

SUPPORTING STATEMENT

A. Justification:

1. The Federal Communications Commission (hereinafter referred to as the Commission or FCC) seeks Office of Management and Budget (OMB) approval of an extension (no change in reporting, recordkeeping and/or third party disclosure requirements) of an information collection (IC) previously approved by OMB under this OMB Control Number 3060-0804. The OMB approved this information collection as an emergency request in January 2008. We are now submitting this IC in order to obtain the full three year clearance from them.

In the Telecommunications Act of 1996 (1996 Act), Congress specifically intended that rural health care (RHC) providers be provided with “an affordable rate for the services necessary for the provision of telemedicine and instruction relating to such services.”¹ In 1997, the Commission implemented this statutory directive by adopting the current RHC support mechanism, which is administered by the universal service fund administrator, the Universal Service Administrative Company (USAC). Since 1997, the Commission has made various modifications to the RHC support mechanism. For example, *In the matter of RHC Support Mechanism, Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 19 FCC Rcd 24580 (2004 RHC Order)*, the Commission changed the definition of “rural” for the purpose of the RHC universal service support mechanism. The Commission also revised its rules to expand funding for mobile RHC services by subsidizing the difference between the rate for satellite service and the rate for an urban wireline service with a similar bandwidth. In addition, the Commission improved its administrative process by establishing a fixed deadline for applications for support. On reconsideration, the Commission permitted RHC providers in states that are entirely rural to receive support for advanced telecommunications and information services.

All RHC providers applying for discounts on eligible telecommunications and information services must file FCC Forms 465, 466 and/or 466-A, and 467. These forms and instructions were revised as a result of the *2004 RHC Order*, which required RHC providers seeking discounts for mobile telecommunications services to submit various type(s) of information as detailed below (paragraphs A.1.(o). through A.1.(u).

Despite the changes, the RHC support mechanism has yet to fully achieve the benefits intended by the statute and the Commission. Generally, less than 10 percent of authorized funds are distributed each year.

In response to the underutilization of the RHC support mechanism, the Commission released an order entitled *In the Matter of RHC Support Mechanism, 21 FCC Rcd 11111 (2006)*, which established a Pilot Program to assist public and non-profit health care providers build state and region-wide broadband networks dedicated to the provision of health care services and connect those networks to a dedicated nationwide backbone. The construction of such networks will bring the benefits of innovative telehealth, and particularly, telemedicine

¹ 47 U.S.C. § 254(b)(3), (h).

services to those areas of the country where the need for those benefits is most acute. By connecting to a dedicated national backbone, health care providers at the state and local levels will have the opportunity to benefit from advanced applications in continuing education and research. In addition, a ubiquitous nationwide broadband network dedicated to health care will enhance the health care community's ability to provide a rapid and coordinated response in the event of a public health crisis.

Participants in the Pilot Program are eligible to receive funding for up to 85 percent of the costs associated with: (1) the construction of a state or regional broadband network and the advanced telecommunications and information services provided over that network; (2) connecting nationwide backbones, Internet2 or National LambdaRail; and (3) connecting to the public Internet.

The Pilot Program will lay the foundation for a future rulemaking proceeding that will explore permanent rules to enhance access to advanced services for public and non-profit health care providers. In the Pandemic and All-Hazards Preparedness Act, P.L. 109-417, § 202 (2006), *codified at* 42 U.S.C. § 247d-4(f)(1)(B), Congress recognized the Commission's Pilot Program as a first step for health care networks that will be expanded in the future. In particular, one of the goals of the Pilot Program is to provide the Commission with useful information as to the feasibility of revising the Commission's current RHC mechanism rules in a manner that best achieves the objectives set forth by Congress. If successful, increasing broadband connectivity among health care providers at the national, state and local levels would also provide vital links for disaster preparedness and emergency response and would likely facilitate the President's goal of implementing electronic medical records nationwide.

In response to the Pilot Program, the Commission received 81 applications representing approximately 6,800 health care facilities from 43 states and three United States territories. *In the Matter of RHC Support Mechanism, 22 FCC Rcd 20360 (2007RHC Pilot Program Selection Order)*, the Commission selected 69 of the applicants that demonstrated the overall qualification consistent with the goals of the Pilot Program. To minimize the burden on Pilot Program participants and to streamline the process, the Commission requires Pilot Program participants to follow the normal procedures and currently approved information collection requirements for participants in the existing RHC support mechanism program.²

Under the current programs, to obtain discounted telecommunications services, entities seeking funding must file FCC Forms 465, 466 and/or 466-A, and 467. First, eligible entities file FCC Form 465 with USAC to make a bona fide request for supported services. Next, after a 28-day waiting period, an entity seeking funding submits FCC Form 466 and/or 466-A to indicate the type(s) and cost(s) of services ordered, information about the service provider, and the terms of the service agreement. Eligible entities must also certify on the FCC Forms 466 and 466-A that the entity has selected the most cost-effective method of providing the selected service(s). The final form eligible entities submit is FCC Form 467,

