

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 a revision (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 purpose of the revision is to seek approval for eight templates, samples, and spreadsheets provided to program participants to facilitate the reporting, record keeping and/or third party disclosure requirements under this collection. We have attached the eight items to this statement. These attachments include the following: 1) Attachment 1 – Community Health Mental Center Verification Template; 2) Attachment 2 – Invoice Template; 3) Attachment 3 – 465 Attachment Spreadsheet; 4) Attachment 4 – Letter of Agency Template; 5) Attachment 5 – Transfer of Letter of Agency Template; 6) Attachment 6 – Network Cost Worksheet; 7) Attachment 7 – Certification of Program Participant Template; and 8) Attachment 8 – Vendor Certification Template.

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.” 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 *Rural Health Care Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking*, 19 FCC Rcd 24580 (*Rural Health Care Second Report and 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 rural health care 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. Finally, the Commission permitted rural health care 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 *Rural Health Care Second Report and Order*, which required rural health care 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)). The forms were further modified in 2009 in order to update the funding years and other minor administrative changes.

Despite the changes, the rural health care support mechanism had not fully achieved the benefits intended by the statute and the Commission. Generally, less than 10 percent of authorized funds were distributed each year.

In response to the underutilization of the rural health care support mechanism, the Commission released the *Rural Health Care Pilot Program Order, 21 FCC Rcd 11111 (2005)*, which established a Pilot Program to assist public and non-profit health care providers to 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. 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 lays 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 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 rural health care (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 order entitled *In the Matter of Rural Health Care Support, 22 FCC Rcd 20360 (Rural Health Care Pilot Program Selection Order)* the Commission selected 69 of the applicants that demonstrated the overall qualification consistent with the goals of the Pilot Program. As a result of the merger of certain projects, there are currently 62 participants in 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 rural health care support mechanism program. In the May 2011 order entitled *Rural Health Care Support Mechanism, DA 11-810 (2011 Pilot Program Extension Order)*, on delegated authority, the Wireline Competition Bureau (Bureau) extended by one year, to June 30, 2012, the deadline for participants in the Pilot Program to choose a vendor and request funding

commitments from USAC. The Bureau also extended by one year the invoice deadline date for Pilot Program participants.

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

The following information collections are necessary for rural health care program participants and service providers under the existing rural health care support mechanism and the Pilot Program. These requirements are identical to those previously approved by OMB (3060-0804); however additional templates, samples and spreadsheets have been created to assist participants with meeting the various information collection requirements under this approval.

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 rural health care 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).

1. USAC has also developed a template for Primary and Pilot Program RHCPs that self-identify as community mental health centers. *See Attachment 1 – Community Mental Health Center Verification Template.* This template provides documentation to support that an entity is a community mental health center.

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.

1. USAC has also created an Invoice Template for use by service providers. The Invoice Template requests vendor specific information, as well as itemized billing information including the HCP number, the funding request number, the billing account number, billed amount for services, and support amount to be paid by USAC. See Attachment 2 – Invoice Template.

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. USAC and the Commission have developed a spreadsheet, available online, for program participants to complete. See Attachment 3 – 465 Attachment Spreadsheet. *Rural Health Care 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;
2. A copy of the most recent version of its application submitted to the Commission as of the release date of the *Rural Health Care 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. USAC and the Commission have developed a template for the Letter of Agency requirement. See Attachment 4 – Letter of Agency Template. The Letter of Agency template includes the following: 1) whether the entity is a non-profit or public entity, whether it follows applicable state or local procurement rules; 2) certification that the telecommunications services and network capacity provided to it through the Pilot Program will be used solely for purposes reasonably related to the provision of health care service or instruction that it is legally authorized to provide under the law of the state in which services are provided and will not be sold, resold or transferred; 3) that it will retain documentation of its purchases of services related to the Pilot Program for five years from the end of the funding year; 4) an acknowledgment that Commission rules provide that individual health care facilities participating in the Pilot program that have been convicted of a felony, indicted, suspended, or debarred from award of federal or state contracts or are not in compliance with the Commission rules are not eligible for discounts under the pilot program; 5) the non-discount portion of the costs for eligible services will not be paid by the

- service provider; 6) acknowledges that the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported service; 7) certifies that the person signing the Letter of Agency is authorized to act as such; and 8) acknowledges that the entity shall be subject to audit and investigation.
5. A Declaration of Assistance identifies for USAC and the Commission any consultants, service providers, or other outside experts, whether paid or unpaid, who aided in the preparation of their Pilot Program applications;
 6. If a pilot project requires a site or service substitution they may re-submit FCC Form 465 and request that a site or service be substituted for one that has previously been submitted to USAC.
 7. If the pilot project lead applicant changes, all project participants in a previously approved project are required to submit a letter transferring agency to the new entity. USAC created a Transfer of Letter of Agency Template for participants to use for transferring a pilot participant's agency to the new lead applicant. See Attachment 5 – Transfer of Letter of Agency Template.

