

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

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

Block 1: HCP Information

| | | | |
|--------------------------|--|----------------------------|--|
| 1 HCP Name | | 2 HCP Number | |
| 3 Form 465 Application # | | 4 Consortium Name (If any) | |

Block 2: Bill Payer Information

| | | | |
|----------------------|--|------------------------|----------|
| 5 Billed Entity Name | | 6 Billed Entity FCC RN | |
| 7 Contact Name | | | |
| 8 Address Line 1 | | | |
| 9 Address Line 2 | | | |
| 10 City | | 11 State | 12 Zip |
| 13 Contact Phone # | | 14 Fax # | 15 Email |

Block 3: Funding Year Information

16 Funding Year - Check only one box
 Year 2014 (7/1/2014-6/30/2015)
 Year 2015 (7/1/2015-6/30/2016)
 Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required)

| | |
|-----------------------|---|
| 18 Total Billed Miles | 19 Maximum Allowable Distance (From Form 465) |
|-----------------------|---|

20 Percentage of HCP's service used for the provision of health care. _____ (If less than 100%, please explain.)
 If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

| Connection Information | Carrier A | Carrier B | Carrier C | Carrier D |
|--|-----------|-----------|-----------|-----------|
| 21 Service Provider Name | | | | |
| 22 Service Provider Identification Number (SPIN) | | | | |
| 23 Service Provider Contact Person Name | | | | |
| 24 Service Provider Contact Person's Phone # | | | | |
| 25 Service Provider Contact Person Email | | | | |
| 26 Circuit Start Location | | | | |
| 27 Circuit Termination Location | | | | |
| 28 Billing Account Number | | | | |
| 29 Tariff, Contract or other document reference number | | | | |
| 30 Date Contract Signed or Date HCP Selected Carrier | | | | |
| 31 Contract Expiration Date (mm/dd/yyyy or NA if MTM) | | | | |
| 32 Service Installation Date | | | | |
| 33 Actual Rural Rate per Month (Enclose Documentation) | | | | |

34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: Yes No

35 Are you a mobile rural health care provider? Yes No If yes, see instructions and attach a list of all sites to be served.

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

| | | | | |
|---|--|--|--|--|
| 36 Billed Circuit Miles | | | | |
| 37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.) | | | | |
| 38 Cost per Mile per Month | | | | |

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

| | | | | |
|--|--|--|--|--|
| 39 One-time Urban Rate Charge (in selected large city) | | | | |
| 40 One-time Rural Rate Charge (in city where HCP is located) | | | | |
| 41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input type="checkbox"/> | | | | |

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

| | | | | |
|----------------------------------|--|--|--|--|
| 42 Billed Circuit Miles | | | | |
| 43 Monthly Mileage Based Charges | | | | |
| 44 Cost per Mile per Month | | | | |

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? Yes No
If you checked yes, copies of the bids MUST be submitted to RHCD.

Block 8: Certification

| | |
|---|---|
| 46 <input type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider. | |
| 47 <input type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission. | |
| 48 <input type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years. | |
| 49 <input type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true. | |
| 50 Signature | 51 Date |
| 52 Printed name of authorized person | 53 Title or position of authorized person |
| 54 Employer of authorized person | 55 Employer's FCC RN |

Please remember:

- ◆ You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- ◆ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ◆ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ◆ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ◆ If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHC **D** immediately and submit a revised Form 466.
- ◆ If you have any questions, contact RHCD at (800) 453-1546.

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 FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE 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 PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

Form 466 Instructions

Rural Health Care Universal Service Mechanism¹

PURPOSE OF FORM

The universal service support program for rural health care providers enables telecommunications carriers to provide service to rural health care providers (HCP) at reduced rates. Form 466 is the means by which an applicant identifies the telecommunications service, rates, carrier(s), and the date(s) of carrier selection. The applicant must submit one Form 466 for each service (i.e., circuit) for which the HCP is seeking a reduced rate. The Rural Health Care Division (RHCD) cannot commit Universal Service funds for the benefit of the HCP until Form 466 is received.

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who Must File

Only the HCP or its authorized representative may file Form 466.

