

SUPPORTING STATEMENT

This information collection 3060-0804 is comprised of four FCC Forms: FCC Form 465 -- Description of Services Requested & Certification Form, FCC Form 466 -- Funding Request and Certification Form, FCC Form 466-A -- Internet Service Funding Request and Certification Form, and FCC Form 467 -- Connection Certification Form.

This collection is being submitted to revise the existing collection, affecting a revision to the FCC Form 465, as part of the *Rural Health Care Support Mechanism*, Notice of Proposed Rulemaking (NPRM), WC Docket No. 02-60, FCC 10-125 (rel. Jul. 15, 2010). The FCC Form 466, 466-A, and 467 remain unchanged with this submission to the Office of Management and Budget (OMB); however the final rules may require modifications to FCC Form 466 and 466-A.

A. Justification:

1. In the Telecommunications Act of 1996 (1996 Act), Congress specifically intended that rural health care 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 rural health care support mechanism, which is administered by the universal service fund administrator, the Universal Service Administrative Company (USAC).

These forms and instructions were revised as a result of the *2004 Rural Health Care Order*, which required rural health care providers seeking discounts for mobile telecommunications services to submit various type(s) of information.

In response to the underutilization of the rural health care support mechanism, the Commission released an order entitled *In the Matter of Rural Health Care 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 services to those areas of the country where the need for those benefits is most acute.

Under the existing rural health care program, eligible health care providers file FCC Form 465 with USAC to make a bona fide request for supported services. Next, after a period of not less than 28-days after filing FCC Form 465, a health care provider that has selected a vendor 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.

¹ 47 U.S.C. § 254(b)(3), (h).

Eligible health care providers must also certify on the applicable FCC Forms 466 and 466-A that the health care provider has selected the most cost-effective method of providing the selected service(s). The last form eligible health care providers submit is FCC Form 467, which is used by the entity to notify USAC that the service provider has begun providing supported services.²

The existing information collection is being revised to reflect proposed changes to the universal service rural health care support mechanism. The Commission proposes reforms to the rural health care program consistent with the recommendations in the National Broadband Plan to expand the reach and use of broadband connectivity by public and non-profit health care providers. The Commission proposes three major changes to the rural health care program that will modify the information collection requirements: (1) create a Health Infrastructure Fund that would support up to 85 percent of the construction costs of new or upgraded regional or statewide dedicated broadband networks for health care purposes; (2) create a Health Broadband Services Fund that would provide 50 percent of the monthly recurring costs for access to dedicated broadband services for eligible health care providers; and (3) expand the interpretation of the definition of “eligible health care provider” to include administrative offices, data centers, skilled nursing facilities, and renal dialysis centers.

All eligible health care providers applying for discounts for eligible telecommunications and information services must file FCC Forms 465, 466 and/or 466-A, and 467. The existing information collection is being revised to modify FCC Form 465 and propose new FCC Forms 464, 464-A, 464-B, 464-Q, and 468. This revision has no effect on FCC Forms 466, 466-A, and 467, which is also part of the existing information collection.

- a) **Application for Health Infrastructure Fund.** Prospective Health Infrastructure Program participants would be required to file certain information in order to be considered for participation in the Health Infrastructure Fund. This information would be submitted in a newly proposed FCC Form 464.
1. Application that includes a brief project description.
 2. Information regarding the lead applicant that will be responsible for completing the application process.
 3. A verification that there is no available broadband infrastructure or an explanation that the existing available broadband infrastructure is insufficient for health IT needed to improve and provide health care delivery. Applicants may verify that broadband infrastructure is unavailable by providing one of the following: (1) survey of current carrier network capabilities in the geographic area, (2) references to recognized broadband mapping studies, such as NTIA’s national broadband map, or (3) certification that, for at least six months, the applicant was

²Under 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).

unable to receive any acceptable proposals from qualified network vendors for broadband services.