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 *Rural Health Care 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 Cost Worksheet that includes a breakdown of total network costs (both eligible and ineligible costs), identifies the applicable maximum funding amounts pursuant to the *Rural Health Care 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 (*Rural Health Care Pilot Program Selection Order* (Appendix G)). See Attachment 6 – Network Cost Worksheet.; and
2. A certification to USAC stating that all federal 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 *Rural Health Care 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.

A Certification of Program Participant Template has been created to assist with this requirement. See Attachment 7 – Certification of Program Participant Template.

3. The Commission requires that applicants provide a Sustainability Plan to USAC that provides an explanation to ensure the long-term success of supported broadband health care networks. The Commission and USAC have provided additional guidance regarding the criteria that should be submitted as part of the Sustainability Plan. The Sustainability Plan should include the following; 1) minimum 15 percent match; 2) projected sustainability period; 3) principal factors; 4) terms of membership in the network (any agreements between network members, describe financial and time commitments, financing of any excess bandwidth, any fees charged to ineligible members); 5) excess capacity; 6) ownership structure; 7) sources of future support, and 8) management structure.
4. Vendors that provide service to Pilot Program participants are required to complete a Form 466-A attachment that provides information regarding the vendor, as well as the services provided and the cost of such services. See Attachment 8 – Vendor Certification Template.

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 for either the Primary or Pilot programs 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>. 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 rural health care programs 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 498 (See OMB Control Number 3060-0824).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 *Rural Health Care 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.

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 Pilot Program support will be used only for the eligible Pilot Program purposes for which the support is intended, as described in the *Rural Health Care Pilot Program Selection Order*. Pilot Program participants and service providers are required to submit the Invoice Template in order to receive disbursements from USAC. The Invoice Template requests vendor specific information, as well as itemized billing information including the HCP number, the funding request number, the billing account number, billed amount for services, and support amount to be paid by USAC. See Attachment 2 – Invoice Template.

l) Reporting Requirements

Pilot Program participants are required to submit to USAC and the Commission quarterly reports containing data listed in the *Rural Health Care 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 *Rural Health Care 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 Rural Health Care Provider Submission of Sites

Mobile RHCPs must submit to USAC the number of sites the mobile RHCP will serve during the year.

o) Mobile Rural Health Care Provider Explanation of Necessity

Mobile Rural Healthcare Providers (RHCPs) must document and explain why satellite services are necessary to achieve the health care delivery goals of the mobile telemedicine project, if the mobile RHCP serves less than eight different sites per year.

p) Mobile Rural Health Care Provider Certification

Mobile RHCPs must certify that they are serving eligible rural areas.

q) Mobile Rural Health Care Provider Annual Logs

Mobile RHCPs 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 Rural Health Care Provider Documentation of Price – Service in One State

Mobile RHCPs 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 Rural Health Care Provider Documentation of Price – Service in Multiple States

When a telemedicine project serves locations in different states, Mobile RHCPs 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 Rural Health Care Providers Must Maintain Documents About Allocation

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

u) Mobile Rural Health Care Providers Must Maintain Purchase Records

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

The information collections requirements 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 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 rural health care 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 rural health care 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 for 60 days, as required by 5 C.F.R. 1320.8(d) on July 22, 2011 [76 FR 44006]. No PRA comments were received as a result of the notice.
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 3,300 health care providers or consortium of health care providers.
2. Frequency of Response: Annually and on occasion
3. Explanation of Calculation: The form is filed annually by primary program participants, and as often as needed by pilot program participants, in order to post requests for bids, or to change site or service location.
4. Total Number of Responses Annually: 3,500

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

3,300 x 1 FCC Form 465 and supporting documents/annum = 3,300 responses
Approximately 200 additional FCC Forms 465 are submitted by pilot program participants

$$3,300 + 200 = 3,500$$

5. Total Annual Hourly Burden: 3,500

The Commission estimates that this requirement will take approximately 1 hour and that 3,500 forms will be filed each year.

$$3,500 \text{ responses} \times 1 \text{ hour} = \mathbf{3,500 \text{ hours}}$$

6. Total "In House" Costs: \$196,833.00

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 complete and file FCC Form 465.

