

1SUPPORTING STATEMENT

This submission is being made pursuant to 44 U.S.C. § 3507 of the Paperwork Reduction Act of 1995 (PRA) to obtain the Office of Management and Budget (OMB)'s approval to revise the existing collection 3060-0804 as a result of a recent order explained below.

A. Justification:

1. ***Circumstances that make the collection of information necessary.*** Section 254(h)(A)(1) of the Telecommunications Act of 1996 (1996 Act), 47 U.S.C. § 254(h)(A)(1), mandates that telecommunications carriers provide telecommunications services for health care purposes to eligible rural public or non-profit health care providers at rates that are “reasonably comparable” to rates in urban areas. In addition, section 254(h)(2)(A) of the 1996 Act, 47 U.S.C. § 254(h)(2)(A), directs the Federal Communications Commission (Commission) to establish competitively neutral rules to enhance, to the extent technically feasible and economically reasonable, access to “advanced telecommunications and information services” for public and non-profit health care providers.

Based on this legislative mandate, the Commission established the two components of the Rural Health Care (RHC) Program—the Telecommunications (Telecom) Program and the Healthcare Connect Fund (HCF) Program.

- **Telecom Program.** This program, established in 1997, ensures that eligible rural health care providers pay no more than their urban counterparts for telecommunications services. Specifically, an eligible health care provider’s program support is based on the difference between the rate charged for telecommunications services in rural areas in a state and the rate charged for similar telecommunications services in urban areas in the same state. The eligible rural health care provider pays only the urban rate for the telecommunications service, and the Universal Service Fund (USF) pays the difference between the urban and rural rate for the service to the service provider – in effect, providing a discount to the health care provider in the amount of the “rural-urban differential.” *See Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 97-157, 12 FCC Rcd 8776, 9093-9161, paras. 608-749 (1997) (*Universal Service First Report and Order*) (subsequent history omitted); 47 U.S.C. § 254(h)(1)(A). FCC Forms 460, 465, 466, and 469 and the Post-Commitment Form are used in the Telecom Program.
- **Healthcare Connect Fund Program.** This program, established in 2012, provides a flat 65% discount on an array of communications services to both individual rural health care providers and consortia, which can include non-rural health care providers (if the consortium has a majority of rural sites). These services include Internet access, dark fiber, business data, traditional digital subscriber line, and private carriage services. The Healthcare Connect Fund Program is intended to promote the use of broadband services and facilitate the formation of health care provider consortia, recognizing the increasing need for rural health care providers to have access to specialists who are often located in urban areas, as well as the advent of certain communications-based trends in healthcare delivery, such as the move towards electronic health records. In contrast to the Telecom Program, participants in the Healthcare Connect Fund Program may obtain multi-year funding commitments. Consortia may also obtain support for upfront charges, which may include support for service provider deployment of new or upgraded facilities or for health care provider-owned network facilities, if shown to be the most cost-effective option. *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, FCC 12-150, 27 FCC Rcd 16678

(2012) (*Healthcare Connect Fund Order*); 47 U.S.C. § 254(h)(2)(A). FCC Forms 460, 461, 462, and 463 and the Post-Commitment Form are used in the Healthcare Connect Fund Program.

The funding year for the RHC Program runs from July 1 through June 30 of the subsequent year (*e.g.*, funding year 2023 runs from July 1, 2023 - June 30, 2024). Prior to funding year 2017, the RHC Program was capped at \$400 million per funding year. In funding year 2017, the RHC Program was capped at \$571 million per funding year, and, beginning in funding year 2018, has been adjusted annually for inflation. As of funding year 2023, the inflation-adjusted program cap is approximately \$682 million. The RHC Program is administered by the USF administrator, the Universal Service Administrative Company (USAC).

On December 14, 2023, the Commission released the *2023 Promoting Telehealth Third Report and Order*, FCC 23-110, rel. December 14, 2023 (*2023 Third Report and Order*) (89 FR 1834, January 11, 2024). In the *2023 Third Report and Order*, the Commission adopted the proposals from the January 27, 2023 *Second Further Notice of Proposed Rulemaking*, FCC 23-6, rel. January 27, 2023 (*2023 Second FNPRM*) aimed at facilitating participation in and improving the administration of the program.

The Commission seeks to revise this information collection to conform with the rule changes adopted in the *2023 Third Report and Order*. These changes include:

- Amending the FCC Form 460 for use in the Telecom Program and to allow conditional approvals of eligibility;
- Amending the FCC Form 465 to reflect that eligibility determinations in the Telecom Program will be made using the FCC Form 460; and
- Amending the Post-Commitment Request Form to allow participants to change the dates of their evergreen contracts following a funding commitment.

Collection of this information is necessary so that the Commission and USAC will have sufficient information to determine if entities are eligible for funding pursuant to the RHC universal service support mechanism, to ensure that assigned evergreen contract dates are accurate, and to promote program integrity. This information is also necessary in order to allow the Commission to evaluate the extent to which the RHC Program is meeting the statutory objectives specified in section 254(h) of the 1996 Act, and the Commission’s performance goals for the RHC Program.

This information collection, as described in more detail below, is being revised as a result of the *2023 Third Report and Order* to: (1) extend some of the existing information collection requirements for the Healthcare Connect Fund (HCF) Program to the Telecom Program; (2) revise some of the information collection requirements for the RHC and Telecom Programs; and (3) add a new information collection requirement for the RHC and Telecom Programs. This submission is organized by program indicating which information collection requirements are being extended, revised, or new for each RHC program.

As part of this information collection, the Commission is harmonizing the RHC Program eligibility determination process by using the FCC Form 460 for eligibility determinations in both the Telecom Program and the HCF Program, eliminating the eligibility determination portion from FCC Form 465, which was previously used for eligibility determinations in the Telecom Program. The FCC Form 460 will also be amended to seek information applicable to conditional approvals of eligibility, which will enable health care providers to engage in competitive bidding

and request funding (but not receive disbursements) before they become eligible. Additionally, the FCC Form 466 will be amended effective to reflect a streamlined process for calculating urban rates. Finally, the information collection will be updated to allow health care providers to update the time period covered by evergreen contract designations.

The Healthcare Connect Fund Program currently includes FCC Forms 460, 461, 462, and 463. Prior to funding year 2024, the Telecom Program includes FCC Forms 465, 466, 467 and a Telecom Invoice Form. Effective funding year 2024, the Telecom Program will include FCC Forms 465, 466, and 469 Effective funding year 2024, the Telecommunications Program Invoice Form and the FCC Form 467 will be retired. The information on the FCC Form templates is a representative description of the information to be collected via an online portal and is not intended to be a visual representation of what each applicant or service provider 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 funding years or that was pre-filed in the system portal will be carried forward and auto-generated into the form to simplify the information collection for applicants.

HEALTHCARE CONNECT FUND PROGRAM

In order to seek funding under the Healthcare Connect Fund Program, eligible health care providers or a consortium of eligible health care providers must submit an FCC Form 460 (Eligibility and Registration) to USAC to obtain an eligibility determination from USAC for each health care provider site. Once evaluation criteria and supporting documentation have been prepared, the next step is to file the FCC Form 461 (Request for Services). After the FCC Form 461 has been posted on the USAC website for a minimum of 28 days, the applicant must evaluate all bids received to determine which service provider can provide the most cost-effective services that meet the applicant’s requirements. Once a service provider is selected, the next step is for the applicant to submit the FCC Form 462 (Request for Funding), to provide information about the services selected and certify that those services were the most cost-effective option of the offers received. The FCC Form 463 (Request for Funding Disbursement) is the last form that is submitted to USAC by the service provider to complete this process and receive payment for the services provided.