4. Letters of agency for each eligible health care provider that will participate in the proposed network.
5. Preliminary budget and infrastructure funding request, within the per-project limits. The budget should contain the following: (1) eligible non-recurring costs; (2) eligible network design costs; (3) eligible administrative expenses; (4) eligible maintenance costs; (5) eligible NLR or Internet2 membership fees; and (6) all costs that are necessary for completion of the project but that are not eligible for support under the Health Infrastructure Fund.
6. A certification that the project will comply with all program requirements if selected for funding.

b) **Selected Participant Information Collection.** After applicants receive notification that they are participants in the Health Infrastructure Program, participants would be required to file certain information within 90 days. This information would be submitted in a newly proposed FCC Form 464-A.

1. Letters of assurances that provide evidence of eligible sources for minimum participant contribution. The letters should include the following information: (1) confirm that funds from eligible sources will meet the minimum contribution requirement, and (2) identify with specificity the eligible sources of funding.
2. A project schedule that identifies project milestones including the following: start and end date for network design; start and end date for drafting and posting RFPs; start and end date for selecting vendors and negotiating contracts; start date for commencing construction and end date for completing construction; and target dates for each health care provider to be connected to the network and operational.
3. A detailed project description that describes the network, identifies the proposed technology, demonstrates that the project is technically feasible and reasonably scalable, and describes each specific development phase of the project. (e.g., network design phase, construction period, deployment and maintenance period). The project description must include: (i) network coverage; service speeds and scalability; and (iii) health IT purposes of the network.

c) **Revised FCC Form 465.** The proposed changes to the rural health care program, including the new Health Infrastructure Fund and Health Broadband Services Fund would require several revisions to FCC Form 465. Specifically, the revised FCC Form 465 would be modified to include the following:

1. Block 4 - Eligibility. This block would be modified to include four additional blocks: (1) administrative offices; (2) data centers; (3) skilled nursing facilities; and (4) renal dialysis centers.
2. Block 4- Revise to add a new line for health care providers that are requesting services under the Infrastructure Fund. The new line item would read as follows: "If requesting services for an infrastructure project under the FCC's Infrastructure Fund, please describe the infrastructure project and services requested so that

- vendors may bid to provide the services. Please indicate where vendors may obtain additional information, such as any Request for Proposals (RFP) or similar bid solicitation materials prepared by or for the health care provider (HCP).
3. Block 5 - Services Requested. This block would be modified to include the following boxes: “Telecommunications and Broadband Services;” “Telecommunications Service ONLY;” “Broadband Service ONLY;” “Infrastructure Project.”
 4. Line 29- Revise the first sentence of Line 29 to read as follows: If requesting telecommunications services or broadband access services, please describe the eligible health care provider’s telecommunications and/or broadband access service needs, so that service providers may bid to provide the services.
 5. Block 6 – Certifications. This block would be modified to include an RFP certification. Applicants to the Health Infrastructure Fund would indicate that they have issued a detailed request for proposal (RFP) that provides sufficient information to define the scope of the project, and distribute the RFP in a method likely to garner attention from interested vendors.
 6. Block 6 – Certifications. Line 33. Modify the existing certification to read as follows: “I certify that the telecommunications or advanced services that the HCP receives ...”

d) Submission of Additional Information by Health Infrastructure Fund

Participants: Health Infrastructure Fund participants would be required to file certain additional information. This information would be submitted in a newly proposed FCC Form 464-B.

1. A detailed RFP. The Commission will not require an RFP for those projects of \$100,000 or less or projects that are subject to mandatory, state or local procurement rules. An RFP must provide sufficient information to define the scope of the infrastructure project. The health care provider must distribute the RFP in a method likely to garner attention from interested vendors. Health care providers may (1) post a notice of the RFP in trade journals or newspaper advertisements; (2) send the RFP to known or potential service providers; (3) include the RFP on the health care provider’s web page or other Internet sites, or (4) follow other customary and reasonable solicitation practices used in competitive bidding.
2. A detailed sustainability report that demonstrates that the project will be sustainable. The report should include the following: (1) discussion of the principle factors considered by the participant to demonstrate sustainability; (2) the status of obtaining the minimum 15 percent contribution; (3) project sustainability period; (4) terms of membership in the network; (5) ownership structure; (6) sources of future support; (7) the management structure of the network for the duration of the sustainability period.
3. If a project includes excess capacity, the participant would disclose the estimated amount of excess capacity and explain how it plans to allocate the cost of the network between the network members that are eligible health care providers and the members that are not eligible health care providers. In doing so, participants

are required to: (1) identify non-eligible users of such excess capacity and explain what proportion of the network non-recurring and recurring costs they will bear, and (2) describe all agreements made between the eligible health care providers and other participants in the network (e.g., cost allocation, facility sharing agreements, maintenance and access obligations, ownership rights).

