Healthcare Connect Fund (HCF) Program

FCC Form 460 Guide

How to file a consortium FCC Form 460 (Eligibility and Registration Form). The FCC Form 460 can be submitted at any time during a funding year.

Consortium Information Tab

- **Program Type** is a required field. Select the program(s) for which you'd like your consortium to be reviewed. It is important to select ALL programs that your consortium would like to determine eligibility for.
- **FCC Form 460 Application Number** is a prepopulated field.
- **Form Nickname** is an optional field. If you wish, you may enter a name to easily identify this form in the future.
- **HCP Number** is a prepopulated field. The HCP Number is a unique identifier assigned by USAC to all sites, eligible and ineligible.
- **Name of Consortium** is a required field that will be prepopulated for consortia that have previously submitted a FCC Form 460. Enter the name of the consortium.
- **Is the Consortium a legal entity?** is a required field. Indicate if the consortium is a legal entity by selecting the appropriate radio button.
- **Consortium FCC Registration Number (FCCRN)** is a required field. Enter the FCCRN of the consortium.
  - All applicants must obtain an FCCRN, if they do not already have one. The FCCRN is a ten digit number that is assigned to a business or individual registering with the FCC, and is used to uniquely identify the business or individual in all of its transactions with the FCC. Obtaining an FCCRN is a simple process that can typically be completed within minutes through the FCC's website at https://fjallfoss.fcc.gov/coresWeb/publicHome.do. Consortium applicants may obtain a single FCCRN for the consortium as a whole, if desired (i.e., instead of requiring each participating site to obtain a separate FCCRN).
- **Non-Profit Tax ID (EIN)** is a required field. Enter the Employer Identification Number (EIN) for the legal entity.

Physical Location Tab

- **Address** is required, unless a geo location is entered. Enter the site's physical address (do not enter a P.O. Box or a rural route address).
- **City, State, Zip Code** and **County** are required fields.
- **Geo Location** is required only if the site does not have a street address. Enter geo location information (i.e., latitude and longitude). Geo location information can be found using the instructions below:
  1. Go to https://maps.google.com/
  2. Type the site (HCP)'s intersection, city/town, or the nearest landmark. Drag the map or use the zoom feature to navigate to its precise location.
  3. Click to drop a pin to mark the location.
  4. Right click on the pin and select "What's Here." A box will appear and the geo-coordinates will be displayed below the address.

Consortium Leader Information Tab

- **Consortium has a written agreement allocating legal and financial responsibility** is a required field. Indicate whether the consortium has a written agreement allocating legal and financial responsibility by selecting the appropriate box. If you select "Yes", you must upload and submit the agreement to USAC for approval prior to or with the FCC Form 461.

If you select "No", see instructions regarding the default entity that bears legal and financial responsibility for the consortium's activities in connection with the HCF Program.

- **Consortium Leader Type** is a required field. Select the appropriate option that describes the type of consortium leader from the dropdown options. If the consortium leader is an eligible HCP participating in the consortium, provide the HCP number of the eligible HCP. If the eligible HCP has more than one HCP number, enter the HCP number of the site where the Project Coordinator is located.
  - o NOTE: A state organization, public sector entity, or non-profit entity may obtain an exemption to allow the organization to perform vendor functions and provide application assistance. Submit any such request for exemption.
- **Consortium Leader Name** is a required field. Enter the name of the consortium leader. The consortium leader is the organization that will serve as the main point of contact with USAC and the FCC and that will act on behalf of the consortium members throughout the application process and the funding, invoicing, and post-invoicing periods.
- **Consortium Leader Phone** and **Email** are required fields. Enter the phone number and email address of the consortium leader.
- **Consortium Website** is an optional field. Enter the consortium leader's web address.