Requirements Being Revised:

The following information collection requirements associated with the Healthcare Connect Fund Program are proposed to be revised:

- a. **FCC Form 461 – Request for Services (Competitive Bidding)**. All health care providers, unless their funding request is subject to a competitive bidding exemption, must submit a request for services (FCC Form 461 and associated documents) for posting by USAC, wait at least 28 days before selecting a service provider, and select the most cost-effective bid. On the FCC Form 461, applicants must provide sufficient information to enable bidders to reasonably determine the needs of the applicant, such as information regarding the health care provider(s) (including contact information for potential bidders), a list of the services for which the site is requesting bids (e.g., Internet access, network equipment), competitively neutral requirements for the services for which bids are sought (e.g., bandwidth), a description of its relationship with any consultant or outside third party, and evaluation criteria for bids. Applicants should be able to demonstrate that price of the eligible services and products is a primary factor in their service provider selection process. Applicants are also required to submit a number of certifications demonstrating compliance with the Commission’s rules and procedures. Additionally, if applicable, applicants 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 describe the nature of their relationship with the consultant, vendor, or other outside expert providing the assistance.

A certification to the FCC Form 461 verifying that the entity filing the form is eligible to participate in the RHC Program has been modified to permit entities with conditional approvals of eligibility to file the FCC Form 461. See FCC Form 461 Template.

Requirements Being Extended:

The following information collection requirements associated with the Healthcare Connect Fund Program are proposed to be extended without any revisions:

- b. FCC Form 460 (Letters of Agency (LOA) (Consortia Only). Each Consortium Leader must obtain an LOA from each health care provider participant that is independent of the Consortium Leader (i.e. health care provider sites that are not owned or otherwise controlled by the Consortium Leader). The LOA is submitted as an attachment to the FCC Form 460. The purpose of the LOA is to provide authority for the Consortium Leader to submit the FCC Forms 460, 461, and/ or 462 on behalf of the health care provider site. Consortium leaders are required to obtain supporting information and/or documents to support eligibility for each health care provider when they collect the LOA, and may be asked for this information during an audit or investigation.
- c. FCC Form 460 (State/Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader/Consultant (Consortia Only)). In general, an entity may not simultaneously: (1) provide consulting assistance to a consortium and (2) participate as a potential vendor during the competitive bidding process. State organizations, public sector entities, or non-profit entities who wish to obtain an exemption from this prohibition may make a showing to USAC that they have set up an organizational and functional separation. The exemption must be obtained before the consortium begins preparing its FCC Form 461 and associated documents.
- d. Agreement Regarding Legal/Financial Responsibility for Consortium Activities (Consortia Only). Consortia may allocate legal and financial responsibility for supported program activities as they see fit, except for certain responsibilities specified in the *Healthcare Connect Fund Order*, provided that this allocation is memorialized in a formal written agreement between the affected parties (i.e., the Consortium Leader, and the consortium as a whole and/or its individual members). The written agreement must be submitted to USAC for approval with or prior to the submission of the FCC Form 461. The agreement should clearly identify the party(ies) responsible for repayment if USAC is required, at a later date, to recover disbursements to the consortium due to violations of RHC Program rules.
- e. FCC Form 461– (Request for Proposals (RFP)). Submission of a separate RFP document with the FCC Form 461 is required for: (1) applicants who are required to issue an RFP under applicable state, Tribal, or local procurement rules or regulations; (2) consortium applications that seek more than \$100,000 in program support in a funding year; and (3) consortium applications that seek support for infrastructure (e.g., health care provider-owned facilities) as well as services. In addition, all applicants who utilize an RFP in conjunction with their competitive bidding process must submit the RFP to USAC for posting. An applicant must specify on its 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 applicant and provide responsive bids, what its minimum requirements are for each specified criteria, and also record on the bid evaluation worksheet or matrix each service provider’s

proposed service levels for the established criteria. The applicant must also specify its disqualification factors, if any, that the applicant will use to remove bids or bidders from further consideration. Applicants shall also provide full details of any arrangement involving the purchasing of service/s as part of an aggregated purchase with other entities or individuals. In addition, certain additional requirements apply to RFPs if the applicant seeks support for long-term capital investments (such as health care provider-constructed infrastructure or fiber infeasible rights-of-use); dark fiber; or services or equipment that include an ineligible component.

- f. FCC Form 461– (Network Planning for Consortia (Consortia Only)). Consortium applicants must submit a narrative attachment with the FCC Form 461 that includes: (1) goals and objectives of the proposed network; (2) a strategy for aggregating the specific needs of HCPs (including providers that serve rural areas) within a state or region; (3) a strategy for leveraging existing technology to adopt the most efficient and cost effective means of connecting those providers; (4) how the broadband services will be used to improve or provide health care delivery; (5) any previous experience in developing and managing health information technology (including telemedicine) programs; and (6) a project management plan outlining the project’s leadership and management structure, and a work plan, schedule, and budget.
- g. FCC Form 462 – Request for Funding. Once a service provider is selected, applicants must submit an FCC Form 462 and supporting documentation to provide information about the services and service providers selected, and certify, among other certifications, that the services were the most cost-effective offers received (including documentation to support its certification that it has selected the most cost-effective option). The FCC Form 462 is the means by which an applicant identifies the location(s), service(s), rates, service provider(s), and date(s) of service provider selection. See FCC Form 462 Template.
- h. FCC Form 462– (Competitive Bidding Documents). Applicants must submit documentation to support their certifications that they have selected the most cost-effective option. Relevant documentation includes a copy of each bid received (winning, losing, and disqualified), the bid evaluation criteria, and any other related documents, such as bid evaluation sheets; a list of people who evaluated bids (along with their title/role/relationship to the applicant organization); memos, board minutes, or similar documents related to the vendor selection/award; copies of notices to winners; and any correspondence with service providers during the bidding/evaluation/award phase of the process. If the application is exempt from competitive bidding, the applicant should submit sufficient documentation to allow USAC to verify that the applicant is eligible for the exemption.
- i. FCC Form 462– (Contracts or Similar Documentation). Applicants must submit a contract or other documentation that clearly identifies: (1) the service provider(s) selected and the health care provider(s) who will receive the services; (2) the service, bandwidth, and costs for which support is being requested; and (3) the term of the service agreement(s) if applicable (i.e., if services are not being provided on a month-to-month basis).
- j. FCC Form 462– (Cost Allocation Method for Ineligible Entities or Components). Applicants who seek to include ineligible entities within a consortium, or to obtain support for services or equipment that include both eligible and ineligible components, should submit a written description of their allocation method(s) to USAC with their funding requests. If ineligible entities participate in a network, the allocation method must be memorialized in writing, such as a formal agreement among network members, a master services contract, or for smaller consortia, a letter signed and dated by all (or each) ineligible entity and the Consortium Leader. Applicants

should also submit with their funding requests any agreements that memorialize cost-sharing arrangements with ineligible entities.

- k. FCC Form 462– (Updates to Network Planning for Consortia). Consortium applicants should submit any revisions to the project management plan, work plan, schedule, and budget previously submitted with the FCC Form 461. If not previously provided with the project management plan, applicants should also provide (or update) a narrative description of how the network will be managed, including all administrative aspects of the network (including but not limited to invoicing, contractual matters, and network operations.) If the consortium is required to provide a sustainability plan (see below), the revised budget should include the budgetary factors discussed in the sustainability plan requirements.
- l. FCC Form 462– (Network Cost Worksheet). Consortium applicants are required to provide a list of the participating health care providers (both those eligible for support and those ineligible) and all of their relevant information, including eligible (and ineligible, if applicable) cost information for each participating health care provider.
- m. FCC Form 462– (Evidence of Viable Source for 35 Percent Contribution). All consortium applicants must submit, with their funding requests, evidence of a viable source for their 35% contribution.
- n. FCC Form 462– (Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses). Consortia who seek funding to construct and own their own facilities or obtain indefeasible rights of use (IRUs) or capital lease interests must submit a sustainability plan with their funding requests demonstrating how they intend to maintain and operate the facilities that are supported over the relevant time period. Although participants are free to include additional information to demonstrate a project’s sustainability, the sustainability plan must, at a minimum, address the following points: (1) projected sustainability period; (2) principal factors considered to demonstrate sustainability; and (3) terms of membership in the network, ownership structure for the network, sources of future support and management structure of the network. Applicants will be required to later submit revised sustainability plans if there is a material change in sources of future support or management, a change that would impact projected income or expenses by the greater of 20% or \$100,000 from the previous submission, or if the applicant submits a funding request based on a new FCC Form 461 (i.e., a new competitively bid contract).
- o. FCC Form 463 – Request for Funding Disbursement. Service providers bill health care providers directly for services that they have provided. Upon receipt of a service provider’s bill, the health care provider must create and approve an invoice for USAC on the FCC Form 463 for the services it has received. On the invoice, the health care provider or Consortium Leader must certify to USAC that it has paid its 35% contribution directly to the service provider and the health care provider and service provider must certify that they have reviewed the invoice and that it is accurate. USAC will pay the service provider directly based on the invoice. For consortia, the Consortium Leader is responsible for the invoicing process, including certifying that the participant contribution has been paid and that the invoice is accurate. The invoicing form also includes service provider certifications in order to ensure compliance with program rules and procedures.
- p. Extension Request for Lighting Fiber. Fiber must be lit during the funding year for non-recurring charges associated with such fiber to be eligible. Applicants may receive up to a one-year extension to light fiber, however, if they provide documentation to USAC that construction was unavoidably delayed due to weather or other reasons.

