Form 466-A Attachment - Help Guide

This Excel template will allow you to quickly and easily submit your 466-A Attachment data to the RHC Pilot SharePoint Each horizontal row in the sheet will contain information for one participating health care provider or entity. Upon entering the information for each entity, you can then upload it to SharePoint to submit the information.

1. Excel Macros Must be Enabled

To use the advanced features of this spreadsheet, the security settings in Excel must be configured so that Macros may b run. The steps to enable macros depend on the version of Microsoft Office you are using.

For Office 2000, 2003:

- -When opening this spreadsheet, you may see a dialog with two options "Enable Macros" or "Disable Macros". Select "Enable Macros".
- -If you are not presented with a window when the spreadsheet loads then you should check that macros are enabled:
 - 1) Select Tools -> Macros -> Security from the main menu.
 - 2) Select the "Medium" Option.
 - 3) Click "OK"
 - 4) You may have to close and then re-open this template

For Office 2007:

- -When opening this spreadsheet, you may see a message near the top of the Excel window that says "Security Warning Some Active Content Has Been Disabled".
 - 1) Click Options.
 - 2) Select "Enable this Content".
 - 3) Click "OK".

2. Using this Spreadsheet

- 1) Begin by entering the data for each entity. You do not need to enter data in the grey columns which are marked 'AUTO they will be filled-in for you. For the columns that are grey and marked "INPUT" only choose from the dropdown options we are available to you. The blue bar below the column headers provides tips on the entry of some fields. If you require further information on how to complete a particular field, refer to sections 4 and 5 of this help guide.
- 2) Once you have entered all data and are satisfied that it is complete, click the "Validate Sheet" button. A series of check and validations will run, and any fields that may have been inadvertently left blank or may contain potential data or formatt errors will be highlighted in yellow. Check each "yellow" field to ensure the contents of that field are correct. You may cont making modifications and using the "Validate Sheet" button until you feel all necessary changes have been made.

3. Uploading to SharePoint

- 1) When you are ready to submit the information, open SharePoint and navigate to your project's Document Library
- 2) Click "Upload" in the navigation bar for the document library
- 3) Use the "Browse" button to choose and select your saved 465 -AAttachment file and click Open. Click OK.
- 4) On the next screen, tag the file with the appropriate Document Type: "11 466-A Attachment"
- 5) Click "Check In." Your Coach will load the information from your attachment into the Network Cost Worksheet tracking I SharePoint

Note: Do not omit step 5, above, or select "Cancel" on this screen. Tagging the file with the appropriate funding year and document type will make it much easier for you, and for your Project Reviewer, to locate specific documents as more files added to the document library.

4. 466-A Attachment Column Guide - Items in gray are auto-populated based on data you enter.

Funding Year - Use the pull down menu to select the appropriate funding year.

RFP Number - If your project is posting only one RFP, leave the value of this field as "00". If your project is posting multiple RFPs, enter a two digit number identifying the RFP into the field.

