its

funding request by adding an additional eligible HCP site and associated eligible expenses. USAC would use the “August 1” date, rather than the “July 15” date, for purposes of prioritizing funding, if requests exceed the amount of available funding under the applicable funding caps. See 47 C.F.R. § 54.675.

Line 3: Enter the HCP Number for the Consortium (or, HCP, if applying individually) that is requesting funding. The HCP Number was issued by USAC when the applicant completed its Form 460.

Line 4: The Consortium or HCP Name associated with the above HCP Number. This field will be automatically populated. If the name is incorrect, submit an updated Form 460 to make any necessary corrections.

Reminder: Applicants must ensure all associated Form 460s are up to date and submit any required updates within 30 days of a material change. Examples of a material change include (1) a change in a site’s name, site location, contact information or eligible entity type, (2) for non-rural hospitals, an increase to 400 or more licensed patient beds, or (3) a change in any factor that would affect a cost allocation and/or fair share calculation. If in doubt, the applicant should contact USAC for additional guidance.

B. Block 2: Competitive Bidding Information

Line 5: Select the Form 461 associated with this application. Only one Form 461 may be associated with each Form 462. If claiming a competitive bidding exemption for this Form 462, select “N/A”. Note: If claiming a competitive bidding exemption for some expenses, but not for others, the applicant must file a separate Form 462 for the expenses not covered by a competitive bidding exemption.

Line 6: The Allowable Contract Selection Date (ACSD) is the first day in which an applicant may agree to or sign a contract with a vendor. This field is automatically populated based on the Form 461 selected above and is calculated based on the number of days the 461 was posted. The ACSD is no less than 29 calendar days after the date on which the Form 461 was posted on USAC’s website. Applicants cannot file a Form 462 until the ACSD is reached. If claiming a competitive bidding exemption, enter “N/A”.

Reminder: Unless covered by a competitive bidding exemption, an applicant must wait at least until its ACSD before it agrees to or signs a contract with a vendor. USAC provides the applicant with the ACSD for its Form 461 via the 461 Posting Notification Letter. An applicant may not agree to or sign a contract with a vendor until after the ACSD, but may discuss requirements, rates, and conditions with potential vendors prior to that date. Applicants who sign a service agreement or contract before the ASCD are not eligible for funding.

Line 7: Enter the number of vendors who bid on the request for services in response to the Form 461. If claiming a competitive bidding exemption, enter “N/A”.

Line 8 (Only complete if claiming a competitive bidding exemption): Select the competitive bidding exemption that applies to the eligible expense(s) for which support is requested on this Form 462. If the applicant has additional eligible expense(s) that qualify under a separate and distinct competitive bidding exemption, the applicant must file a separate Form 462 to request funding for those additional eligible expense(s). If the applicant has expenses that do not qualify for any competitive bidding exemption (i.e., that must be competitively bid), the applicant must file a separate Form 462 for those expenses and select the applicable Form 461 in Line 5

above. For example, an applicant is requesting funding for the purchase of certain eligible services from an “evergreen” contract. These eligible expenses would be submitted on one Form 462. The applicant also is requesting funding for additional eligible services that were not covered by the “evergreen” contract and thus have been competitively bid. These latter eligible expenses would be submitted on a second, separate Form 462 that identifies the required Form 461.

