

## Rural Health Care Telecommunications Program

### Description of Invoice and Request for Disbursement (FCC Form 469)

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 user 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 portal will be carried forward and auto-generated into the form.

Item #	Field Description	Purpose/Instructions
1	Rural Health Care Invoice Number	Auto-generated by the system: This is the unique identifier for the Invoice and Request for Disbursement (FCC Form 469).
2	Funding Request Number (FRN)	Auto-generated by the system: This is a unique identifier auto-generated by the system on the Funding Request and Certification Form (FCC Form 466) and provided in the funding commitment letter to the applicant.
3	Funding Year: Funding Start Date	Auto-generated by the system: This displays the date funding began for this FRN. Taken from information provided on the FCC Form 466. Funding years start on July 1 of each year and end on June 30 of the following year.
4	Funding Year: Funding End Date	Auto-generated by the system: This displays the date funding will end/ended for this FRN. Taken from information provided on the FCC Form 466.
5	Site Number	Auto-generated by the system: This is the unique Universal Service Administrative Company (USAC) assigned identifier for the site listed in Site Name. The Site Number was issued by USAC when the Services Requested and Certification Form (FCC Form 465) was completed.
6	Site Name	Auto-generated by the system: This is the name of the site submitted on the FCC Form 465.

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7	Site Contact Information	Auto-generated by the system: This is the site's physical address, county, city, state, zip code, telephone, website, and geolocation provided on the FCC Form 465. Geolocation only applies to a site that does not have a street address.
8	498 ID of Service Provider	Auto-generated by the system: The selected service provider's 498 ID (formerly Service Provider Identification Number (SPIN) ID). The 498 ID is pulled from the FCC Form 466 for an FRN.
9	Service Provider Name	Auto-generated by the system: Based on the 498 ID entered on the FCC Form 466 for the FRN.
10	Service Provider/Applicant Invoice Number	Optional. Allows the service provider and/or applicant to track the FCC Form 466 within their billing system.
11	Funding Request Number Identification Number (FRN ID)	Auto-generated by the system: Building upon the FRN, the system auto-generates an FRN ID to correspond to an individual line item.
12	Service Category	Auto-generated by the system: Based on the line item's FRN ID.
13	Service Type	Auto-generated by the system: Based on the line item's FRN ID.
14	Upload Speed	Auto-generated by the system: Based on the line item's FRN ID.
15	Download Speed	Auto-generated by the system: Based on the line item's FRN ID.
16	Service Start Date	The date service is expected to start for the line item.
17	Quantity of Items	The number of items the applicant is seeking under the line item.
18	Billing Account Number (BAN)	The line item BAN is listed on the service provider's bill.
19	Billing Period Start Date	The first date of the billing period for the invoice.
20	Billing Period End Date	The last date of the billing period for the invoice.
21	Billing Period Eligible Amount	Auto-generated by the system: The amount an applicant is eligible to receive for the billing period. This is derived from information provided on the FCC Form 466.
22	Monthly Rural Rate	Auto-generated by the system: The approved monthly rural rate from the FCC Form 466.
23	Monthly Urban Rate	Auto-generated by the system: The approved monthly urban rate from the FCC Form 466.
24	Total Actual Undiscounted Cost	The actual total undiscounted cost (including taxes and fees) for the billing period.

Item #	Field Description	Purpose/Instructions
25	Percent Eligible for Support	Auto-generated by the system: The percentage of the line item expense that is eligible for support. Taken from information provided on the FCC Form 466.
26	Total Eligible Actual Cost	Auto-generated by the system: The system will calculate and display the total amount of the line item expense that is eligible for universal service fund (USF) support. Taken from information provided on the FCC Form 466.
27	One-time Rural Rate	Auto-generated by the system: The approved rural rate for one-time installation charges
28	One-Time Urban Rate	Auto-generated by the system: The approved urban rate for one-time installation charges
29	Consultant Disclosure	If applicable. Provide the name of any consultants or third parties who helped identify the applicant's Request for Proposals (RFP) or FCC Form 465, helped to connect you with the health care provider participating in the program, and/or is authorized to act on your behalf in the RHC Program.
30	Support Amount To Be Paid by USAC	The system will calculate and display the total amount of the line item expense that USAC will pay the service provider for the line item.
31	Supporting Documentation	Optional. Provides the option for the user to upload and submit documents to support their request.
32	I certify under penalty of perjury that I am authorized to submit this invoice form on behalf of the service provider.	The service provider's representative must make this certification to participate in the RHC Program. The Authorized Person is required to provide all required certifications and signatures.
33	I certify under penalty of perjury that the information contained in the invoice is correct and the applicant(s) and the Billed Account Number(s) listed above have been credited with the amounts shown under "Support Amount to be Paid by USAC."	See Item #32 Purpose/Instructions above.
34	I certify under penalty of perjury that I have abided by all RHC Program requirements, including all applicable Commission rules.	See Item #32 Purpose/Instructions above.

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35	I certify under penalty of perjury that I have received and reviewed the invoice form and accompanying documentation, and that the rates charged for the telecommunications services, to the best of my knowledge, information and belief, are accurate and comply with the Commission's rules.	See Item #32 Purpose/Instructions above.
36	I certify under penalty of perjury that the applicant paid the appropriate urban rate for the telecommunications services.	See Item #32 Purpose/Instructions above.
37	I certify under penalty of perjury that the rural rate on the invoice does not exceed the appropriate rural rate.	See Item #32 Purpose/Instructions above.
38	I certify under penalty of perjury that I charged only for eligible services delivered or provided to the applicant prior to submitting the invoice for payment and accompanying documentation.	See Item #32 Purpose/Instructions above.
39	I certify under penalty of perjury that I have not offered or provided a gift or any other thing of value to the applicant (or to the applicant's personnel, including its consultant).	See Item #32 Purpose/Instructions above.
40	I certify under penalty of perjury that the consultants or third parties associated with this funding request or application do not have an ownership interest, sales commission arrangement, or other financial stake in the service provider chosen to provide the requested services, and that they have otherwise complied with RHC Program rules, including the Commission's rules requiring fair and open competitive bidding.	See Item #32 Purpose/Instructions above.