HCPs cannot receive support directly from the universal service fund. Rather, HCPs may receive the benefit of reduced rates for telecommunications service from their selected telecommunications carriers, who will be compensated for the reduced rates by the Universal Service Rural Health Care Support Mechanism.

When to File

Beginning with Funding Year 2004 (July 1, 2004-June 30, 2005), the FCC has set the June 30th end of the funding year as the deadline by which all Form 466s must be submitted. RHCD cannot accept Form 466s for a funding year after the June 30th end of that funding year.

Although RHCD will accept Form 466 and accompanying documentation at any time during the funding year, an HCP should strive to submit its Form 466 during the “initial funding request filing period.” The “initial filing period” is a period during which all Forms 466 received by RHCD will be treated as if they had arrived on the first day for purposes of funding priority. The opening and closing dates of the initial filing period are announced each year on the RHCD website. Forms received after the close of the initial filing period will be processed and prioritized according to the date of receipt by RHCD. RHCD will continue to accept and process Forms 466 throughout the funding year, until RHCD reaches the annual funding cap established by the FCC.

Please note that there are certain prerequisites to completing Form 466. The HCP or its authorized representative must select the carrier(s) before completing Form 466. However, **to satisfy the FCC’s competitive bidding requirement, an HCP must wait at least 28 days after the descriptions set**

¹Rural Health Care Pilot Program Participants should consult the 2007 *Rural Health Care Pilot Program Selection Order*, WC Docket No. 02-60, Order, 22 FCC Rcd 20,360 (2007) (2007 RHC PP Selection Order), available at <http://www.fcc.gov/cgb/rural/rhcp.html>, concerning form completion and related program requirements. Additional information concerning the Rural Health Care Pilot Program is available on the Universal Service Administrative Company’s (USAC) website at <http://www.usac.org/rhcp/default.aspx> and on the Federal Communications Commission’s website at <http://www.fcc.gov/cgb/rural/rhcp.html>. Note, Pilot Program participants are instructed to complete FCC Form 466-A, not FCC Form 466.

forth in the HCP's Form 465 are posted on the RHCD website, before signing a contract or otherwise selecting the telecommunications carrier(s) to provide the services. RHCD will send a "Receipt Acknowledgement Letter" to each applicant who submits a Form 465. This letter will expressly identify the **earliest** date (Allowable Contract Selection Date) on which the HCP may sign an agreement or otherwise select a carrier to provide services to the HCP.

Where to File

The FCC Form 466 must be filed with the Rural Health Care Program online through the online application system, My Portal (<https://forms.universalservice.org/usaclogin/login.asp>).

DO NOT FILE THIS OR ANY UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.

Compliance

Anyone filing false information may be subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.

Where to Get More Information

You may contact RHCD at (800) 453-1546 for more information on how to complete this and other universal service forms. Information is also available on the RHCD website at www.usac.org/rhc.

SPECIFIC INSTRUCTIONS FOR FILING FORM 466

Type or print clearly in spaces provided. Attach additional sheets if necessary.

Block 1: HCP Information

Block 1 will help the applicant and RHCD identify each Form 466 filed.

Line 1 requires providing the HCP name. This name must be used consistently on all universal service forms (i.e., Forms 465, 466, 466-A, and 467). The HCP name should match the HCP name in Line 3 of Form 465.

Line 2 requires providing the HCP number. The HCP number is a unique identifier given by RHCD to each HCP applying for support. RHCD will assign an HCP number to each new applicant upon receipt of the Form 465. The HCP number entered on Line 2 must match the HCP number in Line 1 of the associated Form 465.

Line 3 requires providing the Form 465 Application Number. The Form 465 Application Number should match the Form 465 Application Number at the top of the Form 465.

Line 4 requires providing the name of the consortium, **if the HCP is a consortium member**. Leave Line 5 blank if the HCP is not a consortium member. If an HCP belongs to more than one consortium, it may have different points of contact, different connections, and different billing numbers. **In such a case, it is essential that different consortia names and different Bill Payer Information be provided to avoid processing delays.**

Block 2: Bill Payer Information

Line 5 requires providing the billed entity's name. The "billed entity" is the entity that actually pays the bills of the service provider for the HCP. It may be the HCP itself, or it may be a "parent" organization or consortium to which the HCP belongs.