²The *RHC Pilot Program Selection Order* provides clarification to Pilot Program participants about how to fill out the required Forms. For example, the Pilot Program participants are instructed to leave the third box of Block 4 in FCC Form 467 blank.

which is used by the entity to notify USAC that the service provider has begun providing supported services.³

The following information collections are necessary for RHC program participants and service providers under the existing RHC support mechanism and the Pilot Program. These requirements are identical to those previously approved by OMB (3060-0804).

a) Submission of FCC Form 465

FCC Form 465 is the means by which an entity seeking funding requests bids for supported services and certifies to USAC that the entity is eligible to benefit from the RHC support mechanism, including the RHC Pilot Program. USAC posts the completed FCC Form 465 on its website and an eligible entity must wait at least 28 days from the date on which its FCC Form 465 is posted on USAC's website before making commitments with the selected service provider(s).

b) Submission of FCC Form 466 and/or 466-A

FCC Forms 466 and 466-A are the means by which to indicate the type(s) and cost(s) of services ordered, information about the service provider, and the terms of the service agreement. Eligible entities must also certify on the FCC Forms 466 and 466-A that the entity has selected the most cost-effective method of providing the selected service(s).

c) Submission of FCC Form 467 and Notification Service Has Been Turned On

FCC Form 467 is used by the entity seeking funding to notify USAC that the service provider has begun providing the supported service. An entity seeking funding must submit one FCC Form 467 for each FCC Form 466 and/or 466-A that the entity submitted to USAC. FCC Form 467 is also used to notify USAC when the entity has discontinued the service or if the service was or will not be turned on during the funding year.

d) Submission of Additional Information with FCC Form 465 by Pilot Program Participants

Pilot Program participants are required to file FCC Form 465 as well as certain additional information with this Form, described below. Specifically, Pilot Program participants are not required to submit multiple FCC Forms 465 for each participating health care provider, although they may choose to do so. For purposes of administrative efficiency, selected participants may submit one master FCC Form 465, provided the information contained in the FCC Form 465 identifies each eligible health care provider participating in the Pilot Program and is included in an attached Excel or Excel compatible spreadsheet. *RHC Pilot Program Selection Order* (Appendix E). Pilot Program participants are also required to submit with their FCC Forms 465:

1. A brief explanation for each health care provider participating in the network and why each health care provider is eligible under section 254 of the 1996 Act and the Commission's rules and orders;

³Under the RHC mechanism, health care providers and service providers are required to maintain documentation for five years. See 47 C.F.R. § 54.619; *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-295, 02-60, 03-109, CC Docket Nos. 96-45, 02-06, 07-21, Report and Order, 22 FCC Rcd 16372 (2007).

2. A copy of the most recent version of its application submitted to the Commission as of the release date of the *RHC Pilot Program Selection Order*;
3. Sufficient information to define the scope of the project and network costs to enable an effective competitive bidding process;
4. A Letter of Agency from each participating health care facility to authorize the lead project coordinator to act on its behalf, to demonstrate that each health care provider has agreed to participate in the selected participant's network, and to avoid improper duplicate support for health care providers participating in multiple networks; and
5. An identification to USAC and the Commission of any consultants, service providers, or other outside experts, whether paid or unpaid, who aided in the preparation of their Pilot Program applications.

e) Submission of Additional Information with FCC Form 466 and/or 466-A by Pilot Program Participants

Pilot Program participants are also required to file FCC Form 466-A, as well as certain additional information with this Form. Specifically, Pilot Program participants must submit an FCC Form 466-A to indicate the type(s) of network construction ordered, the cost of the ordered network construction, information about the service provider(s), and the terms of the service agreements. Pilot Program participants are not required to submit multiple FCC Forms 466-A for each participating health care providers location, although they may choose to do so. Specifically, for purposes of administrative efficiency, selected participants may submit one master FCC Form 466-A, provided the information contained in the FCC Form 466-A identifies the location of each health care provider participating in the Pilot Program and is included in an attached Excel or Excel compatible spreadsheet. See *RHC Pilot Program Selection Order* (Appendix F). Pilot Program Participants are also required to submit with their FCC Form(s) 466-A:

1. A detailed line-item network costs worksheet that includes a breakdown of total network costs (both eligible and ineligible costs), identifies the applicable maximum funding amounts pursuant to the *RHC Pilot Program Selection Order*, and identifies with specificity the participant's source of funding for its 15 percent minimum funding contribution of eligible network costs (*RHC Pilot Program Selection Order* (Appendix G)); and
2. A certification to USAC stating that all federal RHC Pilot Program support provided to selected participants will be used only for the eligible Pilot Program purposes for which the support is intended, as described in the *RHC Pilot Program Selection Order*, and consistent with related Commission orders, section 254(h)(2)(A) of the 1996 Act, and Part 54.601 *et seq.* of the Commission's rules.