- q. Annual Reporting Requirement for Healthcare Connect Fund Participants. All participants in the Healthcare Connect Fund Program are required to submit annual reports to assist the Commission in measuring progress toward the three program goals for the Healthcare Connect Fund Program. Much of the annual report data is already collected through the FCC Forms 460, 461, 462, and 463. In order to minimize the burden imposed by the annual report, USAC uses an electronic reporting system that integrates data collected through the application process, thereby eliminating the need to resubmit (in the annual report) any information that has been provided previously. In addition to the data already collected through FCC Forms 460, 461, 462, and 463, the Commission requires each Healthcare Connect Fund Program participant to identify all health-related functions (e.g., exchange of electronic health records, tele-radiology, etc.) it provides with RHC Program support.

- r. Service Delivery Deadline Extension Requests. The service delivery deadline for all services under the RHC Program is June 30. Health care providers whose contract term ends prior to June 30 must obtain a contract extension and notify USAC of such extension in order to receive funding through the June 30 service delivery deadline. Effective funding year 2021, an applicant may request and receive from USAC a one-year extension of the implementation deadline for non-recurring services if it satisfies one of the following criteria: (1) applicants whose funding commitment letters are issued by USAC on or after March 1 of the funding year for which discounts are authorized; (2) applicants that receive service provider change authorizations or site and service authorizations from USAC on or after March 1 of the funding year for which discounts are authorized; (3) applicants whose service providers are unable to complete implementation for reasons beyond the service provider’s control; or (4) applicants whose service providers are unwilling to complete delivery and installation because the applicant’s funding request is under review by USAC for program compliance. USAC shall automatically extend the service delivery deadline in situations where criteria (1) or (2) are met. Applicants, however, must affirmatively request an extension on or before the June 30 deadline for criteria (3) and (4). Health care providers must provide a narrative and any documents to support its request. If the health care provider’s funding request is under review by USAC, the health care provider may also input the funding request numbers of those requests under review with USAC to assist in review for approval. *See Attachment 9 – Post-Commitment Request Form Template.*

TELECOMMUNICATIONS PROGRAM

Starting in funding year 2025, in order to seek funding under the Telecom Program, eligible health care providers or a consortium of eligible health care providers must submit an FCC Form 460 (Eligibility and Registration) to USAC to obtain an eligibility determination from USAC for each health care provider site. Applicants file an FCC Form 465 (Eligibility and Request for Services) with USAC to make a bona fide request for bids for eligible services. After the FCC Form 465 has been posted on the USAC website for a minimum of 28 days, the applicant must evaluate all bids received to determine which service provider can provide the most cost-effective services that meet the applicant’s requirements. Once a service provider is selected, the next step is for the applicant to submit the FCC Form 466 (Request for Funding) to indicate the type(s) and cost(s) of services ordered, information about the service provider, and the terms of the service agreement. Applicants must also certify on the applicable FCC Form 466 that the health care provider has selected the most cost-effective method of providing the selected service(s). The FCC Form 469 (Invoice and Request for Disbursement) is the last form that is submitted to USAC by the service provider to complete this process and receive payment for the services provided. Through funding year 2023, rather than using the FCC Form 469 for the invoicing process, the applicant certifies that services are being provided on the FCC Form 467 and the service provider completes the Telecom Program Invoice Form to receive payment.

This submission seeks to extend a number of the existing information collection requirements for the Telecom Program. The Commission also seeks to revise and add some information collection requirements for the Telecom Program to conform this information collection with the changes adopted in the *2023 Third Report and Order*, including the use of the FCC Form 460 for eligibility determinations. All filings under the Telecom Program will continue to be submitted through the online interface via USAC's web site. Each of the requirements is briefly described below.

Requirements Being Revised:

The following information collection requirements associated with the Telecom Program are proposed to be revised:

- s. FCC Form 465 – Eligibility and Request for Services (Competitive Bidding). The FCC Form 465 is currently the means by which an entity seeking funding requests bids for eligible services and certifies to USAC that the entity is eligible to benefit from the rural health care support mechanism. If the application for funding is exempt from competitive bidding, the applicant should submit sufficient documentation to allow USAC to verify that the applicant is eligible for the competitive bidding exemption. As part of this form, applicants are required to provide: basic information about the individual health care provider (such as address and contact information, etc.) in addition to identifying the eligible health care provider type; an address for each physical location that will receive supported connectivity; a list of the services for which the site is requesting bids (e.g., Internet access); competitively neutral requirements for the services for which bids are sought (e.g., bandwidth); a brief explanation as to why the health care provider is eligible under the Act and the Commission's rules and orders; and certify to the accuracy of this information under penalty of perjury. In addition, all applicants who utilize an RFP in conjunction with their competitive bidding process must submit the RFP to USAC for posting. The applicant 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 applicant, what its minimum requirements are for each specified criteria, and also record on the bid evaluation worksheet or matrix each service provider's proposed service levels for the established criteria. The applicant must also specify its disqualification factors, if any, that the applicant user will use to remove bids or bidders from further consideration. The applicant shall provide sufficient information to enable bidders to reasonably determine the needs of the applicant. Applicants must provide full details of any arrangement involving the purchasing of service(s) as part of an aggregated purchase with other entities or individuals. Applicants may seek an exemption from the competitive bidding requirements and require additional information as part of the competitive bidding process (e.g., seeking additional information via an RFP and requesting additional details regarding the services for which it is requesting bids).

Pursuant to the *2023 Third Report and Order* because the FCC Form 460 will be used for eligibility determinations in the Telecom Program beginning funding year 2025, the eligibility determination portion will be eliminated from the FCC Form 465. Therefore, the FCC Form 465 will be used for Telecom Program bidding, but not for Telecom Program eligibility determinations. Additionally, a certification to the FCC Form 465 verifying that the entity filing the form is eligible to participate in the RHC Program have been modified to permit entities with conditional approvals of eligibility to file the FCC Form 465. Otherwise, there are no changes to this information collection requirement. See FCC Form 465 Template.

- t. FCC Form 466 – Request for Funding. The FCC Form 466 is the means by which the applicant indicates the type(s) of services requested, the amount of support requested for the service, information about the service provider selected and the health care provider who will receive the service, and the terms of the service agreement. As part of FCC Form 466 submission, an applicant must submit a contract or other documentation, as applicable, to support its request. Eligible entities must also certify on the FCC Form 466 that the entity has selected the most cost-effective method of providing the selected service and submit documentation to support its certification. If applicable, the applicant must also indicate if it claimed a competitive bidding exemption and a description of how costs will be allocated for ineligible entities or components, as well as any agreements that memorialize such arrangements with ineligible entities. The FCC Form 466 also includes additional applicant certifications that are required in order to submit the funding request.