- Annual Undiscounted Cost of \$10,000 or Less: Applicants seeking support for \$10,000 or less of total undiscounted eligible expenses for a single year (*i.e.* up to \$6,500 in Fund support) are exempt from the competitive bidding requirements. The exemption does not apply to multi-year contracts. Under this exemption, an applicant is restricted to a total of \$6,500 in annual Fund support for services that are not subject to another exemption. Services supported through the Telecommunications Program are not counted toward the \$10,000 limit.
- Government Master Services Agreement (MSA): Applicants purchasing services and/or network equipment from an MSA negotiated by federal, state, Tribal, or local government entities on behalf of applicant HCPs and others are exempt from the competitive bidding requirements, but only if such MSAs were awarded pursuant to applicable federal, state or local competitive bidding requirements. This exemption only applies to MSAs that were negotiated by, or under the direction of, government entities and that were subject to government competitive bidding requirements (“Government MSAs”). If applicant has previously submitted (and USAC has approved) this Government MSA, select the Contract ID assigned by USAC and the “friendly name” will be automatically populated. If applicant has not previously submitted this Government MSA, leave the Contract ID blank, enter a “friendly name” for the Government MSA, and submit (1) a copy of the Government MSA and (2) documentation that the MSA was subject to government competitive bidding requirements (e.g., a copy of the RFP that originated the Government MSA).
- MSA Approved under the RHC Pilot Program or Healthcare Connect Fund: Applicants purchasing services and/or equipment from MSAs (and extensions thereof) previously approved by USAC under the RHC Pilot Program or through the Healthcare Connect Fund (Pre-Approved MSA) are exempt from competitive bidding. The exemption is limited to those MSAs that were developed and negotiated from an RFP or request for services that specifically sought a mechanism to add additional sites to the network. Select the applicable Contract ID. The “friendly name” will be automatically populated for the Pre-Approved MSA ID selected.
- Evergreen Contracts: Applicants purchasing services from a contract designated by USAC as “evergreen” are exempt from the competitive bidding process until the contract expires. Select the applicable Contract ID. The “friendly name” will be automatically populated for the contract ID selected.
- E-Rate Approved Contracts: Applicants who enter into consortia with E-rate participants under 47 C.F.R. § 54.501(c)(1) and are purchasing services and/or equipment from a master contract approved under the E-rate program are exempt from the competitive bidding requirements. If applicant has previously submitted the E-Rate Approved Contract, select the applicable Contract ID and the “friendly name” will be automatically populated. If applicant has not previously submitted the E-Rate Approved Contract,

leave the Contract ID blank, enter a “friendly name” for the E-Rate Approved Contract, and submit (1) a copy of the contract and (2) a copy of the E-rate program approval.

C. Block 3: Vendor Information

Line 9: Enter the selected vendor’s Service Provider Identification Number (SPIN). If an applicant is requesting support for eligible expenses from more than one vendor, the applicant must submit a separate Form 462 for each vendor.

Vendors can obtain a SPIN by submitting the FCC Form 498 (Service Provider Identification Number and General Contact Information Form). Vendors must complete this form and receive a SPIN before USAC can authorize support payments. Applicants who do not know their vendor’s SPIN should contact their selected vendor and obtain the vendor’s SPIN before submitting their Form 462.

Line 10: The Vendor name will be automatically populated based on the SPIN entered above.

D. Block 4: Type of Funding Request

Line 11: Check the appropriate box to indicate whether this funding request is for a single eligible expense for an individual HCP site; multiple eligible expenses for an individual HCP; or a Consortium. If the request is for a single broadband connection for an individual HCP, the applicant must complete Block 5. If the request is for multiple eligible expenses or for a Consortium, the applicant must complete Block 6 and the Network Cost Worksheet (NCW).

E. Block 5: Single Service Request for Funding

Complete Block 5 only if the funding request is for a single broadband connection for an individual HCP site. Otherwise, leave Block 5 blank and complete Block 6 and the Network Cost Worksheet (NCW).

Line 12: Select the Category of Expense (e.g., Leased/Tariffed Facilities or Services) for which funding is requested. For more information on expense categories, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Line 13: Select the Expense Type (e.g., T-1, Ethernet) for which funding is requested. For more information on expense types, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Line 14: Enter the Bandwidth of the service selected in Line 13.

Line 14a: Indicate whether the Bandwidth of the service listed in Line 13 is symmetrical. If it is not, provide the upload and download bandwidths.

Line 15: Enter the Circuit ID, if available. The Circuit ID is a vendor-specific identifier assigned to the connection between two locations. The applicant should find the Circuit ID, if available, on the Vendor invoice.