e) Quarterly Reporting Requirement: Health Infrastructure Fund participants would be required to file additional information on a quarterly basis. This information would be submitted on a newly proposed FCC Form 464-Q.

1. The status of attaining the project milestones.
2. The status of obtaining the minimum 15 percent match.
3. The status of the competitive bidding process.
4. Performance measures.

f) Annual Certification: Health care providers that receive support under the broadband services fund and the infrastructure fund are required to identify the speed of any connection supported by the rural health care support mechanism, and the type and frequency of utilization of health IT applications as a result of broadband access. This information would be submitted on a newly proposed FCC Form 468.

The following information collections are necessary for rural health care program participants and service providers under the existing rural health care support mechanism. These are the current OMB approved requirements that were previously approved by OMB (3060-0804).

a) 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).

b) 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.

c) Record Retention Requirements (Recordkeeping Requirement)

Rural Health Care 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 rural health care (RHC) providers.

d) 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.

e) 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.

f) Mobile RHC Provider Certification

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

g) 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.

h) 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.

i) 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.

j) 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.

k) 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 rural health care support mechanism, including the Health

Infrastructure Fund and the Health Broadband Services Fund, 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, 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 FCC Registration Number (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 Health Infrastructure Fund and Health Broadband Services Fund 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 16372 (2007).

8. The Notice of Proposed Rulemaking was published in the Federal Register, as required by 5 C.F.R. § 1320.8(d) on August 9, 2010. See 75 FR 48236. At the time of submission to OMB, the Commission has received no comments.

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) Application for Health Infrastructure Fund. Submission of Information to be Considered for Participation in the Health Infrastructure Fund. Proposed FCC Form 464 (new requirement)

1. Number of Respondents: Approximately 65 health care providers or consortium of health care providers.
2. Frequency of Response: On time reporting requirement.
3. Total Number of Responses Annually: 65

Health care infrastructure program applicants are required to submit a project description, information regarding the lead applicant, verification of the unavailability of broadband infrastructure, letters of agency, a preliminary budget, certification that the project will comply with all program requirements, and evidence of a viable source of funds for 15 percent match.

65 x application and supporting information = 65 responses

4. Total Annual Hourly Burden: 2,600

The Commission estimates that this requirement will take approximately 40 hours and that 50 health care providers or consortium of health care providers (respondents) will file additional information.

65 respondents x 1 submission x 40 hours = **2,600 hours**

5. Total "In House" Costs: \$146,218.80

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 application and additional information.

2,600 hours x \$43.26/hours = \$112,476.00
30% overhead = \$ 33,742.80
Total = \$146,218.80

b) Selected Participant Information Collection. To be completed by selected participants in the Health Infrastructure Fund. Proposed FCC Form 464-A (new requirement)

1. Number of Respondents: Approximately 8 health care providers or consortium of health care providers.
2. Frequency of Response: On time reporting requirement.
3. Total Number of Responses Annually: 8

Health care infrastructure program participants are required to submit a project schedule, and project description.

8 x supporting information = 8 responses.

4. Total Annual Hourly Burden: 80

The Commission estimates that this requirement will take approximately 10 hours and that 8 health care providers or consortium of health care providers (respondents) will file additional information.

8 respondents x 1 submission x 10 hours = **80 hours**

5. Total "In House" Costs: \$4,499.04

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 application and additional information.