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41	I certify under penalty of perjury, as a condition of receiving support, that I will provide to applicants, on a timely basis, all documents regarding supported equipment or services that are necessary for the applicant to submit required forms or respond to Commission or Administrator inquiries.	See Item #32 Purpose/Instructions above.
42	I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last day of the delivery of supported services, equipment or facilities pursuant to 47 CFR § 54.631.	See Item #32 Purpose/Instructions above.
43	I certify under penalty of perjury that no universal service support has been or will be used to purchase, obtain, maintain, improve, modify, or otherwise support any equipment or services produced or provided by any company designated by the Federal Communications Commission as posing a national security threat to the integrity of communications networks or the communications supply chain since the effective date of the designations.	See Item #32 Purpose/Instructions above.

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44	I certify under penalty of perjury that no Federal subsidy made available through a program administered by the Commission that provides funds to be used for the capital expenditures necessary for the provision of advanced communications services has been or will be used to purchase, rent, lease, or otherwise obtain, any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, as required by 47 C.F.R. § 54.10.	See Item #32 Purpose/Instructions above.
45	Signature	The Authorized Person is required to provide all required certifications and signatures. The FCC Form 469 must be certified electronically.
46	Date Submitted	Auto generated by system.
47	Date Signed	Auto generated by system.
48	Authorized Person Name	This is the name of the Authorized Person certifying the FCC Form 469 on behalf of the service provider. This field will be auto-populated if the name of the Authorized Person is already within the system.
49	Authorized Person’s Employer	This is the name of the employer of the Authorized Person certifying the FCC Form 469 on behalf of the service provider. This field will be auto-populated if already within the system.
50	Authorized Person’s Employer FCC RN	This is the FCC RN of the Authorized Person certifying the FCC Form 469 on behalf of the service provider. This field will be auto-populated if already within the system.
51	Authorized Person’s Title/Position	This is the title of the Authorized Person certifying the FCC Form 469 on behalf of the service provider. This field will be auto-populated if already within the system.
52	Authorized Person’s Mailing Address	This is the address (can be physical address or mailing address) of the Authorized Person certifying the FCC Form 469 on behalf of the service provider. This field will be auto-populated if already within the system.

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53	Authorized Person Telephone Number	This is the telephone number of the Authorized Person certifying the FCC Form 469 on behalf of the service provider. This field will be auto-populated if already within the system.
54	Authorized Person Email Address	This is the email address of the Authorized Person certifying the FCC Form 469 on behalf of the service provider. This field will be auto-populated if already within the system.
55	I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.	The authorized representative of the Health Care Provider must provide this certification.
56	I certify under penalty of perjury that I have examined this invoice form and supporting documentation and, to the best of my knowledge, information, and belief, all statements of fact contained therein is true and correct.	See Item #55 Purpose/Instructions above.
57	I certify under penalty of perjury that the service identified above has been or is being provided to the applicant.	See Item #55 Purpose/Instructions above.
58	I certify under penalty of perjury that the universal service credit will be applied to the telecommunications service billing account of the applicant or the billed entity as directed by the applicant.	See Item #55 Purpose/Instructions above.
59	I certify under penalty of perjury that the applicant or consortium that I am representing satisfies all of the requirements and will abide by all of the relevant requirements, including all applicable Commission rules, with respect to universal service benefits provided under 47 U.S.C. § 254.	See Item #55 Purpose/Instructions above.

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60	I understand that any letter from the Administrator that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.	See Item #55 Purpose/Instructions above.
61	I understand that all documentation associated with this application, including all billing records for services received, must be retained for a period of at least five years after the last date of service delivered in a particular funding year pursuant to 47 CFR § 54.631.	See Item #55 Purpose/Instructions above.
62	Signature	The authorized representative of the Health Care Provider is required to provide all required certifications and signatures. The FCC Form 469 must be certified electronically.
63	Date Submitted	Auto generated by system.
64	Date Signed	Auto generated by system.
65	Authorized Person Name	This is the name of the Authorized Person certifying the FCC Form 469 on behalf of the applicant. This field will be auto-populated if the name of the Authorized Person is already within the system.
66	Authorized Person's Employer	This is the name of the employer of the Authorized Person certifying the FCC Form 469 on behalf of the applicant. This field will be auto-populated if already within the system.
67	Authorized Person's Employer FCC RN	This is the FCC RN of the Authorized Person certifying the FCC Form 469 on behalf of the applicant. This field will be auto-populated if already within the system.
68	Authorized Person's Title/Position	This is the title of the Authorized Person certifying the FCC Form 469 on behalf of the applicant. This field will be auto-populated if already within the system.
69	Authorized Person's Mailing Address	This is the address (can be physical address or mailing address) of the Authorized Person certifying the FCC Form 469 on behalf of the applicant. This field will be auto-populated if already within the system.
70	Authorized Person Telephone Number	This is the telephone number of the Authorized Person certifying the FCC Form 469 on behalf of the applicant. This field will be auto-populated if already within the system.



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71	Authorized Person Email Address	This is the email address of the Authorized Person certifying the FCC Form 469 on behalf of the applicant. This field will be auto-populated if already within the system.