Line 16: Enter the percentage of the expense that is eligible for support. If the entire expense is eligible, enter “100%”. For example, a vendor may provide a bundle that includes both broadband internet access service (eligible) and web-hosting (ineligible). Applicants seeking support for a service that includes both eligible and ineligible components must explicitly ask in their requests for services (Form 461) that vendors include pricing for a comparable service that

is made up of only eligible component(s). If the selected provider submits a price for the eligible component(s) on a stand-alone basis, enter the percentage in this column that reflects the price of the eligible component(s) on a stand-alone basis. If the selected provider does not provide stand-alone pricing for the eligible component(s), the applicant must allocate the costs between the eligible and ineligible components using a methodology that is based on objective and reasonable criteria. See 47 C.F.R. § 54.639(d). Applicants must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Line 17: Enter the percentage of the usage that is eligible for support. If all of the usage is eligible for support, enter “100%”. An applicant should use this column to indicate the portion of a connection that is eligible for support, when a connection is used by both eligible and ineligible sites. See 47 C.F.R. § 54.639(d)(1). In addition, if the applicant indicated on its Form 460 that this site is a “part-time eligible entity,” this column should be used to indicate the portion of usage that is eligible for support. An applicant must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Line 18: Enter the Billing Account Number (BAN), if available. The applicant typically can find the BAN on the vendor’s bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.

Line 19: USAC assigns each contract or service agreement a unique identifier. If the contract was previously provided to USAC, select the applicable Contract ID. Based on the Contract ID selected, Lines 19a-d will be automatically populated. If the applicant has not previously provided the contract to USAC, leave the Contract ID blank, enter a “friendly name” for the contract, and submit a copy of the contract.

Line 19a: Enter the date the contract or service agreement with the vendor was signed.

Line 19b: Enter the date broadband service is expected to start.

Line 19c: Enter the length of the initial contract term (that is, the length of the contract excluding any voluntary renewals). If it is a month-to-month contract, enter “N/A.”

Line 19d: If the contract includes voluntary options to extend the term of the contract, enter the number of such voluntary options. If the contract does not include any voluntary options, enter “N/A”.

Line 19e: If the contract includes one or more voluntary options to extend the term of the contract, enter the combined length of all the voluntary options. If the contract does not include any voluntary options, enter “N/A”.

Line 20: Enter the physical location where the circuit originates. If the circuit start location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit begins.

Line 21: Enter the physical location where the circuit terminates, if applicable. If the circuit end location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit ends.

Line 22: Indicate whether applicant is seeking a multi- year funding commitment. Applicants who are exempt from competitive bidding because they are seeking support for \$10,000 or less of annual undiscounted costs are not eligible for multi-year funding commitments.

Line 23: Select the frequency of the expense for which support is sought. The applicant may specify the Expense Frequency as monthly, quarterly, semi-annual, annual, etc.

Line 24: Enter the Quantity of Expense Periods for which support is requested. If the Expense Frequency (Line 23) is “monthly”, enter the number of months for which support is requested. If the applicant has also requested a multi-year funding commitment, an applicant may request support for up to 36 months. However, the multi-year funding commitment may not cover more than three funding years and may not extend beyond the initial expiration date of the contract (Line 19c). Based on Line 19b (Expected Broadband Start Date), Line 23 (Expense Frequency), and Line 19c (Expiration Date of Initial Term), the number of expense periods will be automatically limited to ensure the requested funding commitment does not exceed three funding years.

Line 25: Enter the Undiscounted Cost per Expense Period, including any applicable taxes or surcharges. For example, if the applicant is requesting monthly support for a single connection (e.g., a single T-1), enter the monthly undiscounted cost of the connection, including any applicable taxes or surcharges.

Line 26: Enter the source of the HCP’s 35 percent contribution. Only funds from eligible sources may be applied toward the HCP’s required contribution. Eligible sources include funding from the applicant or eligible HCP participants; state grants, funding, or appropriations; federal funding, grants, loans, or appropriations except for other federal universal service funding; Tribal government funding; and other grant funding including private grants. Any other source is not an eligible source of funding towards the participant’s required contribution. See 47 C.F.R. § 54.633(b).

Line 27: Enter any one-time installation charges, including any applicable taxes or surcharges. Support is available for reasonable and customary installation charges for broadband services, up to an undiscounted cost of \$5,000 per HCP. See 47 C.F.R. § 54.634(d).

Line 28: Indicate whether the applicant’s contract with the vendor includes a Service Level Agreement (SLA). If “yes”, enter the following broadband performance metrics, if available:

Line 28a: Latency: Enter the latency (in milliseconds), as specified.

Line 28b: Jitter is defined as the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream. Enter the maximum range (in milliseconds) in end-to-end delay.

Line 28c: Packet loss is defined as the percentage of packets that are dropped or discarded before reaching their destination. Enter the maximum packet loss rate as a percentage.

