

February 11, 2019

In the matter of Request for Review by Sutter Health of Decision of Universal Service Administrator

Rural Health Care Program: WC Docket No. 02-60

Applicant: Sutter Health
Contact: Rachel Lawmaster, Cost Analyst
Espy Services, Inc.
2213 16th St., Bedford, IN 47421
812-277-1499
rl@espyervices.com
Fund Year: 2017
HCP: 50589, 16161, 16165
FRNs: 17111511, 17114101, 17114121, 17114531, 17114671, 17115231,
17115481, 17116261, 17117231, 17117261, 17117301, 17117481,
17117601, 17117651, 17118581, 17119121 (16161), 17126401 (16161),
17174701, 17265641 (16165)
Reason: Waiver/exception of USAC HCF Invoicing Deadline

Pursuant to §54.719(c), Sutter Health is seeking a waiver of the Commission's rules directly from the Commission.

Between September 21, 2018 and October 12, 2018, Espy Services (on behalf of Sutter Health) submitted 19 Form 462 Substitutions. The substitutions, in numerical order, were 17111511, 17114101, 17114121, 17114531, 17114671, 17115231, 17115481, 17116261, 17117231, 17117261, 17117301, 17117481, 17117601, 17117651, 17118581, 17119121, 17126401, 17174701, and 17265641. The emails confirming receipt of these submissions from rhcadmin@usac.org, along with the Form 462, are attached.

As noted in the body of the receipt emails, "Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form." On February 5, 2019, Espy Services contacted USAC to find out the status of the above-mentioned FRNs. Espy Services was told via email to check the USAC MyPortal to view the status of the FRNs. Espy Services viewed MyPortal and determined that the new Funding Commitment Letters (FCLs) for these FRNs were issued on December 12, 2018. No email or PDF of the form was received by Espy Services or Sutter Health as indicated on the Form 462 Substitution receipt email.

Espy Services determined that the Form 463 for these new FCLs could not be completed because the invoicing deadline for each of them was December 31, 2018, as noted on the screenshot attached. Espy Services again emailed USAC and was told "USAC does not

have the authority to extend the deadline or allow any invoicing exceptions for this situation as the deadline is an FCC regulation and it is not extended due to Site and Service Substitutions. Although a notification was not received, all information related to these specific FRNs was located in MyPortal for applicants to reference and compare to their invoice deadline using the lookup tool on our website. To possibly make a change to your invoicing deadline, the only option moving forward is to file a waiver with the FCC.” This email is also attached. While USAC stated that a notification was not received and all information was located in MyPortal, Espy Services and Sutter Health were expecting an email and PDF of any updated FCLs as indicated by USAC themselves. There was no need to follow-up in MyPortal if both parties were waiting for an email to confirm approval of the Substitution Request.

Statement of Relief Sought: Espy Services is formally requesting a waiver/extension of the Fund Year 2017 USAC HCF invoicing deadline to account for the lack of notification of approved Form 462 Substitutions by USAC. On these nineteen FRNs, Sutter Health has \$182,988.63 in funding they will not receive without a waiver/extension due to the lack of notification on behalf of USAC.

Please see attached documentation. Thank you for your time and attention to this matter.

Rachel Lawmaster

From: Nicole Taylor <Nicole.Taylor@usac.org>
Sent: Wednesday, February 6, 2019 10:17 AM
To: Rachel Lawmaster
Subject: Re: 2017 Site and Service Substitution

Hi Rachel,

I hope all is well.

I just wanted to reiterate the information given regarding filing an FCC Waiver for the invoice deadline.

Please follow the directions on our website to submit the waiver directly to the FCC. As we cannot dictate how the waiver or an appeal should be written, please provide the most accurate information and explanation when submitting to the FCC. You do not have to file a USAC appeal first because the invoice deadline is a direct FCC Regulation.

Warm Regards,

Nicole Taylor

Program Manager of Stakeholder Engagement
(800) 453-1546

Nicole.Taylor@usac.org | www.usac.org

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]
Sent: Wednesday, February 06, 2019 9:46 AM
To: RL@EspyServices.com
Subject: [External Sender] Re: 2017 Site and Service Substitution

Hello Rachel,

Thanks for emailing us back. In this specific case, you are requesting a waiver of an FCC Rule so you would in fact submit that appeal directly to the FCC.

If you have any other questions or concerns, please contact us at rhc-assist@usac.org.

Warm Regards,
Tanya

RHC-Assist Support Team
Rural Health Care Program
Universal Service Administrative Company
rhc-assist@usac.org

On 2/6/2019 9:41 AM, Rachel Lawmaster wrote:

Eric stated in an email to me yesterday "Since you are seeking a waiver of an FCC rule, you would submit your appeal directly to the FCC.". We have had appeals denied by the FCC before because we did not file an appeal with USAC first. Should we still file with the FCC directly, or should we file a USAC appeal first?

Rachel Lawmaster

Government Funding Specialist

Espy Services, Inc.

2213 16th Street

Bedford, IN 47421

(800) 991-8832 or

(812) 277-1499 ext. 1024

Fax: (812) 675-4447

www.espyervices.com

<https://twitter.com/EspyServicesInc>

Ask Me How to Save 15%!