Pursuant to section 254(h)(1)(A), the Telecom Program enables eligible health care providers in rural areas to purchase telecommunications services at rates no higher than the rate charged for similar services in urban areas in the same state. It does so by compensating telecommunications carriers for the difference between the higher rates provided in rural areas and the lower rates available to urban customers in the same state. To obtain program support for a telecommunications service, participating health care providers must state on the FCC Form 466 the rural rate requested by the service provider for the service and the urban rate for the service within the state. After USAC reviews the FCC Form 466 and issues a funding decision, the health care provider only pays the urban rate and the Universal Service Fund (USF or Fund) pays the difference between the urban rate and the rural rate to the telecommunications carrier. Health care providers must submit supporting documentation with their FCC Form 466, including the documents substantiating the stated rural and urban rates. If an FCC Form 466 lacks the necessary documentation to support the provided rates, USAC will send a request to the health care provider, and associated service provider, to seek additional information to ensure compliance with the Commission’s rules. Applicants must certify to the cost-effectiveness of the services they procured, indicate if the applicant claimed a competitive bidding exemption, provide a cost-allocation for ineligible entities or components.

RHC Program rules provide three methods that service providers and health care providers can use to determine a rural rate: (1) averaging the rates that the service provider actually charges other non-health care provider commercial customers for the same or similar services provided in the rural area where the health care provider applicant is located (Method 1); (2) averaging tariffed and other publicly available rates charged by other service providers for the same or similar services provided over the same distance in the rural area where the health care provider applicant is located when the service provider does not have any commercial customers in the health care provider’s rural area (Method 2); and (3) requesting approval of a cost-based rural rate from the Commission (for interstate services) or a state commission (for intrastate services) if there are no tariffed or publicly available rates for such services in that rural area or if the service provider reasonably determines that the rural rate is unfair (Method 3).

As part of this submission, the Commission revises this collection to eliminate the seldom-used “standard urban distance” component of the urban rate rule. See FCC Form 466 Template.

Requirements Being Extended:

The following information collection requirements associated with the Telecom Program are proposed to be extended without any revisions:

- u. FCC Form 469 – Invoice and Request for Disbursement. Service providers and health care providers must complete the FCC Form 469 in order for service providers to receive reimbursement from USAC. Service providers initiate the invoicing process by preparing the FCC Form 469 after services have been provided. The FCC Form 469 requests vendor-specific information, as well as itemized billing information including the health care provider site name and site number, the funding request number, the billing account number, billing period eligible amount, and support amount to be paid by USAC. Additionally, the FCC Form 469 requires service providers to make a number of certifications in order to participate in the RHC Program. Service Providers are required to certify to the accuracy of the rates charged to health care providers and that they charged for only eligible services and to disclose the name of any consultants or third parties who helped the applicant to complete the RFP or FCC Form 465, helped to connect the service provider with the health care provider participating in the program, and/or is authorized to act on the service provider’s behalf in the RHC Program. Health care providers are also required to make a number of certifications in order to ensure that they comply with program rules and procedures. See FCC Form 469 Template.
- v. Mobile RHC Provider Submission of Sites. Mobile rural health care providers must submit to USAC the number of sites the mobile RHCP will serve during the year.
- w. Mobile RHC Provider Explanation of Necessity. Mobile rural health care providers must document and explain why satellite services are necessary to achieve the health care delivery goals of the mobile telemedicine project, if the mobile rural health care provider serves less than eight different sites per year.
- x. Mobile Rural Health Care Provider Certification. Mobile rural health care providers must certify that they are serving eligible rural areas.
- y. Mobile RHC Provider Annual Logs. Mobile rural health care providers 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.
- z. Mobile RHC Provider Documentation of Price – Service in One State. Mobile rural health care providers 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.
- aa. Mobile RHC Provider Documentation of Price – Service in Multiple States. When a telemedicine project serves locations in different states, mobile rural health care providers 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.
- bb. Mobile RHC Providers Must Maintain Documents About Allocation. Mobile rural health care providers must retain for five years and make available upon request documentation explaining their allocation methods.
- cc. Mobile RHC Providers Must Maintain Purchase Records. Mobile rural health care providers must maintain records for purchases of supported services for at least five years.

Requirements Being Extended Only for Funding Year 2023 and Earlier:

The following information collection requirements associated with the Telecom Program will be extended for funding requests for funding year 2023 and earlier and thereafter will be sunset:

- dd. FCC Form 467. Through funding year 2023, the 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 at least one FCC Form 467 for each FCC Form 466 that the entity submitted to USAC. The 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 or in use for the full funding year (i.e., July 1 through June 30). The FCC Form 467 also includes various applicant certifications in order to ensure that RHC Program participants comply with program rules and procedures. See FCC Form 467 Template. This form will be retired after invoicing for funding year 2023 is complete.
- ee. Invoice Template/Form. Through funding year 2023, service providers must complete the invoice template to receive reimbursement for services provided. The invoice template requests vendor-specific information, as well as itemized billing information including the health care provider number, the funding request number, the billing account number, billed amount for services, and support amount to be paid by USAC. Additionally, the invoice template/form requires service providers to make a number of certifications in order to participate in the RHC Program. See Attachment 10 – Telecommunications Program Invoice” Template. The invoice form also requires service providers certify to the accuracy of the rates charged to health care providers and that they charged for only eligible services and to disclose the name of any consultants or third parties who helped the applicant to complete the RFP or FCC Form 465, helped to connect the service provider with the health care provider participating in the program, and/or is authorized to act on the service provider’s behalf in the RHC Program. This form will be retired after invoicing for funding year 2023 is complete.

REQUIREMENTS APPLICABLE TO BOTH THE HEALTHCARE CONNECT FUND AND TELECOM PROGRAMS

New Requirement:

The following proposed information collection requirement associated with the Telecom and HCF Program will be added:

- ff. Change of Evergreen Contract Dates. Under the new rules adopted in the *2023 Third Report and Order*, health care providers participating in the RHC Program may request a change to the dates designated as covering an evergreen contract. The Commission amends RHC Program rules to permit health care providers to request a change in the evergreen contract dates following a funding commitment. Upon approving such a change, the Administrator will issue a revised funding commitment letter. This change will provide health care providers with the benefits of evergreen contract designation across the full length of the contract’s term while also reducing the need for health care providers to seek relief from the Administrator in cases where a post-commitment evergreen contract date change is necessary. This new rule will become effective for funding year 2024.

Requirements Being Revised:

The following information collection requirements associated with the Healthcare Connect Fund and Telecom Programs are proposed to be revised:

gg. FCC Form 460 – Eligibility and Registration. All applicants subject to the eligibility requirements of the Healthcare Connect Fund Program are required to file an FCC Form 460 (and Letter of Agency (LOA)), as applicable, in order to certify that they are eligible to receive universal service fund support. Applicants are required to provide basic information about the individual health care provider (such as address and contact information, etc.) in addition to identifying the eligible health care provider type, providing an address for each physical location that will receive supported connectivity, providing a brief explanation as to why the health care provider is eligible under the Act and the Commission’s rules and orders, and certifying to the accuracy of this information under penalty of perjury. They may also be required to provide a unique health care provider identifying number, such as a National Provider Identifier code and/or taxonomy code. Consortium applicants may file an FCC Form 460 on behalf of member health care providers if they have a LOA (discussed below). Applicants must also register off-site administrative offices and off-site data centers for which they are receiving support. The FCC Form 460 is also used to provide certain basic information about consortia to USAC: (1) the lead entity (“Consortium Leader”); (2) the individual contact person within the lead entity (the “Project Coordinator”); and (3) health care provider sites that will participate in a consortium, including sites ineligible to receive support. See FCC Form 460 Template. Each applicant must submit an FCC Form 460 even if it has been deemed eligible to participate in another component of the RHC Program. The FCC Form 460 may be submitted at any time during the funding year, needs to be filed once to establish eligibility, and must be filed prior to filing FCC Forms 461, 462, or 463. If any information on the FCC Form 460 changes, a new FCC Form 460 must be filed within 30 days.

The FCC Form 460 will be revised to collect information that will be used to allow program participants to be granted conditional approvals of eligibility. There are no other changes to this information collection requirement for the HCF Program. However, Telecom Program participants will begin to use the FCC Form 460 for eligibility determinations.