Line 28d: Reliability: Enter the guaranteed availability (as a percentage) of end-to-end network functionality.

F. Block 6: Multi-Service and Consortium Requests for Funding

Complete Block 6 and the Network Cost Worksheet (NCW), if applicant is an individual HCP site seeking funding for multiple eligible expenses or if applicant is a Consortium. Otherwise, leave Block 6 and the NCW blank and complete Block 5 instead.

Applicant will be prompted for information regarding HCPs, contracts, quality of service, circuits, services received, finances, and multi-year funding commitments. Specific details on information requested from applicants in the NCW are listed below under Section III.G.

Line 29: Total undiscounted cost for eligible recurring expenses is automatically calculated by summing Column AH (Total Eligible Undiscounted Cost) for all line items on the NCW with an Expense Frequency (Column AC) other than “one-time”.

Line 30: Total undiscounted cost for eligible non-recurring expenses is automatically calculated by summing Column AH (Total Eligible Undiscounted Cost) for all line items on the NCW with an Expense Frequency (Column AC) equal to “one-time”.

G. Network Cost Worksheet (NCW)

Each eligible expense for which the applicant is requesting funding should be listed on a separate row.

1. Site Information

Column A – HCP Number: Enter the HCP Number for the site associated with the eligible expense for which funding is requested. An applicant may enter the same HCP Number in multiple lines.

Consortium applicants may enter multiple sites, on a single Form 462, as long as the sites (and expenses) are associated with the same Form 461 (or qualify under the same competitive bidding exemption). The Consortium Leader must have a active LOA on file for the participating HCPs that gives the Leader authorization to file the Form 462 for that HCP. The Consortium Leader can update the LOA on file by submitting an updated Consortium 460.

Column B – Site Name: The name of the site (automatically populated based on the HCP number entered). If the name is incorrect, the applicant must submit an updated Form 460 to correct the error.

2. Contract Information

Column C – Contract ID: USAC assigns each contract or service agreement a unique identifier. If the contract was previously provided to USAC, select the applicable Contract ID. Based on the Contract ID selected, Column D through Column H will be automatically populated. If the applicant has not previously provided the contract to USAC, leave the Contract ID blank, enter the required information for Column D through Column H for the contract, and submit a copy of the contract.

Column D – Contract Friendly Name: Enter a friendly name for the contract that will enable the applicant to recognize the contract in the future.

Column E – Date Contract Signed/Vendor Selected: Enter the date the contract or service agreement with the vendor was signed.

Column F – Length of Initial Contract Term: Enter the date the initial term of the contract will expire (that is, before any voluntary renewals). If it is a month-to-month contract, select “month-to-month.”

Column G – Number of Contract Extensions: If the contract includes voluntary options to extend the term of the contract, enter the number of such voluntary options. If the contract does not include any voluntary options, enter “N/A”.

Column H – Length of Optional Extension(s) Combined: If the contract includes one or more voluntary options to extend the term of the contract, enter the combined length of all the voluntary options. If the contract does not include any voluntary options, enter “N/A”.

3. Eligible Expense Information (Cont’d)

Column I – Billing Account Number: Enter the Billing Account Number (BAN), if available. The applicant typically can find the BAN on the vendor’s bill. Contact the vendor with any questions regarding the appropriate BAN to enter in this field.

Column J – Category of Expense: Select the Category of Expense (e.g., Leased/Tariffed Facilities or Services, Network Equipment) for which the applicant is requesting funding. For more information on expense categories, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Column K – Expense Type: Select the Expense Type (e.g., T-1, Ethernet, network router) for which applicant is requesting funding. For more information on expense types, please visit <http://www.usac.org/rhc/healthcare-connect/default.aspx>.

Column L – Explanation of Eligible Expense: Enter a brief explanation of the expense for which support is requested, including the page number(s), section number(s), and/or paragraph number(s) of the contract or service agreement where the eligible expense is described.

Column M – Symmetrical Bandwidth: Indicate whether the bandwidth is symmetrical (i.e., the upload and download speeds are equal). If bandwidth is not applicable for the line item, enter “N/A”.

Column N – Upload Speed: Enter the upload speed in megabits per second (Mbps).