Line 6 requires providing the Billed Entity's FCC Registration Number (FCC RN). All participants in the Rural Health Care Program must have an FCC RN to be eligible for participation. Information on how to get an FCCRN is available on the FCC website at www.fcc.gov.

Line 7 requires providing the name of a contact person at the billed entity location. This person should be able to answer questions or verify the information submitted on this form, in the event that RHCD needs to contact the billed entity during the application process.

Lines 8-15 require providing the contact person's mailing address, city, state, ZIP code, telephone number, fax number, and email address.

Block 3: Funding Year Information

Line 16 requires indicating the funding year (July 1 through June 30) for which the HCP is requesting support. Check **ONLY** one box. This information should match the information in Block 3 Line 26 of the Form 465 for the same funding year.

Block 4: Service Information

Line 17 requires identifying the services for which the HCP is seeking reduced rates, and the circuit bandwidth if applicable. If ordering multiple circuits, e.g., 2 T-1s, the applicant must file a separate Form 466 for each circuit. The HCP must submit to RHCD a bill, contract, service offer or letter from the telecommunications carrier, which clearly identifies the service, bandwidth, and cost for which support is requested. The submitted document must be dated, and the date must be within the funding year for which support is requested. If the applicant does not have such documentation, or is unsure of the type of service or bandwidth, contact the service provider representative for clarification.

Line 17 is also used by an HCP seeking support for long distance toll charges to reach an Internet service provider, if the HCP does not have toll-free Internet access. Such support may equal the lesser of \$180 or 30 hours of toll charges per month. To receive this support the HCP need not be located in a rural area, but must demonstrate the lack of toll-free Internet access and be an eligible health care provider. Only telecommunications toll charges, not support for monthly Internet access, can be so requested on Form 466. (Form 466-A is used to request support for Internet access charges). Any HCP using Form 466 to request such toll charge support should contact RHCD at (800) 453-1546 for assistance in how to document the need for such support.

Line 18 requires entering the total billed miles. Total billed miles must always be entered, for both mileage-based charges requests and comprehensive rate comparison requests. Billed miles identify the miles for which the service provider requires the payment of mileage charges. **Total billed miles are the sum of all miles billed by all telecommunications carriers as described in Line 36 or Line 42**

below. For instance, if one service provider bills for 100 miles and a second service provider bills for 150 miles, the total billed miles are 250 miles.

If a service provider bills for interoffice mileage only, the total billed miles will equal the interoffice portion of the circuit. If a service provider charges for local channel mileage and interoffice mileage, the total billed miles will equal the interoffice channel(s) mileage plus the local channel(s) mileage. **Billed miles are determined by and may be obtained from your service provider if you do not have this information.**

Line 19 requires entering the Maximum Allowable Distance (MAD) for the HCP. This is the maximum circuit distance for which support can be provided. The MAD is the distance from the HCP's location to the farthest point on the jurisdictional boundary of the largest city in the HCP's state. (Before July 1, 2004, the MAD was calculated from the HCP's location to the nearest large city of population 50,000 or more in the HCP's state. The Maximum Allowable Distance is determined by RHCD when Form 465 is posted initially on the RHCD website and will be shown on Line 8 following the HCP's County Name on the posted Form 465 on the RHCD website at www.usac.org/rhc.

Line 20 requires entering the percentage of the circuit in Line 17 that is used by the HCP for the provision of health care. If the percentage is less than 100%, briefly explain in the lines below how the percentage was derived (time of use, number of uses, bandwidth used, etc.).

The FCC has determined that non-profit entities functioning as eligible health care providers on a part-time basis are eligible for prorated support from RHCD commensurate with their provision of eligible health care services. These part-time non-profit rural health care clinics are eligible to receive supported services during the time that they function as a rural health clinic, even when they are associated with ineligible entities such as nursing homes, hospices, or other long-term care facilities.

The FCC also determined that dedicated emergency departments in rural for-profit hospitals constitute eligible rural health clinics, and as such are eligible for prorated RHCD support. These facilities must have indicated that they are a "dedicated emergency department of a rural for-profit hospital" on their Form 465.

If the applicant indicated on Line 27 of Form 465 that it is a "part-time eligible entity," Line 20 should be used to explain how the prorated support portion was determined.