Requirements Being Extended:

The following information collection requirement associated with the Healthcare Connect Fund and Telecom Programs is proposed to be extended without any revisions:

- hh. Audits and Recordkeeping. All participants in the RHC Program (i.e., health care providers and service providers) must maintain required documentation for five years from the end of the funding year and produce these records upon request of the Commission, any auditor appointed by USAC or the Commission, or of any other state or federal agency with jurisdiction. For a consortium, the Consortium Leader is responsible for compliance with the Commission’s recordkeeping requirements. Service providers are also required to retain documentation related to the delivery of discounted services for at least five years after the last day of delivery of services. Service provider must also retain any other document that demonstrates compliance with the statutory or regulatory requirements for the rural health care mechanism. Health care providers are subject to random compliance audits to ensure that requesters are complying with the certification requirements set forth in 47 CFR § 54.623(a)(1) and are otherwise eligible to receive universal service support. See 47 CFR § 54.631.
- ii. Authorization for Third Parties to Submit FCC Forms on Behalf of HCP/Consortium. Third parties (for example, consultants) may submit FCC Forms and other documentation on behalf of eligible health care providers if USAC receives, prior to submission of the FCC forms or documentation, a written, dated, and signed authorization from the relevant officer, director, or

other authorized employee stating that the health care provider or Consortium Leader accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party. Applicants must also submit a declaration of assistance with their request for services (FCC Form 461 or FCC Form 465) and request for funding (FCC Form 462 or FCC Form 466) 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, applicants must describe the nature of their relationship with the consultant, vendor, or other outside expert providing the assistance. Additionally, an individual who has been identified as the applicant's consultant or other outside expert must provide to USAC, as part of the consultant registration process, his or her name and contact information, the name and contact information of the consulting firm or company that employs him or her, and a brief description of the role he or she will undertake in assisting the applicant. Once this information is provided, USAC will issue a unique registration number to the consultant or outside expert and that number will be linked to the applicant's organization.

- jj. Invoice Deadline Extension Requests. All invoices must be submitted to the Administrator within 120 days after the later of: (1) the service delivery deadline or (2) the date of a revised funding commitment letter issued pursuant to an approved post-commitment request made by the applicant or service provider or a successful appeal of a previously denied or reduced funding request. Before USAC may process and pay an invoice, it must receive a completed invoice from the service provider. Service providers or billed entities may request a one-time extension of the invoicing deadline by no later than the original invoice deadline. *See Attachment 9 – Post-Commitment Request Form*). The Administrator shall grant a 120-day extension of the invoice filing deadline, if it is timely requested.
- kk. Site and Service Substitutions. A consortium leader or health care provider may request a site and service substitution if: (1) the substitution is provided for in the contract, within the change clause, or constitutes a minor modification; (2) the site is an eligible health care provider and the service is an eligible service under the Telecom Program or the Healthcare Connect Fund Program; (3) the substitution does not violate any contract provision or state, Tribal or local procurement laws; and (4) the requested change is within the scope of the controlling request for services, including any applicable RFP used in the competitive bidding process. Additionally, support is restricted to qualifying site and service substitutions that do not increase the total amount of support under the applicable funding commitment. Health care providers are required to file requests for site and service substitutions with USAC by no later than the applicable service delivery deadline. Health care providers must provide a narrative and any documents to support its request. *See Attachment 9 – Post-Commitment Request Form Template*.
- ll. Service Provider Identification Number (SPIN) Changes. A SPIN is a unique number that USAC assigns to an eligible service provider seeking to participate in the universal service support mechanisms. When requesting funding under the RHC Program, an applicant must use the SPIN to identify its chosen service provider when filing an FCC Form 462 or an FCC Form 466. Effective funding year 2021, an applicant may change the SPIN on its FCC Form 462 or FCC Form 466 by filing the Post-Commitment Request Form. *See Attachment 9 – Post-Commitment Request Form*. As part of the new SPIN change procedures, a SPIN change may either be classified as a "corrective" SPIN change or an "operational" SPIN change. A "corrective" SPIN change is any "amendment to the SPIN associated with a Funding Request Number that does not involve a change to the service provider associated with that Funding Request Number." An applicant may request a "corrective" SPIN change if the applicant is: (1) correcting data entry errors (e.g., fixing clerical errors such naming the correct service provider in the funding request but providing the incorrect SPIN); (2) updating a service provider's SPIN that has changed due to

the merger of companies or the acquisition of one company by another; or (3) effectuating a change that was not initiated by the applicant. An “operational” SPIN change is “any change to the service provider associated with a specific Funding Request Number.” An applicant may request an “operational” SPIN change in situations where: (1) the applicant has a legitimate reason to change providers (e.g., breach of contract or the service provider is unable to perform); and (2) and the applicant’s newly selected service provider received the next highest point value in the original bid evaluation, assuming there were multiple bidders. Applicants must file requests for either a “corrective” or “operational” SPIN change by no later than the service delivery deadline. Applicants must provide a narrative and any documents to support its request.

Statutory authority for this collection of information is contained in sections 1-4, 201-205, 214, 254, 303(r), and 403 of the Communications Act of 1934, as amended, [47 U.S.C. §§ 151-154, 201-205, 214, 254, 303\(r\), and 403](#).

Privacy Act: This information collection does not affect individuals or households. Therefore, there is no impact under the Privacy Act.

2. **Use of information.** The requirements contained herein are necessary to implement the congressional mandate for universal service. The information collected herein provides the Commission and USAC with the necessary information to administer the RHC Program, determine the amount of support entities seeking funding are eligible to receive, to determine if entities are complying with the Commission’s rules, and to promote program integrity. The information will also allow the Commission to evaluate the extent to which the RHC Program is meeting the statutory objectives specified in section 254(h) of the 1996 Act and the Commission’s performance goals for the RHC Program, and to evaluate the need and feasibility for any future revisions to RHC Program rules.
3. **Use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.** In an effort to reduce any burden created by these information collection requirements, information must be submitted electronically. Applicants and service providers submit the FCC Forms and documentation associated with the Telecom and Healthcare Connect Fund Programs via a user-friendly online interface accessible via USAC’s website. Applicants are also able to upload required documentation (such as a bill) and supporting documentation, as necessary, when completing the online forms for the RHC Program. The RHC interface is designed to provide online storage of applications and related materials for health care providers, in order to ease compliance with recordkeeping requirements and possible audits. Furthermore, to the extent possible, the system is designed to carry forward information already provided by an applicant to future filings (i.e., pre-populate data), in order to further reduce the filing burden. Health care providers who lack sufficient Internet access are able to contact USAC’s help desk over the telephone to obtain assistance with meeting the filing requirements.
4. **Efforts to identify duplication.** There will be no duplication of information. The information sought is unique to each applicant and similar information is not already available. The Commission does not otherwise collect information from health care providers. The data collected by the Commission regarding health care providers’ use of telecommunications, information and broadband services is, to the best of the Commission’s knowledge, not available from other sources. To the extent data can be linked based on unique identifiers; this information will be obtained and automatically pre-populated into the FCC Forms so that applicants do not have to manually re-enter information that has not changed from previous filings.