Column O – Download Speed: Enter the download speed in Mbps. If the applicant has indicated that the bandwidth is symmetrical, then the download speed will be auto populated with the value entered in Column N (Upload Speed).

Column P – Expected Broadband Service Start Date/Shipping Date or Last Day of Work: Enter the expected date (i) the broadband service will start, (ii) the network equipment will ship to the customer, or (iii) the work will be completed, as applicable to the expense.

4. Quality of Service Guarantees (if applicable and available)

Column Q – Service Level Agreement: Indicate whether the applicant’s contract with the vendor includes a Service Level Agreement (SLA) applicable to the expense described in the line item. If “yes”, enter the following broadband performance metrics, if available:

Column R – Latency: Enter the latency (in milliseconds), as specified.

Column S – Jitter: Jitter is defined as the variation or difference in the end-to-end delay (latency) between received packets of an IP or packet stream. Enter the maximum range (in milliseconds) in end-to-end delay.

Column T - Packet Loss: Enter the maximum rate (as a percentage) of packets that are dropped or discarded before reaching their destination.

Column U – Reliability: Enter the guaranteed availability (as a percentage) of end-to-end network functionality.

5. Circuit Information (if applicable)

Column V – Circuit ID (if available): Enter the circuit ID, if available. The circuit ID is a vendor-specific identifier assigned to the network between two locations. The applicant should find the Circuit ID, if available, on the Vendor invoice.

Column W – Circuit Start Location (if applicable): Enter the physical location where the circuit originates, if applicable. If the circuit start location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit begins.

Column X – Circuit End Location (if applicable): Enter the physical location where the circuit terminates, if applicable. If the circuit end location has an HCP Number, enter the HCP number. If the location has not been assigned an HCP Number, enter the physical address where the circuit ends.

Column Y – Total Number of Fiber Strands (if applicable): Enter the total number of fiber strands that are part of the fiber lease or similar agreement for this line item. Only complete this field if the applicant is requesting support for a lease of dark or lit fiber under this line item. See 47 C.F.R. § 54.634(b)-(c).

Column Z – Number of Fiber Strands Eligible for Support (if applicable): Enter the number of fiber strands that are eligible for support. Only fiber strands that are activated and used (e.g., “lit”) are eligible for support. Only complete this field if the applicant is requesting support for a lease of dark or lit fiber under this line item. See 47 C.F.R. § 54.634(b)-(c).

6. Financial Information

Column AA – Quantity of Items: Enter the Quantity of Items applicant is requesting under this line item. For example, if applicant is requesting two routers, enter “2” under Quantity of Items. If applicant is requesting support for a single connection (e.g., circuit), enter “1” under Quantity of Items.

Column AB – Multi-Year Funding Request: Indicate whether applicant is seeking a multi-funding year commitment for this line item.

Column AC – Expense Frequency: Select the frequency of the expense for which support is sought. For example, the applicant may specify the Expense Frequency as one-time, monthly, quarterly, semi-annual, annual, etc.

Column AD – Quantity of Expense Periods: Enter the quantity of expense periods for which support is requested. For example, if the Expense Frequency is “one-time”, enter “1”. If the Expense Frequency is “monthly”, enter the number of months for which support is requested. If the applicant has requested a multi-year funding commitment, an applicant may request support for up to three funding years. The multi-year funding commitment may not exceed three funding years and may not extend beyond the expiration date of the initial term of the contract. Based on Column P (Expected Broadband Start Date), Column AC (Expense Frequency), and Column

F (Length of Initial Contract Term), the number of expense periods will be automatically limited to ensure the requested funding commitment does not exceed three funding years.

Column AE – Undiscounted Cost per Item, per Expense Period: Enter the undiscounted cost for each item, per expense period, including any applicable taxes or surcharges. For example, if the applicant is requesting monthly support for a single connection (e.g., a single T-1) under this line item, enter the monthly undiscounted cost of the connection, including any applicable taxes or surcharges. If the applicant is requesting support for the purchase of two network routers under this line item, enter the one-time, non-recurring undiscounted cost per network router.