f) Submission of Additional Information with FCC Form 467 by Pilot Program Participants

Pilot Program participants are required to file FCC Form 467. Specifically, Pilot Program participants must file FCC Form 467 and notify USAC and the Commission, in writing, when the approved network projects have been initiated within 45 days of initiation. If the selected participant's network build-out has not been initiated within six

months of the Funding Commitment Letter sent by USAC to the selected participant and service provider(s) approving funding, the selected participant must notify USAC and the Commission within 30 days thereafter explaining when it anticipates that the approved network project will be initiated. In addition, Pilot Program participants must notify USAC and the Commission in writing upon completion of the Pilot Program project construction and network build-out.

g) Obtaining a FCC Registration Number (FRN)

All entities seeking funding must obtain a FRN. A FRN is a 10-digit number that is assigned to a business or individual registering with the FCC. This unique number is used to identify the registrant's business dealings with the FCC. Selected participants may obtain an FRN through the Commission's website, at <https://fjallfoss.fcc.gov/coresWeb/publicHome.do>. RHC Pilot Program participants may obtain a single FRN for the entire application or consortium (*i.e.*, each health care provider does not need a separate FRN).

h) Service Provider Identification Number (SPIN) Requirement

All service providers that participate in the RHC program and Pilot Program are required to have a SPIN. Before USAC can authorize support payments, a SPIN must be assigned; therefore, all service providers submitting bids to provide services to participants will need to complete and submit a FCC Form 498⁴ to USAC for review and approval if selected by a participant before funding commitments can be made.

i) Submission of Contact Information to USAC

Each Pilot Program participant shall provide to USAC the name, mailing address, e-mail address, and telephone number of the lead project coordinator for the Pilot Program project or consortium within 14 calendar days of the effective date of the information collection in the *RHC Pilot Program Selection Order*.

j) Revision of Funding Request

When USAC has reason to believe that a Pilot Program participant's funding request includes ineligible network components or ineligible health care providers, USAC shall: (1) inform the selected participant promptly in writing of the deficiencies in its funding request, and (2) permit the selected participant 14 calendar days from the date of receipt of notice in writing by USAC to revise its funding request to remove the ineligible network components or facilities for which Pilot Program funding is sought or allow the selected participant to provide additional documentation to show why the components or facilities are eligible.

⁴ See OMB Control Number 3060-0829.

k) Disbursement of Pilot Program Funds

USAC will disburse Pilot Program funds based on monthly submissions (*i.e.*, invoices) of actual incurred eligible expenses. Service providers shall submit detailed invoices to USAC on a monthly basis for actual incurred costs. This invoice process will permit disbursement of funds to ensure that the selected participants' network projects proceed, while allowing USAC and the Commission to monitor expenditures in order to ensure compliance with the Pilot Program and prevent waste, fraud, and abuse. All invoices must be approved by the lead project coordinator authorized to act on behalf of the health care provider(s), confirming that the network build-out or services related to the itemized costs were received by each participating health care provider. The lead project coordinator must also confirm and demonstrate to USAC that the selected participant's 15 percent minimum contribution has been provided to the service provider for each invoice. Service providers must also file a certification with the Commission and USAC stating that all federal RHC Pilot Program support will be used only for the eligible Pilot Program purposes for which the support is intended, as described in the *RHC Pilot Program Selection Order*.

l) Reporting Requirements

Pilot Program participants are required to submit to USAC and the Commission quarterly reports containing data listed in the *RHC Pilot Program Selection Order (Appendix D)*. These data will serve as a guide for further Commission action by informing the Commission's understanding of cost-effectiveness and efficacy of the different state and regional networks funded. These data will also enable the Commission to ensure universal service funds are being used in a manner consistent with section 254 of the 1996 Act, the *RHC Pilot Program Selection Order*, and the Commission's rules and orders. In particular, collection of this data is critical to the goal of preventing waste, fraud, and abuse by ensuring that funding is flowing through to its intended purpose. Reports will be required for a 72-month period following the initial due dates unless the Wireline Competition Bureau extends this deadline. Quarterly reports shall also have responsive data separated by month.

