

Rural Health Care Telecommunications Program

Description of Eligibility and Request for Services (FCC Form 465)

Note: This is a representative description of the information to be collected via the online portal and is not intended to be a visual representation of what each applicant will see, the order in which they will see information, or the exact wording or directions used to collect the information. Where possible, information already provided by applicants from previous filing years or that was pre-filed in the system will be carried forward and auto-populated into the form.

Item #	Field Description	Purpose/Instructions
1	FCC Form 465 Application Number	Auto generated by system. This is a unique Universal Service Administrative Company (USAC)-assigned unique identifier for this request.
2	Applicant's FCC Form Nickname	Optional. To create a unique identifier for this submission, the user simply enters a nickname (e.g., Funding Year (FY) 2016 Homewood FCC Form 465).
3	Site Name	This is the name of the site.
4	Site Number	Auto generated by system. This is the unique USAC assigned identifier for the site listed in Site Name.
5	Site Address	This is the site's physical address, county, city, state, zip code and geolocation. Geolocation is an optional field that is only required for a site that does not have a street address.
6	Site Website	Optional. The website address of the site.
7	Site FCC Registration Number (FCC RN)	This is the site's unique FCC RN identifier.
8	Employer Identification Number (EIN)	The EIN is also known as a Federal Tax Identification Number and is used to identify a business or non-profit entity.
9	National Provider Identifier (NPI)	The ten-digit health care facility NPI that is used on Medicare and Medicaid claims.
10	Organization Taxonomy Code	This is the ten-digit Health Care Provider Taxonomy Code that corresponds to the NPI.
11	Site Taxonomy Code	Optional. Should the Organization Taxonomy Code not adequately describe the site, the user may add additional Taxonomy Codes.
12	Legal Entity Name	If applicable. This is the name of the Legal Entity that owns and/or operates the site. In some cases, the Legal Entity Name may be different from the Site Name.

Item #	Field Description	Purpose/Instructions
13	Legal Entity FCC RN	If applicable. This is the unique FCC identifier for the Legal Entity that owns and/or operates the site.
14	Legal Entity Contact	This is the Legal Entity's physical address, county, city, state, zip code, telephone, website, contact name, email, phone number, contact employer and geolocation. Geolocation only applies to a site that does not have a street address.
15	Consortium Name	If applicable. User identifies as being a member of a larger collective group (e.g. consortium, association, network, etc.) that participates in either the Telecommunications or Healthcare Connect Fund Programs.
16	Funding Year	This is the selection of the FY the applicant is submitting the request for. Funding years run from July 1 through June 30 of the following year. Available funding year selections will be displayed by the system.
17	Indicate Whether a Separate Request for Proposals (RFP) will be Released for this Request	Optional. The user indicates whether they are using an RFP. If an RFP is used, it must be attached to the FCC Form 465 so that it can be "released" with the posting of the FCC Form 465 and the RFP period must be opened for at least 28 days after the posting of the FCC Form 465.
18	Eligibility Entity Type that Requests Support	These are the eligible health care provider categories as provided in 47 CFR § 54.600(b): community health center or health center providing health care to migrants; community mental health center; local health department or agency; non-profit hospital; post-secondary educational institution offering health care instruction, including a teaching hospital or medical school; rural health clinic; skilled nursing facility; and consortium of the above entities. In addition, a dedicated emergency room (ER) of a rural, for-profit hospital and part-time eligible entity located in an ineligible facility are eligible for support under the RHC Program. Only an entity that is either a public or non-profit health care provider is eligible for support. 47 CFR § 54.601(a)(1). Each separate site or location of a health care provider shall be considered an individual health care provider for purposes of calculating support. 47 CFR § 54.601 (a)(2).
19	Eligibility Entity Type Requests Support: If Consortium, Dedicated Emergency Department or Part-Time Eligible Entity	The user further describes the site if it qualifies as one of these types of sites.
20	Eligibility Entity Type that Seek Support: If Community Mental Health Center	If the user chooses "Community Mental Health Center," then the user must submit a Community Mental Health Center Certification, a copy of the health care provider's operating license.

Item #	Field Description	Purpose/Instructions
21	Eligibility Entity Type Requests Support: Additional Site Information	Optional. The user has the ability to provide a brief explanation of why the site qualifies as the category selected.
22	Eligibility Entity Type that Seek Support: Additional Site Information	If applicable, the user indicates if the site is located on Tribal lands, operated by the Indian Health Service, and/or otherwise affiliated with a Tribe.
23	Services Requested: Category	The user identifies the service category for which the site is requesting bids (e.g., voice, data).
24	Services Requested: Type	The user identifies the service type for which the site is requesting bids (e.g., T-1).
25	Number of Months of Service Requested	The user indicates the number of months of service that is being requested for the service.
26	Symmetrical Service	The user indicates if the upload and download speeds must be equal.
27	Upload Speed	The user enters the requested upload speed for the service.
28	Download Speed	If the service is not symmetrical, the user enters the requested download speed for the service.
29	Service Level Agreement (SLA)	Optional. The user indicates whether it is seeking an SLA as part of the agreement with the selected service provider.
30	Latency	The user indicates the latency requirement for the SLA.
31	Jitter	The user indicates the jitter requirement for the SLA.
32	Packet Loss	The user indicates the packet loss rate for the SLA.
33	Reliability	The user indicates the reliability requirements for the SLA.
34	Services Requested: Additional Service Details	The user describes additional details regarding the services for which it is requesting bids. The user shall provide sufficient information to enable bidders to reasonably determine the needs of the user and provide responsive bids.
35	Services Requested: Desired Contract Length	The user provides details on the length and type of contract requested.
36	Services Requested: Bid Posting Period	Optional. The user may add days on to the posting period beyond the required minimum 28-day posting period.