Column AF – Percentage of Expense Eligible: Enter the percentage of the expense that is eligible for support. If the entire expense is eligible, enter “100%”. For example, a vendor may provide a bundle that includes both broadband internet access service (eligible) and web-hosting (ineligible). Applicants seeking support for such a service (or piece of equipment) that includes both eligible and ineligible components must explicitly ask in their requests for services (Form 461 or RFPs) that vendors include pricing for a comparable service (or piece of equipment) that is made up of only one or more eligible components. If the selected provider submits a price for the eligible component(s) on a stand-alone basis, enter the percentage in this column that reflects the price of the eligible component(s) on a stand-alone basis. If the selected provider does not provide stand-alone pricing for the eligible component(s), the applicant must allocate the costs between the eligible and ineligible components using a methodology that is based on objective and reasonable criteria. See 47 C.F.R. § 54.639(d). Applicants must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Column AG – Percentage of Usage Eligible: Enter the percentage of the usage that is eligible for support. If all of the usage is eligible, enter “100%”. An applicant should use this column to indicate the eligible portion of a connection (or network equipment) that is used by both eligible and ineligible sites. See 47 C.F.R. § 54.639(d)(1). In addition, if the applicant indicated on its Form 460 that this site is a “part-time eligible entity,” this column should be used to indicate the portion of usage that is eligible for support. An applicant must submit a written description of any required cost allocation(s) in Block 7 below. See 47 C.F.R § 54.643(a)(5).

Column AH – Total Eligible Undiscounted Cost: The Total Undiscounted Cost will be calculated automatically by multiplying Column AA (Quantity of Items), by Column AD (Quantity of Expense Periods), by Column AE (Undiscounted Cost per Item, per Expense Period), by Column AF (Percentage of Expense Eligible), and by Column AG (Percentage of Usage Eligible).

Column AI – Source of HCP Contribution: Enter the source of the HCP’s 35 percent contribution. Only funds from eligible sources may be applied toward the HCP’s required contribution. Eligible sources include: funds from the applicant or eligible HCP participants; state grants, funding, or appropriations; federal funding, grants, loans, or appropriations except for other federal universal service funding; Tribal government funding; and other grant funding including private grants. Any other source is not an eligible source of funding towards the participant’s required contribution.

H. Block 7: Additional Documentation

Line 31: Consortium and individual HCP applicants must submit the following documentation.

- Contracts or other documentation. All applicants must submit a signed contract or other documentation that clearly identifies the vendor(s) selected and the health care provider(s) who will receive the services, equipment, or facilities; the service, bandwidth, and costs for which support is being requested; and the term of the service agreement(s) if applicable. See 47 C.F.R. §54.643(a)(3) for additional detail.
- Competitive bidding documents. Applicants must submit documentation to support their certifications that they have selected the most cost-effective option, including a copy of each bid received (winning, losing, and disqualified), the bid evaluation criteria, and the following documents (as applicable): bid evaluation sheets; a list of people who evaluated bids (along with their title/role/relationship to the applicant organization); memos, board minutes, or similar documents related to the vendor selection/award; copies of notices to winners; and any correspondence with vendors during the bidding/evaluation/award phase of the process. Applicants who claim a competitive bidding exemption must submit relevant documentation to allow the Administrator to verify that the applicant is eligible for the claimed exemption. See 47 C.F.R. §54.643(a)(4).
- Written descriptions of cost allocations (if applicable). Where applicable, applicants must submit a description of how costs will be allocated for ineligible entities or components, as well as any agreements that memorialize such arrangements with ineligible entities. See 47 C.F.R. § 54.643(a)(5).

Consortium applicants must also submit the following documentation.

- Any revisions to the financial agreement, if submitted with the 460. Any revision or modification to a financial agreement previously approved by USAC may not become effective until those revisions are approved by USAC. See paragraph 206 of the Healthcare Connect Fund Order.
- Any revisions to the network plan submitted with the Form 461. See 47 C.F.R. § 54.643(a)(6)(i).
- Evidence of a viable source for the 35 percent contribution. See 47 C.F.R. § 54.643(a)(6)(iii).
- Sustainability plans (for consortium applicants requesting support for long-term capital expenses). See 47 C.F.R. § 54.643(a)(6)(iv).
- Any revisions to sustainability plans previously submitted. See 47 C.F.R. § 54.643(a)(6)(v).

Letters of Agency (Consortium Applicants Only): If not previously submitted, the Consortium Leader must include with this Form 462 the required letters of agency (LOAs) demonstrating that the Consortium Leader is authorized to submit the funding request (Form 462) and manage invoicing and payments (Form 463) on behalf of each HCP included in the NCW of this Form 462. See 47 C.F.R. § 54.632(a)(2).