5. **Impact on small businesses or other small entities.** Entities directly subject to the requirements of this information collection are health care providers and consortia comprised of health care providers. This information collection is designed to impose the least possible burden on the respondents while ensuring that USAC and the Commission have information necessary to administer and improve the RHC Program. Specifically, the Commission has attempted to minimize the burden by allowing health care providers to apply as consortia.
6. **Consequence if information is not collected.** Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing section 254 of the 1996 Act, and prevent health care providers from seeking RHC discounts for eligible services.
7. **Special circumstances.** There are no special circumstances associated with this information collection.
8. **Federal Register notice; efforts to consult with persons outside the Commission.** The Commission published a notice pursuant to 5 CFR § 1320.8(d), in the Federal Register to solicit public comment on the information collection requirements on April 30, 2024 (89 FR 34243). No comments were received as a result of this notice.
9. **Payments or gifts to respondents.** The Commission does not anticipate providing any payment or gifts to respondents.
10. **Assurances of confidentiality.** There is no assurance of confidentiality provided to respondents concerning this information collection. Information submitted on FCC Forms for the RHC Program is subject to public inspection and is used by USAC to update and expand the RHC Program dataset as part of its Open Data Platform. However, respondents may request materials or information submitted to the Commission or to USAC be withheld from public inspection under 47 CFR § 0.459 of the FCC’s rules.
11. **Questions of a sensitive nature.** This information collection does not address any private matters of a sensitive nature.
12. **Estimates of the hour burden of collection to respondents.**

The following represents the hour burden on the collections of information:

HEALTHCARE CONNECT FUND PROGRAM

Proposed Revisions:

a. **FCC Form 461 – Request for Services (Competitive Bidding)**

Number of Respondents: Approximately 4,300 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 2,580. Applicants who can utilize a competitive bidding exemption do not need to submit an FCC Form 461 to receive support. The Commission estimates that approximately 40% of applicants on average will utilize a competitive bidding exemption, so only 60% of applicants will need to submit an FCC Form 461. 60% of 4,300 applicants = 2,580 responses.

Total Annual Hourly Burden: 5,160 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 2,580 submissions x 2 hours = 5,160 hours.

Total Estimate of In-House Cost to the Respondents: \$206,400 = 5,160 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

Proposed Extensions:

b. **FCC Form 460– (Letters of Agency (LOA) (Consortia Only)) Submission**

Number of Respondents: Approximately 4,520 health care providers. This number is based on health care providers who submitted LOAs in funding year 2021.

Frequency of Response: One-time reporting requirement.

Total Number of Responses Annually: 4,520.

Total Annual Hourly Burden: 4,520 hours. This requirement applies to consortium applicants only. 4,520 submissions x 1 hour = 4,520 hours.

Total Estimate of In-House Cost to the Respondents: \$180,800 = 4,520 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

c. **FCC Form 460 (State/Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader/Consultant (Consortia Only)) Submission**

Number of Respondents: Approximately 37 state government or non-profit entities.

Frequency of Response: One-time reporting requirement.

Total Number of Responses Annually: 20. The Commission estimates that of the possible respondents, approximately 20 may make this submission annually. Respondents are not required to make this filing each year.

Total Annual Hourly Burden: 40 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 20 submissions x 2 hours = 40 hours.

Total Estimate of In-House Cost to the Respondents: \$1,600 = 40 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

d. **Agreement Regarding Legal/ Financial Responsibility for Consortium Activities (Consortia Only)**

Number of Respondents: Approximately 7 consortia of health care providers.

Frequency of Response: One-time reporting requirement.

Total Number of Responses Annually: 7.

Total Annual Hourly Burden: 70. The Commission estimates that this requirement will take approximately 10 hours per submission. 7 submissions x 10 hours = 70 hours.

Total Estimate of In-House Cost to the Respondents Costs: \$5,950. The Commission anticipates that consortia may engage in-house counsel (attorneys) to prepare this agreement comparable in pay to the Federal government at a GS-15, Step 5, at \$85 per hour (rounded up). We acknowledge the possibility that some respondents may engage outside counsel, but do not include an estimate for use of such counsel given that we are unable to determine this information with certainty 70 hours x \$85/hour = \$5,950.

e. **FCC Form 461 (Request for Proposals (RFP)) Submission**

Number of Respondents: Approximately 75 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 45. Not all applicants are required to submit an RFP. The Commission estimates that responses will come from 45 out of the 75 individual and consortium applicants.

Total Annual Hourly Burden: 765 hours. Approximately 45 respondents. The Commission estimates that this requirement will take, on average, approximately 17 hours for applicants. The number of burden hours will vary depending upon the detail provided by the applicant in the RFP. 45 submissions x 17 hours = 765 hours.

Total Estimate of In-House Cost to the Respondents: \$30,600 = 765 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

f. **FCC Form 461 (Network Planning for Consortia (Consortia Only)) Submission**

Number of Respondents: Approximately 371 respondents. This requirement applies to consortia only.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 371. The Commission estimates the number of respondents based upon the number of respondents submitting Network Plans with the FCC Forms 461.

Total Annual Hourly Burden: 3,710 hours. The Commission estimates that this requirement will take, on average, approximately 10 hours. The number of hours will vary depending upon the detail provided in the Network Plans by consortia. 371 submissions x 10 hours = 3,710 hours.

Total Estimate of In-House Cost to the Respondents: $\$148,400 = 3,710 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

g. **FCC Form 462 – Request for Funding**

Number of Respondents: Approximately 12,953 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 12,953.

Total Annual Hourly Burden: 25,906 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. $12,953 \text{ submissions} \times 2 \text{ hours} = 25,906 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$1,036,240 = 25,906 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

h. **FCC Form 462 (Competitive Bidding Documents) Submission**

Number of Respondents: Approximately 8,417 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 8,417.

Total Annual Hourly Burden: 126,255 hours. The Commission estimates that this requirement will take, on average, approximately 15 hours for applicants. The number of burden hours will vary depending upon the size of the funding request and the competitive bidding documentation provided. $8,417 \text{ submissions} \times 15 \text{ hours} = 126,255 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$5,050,200 = 126,255 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

i. **FCC Form 462 (Contracts or Similar Documentation) Submission**

Number of Respondents: Approximately 12,953 individual and consortium applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 12,953.

Total Annual Hourly Burden: 12,953 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. $12,953 \text{ submissions} \times 1 \text{ hour} = 12,953 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: \$518,120 = 12,953 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

j. **FCC Form 462 (Cost Allocation Method for Ineligible Entities or Components) Submission**

Number of Respondents: Approximately 158 applicants.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 158.

Total Annual Hourly Burden: 158 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 158 submissions x 1 hour = 158 hours.

Total Estimate of In-House Cost to the Respondents: \$6,320 = 158 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

k. **FCC Form 462 (Updates to Network Planning for Consortia) Submission**

Number of Respondents: Approximately 394 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 394.

Total Annual Hourly Burden: 3,940 hours. The Commission estimates that this requirement will take, on average, approximately 10 hours for respondents. The number of burden hours will vary based on the extent of the updates and the detail provided. 394 submissions x 10 hours = 3,940 hours.

Total Estimate of In-House Cost to the Respondents: \$157,600 = 3,940 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

l. **FCC Form 462 (Network Cost Worksheet) Submission**

Number of Respondents: Approximately 394 respondents.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 394.

Total Annual Hourly Burden: 3,940 hours. The Commission estimates that this requirement will take, on average, approximately 10 hours. The number of burden hours will vary based on the size of the network and the detail provided in the cost worksheet. 394 submissions x 10 hours = 3,940 hours.

Total Estimate of In-House Cost to the Respondents: $\$157,600 = 3,940 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

m. **FCC Form 462 (Evidence of Viable Source for 35 Percent Contribution) Submission**

Number of Respondents: Approximately 394 consortium applicants. This requirement applies to consortia only.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 394.

Total Annual Hourly Burden: 394 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. $394 \text{ submissions} \times 1 \text{ hour} = 394 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$15,760 = 394 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

n. **FCC Form 462 (Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses) Submission**

Number of Respondents: Approximately 15 respondents.

Frequency of Response: One-time requirement. Once submitted, revisions are only required if there is a material change in sources of future support or management, a change that would impact projected income or expenses by the greater of 20 percent or \$100,000 from the previous submission, or if the applicant submits a funding request based on a new FCC Form 461 (i.e., a new competitively bid contract).

Total Number of Responses Annually: 15.

Total Annual Hourly Burden: 150 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. $15 \text{ submissions} \times 10 \text{ hours} = 150 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$6,000 = 150 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

o. **FCC Form 463 – Request for Funding Disbursement**

Number of Respondents: Approximately 9,628 respondents. The FCC Form 463 is completed jointly by the applicant and vendor.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 9,628.

Total Annual Hourly Burden: 19,256 hours. The Commission estimates that this requirement will take, on average, approximately 2 hours combined for applicants and vendors. The number of burden hours will vary based on the number of line items included in a funding request. $9,628 \text{ submission} \times 2 \text{ hours} = 19,256 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$770,240 = 19,256 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

p. **Extension Request for Lighting Fiber**

Number of Respondents: Approximately 1 applicant.