Contact Information Tab

- **Project Coordinator Name** and **Title/Position** are required fields. Enter the Project Coordinator's name and title. The Project Coordinator is the person responsible for granting access to and managing the consortium's online account information. The Project Coordinator has the ability to view, create, and enter data in forms, and electronically certify, sign and submit forms, on behalf of the consortium. The Project Coordinator must be an officer, director, or other authorized employee of the Consortium Leader and may not be a consultant.
  - o The Project Coordinator may designate one or more Assistant Project Coordinators (also known as a Secondary Account Holder) with varying levels of access to the consortium's account.
- **Employer** is a required field. Enter the name of the legal entity for which the Project Coordinator works.
- **Employer's FCC Registration Number (FCCRN)** is a required field. All applicants must obtain an FCCRN, if they do not already have one. Obtaining an FCCRN is a simple process that can typically be completed within minutes through the FCC's website at https://fjallfoss.fcc.gov/coresWeb/publicHome.do. The FCCRN is a ten digit number that is assigned to a business or individual registering with the FCC, and is used to uniquely identify the business or individual in all of its transactions with the FCC.
- **Employer Website** is an optional field. Enter the web address for the legal entity for which the Project Coordinator is employed.
- **Project Coordinator Address, City, State, Zip Code, Phone #** and **Email** are required fields. Enter the Project Coordinator's address, city, state, zip code, phone number, and email address.
- **Are there secondary account holders?** is optional. Check the box next to "Are there secondary account holders?" and then click on the "New Secondary Account Holder" button to add a Secondary Account Holder
  - o Though optional, USAC recommends having at least one Secondary Account Holder, but you may enter as many as you'd like.
  - o Download the HCF Program Account Holder Guide.

- **Secondary Account Holder Name, Title/Position, Employer,** and **Employer's FCC RN** are required fields if an Assistant Project Coordinator is added.
- **Employer Website** is an optional field if an Assistant Project Coordinator is added. If the Assistant Project Coordinator's address is the same as Primary Account Holder's address, check the box and this information will auto-populate.

- **Phone #** and **Email** are required fields if an Assistant Project Coordinator is added. If the Assistant Project Coordinator's address is different from the Primary Account Holder's address, complete the remainder of the information on this tab.
- An Assistant Project Coordinator will have access to forms and have the ability to answer specific questions about the applications associated with a funding request. In addition, an Assistant Project Coordinator has full access, including the ability to sign, certify, and submit forms on behalf of the consortium if the Assistant Project Coordinator is a director, officer, or authorized employee of the Consortium Leader.
- The Project Coordinator may also choose to engage a third-party (i.e., consultant) and can assign Tertiary Account Holder rights to that third-party using a third party authorization (TPA). More information about TPAs.

HCP Eligibility Category Tab

- **Select the category that describes the HCP site** is a prepopulated field. When seeking an eligibility determination for a consortium, eligibility category "Consortium of the above" will be automatically selected.
- **Provide a brief explanation of why this site qualifies as the organization type selected above** is a required field. Provide a brief explanation of why the consortium qualifies (e.g. scope of consortium and services being sought).

Supporting Documentation Tab

- **Supporting Documentation** is optional. Click "New Document" to upload any additional documentation necessary to validate information on your FCC Form 460.
  - An example of supporting documentation that could be included with the FCC Form 460 is recent bill or lease, with the address clearly posted, to verify the HCP address provided.

Certifications Tab

- The Project Coordinator or an authorized designee must provide the certifications on the FCC Form 460. All applicable certifications must be checked.

Signature Tab

- **Email, Printed Name of Authorized Person, Title/Position of Authorized Person, Phone, Employer, and Employer's FCC RN, Address, City, State**, and **Zip Code** are pre-populated from the FCC Form 460 or the applicant's My Portal account.
- If you are a consultant, you will be prompted to upload a Third Party Authorization (TPA) after completing the signature block. Ensure that the TPA start and end dates entered on the FCC Form 460 match the authorization dates in the TPA.
- Continue the submission of the FCC Form 460 by selecting "**Certify**".
- **Signature** is a required field if you already have a My Portal account. Enter your My Portal password, and click "Certify".