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]

Sent: Tuesday, February 5, 2019 4:02 PM

To: RL@EspyServices.com

Subject: Re: 2017 Site and Service Substitution

Hi Rachel,

Thank you for reaching out to us. You would use the original invoicing deadline.

Please let us know if you have any additional questions by emailing us at RHC-Assist@usac.org.

Warmest Regards,

LaQueca

RHC-Assist Support Team

Rural Health Care Program

Universal Service Administrative Company

RHC-Assist@usac.org

On 2/5/2019 3:59 PM, Rachel Lawmaster wrote:

I am concerned about this because my colleague had this same situation. She was told to use the date she contacted USAC and realized no emails were sent out. In her case, that was January 24, 2019. She has an email saying this.

Rachel Lawmaster

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Ask Me How to Save 15%!

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]

Sent: Tuesday, February 5, 2019 3:56 PM

To: RL@EspyServices.com

Subject: Re: 2017 Site and Service Substitution

Hello Rachel,

Thanks for reaching back out to us. The date that you should use would be the original invoicing deadline.

If you have any other questions or concerns, please contact us at rhc-assist@usac.org.

Warm Regards,
Tanya

RHC-Assist Support Team
Rural Health Care Program
Universal Service Administrative Company
rhc-assist@usac.org

On 2/5/2019 2:57 PM, Rachel Lawmaster wrote:

Eric,

What date should I use as my start date of the 60-day appeal timeframe? From today's date, when I found out that we were not notified of the Site and Service Substitutions?

Rachel Lawmaster

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Ask Me How to Save 15%!

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]

Sent: Tuesday, February 5, 2019 2:48 PM

To: RL@EspyServices.com

Subject: Re: 2017 Site and Service Substitution

Hello Rachel,

Since you are seeking a waiver of an FCC rule, you would submit your appeal directly to the FCC.

Warm Regards,

Eric O.
RHC-Assist Support Team
Rural Health Care Program
Universal Service Administrative Company
RHC-Assist@usac.org

On 2/5/2019 2:45 PM, Rachel Lawmaster wrote:

Eric,

Since you stated, "USAC does not have the authority to extend the deadline or allow any invoicing exceptions for this situation as the deadline is an FCC regulation." Do we still file directly through USAC first, before going to the FCC?

Rachel Lawmaster

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Ask Me How to Save 15%!

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]

Sent: Tuesday, February 5, 2019 2:42 PM

To: RL@EspyServices.com

Subject: Re: 2017 Site and Service Substitution

Hello Rachel,

Additional information on filing an appeal can be found [here](#). At this time, we do not have any further insight as to whether notification emails will be sent for future filings.

Warm Regards,

Eric O
RHC-Assist Support Team
Rural Health Care Program
Universal Service Administrative Company
RHC-Assist@usac.org

On 2/5/2019 2:36 PM, Rachel Lawmaster wrote:

We will be filing an appeal.

Patrick Lynn stated that USAC would let us know when the Site and Service was complete in an email to me directly. By him stating this, why would I assume that we wouldn't get notified. Should I assume we will not be receiving emails for any FCL, 461 approval, 460 approval, etc. in the future?

Thank you!

Rachel Lawmaster

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Ask Me How to Save 15%!

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]

Sent: Tuesday, February 5, 2019 2:30 PM

To: RL@EspyServices.com

Subject: Re: 2017 Site and Service Substitution

Hello Rachel,

While we certainly understand your frustration, USAC does not have the authority to extend the deadline or allow any invoicing exceptions for this situation as the deadline is an FCC regulation and it is not extended due to Site and Service Substitutions. Although a notification was not received, all information related to these specific FRNs was located in MyPortal for applicants to reference and compare to their invoice deadline using the lookup tool on our website. To possibly make a change to your invoicing deadline, the only option moving forward is to file a waiver with the FCC.

I sincerely apologize for this inconvenience.

Warm Regards,

Eric O.

RHC-Assist Support Team

Rural Health Care Program

Universal Service Administrative Company

RHC-Assist@usac.org

On 2/5/2019 1:34 PM, Rachel Lawmaster wrote:

Please see the list below in my initial email:

1. Artesia General – HCP: 10918; FRN: 17156321
2. Artesia General – HCP: 10918; FRN: 17158491

3. Lafayette General – HCP: 45517; FRN: 17143371
4. Lafayette General – HCP: 45517; FRN: 17143731
5. Ochsner – HCP: 50824; FRN: 17109351
6. Presbyterian Healthcare – HCP: 45514; FRN: 17173251
7. Sutter Health – HCP: 50589; FRN: 17111511
8. Sutter Health – HCP: 50589; FRN: 17114101
9. Sutter Health – HCP: 50589; FRN: 17114121
10. Sutter Health – HCP: 50589; FRN: 17114531
11. Sutter Health – HCP: 50589; FRN: 17114671
12. Sutter Health – HCP: 50589; FRN: 17115231
13. Sutter Health – HCP: 50589; FRN: 17115481
14. Sutter Health – HCP: 50589; FRN: 17116261
15. Sutter Health – HCP: 50589; FRN: 17117231
16. Sutter Health – HCP: 50589; FRN: 17117261
17. Sutter Health – HCP: 50589; FRN: 17117301
18. Sutter Health – HCP: 50589; FRN: 17117481
19. Sutter Health – HCP: 50589; FRN: 17117601
20. Sutter Health – HCP: 50589; FRN: 17117651
21. Sutter Health – HCP: 50589; FRN: 17118581
22. Sutter Health – HCP: 50589; FRN: 17119121
23. Sutter Health – HCP: 50589; FRN: 17126401
24. Sutter Health – HCP: 50589; FRN: 17174701
25. Sutter Health – HCP: 50589; FRN: 17265641