Item #	Field Description	Purpose/Instructions
37	Bidding Evaluation	The user develops weighted evaluation criteria (e.g., scoring matrix) that demonstrates how the applicant will choose the most 'cost-effective' bid before submitting a request for services. "Cost-effective" is defined as the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services. The user must specify on their bid evaluation worksheet and/or scoring matrix the requested services for which it seeks bids, the information provided to bidders to allow bidders to reasonably determine the needs of the user, its minimum requirements for each specified criterion, and each service provider's proposed service levels for the established criteria. The user must also specify its disqualification factors, if any, that the user will use to remove bids or bidders from further consideration.
38	Primary Contact Name	This is the name of the person who should be contacted with questions about this request. This person must be employed by the Legal Entity listed on this form.
39	Primary Contact Employer/Organization	This will auto-populate to be the information listed within "Legal Entity Name."
40	Primary Contact Title	This is the title of the person who should be contacted with questions about this request.
41	Primary Contact Mailing Address	This is the mailing address, county, city, state, and zip code of the person who should be contacted with questions about this request.
42	Primary Contact Telephone Number	This is the telephone number of the person who should be contacted with questions about this request.
43	Primary Contact Email Address	This is the email address of the person who should be contacted with questions about this request.
44	Primary Contact Fax Number	This is the fax number of the person who should be contacted with questions about this request.
45	Additional Contact(s)	Allows the user to add additional contact person(s) to the request. To add an additional contact person, the user must provide the contact's name, employer, mailing address, county, city, state, zip code, telephone number, email address and website (optional). This person will be an account holder in MyPortal with access to the site's application forms.

Item #	Field Description	Purpose/Instructions
46	Aggregated Purchasing Agreement	Optional. If applicable, user shall provide full details of any arrangement involving the purchasing of service/s as part of an aggregated purchase with other entities or individuals. User may also upload and submit any other supporting documents to support its request.
47	Declaration of Assistance/Consultant or Outside Expert Information	If applicable. Users must submit a declaration of assistance identifying each and every consultant, vendor, or other outside expert, whether paid or unpaid, who aided in the preparation of their applications and, as part of this declaration, users must describe the nature of their relationship with the consultant, vendor, or other outside expert providing the assistance. The user must provide the name of the consultant's or outside expert's firm name; consultant registration number; name of the consultant or outside expert representing the applicant; consulting firm street address, city, state, and zip code; consulting firm telephone number; and consulting firm email address. If this information has already been entered into the user's profile, it will be pre-populated into the system.
48	Letter of Authorization	If applicable, the user must provide a letter of authorization which provides written authorization to a third party/consultant to complete and submit FCC Forms on behalf of the health care provider for the Telecommunications Program.
49	Supporting Documentation	Optional. This provides an option for the user to upload and submit any other documents to support their request.
50	I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.	The Authorized Person is required to provide all required certifications and signatures. An officer or director of the applicant must sign all certifications. The applicant must provide this certification in order to receive universal service support.
51	I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowledge, information, and belief, all statements contained herein and in any attachments are true.	See Item #50 Purpose/Instructions above.
52	I certify under penalty of perjury that the applicant has complied with all applicable state, Tribal, or local procurement rules.	See Item #50 Purpose/Instructions above.

Item #	Field Description	Purpose/Instructions
53	I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonably related to the provision of health care service or instruction that the applicant is legally authorized to provide under the law of the state in which the services are provided.	See Item #50 Purpose/Instructions above.
54	I certify under penalty of perjury that the supported services will not be sold, resold, or transferred in consideration for money or any other thing of value.	See Item #50 Purpose/Instructions above.
55	I certify under penalty of perjury that the applicant seeking supported services is a public or non-profit entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600 of the Commission’s rules.	See Item #50 Purpose/Instructions above.
56	I certify under penalty of perjury that the applicant seeking support services is physically located in a rural area as defined in section 47 CFR § 54.600 of the Commission’s rules.	See Item #50 Purpose/Instructions above.
57	I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act and applicable Commission rules.	See Item #50 Purpose/Instructions above.
58	I certify under penalty of perjury that the applicant has reviewed and will comply with all applicable RHC Program requirements.	See Item #50 Purpose/Instructions above.

Item #	Field Description	Purpose/Instructions
59	I understand that all documentation associated with this request must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.	See Item #50 Purpose/Instructions above.
60	Signature	The FCC Form 465 must be certified electronically.
61	Date Submitted	Auto generated by system.
62	Date Signed	Auto generated by system.
63	Authorized Person	The Authorized Person is required to provide all required signatures and certifications. The FCC Form 465 must be certified electronically. This field will be auto-populated if the name of the Authorized Person is already within the system.
64	Authorized Person's Employer	This is the name of the employer of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
65	Authorized Person's Employer FCC RN	This is the FCC RN of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
66	Authorized Person's Title/Position	This is the title of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
67	Authorized Person's Mailing Address	This is the address (can be physical address or mailing address) of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
68	Authorized Person Telephone Number	This is the telephone number of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
69	Authorized Person Email Address	This is the email address of the Authorized Person signing the FCC Form 465. This field will be auto-populated if already within the system.