80 hours x \$43.26/hours = \$3,460.80
30% overhead = \$1,038.24
Total = \$4,499.04

c) **Submission of FCC Form 465.** Changes in eligibility requirements should increase the number of respondents. This burden hours estimate below includes the existing burden hours for the existing collection in addition to estimated hours for the revised collection.

1. Number of Respondents: Approximately 7,400 health care providers or consortium of health care providers.
2. Frequency of Response: Annual reporting requirement.
3. Total Number of Responses Annually: 7,400

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

7,400 x 1 FCC Form 465 and supporting documents/annum = 7,400 responses

4. Total Annual Hourly Burden: 7,400

The Commission estimates that this requirement will take approximately 1 hour and that 7,400 health care providers or consortium of health care providers (respondents) will file FCC Form 465 once a year.

7,400 respondents x 1 submission x 1 hour = **7,400 hours**

5. Total "In House" Costs: \$416,161.20

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.

7,400 hours x \$43.26/hours = \$320,124.00
30% overhead = \$ 96,037.20
Total = \$416,161.20

d) **Submission of Additional Information by Health Infrastructure Fund Participants. Proposed FCC Form 464-B: (new requirement)**

1. Number of Respondents: Approximately 8 health care providers or consortium of health care providers.
2. Frequency of Response: One time reporting requirement.
3. Total Number of Responses Annually: 8

Health care infrastructure program participants are required to submit an RFP, sustainability report, and excess capacity disclosures, in addition to FCC Form 465.

8 x supporting information = 8 responses

4. Total Annual Hourly Burden: 80

The Commission estimates that this requirement will take approximately 40 hours and that 8 health care providers or consortium of health care providers (respondents) will file additional information.

8 respondents x 1 submission x 40 hours = **320 hours**

5. Total “In House” Costs: \$17,996.16

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 application and additional information.

320 hours x \$43.26/hours = \$13,843.20
30% overhead = \$ 4,152.96
Total = \$17,996.16

e) Submission of FCC Form 466 and/or 466-A. Changes in eligibility requirements should increase the number of respondents. This burden hours estimate below includes the existing burden hours for the existing collection in addition to estimated hours for the revised collection.

1. Number of Respondents: Approximately 7,400 health care providers or consortium of health care providers.
2. Frequency of Response: Annually
3. Total Number of Responses Annually: 7,400

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

7,400 x 1 FCC Form 466 or 466-A/annum = 7,400 responses

4. Total Annual Hourly Burden: 22,200

The Commission estimates that this requirement will take approximately 3 hours and that 4,400 health care providers or consortium of health care providers (respondents) will file FCC Form 466 and/or 466-A once a year.

4,400 respondents x 1 submission x 3 hours = **22,200 hours**

5. Total “In House” Costs: \$1,248,483.60

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.

22,200 hours x \$43.26/hours = \$ 960,372.00

30% overhead = \$ 288,111.60

Total = \$1,248,483.60

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

Changes in eligibility requirements should increase the number of respondents. This burden hours estimate below includes the existing burden hours for the existing collection in addition to estimated hours for the revised collection.

1. Number of Respondents: Approximately 7,400 health care providers or consortium of health care providers.
2. Frequency of Response: Annual reporting requirement.
3. Total Number of Responses Annually: 7,400

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.

7,400 x 1 FCC Form 467 and supporting documents/annum = 7,400 responses

4. Total Annual Hourly Burden: 3,700

The Commission estimates that this requirement will take approximately .5 hour (30 minutes) and that 7,400 health care providers or consortium of health care providers (respondents) will file FCC Form 467 once a year.

7,400 respondents x 1 submission x .5 hours = **3,700 hours**

5. Total “In House” Costs: \$208,080.60

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.

$$\begin{aligned} 3,700 \text{ hours} \times \$43.26/\text{hours} &= \$160,062.00 \\ 30\% \text{ overhead} &= \underline{\$ 48,018.60} \\ \text{Total} &= \$208,080.60 \end{aligned}$$

g) Obtaining a FCC Registration Number (FRN). (revised)

1. Number of Respondents: Approximately 2,400 health care providers or consortium of health care providers.
2. Frequency of Response: On time reporting requirement.
3. Total Number of Responses Annually: 2,400