I. Block 8: Request for Confidentiality

Line 32: Indicate whether applicant is requesting that commercial and financial information submitted with the Form 462 and any associated Form 463 be treated as confidential. See 47

C.F.R. § 0.459(a)(4). By checking “Yes”, applicant is requesting nondisclosure only of the following commercial and financial information: (i) Line 25 (Undiscounted Cost per Expense Period), Line 27 (One-Time Installation Charges), Line 29 (Total Undiscounted Cost for Eligible Recurring Expenses), and Line 30 (Total Undiscounted Cost for Eligible Non-Recurring Expenses) of this Form 462; (ii) Column AE (Undiscounted Cost per Item, per Expense Period) and Column AH (Total Eligible Undiscounted Cost) on the associated NCW; and (iii) Line 9 (Total Invoice Amount), Column L (Total Cost Invoiced (Undiscounted)), Column O (Total Eligible Actual Cost (Undiscounted)), and Column P (USF Support Amount to be Paid) of the associated Form 463(s).

In addition, by checking “Yes”, the requested non-disclosure will also include the following supporting documents submitted with the Form 462: (i) contracts or other documentation, 47 C.F.R. §54.643(a)(3); (ii) competitive bidding documents, 47 C.F.R. §54.643(a)(4); and (iii) written descriptions of cost allocations, 47 C.F.R. § 54.643(a)(5).

Requesting confidential treatment of the above commercial and financial information does not guarantee non-disclosure. All decisions regarding disclosure of company-specific information will be made by the FCC. See 47 C.F.R. § 0.459.

If the applicant would like to request non-disclosure and confidential treatment of information beyond what is set forth above, the applicant may file a formal request for confidential treatment of that additional information pursuant to 47 C.F.R. § 0.459.

J. Block 9: Certifications

Applicant is required to provide certifications in lines 33-40 in order to receive Healthcare Connect Fund support. For individual HCP applicants, certifications must be signed by an officer or director of the HCP or other authorized employee of the HCP. For consortia applicants, an officer, director, or other authorized employee of the Consortium Leader must sign the required certification. See 47 C.F.R. § 54.649.

A third-party (e.g., consultant) is prohibited from certifying, signing, or submitting the Form 462, unless USAC receives, prior to the submission of the form, a written, dated, and signed authorization from the relevant officer, director, or other authorized employee stating that the individual HCP or Consortium Leader accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party. If not previously provided to USAC, submit any such required letter of authorization to USAC and obtain USAC approval before signing and submitting this form.

Line 33: Certifies that applicant's representative is authorized to submit the request on behalf of the consortium or HCP.

Line 34: Certifies that the information provided in the Form 462 is true and correct.

Line 35: Certifies that applicant has considered all bids received and has selected the most cost-effective method of providing the services. The most cost-effective method 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.” See 47 C.F.R. § 54.642(c).

Line 36: Certifies that applicant will use Healthcare Connect Fund support only for eligible program purposes.

Line 37: Certifies that applicant is not requesting support from both the Telecommunications Program and the Healthcare Connect Fund for the same services.

Line 38: Certifies that applicant has satisfied all of the requirements under 47 U.S.C. § 254 and applicable FCC rules, and that the applicant understands that any letter from USAC that erroneously commits funds for the benefit of the applicant may be subject to rescission.

Line 39: Certifies that applicant has reviewed all applicable program requirements and will comply with those requirements.

Line 40: Certifies that all documentation associated with the form will be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648. Documentation includes all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received.

Lines 41-48: Requires the electronic signature, name, contact information, and employer's FCC RN for the person authorized to sign on behalf of the individual HCP or the Consortium Leader. The name, contact information, and employer's FCC RN will be auto populated based on who is logged in and completing this form.

IV. REMINDERS

- This form 462 must be received by the last day of the funding year (June 30). Applicants who submit this form after June 30th will not be eligible for support for services (or any other expenses) received during the preceding funding year (July 1-June 30).
- Incomplete forms or forms missing required documentation will not be processed. For assistance in completing this form, contact USAC RHC at 1-800-453-1546 or rhc-assist@usac.org.