Connection Information

The Connection Information section requires information about each of the connections that together comprise the entire circuit. Most circuits only contain one connection (i.e., one service provider for the entire circuit). If the HCP's circuit contains one connection, complete only the first column. However, some circuits contain multiple connections. There are usually multiple connections when there are multiple bills (i.e., more than one service provider) for the same circuit.

This form accommodates up to four service providers. The information for each connection should be entered in separate columns. Carrier A must be the service provider that provides the segment of the circuit connecting directly to the HCP. Carrier B should be the service provider for the next segment, Carrier C is service provider for the next and Carrier D is service provider furthest from the HCP.

Line 21 requires providing the full legal name of the selected service provider. Provide a service provider name for each segment of the circuit.

Line 22 requires entering the 9-digit Service Provider Identification Number (“SPIN”) for the service provider(s) listed in Line 21 above. Each service provider should provide its SPIN upon request.

Line 23 requires providing the name of a contact person for the service provider. This person should be able to answer questions or verify rates or other information provided on this form, in the event that RHCD needs to contact the service provider during the application review process.

Line 24 requires providing the telephone number of the contact person for the service provider(s).

Line 25 requires providing the email address of the contact person for the service provider(s).

Line 26 requires providing the address of the physical location where each service provider’s circuit starts.

Line 27 requires providing the address of the physical location where each service provider’s circuit terminates.

Line 28 requires providing the account number that the service provider has created to bill for the service. This information will help the service provider apply the credit to the proper account. Often, this is called the billed telephone number (“BTN”) associated with the service. If there are multiple account numbers for a particular service, provide one main number. If the service has been established, the applicant should be able to find the account number on past bills, or the account number may be requested from the service provider. If the carrier has not yet established an account number for a new service, ask the service provider for a “pre-account” identifier for the service, and use that identifier.

Line 29 requires providing a tariff, contract, or other document identification number for each segment of the circuit. Please contact the service provider representative and ask him/her for a contract or tariff reference number, if the applicant does not have this information. If the HCP is receiving service based upon a master contract signed by a state, regional, or local procurement agency, use either the master contract number or the number of the specific purchase agreement for the HCP’s service under the master contract. If the HCP is receiving service under a contract, a copy of the contract must be attached to the Form 466.

Line 30 requires identifying the date the HCP or its authorized representative entered into an agreement with a service provider, or the date the HCP or its authorized representative otherwise selected the service provider. For instance, this may be the date the HCP or its authorized representative signed a contract or requested that the service be installed.

The HCP or its authorized representative **must not select a service provider** or enter into a contract or purchase agreement with a service provider until at least 28 days have elapsed since the Form 465 was posted on the RHCD website. This is the Allowable Contract Selection Date (ACSD). An HCP with existing service may continue to receive (non-supportable) service during the 28-day posting period, but must not select a service provider to continue the service beyond the ACSD until the ACSD. Entering into an agreement prior to the ACSD could disqualify the HCP from receiving benefits under the universal service support mechanism for services under those agreements. If an HCP signs a long-term contract after their ACSD, they will be exempt from the 28-day posting for the original term (no optional extensions) of the contract. However, applicants are encouraged to post Form 465 each year, since reliance on an expired, or otherwise inadequate or non-binding contract to avoid the 28-day posting requirement could result in denial of support.

Line 31 requires entering the date (mm/dd/yyyy) the contract expires (not counting any optional extensions). For tariff services identified as such in Line 29, enter “NA” for month-to-month (MTM) service.

Line 32 requires entering the date the service started or was installed, or for a new service, the date the applicant expects it to start.

Line 33 requires entering the amount the HCP pays per month, or the amount the HCP expects to pay per month for the service. This information should be taken from the service provider's bill, or from the new service offer or contract received from the service provider. The applicant must submit to RHCD a bill, contract, service offer or letter from the service provider, from which this information was taken. Please exclude from this amount any toll (per minute) charges, equipment charges, or other non-eligible charges that may be on the bill. Taxes and regulatory or related fees incurred in obtaining telecommunications service, which are assessed as a percentage rather than a fixed per line or per account charge, may be included in the rural rate for which support is requested. However, as noted below, the same taxes or fees must be included in the urban rate used for comparison.