Frequency of Response: One-time requirement.

Total Number of Responses Annually: 1

Total Annual Hourly Burden: 1 hour. The Commission estimates that this requirement will take approximately 1 hour per submission. $1 \text{ submission} \times 1 \text{ hour} = 1 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$40 = 1 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

q. **Annual Reporting Requirement for Healthcare Connect Fund Participants**

Number of Respondents: 5,141. Approximately 5,141 consortium and individual health care provider participants for funding year 2021.

Frequency of Response: Annual requirement.

Total Number of Responses Annually: 5,141. The Commission estimates approximately 5,141 based on the number of consortium and individual health care provider participants for funding year 2021.

Total Annual Hourly Burden: 51,410 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. $5,141 \text{ submissions} \times 10 \text{ hours} = 51,410 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$2,056,400 = 51,410 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

r. **Service Delivery Deadline Extension Requests**

Number of Respondents: 11.

Frequency of Response: On occasion reporting requirement. This obligation will only arise where the applicant must affirmatively seek a one-year extension of the service delivery deadline.

Total Number of Responses Annually: 11.

Total Annual Hourly Burden: 11 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 11 submissions x 1 hour = 11 hours.

Total Estimate of In-House Cost to the Respondents: \$440 = 11 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

TELECOMMUNICATIONS PROGRAM

Proposed Revisions:

s. **FCC Form 465 – Eligibility and Request for Services (Competitive Bidding)**

Number of Respondents: Approximately 2,004 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 2,004

Total Annual Hourly Burden: 2,004 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 2,004 submissions x 1 hour = 2,004 hours.

Total Estimate of In-House Cost to the Respondents: \$80,160 = 2,004 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

t. **FCC Form 466 – Request for Funding**

Number of Respondents: Approximately 1,483 respondents.

Frequency of Response: Annual and occasion requirement.

Total Number of Responses Annually: 1,483.

Total Annual Hourly Burden: 2,966 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 1,483 submissions x 2 hours = 2,966 hours.

Total Estimate of In-House Cost to the Respondents: \$118,640 = 2,966 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

Proposed Extensions:

u. **FCC Form 469 – Invoice and Request for Disbursement**

Number of Respondents: Approximately 268 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 14,436. The Commission estimates that service providers will submit approximately 14,436 Telecom Program Invoices per year. This number is based on the number of Telecom Program invoices submitted in funding year 2021. Each respondent will make multiple filings of the FCC Form 469 each year.

Total Annual Hourly Burden: 28,872 hours. The Commission estimates that the FCC Form 469 will take, on average, approximately 2 hours combined for service providers and health care providers. $14,436 \text{ submissions} \times 2 \text{ hours} = 28,872 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$1,154,880 = 28,872 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

v. **Mobile RHC Provider Submission of Sites**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. $10 \text{ submissions} \times 3 \text{ hours} = 30 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$1,200 = 30 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

w. **Mobile RHC Provider Explanation of Necessity**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. $10 \text{ submissions} \times 3 \text{ hours} = 30 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$1,200 = 30 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

x. **Mobile RHC Provider Certification**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 10 submissions x 3 hours = 30 hours.

Total Estimate of In-House Cost to the Respondents: \$1,200 = 30 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

y. **Mobile RHC Provider Annual Logs**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 10 submissions x 3 hours = 30 hours.

Total Estimate of In-House Cost to the Respondents: \$1,200 = 30 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

z. **Mobile RHC Provider Documentation of Price – Service in One State**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 10 submissions x 3 hours = 30 hours.

Total Estimate of In-House Cost to the Respondents: \$1,200 = 30 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

aa. **Mobile RHC Provider Documentation of Price – Service in Multiple States**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 10 submissions x 3 hours = 30 hours.

Total Estimate of In-House Cost to the Respondents: \$1,200 = 30 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

bb. **Mobile RHC Providers Must Maintain Documents About Allocation**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 10 submissions x 3 hours = 30 hours.

Total Estimate of In-House Cost to the Respondents: \$1,200 = 30 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

cc. **Mobile RHC Providers Must Maintain Purchase Records**

Number of Respondents: 10 mobile health clinics.

Frequency of Response: Annual reporting requirement.

Total Number of Responses Annually: 10. 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 the FCC Forms 465 and 466.

Total Annual Hourly Burden: 30 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 10 submissions x 3 hours = 30 hours.

Total Estimate of In-House Cost to the Respondents: \$1,200 = 30 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

Proposed Extensions for funding requests of funding year 2023 and earlier:

dd. **FCC Form 467 – Connection Certification Form**

Number of Respondents: Approximately 713 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 713. The Commission estimates that applicants will submit approximately 713 FCC Forms 467 for funding year 2023. The requirement to submit an FCC Form 467 is being eliminated starting in funding year 2024.

Total Annual Hourly Burden: 214 hours. The Commission estimates that each FCC Form 467 will take approximately 0.30 hours per submission. 713 submissions x 0.30 hours = 214 hours.

Total Estimate of In-House Cost to the Respondents: \$8,560 = 214 hours x \$40/hour. The Commission estimates that respondents will use a staff compensated at approximately \$40 per hour.

ee. **Telecom Invoice Template/Form**

Number of Respondents: Approximately 268 respondents.

Frequency of Response: Annual and on occasion requirement.

Total Number of Responses Annually: 14,436. The Commission estimates that 799 service providers will submit approximately 14,436 Telecom Program Invoices per year. This number is based on the number of Telecom Program invoices submitted in funding year 2021. Each respondent will likely file multiple Invoice Forms each year. The requirement to submit an Invoice Template/Form is being eliminated starting in funding year 2024.

Total Annual Hourly Burden: 4,331 hours. The Commission estimates that the Telecom Program Invoice will each take approximately 0.30 hours per submission. 14,436 submissions x 0.30 hours = 4,331 hours.

Total Estimate of In-House Cost to the Respondents: \$173,240 = 4,331 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

REQUIREMENTS APPLICABLE TO BOTH THE HEALTHCARE CONNECT AND TELECOM PROGRAMS

Proposed New Requirement:

ff. **Change of Evergreen Contract Dates**

Number of Respondents: Approximately 315 respondents.

Frequency of Response: This is an on occasion requirement.

Total Number of Responses Annually: 564. This number is based on the number of evergreen contract exemptions granted in funding year 2022 and our estimate that half of evergreen contract exemptions will require a change in dates. We estimate that each respondent will file multiple requests to change evergreen contract dates.

Total Annual Hourly Burden: 169 hours. The Commission estimates that this requirement will take approximately 0.30 hours per submission. $564 \text{ submissions} \times 0.30 \text{ hours} = 169 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$6,760 = 169 \text{ hours} \times 40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

Proposed Revision:

gg. **FCC Form 460 – Eligibility and Registration**

Number of Respondents: Approximately 3,888 individual health care provider sites and consortia of health care providers. This number is based on FCC Forms 460 submitted for funding year 2021 in the Health Care Connect Fund Program and the number of new participants in the Telecom Program in funding year 2023.

Frequency of Response: One-time reporting requirement. Once submitted, the FCC Form 460 need not be re-submitted in subsequent years unless there is a change in the information previously provided.

Total Number of Responses Annually: 3,888.

Total Annual Hourly Burden: 3,888 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. $3,888 \text{ submissions} \times 1 \text{ hour} = 3,888 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$155,520 = 3,888 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

Proposed Extensions:

hh. **Audits and Recordkeeping**

Number of Respondents: Approximately 17,375 respondents.

Frequency of Response: Annual recordkeeping requirement.

Total Number of Responses Annually: 17,375

Total Annual Hourly Burden: 139,000 hours. The Commission estimates that this requirement will take approximately 8 hours annually per submission. $17,375 \text{ submissions} \times 8 \text{ hours} = 139,000 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$5,560,000 = 139,000 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

ii. **Authorization for Third Parties to Submit FCC Forms on Behalf of HCP/Consortium**

Number of Respondents: Approximately 1,199 individual health care providers or consortia of health care providers.