m) Record Retention Requirements

Pilot Program participants must maintain documentation of their purchases of service for five years from the end of each funding year, which must include, among other things, records of allocations for consortia and entities that engage in eligible and ineligible activities. See 47 CFR § 54.619. Upon request, beneficiaries must make available all documents and records that pertain to them, including those of contractors and consultants working on their behalf, to the Commission's Office of Inspector General, to USAC, and to their auditors. See *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-195, 02-60, 03-109, CC Docket Nos. 96-45, 02-6, 97-21, Report and Order, FCC 07-150, at para. 26 (rel. Aug. 29, 2007) (*Comprehensive Review Report and Order*). This record retention requirement also applies to service providers that receive support for serving RHC providers.

n) Mobile RHC Provider Submission of Sites

Mobile RHC providers must submit to USAC the number of sites the mobile RHC provider will serve during the year.

o) Mobile RHC Provider Explanation of Necessity

Mobile RHC providers must document and explain why satellite services are necessary to achieve the health care delivery goals of the mobile telemedicine project, if the mobile RHC provider serves less than eight different sites per year.

p) Mobile RHC Provider Certification

Mobile RHC providers must certify that they are serving eligible rural areas.

q) Mobile RHC Provider Annual Logs

Mobile RHC providers must retain, and make available upon request, annual logs indicating (1) the date and locations of each stop, and (2) the number of patients served at each clinic stop.

r) Mobile RHC Provider Documentation of Price – Service in One State

Mobile RHC providers must provide to USAC documentation of the price for bandwidth equivalent wireline services in the urban area in the state to be covered by the project.

s) Mobile RHC Provider Documentation of Price – Service in Multiple States

When a telemedicine project serves locations in different states, Mobile RHC providers must provide to USAC documentation of the price for bandwidth equivalent wireline service in the urban area, proportional to the location served in each state.

t) Mobile RHC Providers Must Maintain Documents About Allocation

Mobile RHC providers must retain for five years and make available upon request documentation explaining their allocation methods.

u) Mobile RHC Providers Must Maintain Purchase Records

Mobile RHC providers must maintain records for purchases of supported services for at least five years.

The information collections, for which approval is sought, are necessary so that the Commission and USAC will have sufficient information to determine if entities are eligible for funding pursuant to the RHC support mechanism, including the Pilot Program, and are complying with the Commission's rules, and to prevent against waste, fraud and abuse.

Statutory authority for this collection is contained in 47 U.S.C. §§ 151, 154(i), 154(j), 201-205, 214, 254, and 403.

This information collection does not affect individuals or households; thus, there are no impacts under the Privacy Act.

2. The information collected herein provides the Commission with the necessary information to administer the RHC support mechanism, including the Pilot Program, determine the amount of support entities seeking funding are eligible to receive, and inform the Commission about the feasibility of revising its rules.
3. Respondents will be able to send their forms, spreadsheet, letter, and reports to USAC via mail or via electronic mail. Respondents will be able to send required information to the Commission via U.S. mail or via the Commission's Electronic Comment Filing System (ECFS) and access the FCC's webpage to obtain a FRN.
4. The Commission does not impose a similar information collection on the respondents. Similar data is not available.
5. In conformance with the Paperwork Reduction Act of 1995, the Commission is making an effort to minimize burdens on all respondents, regardless of size. The Commission has limited the information requirements to those necessary for the purposes for which the information will be used and we expect respondents to use information technology and standardized practices to minimize the time necessary to comply with these requirements.
6. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing section 254 of the 1996 Act. It would also prevent ensuring that rural health care providers have access to the telecommunications and advanced services necessary to provide health care services consistent with the Universal Service Rural Health Care Program, applicable rules, and regulations. The Commission has limited the amount of information to be collected from entities participating in the RHC support mechanism, including the Pilot Program to only that which is necessary for program administration.
7. Participants and service providers are required to maintain certain documents for five-years. These records are needed in the event the participant is audited. If a participant is audited, it should be able to demonstrate to the auditor how the entries in the application were provided. *See* 47 C.F.R. § 54.619; *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-295, 02-60, 03-109, CC Docket Nos. 96-45, 02-06, 07-21, Report and Order, 22 FCC Rcd 16372 (2007).
8. A notice was published in the Federal Register, as required by 5 C.F.R. § 1320.8(d) on June 17, 2008. *See* 73 FR 35390. The Commission received four comments as a result of the notice. The majority of these comments addressed modifications to the administration of the RHC programs and changes to the Commission's rules, rather than changes to the information collections. At this time, the Commission will not modify the information collections as requested by the remaining comments. As explained in this supporting statement, the information collected by the Commission is the minimum information needed to administer the RHC programs.
9. Respondents will not receive any payments other than remuneration of contractors or grantees.

10. There is no need for confidentiality. However, respondents may request materials or information submitted to the Commission be withheld from public inspection under 47 C.F.R. § 0.459 of the FCC's rules.

11. This information collection does not address any private matters of a sensitive nature.

12. The following represents the hour burden on the collections of information:

a) Submission of FCC Form 465

1. Number of Respondents: Approximately 3,289 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 3,289

Health care providers are required to submit a FCC Form 465, describing the services desired.

