

[insert date of Letter of Authorization]

Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Funding Commitment Date: [insert date]

Funding Commitment Number: [insert number located on funding commitment notification]

Health Care Provider Name: [insert name]

Health Care Provider Number: [insert your HCP no. provided by USAC]

Subject: Letter of Authorization

FCC Staff,

[insert entity name that submitted application and received the funding commitment] applied for funding under the COVID-19 Telehealth Program and received a funding commitment on our behalf as the consortium lead. We therefore authorize [insert entity name that submitted application and received the funding commitment] to accept disbursements of funding under the COVID-19 Telehealth Program on our behalf. We understand that any funding received by [insert entity name that submitted application and received the funding commitment] shall be provided to our health care provider site to reimburse us for the respective costs incurred under the COVID-19 Telehealth Program. We also understand and certify under penalty of perjury that this funding shall only be used by eligible health care providers to obtain the telecommunications services, information services, and connected devices to provide telehealth services in response to the coronavirus 2019 disease (COVID-19) pandemic.

Should you have any questions or need further information, please contact me at your convenience.

Sincerely,

[signature]

[insert printed name of Authorized Person to sign on behalf of the HCP]

[insert title of Authorized Person]

Date