- 1. HCP Name Enter the unique name of the entity or HCP.
- **2. HCP Number** Each Pilot project will have <u>ONE</u> HCP number. This will be automatically populated based on the consortium name you select.
- **3. 465 Application Number** This number is taken from the very first column on the 465 Attachment, 465 App Number. I unique to the HCP name and service address. For example, if a single HCP has two different clinics with two different servaddresses, there will be two different 465 App Numbers on the 465 Attachment.
- 4. Consortium Name Use the drop down menu to select the name of your Pilot Project.
- 5. Billed Entity Name Enter the name of the billed entity.
- 6. Billed Entity FCC Reg Num Enter the FCC registration number of the billed entity.
- 7 15. Address / Contact Information Enter the physical address and contact information of the billed entity.
- **16.** Funding Year This field is auto-populated from the funding year field at the top of the page.
- **17a. Description of Service -** Select the type of service being requested. Please review the "Column 17a and 17c Matrix for helpful information on how to complete this column. If none of the choices match the type of service you wish to enter, select "Other" and contact your Coach via email with a complete description of the service that the site will receive. Your Coach will assist in determining the appropriate category of service.
- 17b. Description of Service, Sub-Category Select the type of charge (recurring or non-recurring) from the drop down
- **17c. Description of Service, Component -** Select the type of network component being requested. If none of the choice match the component you wish to enter, select "Other"and contact your Coach via email with a complete description of the service that the site will receive. Your Coach will assist in determining what type of service you are receiving.
- **17d. Description of Service, Speed -** If your service is "Non Recurring", always select N/A for not applicable. EXCEPTIVE if your service is an IRU or a pre-paid lease you must choose a bandwidth speed based on the initial bandwidth that will be provided to that site. If none of the choices match the speed you wish to enter, select "Other" and include in Column 12 or Network Cost Worksheet the actual bandwidth speed.
- **18a.** Percentage of HCP's service used for provision of health care Enter the percentage of the service used by the (in Line 17 above) for the provision of health care.
- **18b.** If less than **100**% please explain If the percentage of service used for the provision of health care (18a) is less the 100%, describe briefly in the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, bandwidth used, explain the lines below how the percentage was derived (time of use, number of uses, number of uses,
- 19. Location where service is provided Enter the location where the service will be provided.
- 20. Service Provider Name Enter the name of the service provider.
- **21. Service Provider Identification Number (SPIN) -** Enter the SPIN of the service provider. A SPIN number is a unique identifier assigned to each service provider by USAC. Providers who do not have a SPIN number can apply for one at the USAC website.
- **22.** Billing Account Number Enter the billing account number assigned to your project by the service provider.
- 23. Contract Number (NA if no contract) If your project entered into a contract with a service provider, enter the contract number.
- **24. Date contract signed or service selected -** If your project entered into a contract with a service provider, enter the dathat the contract was signed.
- **25. Contract Expiration Date -** If your project entered into a contract with a service provider, enter the date that the contract will expire.
- **26. Expected Service Start Date -** Enter the date that you expect service to begin.
- 27. Were bids received in response to Form 465? Use the drop down menu to select TRUE for yes or FALSE for No.
- **30.** Certify that the above named entity has considered all bids received and selected the most cost-effective method providing the requested service or services. Use the drop down menu to select TRUE for yes or FALSE for No. **respect to universal services benefits provided under 47 U.S.C Sec. 254.** Use the drop down menu to select TRUE yes or FALSE for No.

- **32.** Certify that the billed entity requesting reduced rates will maintain complete records for the service for five years the drop down menu to select TRUE for yes or FALSE for No.
- 33. Certify that I am authorized to submit this request on behalf of the above-named Billed entity and HCP, and the have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true. Use the drop down menu to select TRUE for yes or FALSE for No.
- 35. Date Enter either the date you complete the certifications or the date you plan to submit the information.
- 36. Authorized Person for certifications The Project Coordinator's Name (legally and financially responsible individua
- **37.** Title or position of authorized person The Project Coordinator's Title.
- 38. Employer of authorized person The Project Coordinator's employer.
- **39. Employer's FCC RN -** The FCC Registration Number of the Project Coordinator's employer, if different from the project FCC RN. This field will be automatically populated from column 4 (the project FCC RN), but you may enter a different number if necessary.
- RFP # Populaed automatically from the RFP Number box at the top of the sheet.

5. Notes

Entering Phone Numbers - Phone numbers should be entered with dashes after the area code and exchange. For Exam 703-555-1212

Entering ZIP Codes - ZIP codes may be entered in either ZIP or ZIP+4. When entering ZIP+4 please include the dash aft the first five characters. Examples of valid entries: 20007 or 2007-1234

Entering Dates - Dates should be entered in the format M/D/YYYY. Include slashes between each part of the date. For Example: 1/11/1981

466A Attachment Dropdown Lists

COLUMN 17a - CATEGORY
1: Network Design
2: Network Equipment, including Engineering and Installation
3: Infrastructure/Outside Plant (Engineering)
4: Infrastructure/Outside Plant (Construction)
5: Internet 2/NLR/Internet Connection
6: Leased/Tariffed facilities or services
7: Network Management/Maintenance/Operations Cost (not captured elsewhere)
8: Other