3,289 x 1 FCC Form 465 and supporting documents/annum = 3,289 responses

4. Total Annual Hourly Burden: 3,289

The Commission estimates that this requirement will take approximately 1 hour and that 3,289 health care providers or consortium of health care providers (respondents) will file FCC Form 465 once a year.

3,289 respondents x 1 submission x 1 hour = **3,289 hours**

5. Total "In House" Costs: \$184,975.42

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead, to complete and file FCC Form 465.

3,289 hours x \$43.26/hours = \$142,288.78
30% overhead = \$42,686.63
Total = \$184,975.42

b) Submission of FCC Form 466 and/or 466-A

1. Number of Respondents: Approximately 3,289 health care providers or consortium of health care providers.
2. Frequency of Response: Annually

3. Total Number of Responses Annually: 3,289

Health care providers are required to submit an FCC Form 466 or 466-A, describing the services ordered.

$3,289 \times 1 \text{ FCC Form 466 or 466-A/annum} = 3,289 \text{ responses}$

4. Total Annual Hourly Burden: 9,867

The Commission estimates that this requirement will take approximately 3 hours and that 3,289 health care providers or consortium of health care providers (respondents) will file FCC Form 466 and/or 466-A once a year.

$3,289 \text{ respondents} \times 1 \text{ submission} \times 3 \text{ hours} = \mathbf{9,867 \text{ hours}}$

5. Total "In House" Costs: \$554,926.25

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead, to complete and file FCC Form 466 and or 466-A.

$9867 \text{ hours} \times \$43.26/\text{hours} = \$426,866.34$
 $30\% \text{ overhead} = \underline{\$128,059.90}$
 $\text{Total} = \$554,926.25$

c) Submission of FCC Form 467 and Notification Service Has Been Turned on

1. Number of Respondents: Approximately 3,289 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 3,289

Each health care provider must submit FCC Form 467, certifying that it has begun to receive, or stopped receiving, the services for which universal service support has been allocated.

$3,289 \times 1 \text{ FCC Form 467 and supporting documents/annum} = 3,289 \text{ responses}$

4. Total Annual Hourly Burden: 1,645

The Commission estimates that this requirement will take approximately .5 hour (30 minutes) and that 3,289 health care providers or consortium of health care providers (respondents) will file FCC Form 467 once a year.

3,289 respondents x 1 submission x .5 hours = **1,645 hours**

5. Total "In House" Costs: \$92,487.71

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead, to complete and file FCC Form 467 and supporting documents.

1,634 hours x \$43.26/hours = \$71,144.39
30% overhead = \$21,323.32
Total = \$92,487.71

d) Submission of Additional Information with FCC Form 465 by Pilot Program Participants

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 69

Health care providers are required to submit a FCC Form 465 or a master FCC Form 465 as well as supporting documents, including identification of the statutory eligibility of the health care provider, a description of the scope of the project, letters of agency, and a copy of their Pilot Program application.

69 x 1 FCC Form 465 and supporting documents/annum = 69 responses

4. Total Annual Hourly Burden: 1,380

The Commission estimates that this requirement will take approximately 20 hours and that 69 health care providers or consortium of health care providers (respondents) will file additional information with FCC Form 465 once a year.

69 respondents x 1 submission x 20 hours = **1,380 hours**

5. Total "In House" Costs: \$77,612.06

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead, to complete and file the additional information with FCC Form 465.

1,380 hours x \$43.26/hours = \$59,701.59

30% overhead = \$17,910.48
Total = \$77,612.06

e) Submission of Additional Information with FCC Form 466 and/or 466-A by Pilot Program Participants

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 69

Health care providers are required to submit supporting documents, including a spreadsheet listing the location of each health care facility, contracts or service agreements, a network costs worksheet, and a certification, when they submit FCC Form 466 and/or 466-A.

69 x 1 FCC Form 466 and/or 466-A and supporting documents/annum = 69 responses

4. Total Annual Hourly Burden: 1,035

The Commission estimates that this requirement will take approximately 15 hours and that 69 health care providers or consortium of health care providers (respondents) will file the additional information with FCC Form 466 and/or 466-A once a year.

69 respondents x 1 submission x 15 hours = **1,035 hours**

5. Total "In House" Costs: \$58,209.05

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead, to complete and file additional information with FCC Form 466 and/or Form 466-A.

1,035 hours x \$43.26/hours = \$44,776.19
30% overhead = \$13,432.86
Total = \$58,209.05

f) Submission of Additional Information with FCC Form 467 by Pilot Program Participants

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Annually

3. Total Number of Responses Annually: 69

Health care providers are required to submit an FCC Form 467 and notify USAC when the approved network projects have been initiated. If network projects have not been initiated within six months of USAC's issuance of the Funding Commitment Letter, health care providers must notify USAC and the Commission when it anticipates that network projects will be initiated.