Line 34 requires providing a circuit diagram if the HCP is part of a consortium or has multiple service providers for the service. The diagram need not be detailed, but must identify the individual sites and service providers, so RHCD can verify there is no overlap in support requests from multiple consortium members or multiple carriers involved in the service.

Line 35 requires the applicant to indicate if the HCP is a mobile rural health care provider. If not, check "NO" and proceed to Block 5. If the HCP is a mobile rural health care provider, check "YES" and provide an attachment listing the names and full addresses of all sites expected to be served by the mobile HCP during the funding year. For each site, indicate the expected schedule and duration of visiting each site. The HCP must verify that each of the sites is rural, or prorate the support request to cover only the time when the mobile health care provider will operate in a rural area. The HCP must maintain records of the supported services, any proration of support, and sites served for five years.

Block 5: Mileage-based Charge Discount Request

Block 5 of Form 466 requires information about monthly mileage charges billed by the service provider. An HCP may choose to calculate support based on mileage only in Block 5, or the actual urban/rural rate difference in Block 6, but not both. **Complete either Block 5 or Block 6, depending on which is easier or provides the most support. RHCD cannot make that determination for an HCP. Processing of an application may be delayed if both Blocks are completed or support may be less than expected because RHCD will process the request using the information in only one of the blocks, which may not be what the HCP expected.**

Block 5 presumes that most of the disparity between urban and rural rates is due to distance-based charges. Thus, HCPs may be able to simplify their applications by requesting support for only the distance-based charges for their service, which constitutes most or all of the urban/rural difference in the cost of their selected service.

Line 36 requires entering the billed miles for each connection. The sum of billed miles for all connections should equal the "total billed miles" on Line 18. If the billed miles exceed the MAD (Line 18 exceeds Line 19), RHCD will limit supportable mileage to the MAD. The Standard Urban Distance (SUD) for the HCP's state will also be deducted from supportable billed miles. (Standard Urban Distances can be found on the RHCD website.)

Line 37 requires entering the monthly mileage charges for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 36. Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should

include taxes and regulatory fees that are applied as a percentage of the per mile charge. If the service has been established, the monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider's representative for mileage charge information. If the amounts on Line 37 and Line 33 are identical, please consult the service provider, because non-mileage charges may be incorrectly included on Line 37. If the service provider affirms that under their rate structure, the HCP does not pay any fixed, non-mileage charge for the service, please enclose documentation from the service provider certifying to that effect. The application cannot be processed without such documentation if the amounts on Line 37 and Line 33 are identical, as it will be presumed that the form contains incorrect information.

Line 38 requires entering the cost per mile per month (e.g. \$11.50 per mile) for each connection. If a circuit uses banded mileage, for example the first 10 miles are \$10 per mile and the next 25 miles are \$5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service provider for this information. This information should be consistent with the information on Lines 36 and 37, that is, the applicant should be able to derive monthly mileage charges (Line 37) by applying the cost per mile information on line 38 to the billed miles on Line 36.

Block 6: Comprehensive Rate Comparison Request

If the applicant completed Block 5, do not complete Block 6. If both Blocks are completed, processing of the application may be delayed or support may be less than expected. If a service provider's rural rates are greater than urban rates for reasons that are not just due to mileage, the HCP may choose to use a comprehensive rate comparison of all elements of the service to determine the supportable urban/rural difference.

Line 39 requires entering the one-time urban rate charge for the service listed in Line 17 **in any large city in the HCP's state** with a population of 50,000 or more. The one-time urban rate charge is the amount a service provider would charge to install the service in that large city. This should be documented in the same manner as for Line 40 below.

Line 40 requires entering the actual one-time rural rate charge for the service listed in Line 17. The one-time rural rate charge is what the service provider will charge the billed entity to install the service listed in Line 17. If service was installed before the Allowable Contract Selection Date, the HCP is not eligible to receive installation support and Lines 39 and 40 blank should be left blank.

Line 41 requires entering the monthly urban rate for the service listed in Line 17. Prior to Funding Year 2004, urban/rural rate comparison required the services to be as identical as possible. However, the FCC has now determined that comparability of urban and rural services may be based on functionality, from the end user's perspective. That means the urban service type and bandwidth should functionally match the actual service for which support is requested, even if the services are not identical.