17c - DESCRIPTION O	F SERVICE, COMPONENT
69: Annual Internet2 Subscription	45: Maintenance Contract
70: Annual NLR Subscription	68: Managed MPLS
1: Antennas / Satellite Equipment	19: Microwave service
2: Asynchronous Transfer Mode (ATM)	20: MPLS
64: Bonded T1	21: Multiplexer
3: Broadband over Power Lines (BPL)	66: Network Equipment (other)
53: Bundled Network Management and Operation Services	22: Network Design
4: Cable, copper	23: Network Hardware on Provider Side of Demarc
5: Cable, fiber	24: Network Maintenance
6: Channel Service Unit/Data Service Unit (CSU/DSU) and switches	25: Network Management
7: Connectors / couplers / amplifiers	26: Network Operations
41: Construction	65: Network Server
57: Construction - Engineering	52: Network Shared Infrastructure
56: Construction - Infrastructure/Plant Upgrade by Carrier	27: Network Switches
55: Construction - Inspection Services	28: OC-1
61: Construction - Make Ready	29: OC-12
54: Construction - Management	30: OC-3
59: Construction - Mobilization	31: 0C-n
8: Copper-to-Fiber (TX-to-FX) converter	49: Pre-Paid Lease (15 Year)
9: Digital Subscriber Line (DSL)	50: Pre-Paid Lease (20 Year)
10: Ethernet	58: Professional Services
46: Firewall	42: RFP Creation
11: Fractional T-1	32: Routers
12: Frame Relay	33: Satellite service
13: Gateway to Internet2	51: Software for Network Management
14: Gateway to NLR	34: Switched Multimegabit Data Service (SMDS)
15: Gateway to Public Internet	35: T-1/DS-1
44: Ineligible Expense	36: T-2
16: Integrated Services Digital Network (ISDN, BRI, PRI)	37: T-3 / DS-3
17: Interface/Edge Device	38: Uninterruptible Power Supply (UPS)/Battery Backup
44: Installation of Equipment	39: Virtual Private Network (VPN)
43: Installation of Recurring Services	47: Warranty
62: IRU (15 Year)	60: Wide Area Network (WAN)
48: IRU (20 Year)	40: Wireless
18: Jacks, panels, faceplates and wire managers	69: Other (please contact your Coach)
63: License Fees	

17d - DESCRIPTION OF SERVICE, SPEED							
3: 1.544 Mbps (T-1/DS-1)	45: 110 Mbps						
29: 2.048 Mbps	21: 120 Mbps						
22: 3 Mbps	32: 139.264 Mbps						
41: 3.08 Mbps (2xDS1)	37: 150 Mbps						
38: 4.5 Mbps	9: 155 Mbps						
42: 4.62 Mbps (3xDS1)	17: 200 Mbps						
23: 5 Mbps	34: 300 Mbps						
43: 6.16 Mbps (4xDS1)	19: 400 Mbps						
30: 8.448 Mbps	35: 500 Mbps						
44: 9.24 Mbps (6xDS1)	33: 565.148 Mbps						
24: 10 Mbps	10: 622 Mbps						
47: 10.78 Mbps	36: 800 Mbps						
28: 15 Mbps	11: 1 Gbps						
25: 20 Mbps	49: 1.001 Gpbs						
39: 30 Mbps	46: 1.100 Gpbs						
31: 34.638 Mbps	14: 2.488 Gpbs						
26: 40 Mbps	20: 3 Gbps						
6: 45 Mbps	12: 10 Gbps						
18: 50 Mbps	13: 13.2 Gbps						
7: 55 Mbps	15: 39.8 Gpbs						
27: 100 Mbps	16: N/A						
48: 101 Mbps	50: Other (Please contact your Coach)						
(Elimi	inated)						
1: 256 to 768 kbps							
2: Greater than 768 to 1.544 Mbps	5: 8.448: 44.735 Mbps						
4: Greater than T-1 to 8.448 Mbps	8: 100 Mbps (Ethernet)						

^{*} Shaded are new to the NCW.

17c - DESCRIPTION OF SERVICE, COMPONENT

COLUMN 17a - CATEGORY

69: Annual Internet2 Subscription	5: Internet 2/NLR/Internet Connection
os. Annual Internetz Subscription	5. Internet 2/NER/Internet Connection
70: Annual NLR Subscription	5: Internet 2/NLR/Internet Connection
70. Allidae NER Subsor Eperon	o. There 27 Meily Interface dominated in
	6: Leased/Tariffed facilities or services
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1: Antennas / Satellite Equipment	4: Infrastructure/Outside Plant (Construction)
2: Asynchronous Transfer Mode (ATM)	6: Leased/Tariffed facilities or services
64: Bonded T1	6: Leased/Tariffed facilities or services
3: Broadband over Power Lines (BPL)	6: Leased/Tariffed facilities or services
	,
53: Bundled Network Management and Operation Services	7: Network Management/Maintenance/Operations Cost (not captured elsewhere)
april 100 miles	
4: Cable, copper	4: Infrastructure/Outside Plant (Construction)
5: Cable, fiber	4: Infrastructure/Outside Plant (Construction)
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6: Channel Service Unit/Data Service Unit	2: Network Equipment, including Engineering
(CSU/DSU) and switches	and Installation
7: Connectors / couplers / amplifiers	4: Infrastructure/Outside Plant (Construction)
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	4: Infrastructure/Outside Plant (Construction)
41: Construction	3: Infrastructure/Outside Plant (Engineering)
	-
57: Construction - Engineering	3: Infrastructure/Outside Plant (Engineering)
ES! Construction Infrastructure (D)	
56: Construction - Infrastructure/Plant Upgrade by Carrier	6: Leased/Tariffed facilities or services
	4: Infrastructure/Outside Plant (Construction)
55: Construction - Inspection Services	3: Infrastructure/Outside Plant (Engineering)