4. Total Annual Hourly Burden: 69

The Commission estimates that this requirement will take approximately 1 hour and that 69 health care providers or consortium of health care providers (respondents) will file supporting documents associated with FCC Form 467 once a year.

69 respondents x 1 submission x 1 hours = **69 hours**

5. Total "In House" Costs: \$3,880.69

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead, to complete and file the additional information with FCC Form 467.

69 hours x \$43.26 = \$2,985.08
30% overhead = \$895.52
Total = \$3,880.69

g) Obtaining a FCC Registration Number (FRN)

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Once
3. Total Number of Responses Annually: 69

Health care providers or consortium of health care providers (respondents) participating in the Pilot Program must obtain a FRN.

69 x 1 submission = 69 responses

4. Total Annual Hourly Burden: 7

The Commission estimates that this requirement will take approximately 6 minutes (.10 hours) and that 69 health care providers or consortium of health care provider (respondents) will need to obtain an FRN.

69 respondents x 1 submission x .10 hours = **7 hours**

5. Total "In House" Costs: \$388.06

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead to obtain a FRN.

7 hours x \$43.26 = \$298.51
30% overhead = \$89.55
Total = \$388.06

h) SPIN Requirement

1. Number of Respondents: Approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers)
2. Frequency of Response: Once
3. Total Number of Responses Annually: 3,200

Each service provider that participates in the RHC Pilot Program must obtain a SPIN.

3,200 respondents x 1 submission = 3,200 responses

4. Total Annual Hourly Burden: 4,800

The Commission estimates that this requirement will take 1.5 hours and that 3,200 service providers (respondents) must obtain SPINs.

3,200 x 1 SPIN x 1.5 hours = **4,800 hours**

5. Total "In House" Costs: \$269,955.00

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead to obtain a SPIN.

4,800 hours x \$43.26/hour = \$207,657.69
30% overhead = \$62,297.31
Total = \$269,955.00

i) Submission of Contact Information to USAC

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Once
3. Total Number of Responses Annually: 69

Health care providers or consortium of health care providers participating in the Pilot Program must submit, to USAC, the name, mailing address, e-mail address, and telephone number of the lead project coordinator for the Pilot Program project or consortium.

69 x 1 contact information = 69 responses

4. Total Annual Hourly Burden: 7

The Commission estimates that this requirement will take approximately 6 minutes (.10 hours) and that 69 health care providers or consortium of health care provider (respondents) will need to submit contact information to USAC.

69 respondents x 1 submission x .10 hours = **7 hours**

5. Total "In House" Costs: \$388.06

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead to submit contact information to USAC.

7 hours x \$43.26 = \$298.51
30% overhead = \$89.55
Total = \$388.06

j) Revision of Funding Request

1. Number of Respondents: Approximately 14 health care providers or consortium of health care providers.
2. Frequency of Response: Once
3. Total Number of Responses Annually: 14

Upon notification from USAC, participants are permitted to revise their funding requests to remove ineligible network components or facilities. The

14 respondents (health care providers or consortium of health care providers)
x 1 response = 14

4. Total Annual Hourly Burden: 14

The Commission estimates that it will take Pilot Program participants 1 hour to modify their funding requests.

14 respondents x 1 hour = **14 hours**

5. Total "In House" Costs: \$787.37

The Commission estimates that health care providers or consortium of health care providers use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead, to modify their funding requests.

14 hours x \$43.26/hour = \$605.67
30% overhead = \$181.70
Total = \$787.37

k) Disbursement of Pilot Program Funds

1. Number of Respondents: Approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers) and 69 health care providers.
2. Frequency of Response: Monthly
3. Total Number of Responses Annually: 39,228

Service providers must submit detailed invoices to USAC on a monthly basis for actual incurred costs. For each invoice, the lead coordinator for each Pilot Program participant must confirm and demonstrate to USAC that the Pilot Program participant has provided its 15 percent minimum contribution.

3,200 service provider respondents x 12 responses/per year = 38,400
69 health care provider respondents x 12 responses/per year = 828

4. Total Annual Hourly Burden: 39,228

The Commission estimates that this requirement will take service providers 1 hour and that 3,200 service providers (respondents) must submit monthly invoices to USAC. The Commission estimates that it will take the lead applicant 1 hour to demonstrate that the Pilot Program participant has provided its 15 percent minimum contribution.

3,200 respondents x 12 submission x 1 hour = 38,400 hours

69 respondents x 12 submissions x 1 hour = 828 hours

38,400 + 828 = **39,228 total hours**

5. Total "In House" Costs: \$2,206,207.24

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead, to file invoices with USAC.