For RHCD purposes only, the FCC created "safe harbor" categories of functionally equivalent services based on the advertised speed and nature of the service:

- Low 144-256 kbps
- Medium 257-768 kbps
- High 769-1400 kbps
- T-1 1.41-8 mbps
- T-3 8.1-50 mbps

Telecommunications services will be considered functionally similar when operated at advertised speeds within the same category (see above) and when the nature of the service is the same (symmetrical or asymmetrical). For example, a symmetrical fractional T-1 service operating at an advertised speed of 144 kbps would be considered functionally similar to a symmetrical DSL transmission service with an advertised speed of 256 kbps.

For HCPs seeking support for satellite service where a less expensive wireline service would be available, the amount of support for satellite is capped at the amount the HCP would receive for a functionally similar wireline service. HCPs seeking such support must document the urban and rural rates for the functionally similar wireline service. For example, if an HCP pays \$10,000 per month for satellite service and the rural rate for a functionally similar rural wireline service is \$1,500 per month while the comparable urban rate is \$500 per month, the HCP could receive \$1,000 per month in support for the satellite service. However, this limitation on support does not apply to mobile health care providers who can demonstrate that although wireline service might be available, satellite is a more cost-effective option over the course of a funding year in view of their mobile nature and the need for multiple changes to a wireline connection.

If an applicant procures service on a month-to-month rate, the comparison urban rate should be a month-to-month rate, whereas if the rural rate is for a multi-month contractual obligation of the HCP, the urban rate should use the same multi-month commitment. HCPs that procure service under a master contract that does not obligate the HCP to a multi-month commitment should base the urban rate on month-to-month service.

Applicants **MUST** document the urban rate. However, the RHCD website provides a “safe harbor” urban rate for many services and many locations. If an urban rate is on the RHCD website for the selected service in the HCP’s state, the HCP can use that rate as documentation. An HCP may also document the urban rate offered by any common carrier in any large city of 50,000 or more in the HCP’s state. An HCP may do this to show a lower urban rate (meaning a larger urban/rural rate difference and more support), or the HCP must do this if the RHCD website does not list an urban rate for the selected service/bandwidth in the HCP’s state. When an HCP submits its own urban rate documentation, the urban rate should price a circuit of the Standard Urban Distance (SUD) in the HCP’s state. (The SUD can be found on the RHCD website). Check the appropriate box on line 41 to indicate that other rate documentation is being submitted.

Documentation may include tariff pages, contracts, a letter on company letterhead from the urban service provider, rate pricing information printed from the urban service provider’s website, or similar documentation showing how the urban rate was obtained. The source of the documentation and the date must be clearly identifiable on the document. Please use arrows, circles, or otherwise point out the exact numbers or rates on which the rate comparison is based. (Do not use “highlighter” that will not copy). Tariff pages, without annotations and without carrier identification, are not acceptable. Please include only summary pages where possible.

If taxes and regulatory or related fees are included in the rural rate for which support is requested, the same taxes or fees must be included in the urban rate used for comparison. Taxes and fees are **NOT** included in the urban rates on the RHCD website, so if an applicant uses RHCD’s posted urban rates, the tax or fee percentages that apply to the rural rate must be applied to the urban rate in the support calculation. Unless an applicant’s supporting documentation makes it clear that taxes or regulatory fees are assessed as a percentage rather than as fixed, per line assessment, RHCD will not include them in the support calculation.

Lines 42 to 44 need only be completed if Line 18 exceeds Line 19, that is, if the HCP’s billed mileage exceeds the Maximum Allowable Distance, in which case support must be reduced by the cost-per-mile times the excess miles. (Note that Lines 42 to 44 are identical to Lines 36 to 38. If Lines 36 to 38 were completed, **DO NOT** complete Lines 42 to 44, because only Block 5 or Block 6, but not both, should be completed.)

Line 42 requires entering the billed miles for each connection. The sum of billed miles for all connections should equal the “total billed miles” on Line 18.