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

$$2,400 \times 1 \text{ submission} = 2,400 \text{ responses}$$

4. Total Annual Hourly Burden: .1 hours

The Commission estimates that this requirement will take approximately 6 minutes (.10 hours) and that 8 health care providers or consortium of health care provider (respondents) will need to obtain an FRN.

$$2400 \text{ respondents} \times 1 \text{ submission} \times .10 \text{ hours} = 240 \text{ hours}$$

5. Total "In House" Costs: \$13,497.12

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.

$$\begin{aligned} 240 \text{ hours} \times \$43.26 &= \$10,382.40 \\ 30\% \text{ overhead} &= \underline{\$ 3,114.72} \\ \text{Total} &= \$13,497.12 \end{aligned}$$

h) SPIN Requirement. (no change)

1. Number of Respondents: Approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers)

2. Frequency of Response: On time reporting requirement.

3. Total Number of Responses Annually: 3,200

Each service provider that participates in the rural health care programs 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) Quarterly Reporting Requirements. Proposed FCC Form 464-Q: (new requirement)

1. Number of Respondents: Approximately 100 health care providers or consortium of health care providers.

2. Frequency of Response: Quarterly reporting requirement.

3. Total Number of Responses Annually: 400

Health Infrastructure program participants would be required to submit certain information including reporting project milestones, status of 15 percent match, status of competitive bidding process, HHS health IT compliance, and performance measures on a periodic basis to the Commission..

100 respondents x 4 reports/year = 400 responses

4. Total Annual Hourly Burden: 4000

The Commission estimates that this requirement will take 10 hours and that 100 health care providers or consortium of health care providers must submit these reports to USAC and the Commission 2 times per year.

100 respondents x 4 reports/year x 10 hours = **4000 hours**

5. Total “In House” Costs: \$224,952.00

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 comply with the quarterly reporting requirement.

4000 hours x \$43.26/hour = \$173,140.00
30% overhead = \$ 51,912.00
Total = \$224,952.00

j) Annual Certification. Proposed FCC Form 468: (new requirement)

1. Number of Respondents: Approximately 7,400 health care providers.
2. Frequency of Response: Annual reporting requirement.
3. Total Number of Responses Annually: 7,400

Health care providers that receive support under the broadband services fund and the infrastructure fund are required to identify the speed of any connection supported by the rural health care support mechanism, and the type and frequency of utilization of health IT applications as a result of broadband access.

7,400 respondents x 1 report/year = 7,400 responses

4. Total Annual Hourly Burden: 7,400

The Commission estimates that this requirement will take 1 hours and that 7,400 health care providers must submit these reports to USAC 1 time per year.

7,400 respondents x 1 report/year x 1 hours = **7,400 hours**

5. Total “In House” Costs: \$416,161.20

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.

$$\begin{aligned} 7,400 \text{ hours} \times \$43.26/\text{hour} &= \$320,124.00 \\ 30\% \text{ overhead} &= \underline{\$ 96,037.20} \\ \text{Total} &= \$416,161.20 \end{aligned}$$

k) Record Retention Requirements (*revised*)

1. Number of Respondents: Approximately 7,400 health care providers or consortium of health care providers and approximately 3,600 service providers (including, telecommunications, information, equipment, infrastructure providers).
2. Frequency of Response: Annual reporting requirement.
3. Total Number of Responses Annually: 11,000 responses

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

$$11,000 \text{ respondents} \times 1 \text{ recordkeeping requirement/year} = 11,000 \text{ responses}$$

4. Total Annual Hourly Burden: 5,500

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

$$11,000 \text{ respondents} \times .5 \text{ hours} = \mathbf{5,500 \text{ hours}}$$

5. Total "In House" Costs: \$146,646.50

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.

$$\begin{aligned} 5,500 \text{ hours} \times 20.51/\text{hour} &= \$112,805.00 \\ 30\% \text{ overhead} &= \underline{\$ 33,841.50} \\ \text{Total} &= \$146,646.50 \end{aligned}$$

l) Mobile RHC Provider Submission of Sites (*no change*)

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annual reporting requirement.
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

m) Mobile RHC Provider Explanation of Necessity (no change)

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: On occasion reporting requirement.
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.