$$\begin{aligned} 3,289 \text{ hours} \times \$43.26/\text{hours} &= \$151,410.00 \\ 30\% \text{ overhead} &= \underline{\$45,423.00} \\ \text{Total} &= \$196,833.00 \end{aligned}$$

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

1. Number of Respondents: Approximately 3,300 health care providers or consortium of health care providers.
2. Frequency of Response: Annually and on occasion
3. Explanation of Calculation: Primary participants may file FCC Form 466 and/or FCC Form 466-A to obtain telecommunications services or Internet Access. Therefore, a participant may file both forms. Pilot Program participants may submit Forms 466 and/or 466-A on occasion. We estimate that approximately 4,000 forms will be submitted each year.
4. Total Number of Responses Annually: 4,000

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

$$4,000 \times 1 \text{ FCC Form 466 or 466-A/annum} = 4,000 \text{ responses}$$

5. Total Annual Hourly Burden: 12,000

The Commission estimates that this requirement will take approximately 3 hours and that 4,000 forms will be filed each year.

$$4,000 \text{ responses} \times 3 \text{ hours} = \mathbf{12,000 \text{ hours}}$$

6. Total “In House” Costs: \$674,856.00

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 complete and file FCC Form 466 and / or 466-A.

$$\begin{aligned} 12,000 \text{ hours} \times \$43.26/\text{hours} &= \$519,120.00 \\ 30\% \text{ overhead} &= \underline{\$155,736.00} \\ \text{Total} &= \$674,856.00 \end{aligned}$$

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

1. Number of Respondents: Approximately 3,300 health care providers or consortium of health care providers.
2. Frequency of Response: Annually and on occasion
3. Explanation of Calculation: Primary participants receiving services would file the FCC Form 467 annually. Pilot program participants may file these documents more or less often than annually.
4. Total Number of Responses Annually: 3,400

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.

$$\begin{aligned} 3,300 \times 1 \text{ FCC Form 467 and supporting documents/annum} &= 3,300 \text{ responses} \\ 100 \times 1 \text{ FCC Form 467 and supporting documents/on occasion} &= 100 \text{ responses} \\ 3,300 \text{ responses} + 100 \text{ responses} &= 3,400 \text{ responses} \end{aligned}$$

5. Total Annual Hourly Burden: 1,700

The Commission estimates that this requirement will take approximately .5 hour (30 minutes) and that 3,400 FCC Forms 467 will be filed each year.

$$3,400 \text{ respondents} \times 1 \text{ submission} \times .5 \text{ hours} = \mathbf{1,700 \text{ hours}}$$

6. Total “In House” Costs: \$95,604.60

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.

$$\begin{aligned}
1,700 \text{ hours} \times \$43.26/\text{hours} &= \$73,542.00 \\
30\% \text{ overhead} &= \underline{\$22,062.60} \\
\text{Total} &= \$95,604.60
\end{aligned}$$

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

1. Number of Respondents: Approximately 62 health care providers or consortium of health care providers.
2. Frequency of Response: Occasion
3. Total Number of Responses Annually: 62

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.

62 x 1 FCC Form 465 and supporting documents/annum = 62 responses

4. Total Annual Hourly Burden: 1,240

The Commission estimates that this requirement will take approximately 20 hours and that 62 health care providers or consortium of health care providers (respondents) will file additional information with FCC Form 465 once a year.

62 respondents x 1 submission x 20 hours = **1,240 hours**

5. Total “In House” Costs: \$69,735.12

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 complete and file the additional information with FCC Form 465.

$$\begin{aligned}
1,240 \text{ hours} \times \$43.26/\text{hours} &= \$53,642.40 \\
30\% \text{ overhead} &= \underline{\$16,092.72} \\
\text{Total} &= \$69,735.12
\end{aligned}$$

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

1. Number of Respondents: Approximately 62 health care providers or consortium of health care providers.

2. Frequency of Response: Annually and on Occasion
3. Total Number of Responses Annually: 62

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.

62 x 1 FCC Form 466 and/or 466-A and supporting documents/annum = 62 responses

4. Total Annual Hourly Burden: 930

The Commission estimates that this requirement will take approximately 15 hours and that 62 health care providers or consortium of health care providers (respondents) will file the additional information with FCC Form 466 and/or 466-A on Occasion.

62 respondents x 1 submission x 15 hours = **930 hours**

5. Total “In House” Costs: \$52,301.34

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.