Frequency of Response: One-time reporting requirement. Once submitted, this authorization need not be re-submitted in subsequent years unless there is a change in the information previously provided.

Total Number of Responses Annually: 1,199.

Total Annual Hourly Burden: 1,199 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. $1,199 \text{ submissions} \times 1 \text{ hour} = 1,199 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$47,960 = 1,199 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

jj. **Invoice Deadline Extension Requests**

Number of Respondents: 2,617.

Frequency of Response: On occasion reporting requirement. This obligation will only arise where service providers and billed entities request a one-time 120-day extension of the invoice deadline.

Total Number of Responses Annually: 2,617.

Total Annual Hourly Burden: 785 hours. The Commission estimates that this requirement will take approximately 0.30 hours per submission. $2,617 \text{ submissions} \times 0.30 \text{ hours} = 785 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$31,400 = 785 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

kk. **Site and Service Substitutions**

Number of Respondents: 16.

Frequency of Response: On occasion reporting requirement. This obligation will only arise where a health care provider seeks a site or service substitution.

Total Number of Responses Annually: 16.

Total Annual Hourly Burden: 5 hours. The Commission estimates that this requirement will take approximately 0.30 hours per submission. 16 submissions x 0.30 hours = 5 hours.

Total Estimate of In-House Cost to the Respondents: \$200 = 5 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

ii. **Service Provider Identification Number (SPIN) Changes**

Number of Respondents: 258.

Frequency of Response: On occasion reporting requirement. This obligation will only arise where a health care provider seeks a SPIN change.

Total Number of Responses Annually: 258

Total Annual Hourly Burden: 77 hours. The Commission estimates that this requirement will take approximately 0.30 hours per submission. 258 submissions x 0.30 hours = 77 hours.

Total Estimate of In-House Cost to the Respondents: \$3,080 = 77 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

The estimated respondents, responses, and burden hours are listed below:

	Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total Cost
a.	FCC Form 461 – Request for Services (Competitive Bidding)	4,300	2,580	5,160	\$206,400
b.	FCC Form 460– (Letters of Agency (LOA) (Consortia Only)) Submission	4,520	4,520	4,520	\$180,800
c.	FCC Form 460 (State / Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader / Consultant (Consortia Only))	37	20	40	\$1,600

	Submission				
d.	Agreement Regarding Legal/ Financial Responsibility for Consortium Activities (Consortia Only)	7	7	70	\$5,950
e.	FCC Form 461 (Request for Proposals (RFP)) Submission	75	45	765	\$30,600
f.	FCC Form 461 – (Network Planning for Consortia (Consortia Only)) Submission	371	371	3,710	\$148,400
g.	FCC Form 462 - Request for Funding	12,953	12,953	25,906	\$1,036,240
h.	FCC Form 462 (Competitive Bidding Documents) Submission	8,417	8,417	126,255	\$5,050,200
i.	FCC Form 462 (Contracts or Similar Documentation) Submission	12,953	12,953	12,953	\$518,120
j.	FCC Form 462 (Cost Allocation Method for Ineligible Entities or Components) Submission	158	158	158	\$6,320
k.	FCC Form 462 (Updates to Network Planning for Consortia) Submission	394	394	3,940	\$157,600
l.	FCC Form 462 (Network Cost Worksheet) Submission	394	394	3,940	\$157,600

m.	FCC Form 462 (Evidence of Viable Source for 35 Percent Contribution) Submission	394	394	394	\$15,760
n.	FCC Form 462 (Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses) Submission	15	15	150	\$6,000
o.	FCC Form 463 – Request for Funding Disbursement	9,628	9,628	19,256	\$770,240
p.	Extension Request for Lighting Fiber	1	1	1	\$40
q.	Annual Reporting Requirement for Healthcare Connect Fund Participants	5,141	5,141	51,410	\$2,056,400
r.	Service Delivery Deadline Extension Requests	11	11	11	\$440
s.	FCC Form 465 – Eligibility and Request for Services (Competitive Bidding)	2,004	2,004	2,004	\$80,160
t.	FCC Form 466 – Request for Funding	1,483	1,483	2,966	\$118,640
u.	FCC Form 469 – Invoice and Request for Disbursement	268	14,436	28,872	\$1,154,880
v.	Mobile RHC Provider Submission of Sites	10	10	30	\$1,200

w.	Mobile RHC Provider Explanation of Necessity	10	10	30	\$1,200
x.	Mobile RHC Provider Certification	10	10	30	\$1,200
y.	Mobile RHC Provider Annual Logs	10	10	30	\$1,200
z.	Mobile RHC Provider Documentation of Price - Service in One State	10	10	30	\$1,200
aa.	Mobile RHC Provider Documentation of Price - Service in Multiple States	10	10	30	\$1,200
bb.	Mobile RHC Providers Must Maintain Documents About Allocation	10	10	30	\$1,200
cc.	Mobile Rural Health Care Providers Must Maintain Purchase Records	10	10	30	\$1,200
dd.	FCC Form 467 – Connection Certification Form	713	713	214	\$8,560
ee.	Telecom Invoice Template/Form	268	14,436	4,331	\$173,240
ff.	Change of Evergreen Contract Dates	315	564	169	\$6,760
gg.	FCC Form 460 – Eligibility and Registration	3,888	3,888	3,888	\$155,520
hh.	Audits and Recordkeeping	17,375	17,375	139,000	\$5,560,000
ii.	Authorization of	1,199	1,199	1,199	\$47,960

	Third Parties to Submit FCC Forms on Behalf of HCP/Consortium				
jj.	Invoice Deadline Extension Requests	2,617	2,617	785	\$31,400
kk.	Site and Service Substitutions	16	16	5	\$200
ll.	Service Provider Identification Number (SPIN) Changes	258	258	77	\$3,080
	GRAND TOTAL	12,854 unique respondents	117,071	442,389	\$17,689,710

Total Number of Respondents: 12,854 unique respondents
 Total Number of Responses Annually: 117,071
 Total Annual Hourly Burden: 442,389
 Total Estimate of Annualized “In-house” Cost: \$17,689,710

13. **Estimates for cost burden of the collection to respondents.** There are no outside contracting costs for this information collection. See the last column in the chart in Item 12 above for the total in-house cost to the respondents.

14. **Estimate of the cost burden to the Commission.** There will be few, if any, additional costs to the Commission because notice, enforcement, and policy analysis associated with the Universal Service Fund are already part of the Commission’s duties. Moreover, there will be minimal cost to the Federal government since a third party, USAC, administers the RHC Program.

15. **Program changes or adjustments.** The Commission is reporting program changes/increases to the total number of annual responses of +667, and program changes/increases to the total annual burden hours of +272. These program changes are due to the change of information collection requirements applicable to the RHC Program as a result of the *2023 Third Report and Order*.

 There are no adjustments to this information collection.

16. **Collections of information whose results will be published.** Non-proprietary information will likely be made publicly available for the benefit of all interested parties (*e.g.*, annual reports submitted in the Healthcare Connect Fund, summary data for USAC’s quarterly Universal Service Fund demand estimates, RHC Open Data Platform or other public search tools, and summary data for the Commission’s annual Universal Service Monitoring Reports). The Commission has no plans at this time to publish other data collected for statistical use or other reports. However, the Commission may publish such data in the future, to the extent that its confidentiality is not protected under law, in the course of carrying out its policymaking responsibilities.

17. ***Display the expiration date for OMB approval of the information collection.*** The Commission seeks continued approval to not display the expiration date for OMB approval of this information collection. The Commission will use an edition date in lieu of the OMB expiration date. This will prevent the Commission from having to repeatedly update the expiration date on the forms each time this collection is submitted to OMB for review and approval. OMB approval of the expiration date of the information collection will be displayed on OMB’s website.
18. ***Exception to the certification statement for Paperwork Reduction Act submissions.***

There are no exceptions to the Certification Statement.

B. Collections of Information Employing Statistical Methods:

The Commission does not anticipate that the collection of information will employ statistical methods.