

**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-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 PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