930 hours x \$43.26/hours = \$40,231.80
 30% overhead = \$12,069.54
 Total = \$52,301.34

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

1. Number of Respondents: Approximately 62 health care providers or consortium of health care providers.
2. Frequency of Response: On occasion
3. Explanation of Calculation: Pilot Program participants may have multiple vendors, thus they may submit multiple FCC Forms 467 in a funding year.
4. Total Number of Responses Annually: 125

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.

5. Total Annual Hourly Burden: 125

The Commission estimates that this requirement will take approximately 1 hour and that 125 HCPs will file FCC Forms 467 each year.

125 submissions x 1 hours = **125 hours**

6. Total "In House" Costs: \$7,029.75

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.

125 hours x \$43.26 = \$5,407.50

30% overhead = \$1,622.25

Total = \$7,029.75

g) Obtaining a FCC Registration Number (FRN)

1. Number of Respondents: Approximately 50 new health care providers or consortium of health care providers.
2. Frequency of Response: Once
3. Total Number of Responses Annually: 50

Any health care providers or consortium of health care providers (respondents) that are new to participating in the rural health care programs must obtain a FRN.

50 x 1 submission = 50 responses

4. Total Annual Hourly Burden: 5

The Commission estimates that this requirement will take approximately 6 minutes (.10 hours) and that 50 health care providers or consortium of health care provider (respondents) will need to obtain an FRN.

50 respondents x 1 submission x .10 hours = **5 hours**

5. Total “In House” Costs: \$281.19

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.

$$\begin{aligned} 5 \text{ hours} \times \$43.26 &= \$216.30 \\ 30\% \text{ overhead} &= \underline{\$64.89} \\ \text{Total} &= \$281.19 \end{aligned}$$

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.

$$3,200 \text{ respondents} \times 1 \text{ submission} = 3,200 \text{ responses}$$

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.

$$3,200 \times 1 \text{ SPIN} \times 1.5 \text{ hours} = \mathbf{4,800 \text{ hours}}$$

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.

$$\begin{aligned} 4,800 \text{ hours} \times \$43.26/\text{hour} &= \$207,657.69 \\ 30\% \text{ overhead} &= \underline{\$62,297.31} \\ \text{Total} &= \$269,955.00 \end{aligned}$$

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 15 health care providers or consortium of health care providers.
2. Frequency of Response: Once
3. Total Number of Responses Annually: 15

Upon notification from USAC, participants are permitted to revise their funding requests to remove ineligible network components or facilities. The 15 respondents (health care providers or consortium of health care providers) x 1 response = 15

4. Total Annual Hourly Burden: 15

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

15 respondents x 1 hour = **15 hours**

5. Total “In House” Costs: \$843.56

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.

15 hours x \$43.26/hour = \$648.90
30% overhead = \$194.67
Total = \$843.57

k) Disbursement of Pilot Program Funds

1. Number of Respondents: Approximately 3,200 service providers (including, telecommunications, information, equipment, infrastructure providers) and 62 health care providers.
2. Frequency of Response: Monthly
3. Explanation of Calculation: Because not each of the 3,200 service provider provides service to each of the Pilot Program participants each year we will estimate that 70 percent of the 3,200 participants, or (3,200 x .7 = 2,240) will seek funding each year.
4. Total Number of Responses Annually: 27,624

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.

2,240 service provider respondents x 12 responses/per year = 26,880
62 health care provider respondents x 12 responses/per year = 744

5. Total Annual Hourly Burden: 27,624

The Commission estimates that this requirement will take service providers 1 hour and that 2,240 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.

2,240 respondents x 12 submission x 1 hour = 26,880 hours

62 respondents x 12 submissions x 1 hour = 744 hours

26,880 + 744 = **27,624 total hours**

6. Total “In House” Costs: \$1,553,518.51

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.

26,880 hours x \$43.26/hour = \$1,198,014.24

30% overhead = \$358,504.27

Total = \$1,553,518.51

l) Reporting Requirements:

1. Number of Respondents: Approximately 62 health care providers or consortium of health care providers.
2. Frequency of Response: Quarterly
3. Total Number of Responses Annually: 248

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

62 respondents x 4 reports/year = 248 responses

4. Total Annual Hourly Burden: 2,480

The Commission estimates that this requirement will take 10 hours and that 62 health care providers or consortium of health care providers must submit these reports to USAC and the Commission 4 times per year.

62 respondents x 4 reports/year x 10 hours = **2,480 hours**

5. Total “In House” Costs: \$139,470.24

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 comply with the quarterly reporting requirement.

