

**Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Request for Services Form**

USAC Internal Use Only	
FCC Form 461 Application Number:	FCC Form 460 Number:
Posting Start Date:	Posting End Date:
Allowable Contract Selection Date (ACSD):	Form 461 Friendly Name:

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year	2 HCP Number	
3 Site Name/Consortium Name		
4 Address Line 1		
5 Address Line 2	6 County	
7 City	8 State	9 Zip Code
Geolocation		

Block 2: Individual HCP Site Request for Services		
10 <input checked="" type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. <input type="checkbox"/> Applicant has not and will not prepare an RFP.		
10a Requested contract period		
10b Expected bid evaluation period		
11 Number of days USAC should post: _____ Posting end date: _____		
12 Category of Expense Requested (check all applicable): <input type="checkbox"/> Network Equipment <input type="checkbox"/> Leased/Tariffed Facilities or Services		
Identify Anticipated Application(s) and Use(s) of the Supported Connection		
The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.		
(Select all that apply. Describe usage level and usage period for all selected.)		
Capability	Usage Level	Usage Period
<u>Category: Interactive</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Real-time remote examination, consultation, and/or monitoring		
<input type="checkbox"/> Video conferencing		
<input type="checkbox"/> Voice service		
<input type="checkbox"/> Other (describe): _____		
<u>Category: Transactional</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Internet access		

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):

19 Contact for Request for Services:
 Same as Project Coordinator Same as Assistant Project Coordinator Other

If other, provide full contact information:

Contact Name	Organization Name	
Contact Name Title	Email	
Phone	Ext.	Fax
Address Line 1		
Address Line 2		
City	State	Zip Code

Block 4: Declaration of Assistance

20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?
 Yes No

21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.

a. Name	b. Organization Type	
c. Title/Role	d. Employer	
e. Address Line 1		
f. Address Line 2		
g. City	h. State	i. Zip Code
Phone	Ext.	Email

Block 5: Bid Evaluation

22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary).

Criteria	Weight
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	

Block 6: Additional Documentation

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

Type of Documentation
a.
b.
c.
d.
e.

Block 7: Certifications

24	<input type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
25	<input type="checkbox"/>	I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.
26	<input type="checkbox"/>	I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules.
27	<input type="checkbox"/>	I certify under penalty of perjury that the supported connection(s) and network equipment will be used solely for purposes reasonably related to the provision of healthcare service or instruction that the healthcare provider is legally authorized to provide under the law of the state in which the connections are provided. In addition, I certify under penalty of perjury that the supported connection(s) and network equipment will not be sold, resold, or transferred in consideration for money or any other thing of value.
28	<input type="checkbox"/>	I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
29	<input type="checkbox"/>	I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements.
30	<input type="checkbox"/>	I understand that all documentation associated with this request, including a copy of the signed FCC Form 461, any bids/contracts resulting from the FCC Form 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.
31	Signature	
	Date	
33	Printed Name of Authorized Person	
34	Title/Position of Authorized Person	
35	Phone	Ext.
36	Email	
37	Employer	
38	Employer's FCC RN	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507