39,228 hours x \$43.26/hour = \$1,697,082.49
30% overhead = \$509,124.75
Total = \$2,206,207.24

l) Reporting Requirements:

1. Number of Respondents: Approximately 69 health care providers or consortium of health care providers.
2. Frequency of Response: Quarterly
3. Total Number of Responses Annually: 276

Health care providers or consortiums of health care providers are required to submit to USAC and the Commission quarterly reports.

69 respondents x 4 reports/year = 276 responses

4. Total Annual Hourly Burden: 2,760

The Commission estimates that this requirement will take 10 hours and that 69 health care providers or consortium of health care providers must submit these reports to USAC and the Commission 4 times per year.

69 respondents x 4 reports/year x 10 hours = **2,760 hours**

5. Total "In House" Costs: \$155,224.13

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) federal employee, plus 30% for administrative staff time and overhead to comply with the quarterly reporting requirement.

2,760 hours x \$43.26/hour = \$119,403.17
30% overhead = \$35,820.95
Total = \$155,224.13

m) Record Retention Requirements

1. Number of Respondents: Approximately 3,294 health care providers or consortium of health care providers and approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers).
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 6,494 responses

Each health care provider or consortium of health care providers and service providers must maintain records for five years.

6,494 respondents x 1 recordkeeping requirement/year = 6,494 responses

4. Total Annual Hourly Burden: 3,247

The Commission estimates that this requirement will take approximately 30 minutes (0.5 hours) once a year.

6,494 respondents x .05 hours = **3,247 hours**

5. Total "In House" Costs: \$86,571.11

The Commission estimates that respondents use staff equivalent to a GS-7/Step 5 (\$20.51/hour) federal employee, plus 30% for administrative staff time and overhead, to comply with the five-year recordkeeping requirement.

3,247 hours x 20.51/hour = \$66,593.16
30% overhead = \$19,977.95
Total = \$86,571.11

n) Mobile RHC Provider Submission of Sites

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must submit the estimated number of sites the mobile health clinic will serve during the year on FCC Forms 465 and 466.

5 respondents x 1 reporting requirement/year = 5 responses

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours once a year.

5 respondents x 3 hours = **15 hours**

5. Total "In House" Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$43.26/hour = \$648.93
30% overhead = \$194.68
Total = \$843.61

o) Mobile RHC Provider Explanation of Necessity

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: On occasion
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must document the cost of wireline services, if the mobile RHC provider serves less than eight different sites per year.

5 respondents x 1 reporting requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours on occasion.

5 respondents x 3 hours = **15 hours**

5. Total "In House" Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 15 \text{ hours} \times \$43.26/\text{hour} &= \$648.93 \\ 30\% \text{ overhead} &= \underline{\$194.68} \\ \text{Total} &= \$843.61 \end{aligned}$$

p) Mobile RHC Provider Certification

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must certify that they are serving eligible rural areas on FCC Forms 465 and 466.

$$5 \text{ respondents} \times 1 \text{ reporting requirement} = 5 \text{ respondents}$$

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours once a year.

$$5 \text{ respondents} \times 3 \text{ hours} = \mathbf{15 \text{ hours}}$$

5. Total "In House" Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

$$\begin{aligned} 15 \text{ hours} \times \$43.26/\text{hour} &= \$648.93 \\ 30\% \text{ overhead} &= \underline{\$194.68} \\ \text{Total} &= \$843.61 \end{aligned}$$

q) Mobile RHC Provider Annual Logs

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.

2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must retain and make available upon request logs indicating the geographic coordinates where the mobile health clinic stops and the number of patients served at each location.

5 respondents x 1 recordkeeping requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this recordkeeping requirement will take approximately 3 hours once a year.

5 respondents x 3 hours = **15 hours**

5. Total "In House" Costs: \$399.93

The Commission estimates that respondents use staff equivalent to GS-7/Step 5 (\$20.51/hour) federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$20.51/hour = \$307.64

30% overhead = \$92.29

Total = \$399.93

r) Mobile RHC Provider Documentation of Price – Service in One State

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on FCC Forms 465 and 466.

5 respondents x 1 reporting requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours once a year.

5 respondents x 3 hours = **15 hours**

5. Total "In House" Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$43.26/hour = \$648.93
30% overhead = \$194.68
Total = \$843.61

s) Mobile RHC Provider Documentation of Price – Service in Multiple States

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on FCC Forms 465 and 466.

5 respondents x 1 reporting requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this requirement will take approximately 3 hours once a year.