	4: Infrastructure/Outside Plant (Construction)
61: Construction - Make Ready	3: Infrastructure/Outside Plant (Engineering)
	4: Infrastructure/Outside Plant (Construction)
54: Construction – Management	3: Infrastructure/Outside Plant (Engineering)
59: Construction - Mobilization	4: Infrastructure/Outside Plant (Construction)
8: Copper-to-Fiber (TX-to-FX) converter	2: Network Equipment, including Engineering and Installation
of copper to riber (ix to rx) converter	and Instattation
9: Digital Subscriber Line (DSL)	6: Leased/Tariffed facilities or services
10: Ethernet	6: Leased/Tariffed facilities or services
	2. Notwork Equipment including Engineering
46: Firewall	2: Network Equipment, including Engineering and Installation
	
11: Fractional T-1	6: Leased/Tariffed facilities or services
12: Frame Relay	6: Leased/Tariffed facilities or services
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13: Gateway to Internet2	6: Leased/Tariffed facilities or services
	5: Internet 2/NLR/Internet Connection
14. Cotovov to NLD	6: Leased/Tariffed facilities or services
14: Gateway to NLR	o. Leased/Tailifed Tacitities of Services
	5: Internet 2/NLR/Internet Connection
15: Gateway to Public Internet	6: Leased/Tariffed facilities or services
20. 00.00.00, 00. 00.000	0. 200000, 10. 21. 00 1002 (22.200 0. 00. 12.00
71: Ineligible Expense	Any of the dropdowns
16: Integrated Services Digital Network (ISDN, BRI, PRI)	6: Leased/Tariffed facilities or services
17: Interface/Edge Device	2: Network Equipment, including Engineering and Installation
44: Installation of Equipment	2: Network Equipment, including Engineering and Installation
43: Installation of Recurring Services	6: Leased/Tariffed facilities or services

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62: IRU (15 Year)	6: Leased/Tariffed facilities or services
48: IRU (20 Year)	6: Leased/Tariffed facilities or services
18: Jacks, panels, faceplates and wire managers	4: Infrastructure/Outside Plant (Construction)
	, ,
	4: Infrastructure/Outside Plant (Construction)
	3: Infrastructure/Outside Plant (Engineering)
	7: Network Management/Maintenance/Operations
63: License Fees	Cost (not captured elsewhere)
	7: Network Management/Maintenance/Operations Cost (not captured elsewhere)
45. Maintanana Contract	2: Network Equipment, including Engineering
45: Maintenance Contract	and Installation
CO. Managed MDI C	C. Locad/Taviffed facilities as assisted
68: Managed MPLS	6: Leased/Tariffed facilities or services
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19: Microwave service	6: Leased/Tariffed facilities or services
20: MPLS	6: Leased/Tariffed facilities or services
21: Multiplexer	2: Network Equipment, including Engineering and Installation
	2: Network Equipment, including Engineering
66: Network Equipment (other)	and Installation
22: Network Design	1: Network Design
23: Network Hardware on Provider Side of Demarc	2: Network Equipment, including Engineering and Installation
Od. Naturally Maintenance	7: Network Management/Maintenance/Operations
24: Network Maintenance	Cost (not captured elsewhere)
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25: Network Management	7: Network Management/Maintenance/Operations Cost (not captured elsewhere)
	, , , , , , , , , , , , , , , , , , , ,
	7: Network Management/Maintenance/Operations
26: Network Operations	Cost (not captured elsewhere)
GEL Notwork Corver	2: Network Equipment, including Engineering
65: Network Server	and Installation
	la
52: Network Shared Infrastructure	6: Leased/Tariffed facilities or services