Line 43 requires entering the monthly mileage charges for the service. Monthly mileage charges are the monthly cost to the HCP for the billed miles in Line 42. Monthly mileage charges do not include fixed charges for the circuit, such as channel termination charges. The fact that a circuit is distance sensitive does not make the entire billed amount a monthly mileage charge. Monthly mileage charges should include taxes and regulatory fees that are applied as a percentage of the per mile charge. Monthly mileage charges may be shown on the bill, or the applicant may need to ask the service provider representative for mileage charge information.

Line 44 requires entering the cost per mile per month (e.g. \$11.50 per mile) for each connection. If a circuit uses banded mileage, for example the first 10 miles are \$10 per mile and the next 25 miles are \$5 per mile, the monthly mileage charges should be listed that way. The applicant may need to ask the service provider for this information. This information should be consistent with the information on Lines 42 and 43, that is, the applicant should be able to derive monthly mileage charges (Line 43) by applying the cost per mile information on Line 44 to the billed miles on Line 42.

Block 7: Bid Documentation

Line 45 requires confirmation of whether or not bids were received for the services requested. If bids were received, the applicant must submit copies to RHCD. **For identification purposes, write the HCP number on the first page of each bid copy.**

Block 8: Certification

Line 46 requires certification that the HCP or its authorized representative has considered all bids received (see Line 45) in response to the RHCD website posting of the HCP’s Description of Services Requested and Certification Form (FCC Form 465). Line 46 also requires the applicant to certify that the HCP or its authorized representative has selected the most cost-effective method of providing the requested service(s). The most cost-effective service is defined in the FCC’s *Universal Service Order*² as the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the HCP deems relevant to choosing a method of providing the required health care services.

Line 47 requires certification that the HCP satisfies each of the specific requirements set forth in Form 466 and its instructions, and that the HCP will abide by the relevant requirements of 47 U.S.C. § 254.

Line 48 requires certification that the billed entity will maintain records necessary to document compliance with all Commission rules, including complete billing records for the service provided to the HCP at reduced rates, for a period of five years. Such records will be needed if the HCP is subject to audit, as provided by 47 CFR 54.619. Service providers shall also retain documents related to the delivery of discounted telecommunications and supported services for at least five years after the last day of the delivery of discounted services.³

²*Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9134 (1997), as corrected by Federal-State Joint Board on Universal Service, Errata, CC Docket No. 96-45, FCC 97-157 (rel. June 4, 1997) (Universal Service Order) (subsequent history omitted).

³47 C.F.R. § 54.619(d); *Comprehensive Review of the Universal Service Fund Management, Administration, and Oversight*, WC Docket Nos. 05-195, 02-60, 03-109, CC Docket Nos. 96-45, 02-6, 97-21, Report and Order, 22 FCC Rcd 16372, 16385, at para. 26 (2007) (*Comprehensive Review Report and Order*).

Line 49 requires certification that the person signing the Form 466 is authorized to submit the information contained in the Form 466 on behalf of the HCP, and that the information contained in the Form 466 is true to the best of his/her knowledge, information, and belief. *Persons willfully making false statements on this form may be punished by fine, imprisonment, or forfeiture under federal law.*

Line 50 requires the authorized person to sign his/her name to certify all of the information contained in Form 466 and all attachments.

Line 51 requires the authorized person signing to identify the date that the Form 466 was signed. **Line 52** requires the printed name of the authorized person signing Form 466.

Line 53 requires the authorized person signing to identify his/her title or position.

Line 54 requires the name of the organization employing the signer of Form 466.

Line 55 requires the FCC RN of the organization employing the signer of Form 466.

REMINDERS

- An applicant may not sign Form 466 until **after** Form 465 has been posted on the RHCD website for 28 days.
- The person signing the Form 466 must be authorized to provide the information required by Form 466 on behalf of the HCP, and must sign and date the form.
- The applicant must provide data for all items that apply. Incomplete applications will result in processing delays. Include additional information as supporting documentation if necessary. Any attachments to Form 466 must be clearly labeled.
- The applicant must submit the required documentation of the service or cost.
- If the applicant checked *Other rate* on Line 41, thereby indicating that he/she is submitting an urban rate other than the one provided on the RHCD website for the HCP's large city, the applicant must submit the required documentation to support the rate submitted.
- If the applicant answered *Yes* to Block 7 Line 45, copies of the bids received in response to the Request for Services must be submitted.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by

the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE 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 PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.