5 respondents x 3 hours = **15 hours**

5. Total "In House" Costs: \$843.61

The Commission estimates that respondents use staff equivalent to GS-13/Step 5 (\$43.26/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$43.26/hour = \$648.93
30% overhead = \$194.68
Total = \$843.61

t) Mobile RHC Providers Must Maintain Documents About Allocation

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must retain and make available upon request documentation explaining their allocation methods for five years.

5 respondents x 1 recordkeeping requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this recordkeeping requirement will take approximately 3 hours.

5 respondents x 3 hours = **15 hours**

5. Total "In House" Costs: \$399.93

The Commission estimates that respondents use staff equivalent to GS-7/Step 5 (\$20.51/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$20.51/hour = \$307.64

30% overhead = \$92.29

Total = \$399.93

u) Mobile RHC Providers Must Maintain Purchase Records

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 5

Each RHC provider seeking discounts for mobile telecommunications services must maintain records for purchases of supported services for five years.

5 respondents x 1 recordkeeping requirement = 5 respondents

4. Total Annual Hourly Burden: 15

The Commission estimates that this recordkeeping requirement will take approximately 3 hours.

5 respondents x 3 hours = **15 hours**

5. Total “In House” Costs: \$399.93

The Commission estimates that respondents use staff equivalent to GS-7/Step 5 (\$20.51/hour) Federal employee, plus 30% for administrative staff time and overhead.

15 hours x \$20.51/hour = \$307.64
 30% overhead = \$92.29
 Total = \$399.93

Note: Identified below are the types of respondents and the maximum number of respondents the Commission expects to respond to any of the collections within a 12 month period. We anticipate that some respondents may make more than one submission annually.

Information Collection Requirements	Respondents	Total Responses	Total Hours	“In House Costs”
a. Submission of FCC Form 465	3,289	3,289	3,289	\$184,975.42
b. Submission of FCC Form 466 and/or 466-A	3,289	3,289	9,867	\$554,926.25
c. Submission of FCC Form 467 and Notification Service Has Been Turned on	3,289	3,289	1,645	\$92,487.71
d. Submission of Additional Information with FCC Form 465 by Pilot Program Participants	69	69	1,380	\$77,612.06
e. Submission of Additional Information with FCC Form 466 and/or 466-A	69	69	1,035	\$58,209.05
f. Submission of Additional Information with FCC Form 467 by Pilot Program Participants	69	69	69	\$3,880.69

g. Obtaining a FRN	69	69	7	\$388.06
h. SPIN Requirement	3,200	3,200	4,800	\$269,955.00
i. Submission of Contact Information to USAC	69	69	7	\$388.06
j. Revision of Funding Request	14	14	14	\$787.37
k. Disbursement of Pilot Funds	3,200	39,228	39,228	\$2,206,207.24
l. Reporting Requirements	69	276	2,760	\$155,224.13
m. Record Retention Requirements	6,494	6,494	3,247	\$86,571.11
n. Mobile RHC Provider Submission of Sites	5	5	15	\$843.61
o. Mobile Provider Explanation of Necessity	5	5	15	\$843.61
p. Mobile RHC Provider Certification	5	5	15	\$843.61
q. Mobile RHC Provider Annual Logs	5	5	15	\$399.93
r. Mobile RHC Provider Documentation of Price – Service in One State	5	5	15	\$843.61
s. Mobile RHC Provider Documentation of Price – Service in Multiple States	5	5	15	\$843.61
t. Mobile RHC Providers Must Maintain Documents About Allocation	5	5	15	\$399.93
u. Mobile RHC Providers Must Maintain Purchase Records	5	5	15	\$399.93
GRAND TOTAL	6,494	59,464	67,468	\$3,697,029.99

Total Number of Respondents: 6,494 (this includes all health care and service providers in the existing RHC support mechanism and Pilot Program.

Total Number of Responses Annually: 59,464.

Total Annual Hourly Burden: 67,468 hours.

Total “In House” Cost: \$3,697,029.99.

13. Total Annual Costs to Respondents: None.

14. There will be few, if any costs to the Commission because notice and enforcement requirements are already part of the Commission’s duties. Moreover, there will be minimal cost to the Federal government since an outside party, (USAC), will administer the program.

15. The Commission is reporting a -952 hourly adjustment due to a mathematical error in the total when the Commission submitted the emergency request in January 2008. With this submission to the OMB, we are reporting more accurate estimates.

16. The data will not be published for statistical use.

17. The Commission is seeking approval to display the edition date on the forms instead of the OMB expiration date. The current edition date for the forms is April 2008, the last time the forms were updated.

18. There are exceptions to the Certification Statement in Item 19 of OMB Form 83i. When the Commission published the 60 day notice we had an error in the total annual burden hours. We have corrected that error in the 30 day notice and the submission to the OMB.

B. Collections of Information Employing Statistical Methods:

This information collection does not use any statistical methods.