2,480 hours x \$43.26/hour = \$107,284.80

30% overhead = \$32,185.44
Total = \$139,470.24

m) Record Retention Requirements

1. Number of Respondents: Approximately 3,300 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: 6,500 responses

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

6,500 respondents x 1 recordkeeping requirement/year = 6,500 responses

4. Total Annual Hourly Burden: 3,250

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

6,500 respondents x .5 hours = **3,250 hours**

5. Total “In House” Costs: \$86,654.75

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.

3,250 hours x 20.51/hour = \$66,657.50
30% overhead = \$19,997.25
Total = \$86,654.75

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: \$843.57

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 = \$648.90
30% overhead = \$194.67
Total = \$843.57

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: \$843.57

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.

$$\begin{aligned} 15 \text{ hours} \times \$43.26/\text{hour} &= \$648.90 \\ 30\% \text{ overhead} &= \underline{\$194.67} \\ \text{Total} &= \$843.57 \end{aligned}$$

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: \$843.57

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.

$$\begin{aligned} 15 \text{ hours} \times \$43.26/\text{hour} &= \$648.90 \\ 30\% \text{ overhead} &= \underline{\$194.67} \\ \text{Total} &= \$843.57 \end{aligned}$$

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: \$399.95

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 = \$307.65

30% overhead = \$92.30

Total = \$399.95

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: \$843.57

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 = \$648.90
30% overhead = \$194.67
Total = \$843.57

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: \$843.57

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 = \$648.90
30% overhead = \$194.67
Total = \$843.57

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: \$399.95

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 = \$307.65

30% overhead = \$92.30

Total = \$399.95

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: \$399.95

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 = \$307.65
 30% overhead = \$92.30
 Total = \$399.95

Note: Identified below are the types of respondents and the total maximum number of respondents (6,500) 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	3,300	3,500	3,500	\$196,833.00
b. Submission of FCC Form 466 and/or 466-A	3,300	4,000	12,000	\$674,856.00
c. Submission of FCC Form 467 and Notification Service Has Been Turned on	3,300	3,400	1,700	\$95,604.60
d. Submission of Additional Information with FCC Form 465 by Pilot Program Participants	62	62	1,240	\$69,735.12
e. Submission of Additional Information with FCC Form 466 and/or 466-A	62	62	930	\$52,301.34
f. Submission of Additional Information with FCC Form 467 by	62	125	125	\$7,029.75

Pilot Program Participants				
g. Obtaining a FRN	50	50	5	\$281.19
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	15	15	15	\$843.57
k. Disbursement of Pilot Funds	3,262	27,624	27,624	\$1,553,518.51
l. Reporting Requirements	62	248	2,480	\$139,470.24
m. Record Retention Requirements	6,500	6,500	3,250	\$86,654.75
n. Mobile RHC Provider Submission of Sites	5	5	15	\$843.57
o. Mobile Provider Explanation of Necessity	5	5	15	\$843.57
p. Mobile RHC Provider Certification	5	5	15	\$843.57
q. Mobile RHC Provider Annual Logs	5	5	15	\$399.95
r. Mobile RHC Provider Documentation of Price – Service in One State	5	5	15	\$843.57
s. Mobile RHC Provider Documentation of Price – Service in Multiple States	5	5	15	\$843.57
t. Mobile RHC Providers Must Maintain Documents About Allocation	5	5	15	\$399.95
u. Mobile RHC Providers Must Maintain Purchase Records	5	5	15	\$399.95
GRAND TOTAL	6,500	48,895	57,796	\$3,152,888.83

Total Number of Respondents: 6,500 (this includes all health care and service providers in the existing RHC support mechanism and Pilot Program.

Total Number of Responses Annually: 48,895.

Total Annual Hourly Burden: 57,796 hours.

Total “In House” Cost: \$3,152,888.83.

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 -9,672 hour program change with this revision. With this submission to the OMB, we are reporting more accurate estimates because each requirement has been re-estimated and some requirements have been reduced since what was proposed in the NPRM.

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

17. The Commission is seeking to not display the OMB expiration date on all the templates and forms. This will alleviate the Commission and/or USAC to continually update the OMB expiration date on these information collection instruments each and every time this IC is submitted to OMB for review and approval. The Commission publishes a list of all OMB-approved information collections in 47 CFR 0.408 of the Commission’s rules.

18. There are no exceptions to the Certification Statement.

B. Collections of Information Employing Statistical Methods:

This information collection does not use any statistical methods.