27: Network Switches	Network Equipment, including Engineering and Installation
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28: OC-1	6: Leased/Tariffed facilities or services
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29: OC-12	6: Leased/Tariffed facilities or services
20. 00 2	6: Leased/Tariffed facilities or services
30: OC-3	o. Leaseu/Tallileu Tacililles of Services
31: 0C-n	6: Leased/Tariffed facilities or services
o11 00 II	01 200000/10/11/00 1001/12/2000 01 00/1/2000
49: Pre-Paid Lease (15 Year)	6: Leased/Tariffed facilities or services
50: Pre-Paid Lease (20 Year)	6: Leased/Tariffed facilities or services
	7: Network Management/Maintenance/Operations
58: Professional Services	Cost (not captured elsewhere)
	7: Network Management/Maintenance/Operations
42: RFP Creation	Cost (not captured elsewhere)
32: Routers	2: Network Equipment, including Engineering and Installation
oz. Rodeci s	and Instattation
33: Satellite service	6: Leased/Tariffed facilities or services
	2: Network Equipment, including Engineering
	and Installation 7: Network Management/Maintenance/Operations
51: Software for Network Management	Cost (not captured elsewhere)
	•
34: Switched Multimegabit Data Service (SMDS)	2: Network Equipment, including Engineering and Installation
(GNDG)	and Instactation
35: T-1/DS-1	6: Leased/Tariffed facilities or services
36: T-2	6: Leased/Tariffed facilities or services
	•
37: T-3 / DS-3	6: Leased/Tariffed facilities or services
38: Uninterruptible Power Supply	2: Network Equipment, including Engineering
(UPS)/Battery Backup	and Installation
20. Virtual Brivata Natural (VDN)	G. Looped/Toriffed facilities or commission
39: Virtual Private Network (VPN)	6: Leased/Tariffed facilities or services
	7: Network Management/Maintenance/Onerations
	7: Network Management/Maintenance/Operations Cost (not captured elsewhere)

47: Warranty	2: Network Equipment, including Engineering and Installation
60: Wide Area Network	6: Leased/Tariffed facilities or services
40: Wireless	6: Leased/Tariffed facilities or services
	1: Network Design
	2: Network Equipment, including Engineering and Installation
	3: Infrastructure/Outside Plant (Engineering)
	4: Infrastructure/Outside Plant (Construction)
	5: Internet 2/NLR/Internet Connection
	6: Leased/Tariffed facilities or services
	7: Network Management/Maintenance/Operations Cost (not captured elsewhere)
67: Other	8: Other

 $^{^{\}star}$ Shaded are new to the NCW.





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Form 466A Attachment Funding Year: 3: Year 2009 (7/1/2009: 6/30/2010)

RFP Number: 00

			RFP Number:	00								
1. HCP Name	2. HCP Number	3. 465 Application #	4. Consortium Name (If any)	5. Billed Entity name	6. Billed Entity's FCC RN	7a. Contact, First Name	7b. Contact, Middle Initial	7c. Contact, Last Name	8. Address Line 1	9. Address Line 2	10. City	11. State
	From Item 4 AUTO		INPUT									INPUT
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12. ZIP	13. Contact Phone #	14. Fax#	15. Email	16. Funding Year	17a. Description of Service	17b. Description of Service, Sub-Category	17c. Description of Service, Component	17d. Description of Service, Speed	18a. Percentage of HCP's service used for provision of health care	18b. If less than 100% please explain
ZIP or ZIP+4	000-000-0000	000-000-0000		AUTO	INPUT	INPUT	INPUT	AUTO		
										·

19. Location where service is provided	20. Service Provider Name	21. Service Provider Identification Number (SPIN)	22. Billing Account Number	23. Contract Number (NA if no contract)	24. Date contract signed or service selected		26. Expected Service Start Date	response to Form 465? If	received and selected the most cost-effective method of	31. Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules with respect to universal services benefits provided under 47 U.S.C Sec. 254.

					M/D/YYYY	M/D/YYYY	M/D/YYYY	INPUT	INPUT	INPUT

32. Certify that the billed entity requesting reduced rates will maintain complete records for the service for five years.	33. Certify that I am authorized to submit this request on behalf of the above-named Billed entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	Signature	35. Date	36a. Authorized Person for certifications, First Name	36b. Authorized Person for certifications, Middle Initial	36c. Authorized Person for certifications, Last Name	37. Title or position of authorized person	38. Employer of authorized person	39. Employer's FCC RN	RFP#
INPUT	INPUT	Yes/No INPUT	M/D/YYYY						Populated from Item 6	