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

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.

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

n) Mobile RHC Provider Certification (*no change*)

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annual reporting requirement.
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.

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

o) Mobile RHC Provider Annual Logs (no change)

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annual reporting requirement.
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.

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

4. Total Annual Hourly Burden: 15

The Commission estimates that this recordkeeping 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: \$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.

$$\begin{aligned}
 15 \text{ hours} \times \$20.51/\text{hour} &= \$307.64 \\
 30\% \text{ overhead} &= \underline{\$92.29} \\
 \text{Total} &= \$399.93
 \end{aligned}$$

p) Mobile RHC Provider Documentation of Price – Service in One State (no change)

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annual reporting requirement.

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

q) Mobile RHC Provider Documentation of Price – Service in Multiple States (no change)

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annual reporting requirement.
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

r) Mobile RHC Providers Must Maintain Documents About Allocation. *(no change)*

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annual reporting requirement.
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

s) Mobile RHC Providers Must Maintain Purchase Records (no change)

1. Number of Respondents: Approximately 5 RHC providers provide mobile telecommunications service.
2. Frequency of Response: Annual reporting requirement.
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. Application for Health Infrastructure Fund. Proposed	65	65	2,600	\$146,218.80

FCC Form 464.				
b. Submission of Information After Being Selected for Participation in Health Infrastructure Program. Proposed FCC Form 464-A	8	8	80	\$4,499.04
c. Submission of FCC Form 465	7,400	7,400	7,400	\$416,161.20
d. Submission of Additional Information. Proposed FCC Form 464-B.	8	8	320	\$17,996.16
e. Submission of FCC Form 466 and/or 466-A	7,400	7,400	22,200	\$1,248,483.60
f. Submission of FCC Form 467 and Notification Service Has Been Turned on	7,400	7,400	3,700	\$208,080.60
g. Obtaining a FRN	2400	2,400	240	\$13,497.12
h. SPIN Requirement	3,200	3,200	4,800	\$269,955.00
i. Quarterly Reporting Requirements. Proposed FCC Form 464-Q.	100	400	4,000	\$224,952.00
j. Annual Certification. Proposed FCC Form 468.	7,400	7,400	7,400	\$416,161.20
k. Record Retention Requirements	11,000	11,000	5,500	\$146,646.50
l. Mobile RHC Provider Submission of Sites	5	5	15	\$843.61
m. Mobile Provider Explanation of Necessity	5	5	15	\$843.61
n. Mobile RHC Provider Certification	5	5	15	\$843.61

o. Mobile RHC Provider Annual Logs	5	5	15	\$399.93
p. Mobile RHC Provider Documentation of Price – Service in One State	5	5	15	\$843.61
q. Mobile RHC Provider Documentation of Price – Service in Multiple States	5	5	15	\$843.61
r. Mobile RHC Providers Must Maintain Documents About Allocation	5	5	15	\$399.93
s. Mobile RHC Providers Must Maintain Purchase Records	5	5	15	\$399.93
GRAND TOTAL	11,000	46,721	58,360	\$3,118,069.06

Total Number of Respondents: 11,000 (this includes all health care and service providers in the existing RHC support mechanism and the proposed Health Infrastructure Program and Health Broadband Services Access Program).

Total Number of Responses Annually: 46,721.

Total Annual Hourly Burden: 58,360 hours.

Total “In House” Cost: \$3,118,069.06.

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 program change decrease is due to the revisions identified in the NPRM.

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

17. The Commission is seeking continued OMB approval to not display the OMB expiration date on all the FCC forms. The Commission would rather use an edition date on the form in lieu of the OMB expiration date. This will prevent the Commission from having to constantly update the expiration date on the electronic and paper forms each time this collection is submitted to OMB for review and approval.

18. There are no exceptions to certification statement in item 19 of the OMB 83i.

B. Collections of Information Employing Statistical Methods:

These collections of information will not employ statistical methods.