

## Rural Health Care Telecommunications Program

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

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

Item #	Field Description	Purpose/Instructions
1	FCC Form 465 Application Number	Auto generated by system. This is a unique Universal Service Administrative Company (USAC)-assigned unique identifier for this request.
2	Applicant's FCC Form Nickname	Optional. To create a unique identifier for this submission, the user simply enters a nickname (e.g., Funding Year (FY) 2016 Homewood FCC Form 465).
3	Site Name	This is the name of the site.
4	Site Number	Auto generated by the system. This is the unique USAC assigned identifier for the site listed in Site Name.
4	FCC Form 460 Number	Auto-generated by the system: Based on information for the previously submitted Description of Eligibility (FCC Form 460). This is a USAC-assigned unique identifier for this request.
5	Site Address	Auto generated by the system. This is the site's physical address, county, city, state, zip code and geolocation.
6	Consortium Name	If applicable. User identifies as being a member of a larger collective group (e.g. consortium, association, network, etc.) that participates in either the Telecommunications or Healthcare Connect Fund Programs.
7	Funding Year	This is the selection of the FY the applicant is submitting the request for. Funding years run from July 1 through June 30 of the following year. Available funding year selections will be displayed by the system.

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8	Indicate Whether a Separate Request for Proposals (RFP) will be Released for this Request	Optional. The user indicates whether they are using an RFP. If an RFP is used, it must be attached to the FCC Form 465 so that it can be “released” with the posting of the FCC Form 465 and the RFP period must be opened for at least 28 days after the posting of the FCC Form 465.
9	Services Requested: Category	The user identifies the service category for which the site is requesting bids (e.g., voice, data).
10	Services Requested: Type	The user identifies the service type for which the site is requesting bids (e.g., T-1).
11	Number of Months of Service Requested	The user indicates the number of months of service that is being requested for the service.
12	Symmetrical Service	The user indicates if the upload and download speeds must be equal.
13	Upload Speed	The user enters the requested upload speed for the service.
14	Download Speed	If the service is not symmetrical, the user enters the requested download speed for the service.
15	Service Level Agreement (SLA)	Optional. The user indicates whether it is seeking an SLA as part of the agreement with the selected service provider.
16	Latency	The user indicates the latency requirement for the SLA.
17	Jitter	The user indicates the jitter requirement for the SLA.
18	Packet Loss	The user indicates the packet loss rate for the SLA.
19	Reliability	The user indicates the reliability requirements for the SLA.
20	Services Requested: Additional Service Details	The user describes additional details regarding the services for which it is requesting bids. The user shall provide sufficient information to enable bidders to reasonably determine the needs of the user and provide responsive bids.
21	Services Requested: Desired Contract Length	The user provides details on the length and type of contract requested.
22	Services Requested: Bid Posting Period	Optional. The user may add days on to the posting period beyond the required minimum 28-day posting period.

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

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32	Aggregated Purchasing Agreement	Optional. If applicable, user shall provide full details of any arrangement involving the purchasing of service/s as part of an aggregated purchase with other entities or individuals. User may also upload and submit any other supporting documents to support its request.
33	Declaration of Assistance/Consultant or Outside Expert Information	If applicable. Users must submit a declaration of assistance identifying each and every consultant, vendor, or other outside expert, whether paid or unpaid, who aided in the preparation of their applications and, as part of this declaration, users must describe the nature of their relationship with the consultant, vendor, or other outside expert providing the assistance. The user must provide the name of the consultant's or outside expert's firm name; consultant registration number; name of the consultant or outside expert representing the applicant; consulting firm street address, city, state, and zip code; consulting firm telephone number; and consulting firm email address. If this information has already been entered into the user's profile, it will be pre-populated into the system.
34	Letter of Authorization	If applicable, the user must provide a letter of authorization which provides written authorization to a third party/consultant to complete and submit FCC Forms on behalf of the health care provider for the Telecommunications Program.
35	Supporting Documentation	Optional. This provides an option for the user to upload and submit any other documents to support their request.
36	I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant or consortium.	The Authorized Person is required to provide all required certifications and signatures. An officer or director of the applicant must sign all certifications. The applicant must provide this certification in order to receive universal service support.
37	I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowledge, information, and belief, all statements contained herein and in any attachments are true.	See Item #36 Purpose/Instructions above.
38	I certify under penalty of perjury that the applicant has complied with all applicable state, Tribal, or local procurement rules.	See Item #36 Purpose/Instructions above.

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39	I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonably related to the provision of health care service or instruction that the applicant is legally authorized to provide under the law of the state in which the services are provided.	See Item #36 Purpose/Instructions above.
40	I certify under penalty of perjury that the supported services will not be sold, resold, or transferred in consideration for money or any other thing of value.	See Item #36 Purpose/Instructions above.
41	I certify under penalty of perjury that the applicant seeking supported services is a public or non-profit entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR § 54.600 of the Commission's rules or expects to fall within one of the categories before the end of the funding year for which the supported services will be requested.	See Item #36 Purpose/Instructions above.
42	I certify under penalty of perjury that the applicant seeking support services is physically located in a rural area as defined in section 47 CFR § 54.600 of the Commission's rules or expects to be physically located in a rural area before the end of the funding year for which supported services will be requested.	See Item #36 Purpose/Instructions above.
43	I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act and applicable Commission rules.	See Item #36 Purpose/Instructions above.

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44	I certify under penalty of perjury that the applicant has reviewed and will comply with all applicable RHC Program requirements.	See Item #36 Purpose/Instructions above.
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60	I understand that all documentation associated with this request must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.	See Item #50 Purpose/Instructions above.
61	Signature	The FCC Form 465 must be certified electronically.
62	Date Submitted	Auto generated by system.
63	Date Signed	Auto generated by system.
64	Authorized Person	The Authorized Person is required to provide all required signatures and certifications. The FCC Form 465 must be certified electronically. This field will be auto-populated if the name of the Authorized Person is already within the system.
65	Authorized Person's Employer	This is the name of the employer of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
66	Authorized Person's Employer FCC RN	This is the FCC RN of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
67	Authorized Person's Title/Position	This is the title of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
68	Authorized Person's Mailing Address	This is the address (can be physical address or mailing address) of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
69	Authorized Person Telephone Number	This is the telephone number of the Authorized Person certifying the FCC Form 465. This field will be auto-populated if already within the system.
70	Authorized Person Email Address	This is the email address of the Authorized Person signing the FCC Form 465. This field will be auto-populated if already within the system.