Rachel Lawmaster
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Ask Me How to Save 15%!

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]
Sent: Tuesday, February 5, 2019 1:31 PM
To: RL@EspyServices.com
Subject: Re: 2017 Site and Service Substitution

Hello Rachel,

Thanks for reaching back out to us. To further assist you please provide the FCL and HCP number that you are referencing.

If you have any other questions or concerns, please contact us at rhc-assist@usac.org.

Warm Regards,
Tanya

RHC-Assist Support Team
Rural Health Care Program
Universal Service Administrative Company
rhc-assist@usac.org

On 2/5/2019 1:10 PM, Rachel Lawmaster wrote:

From what I can see, the new FCL was issues on 12/12/18; however, I was never informed of this. I can no longer create a 463 because the invoicing date has passed. How was I to create a 463 when I received no notification that these had been approved?

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Ask Me How to Save 15%!

From: rhc-assist@usac.org [<mailto:rhc-assist@usac.org>]
Sent: Tuesday, February 5, 2019 12:28 PM

To: RL@EspyServices.com

Subject: Re: 2017 Site and Service Substitution

Hello Rachel,

Thanks for emailing us. In your MyPortal please navigate to the HCP number and then your Form 462 tab. There you will see the site and service FRNs listed with the statuses beside them. If you have any other questions or concerns, please contact us at rhc-assist@usac.org.

Warm Regards,
Tanya

RHC-Assist Support Team
Rural Health Care Program
Universal Service Administrative Company
rhc-assist@usac.org

On 2/5/2019 12:18 PM, Rachel Lawmaster wrote:

I am checking on the status of 25 Site and Service FRNs that I submitted between September and November 2018. I have not received any decisions on these FRNs, and I wanted to check the status.

1. Artesia General – HCP: 10918; FRN: 17156321
2. Artesia General – HCP: 10918; FRN: 17158491
3. Lafayette General – HCP: 45517; FRN: 17143371
4. Lafayette General – HCP: 45517; FRN: 17143731
5. Ochsner – HCP: 50824; FRN: 17109351
6. Presbyterian Healthcare – HCP: 45514; FRN: 17173251
7. Sutter Health – HCP: 50589; FRN: 17111511
8. Sutter Health – HCP: 50589; FRN: 17114101
9. Sutter Health – HCP: 50589; FRN: 17114121
10. Sutter Health – HCP: 50589; FRN: 17114531
11. Sutter Health – HCP: 50589; FRN: 17114671
12. Sutter Health – HCP: 50589; FRN: 17115231
13. Sutter Health – HCP: 50589; FRN: 17115481
14. Sutter Health – HCP: 50589; FRN: 17116261
15. Sutter Health – HCP: 50589; FRN: 17117231
16. Sutter Health – HCP: 50589; FRN: 17117261

17. Sutter Health – HCP: 50589; FRN: 17117301
18. Sutter Health – HCP: 50589; FRN: 17117481
19. Sutter Health – HCP: 50589; FRN: 17117601
20. Sutter Health – HCP: 50589; FRN: 17117651
21. Sutter Health – HCP: 50589; FRN: 17118581
22. Sutter Health – HCP: 50589; FRN: 17119121
23. Sutter Health – HCP: 50589; FRN: 17126401
24. Sutter Health – HCP: 50589; FRN: 17174701
25. Sutter Health – HCP: 50589; FRN: 17265641

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Virus-free. www.avast.com

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Wednesday, September 26, 2018 11:24 AM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 26-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17111511

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 26-Sep-2018 at 11:15 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17111511</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$54,451.36	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/26/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PER, 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

Form 460 Form 461 Form 462 Form 463 Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17111421	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16	The invoicing deadline has passed for this FRN		Create 463
100020117	17111511	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17111601	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17111731	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17113701	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17113721	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114051	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114071	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114101	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114121	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114161	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114191	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114201	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114241	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114261	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463

First « 2 of 8 » Last
(115 Records)

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Wednesday, September 26, 2018 11:02 AM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 26-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17114101

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 26-Sep-2018 at 10:53 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

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For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17114101</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
USAC Internal Use Only		
Funding Start Date	Funding End Date	
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$5,461.38	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/26/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PERF, 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

Form 460 Form 461 Form 462 Form 463 Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17111421	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17111511	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17111601	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17111731	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17113701	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17113721	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114051	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114071	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/	The invoicing deadline has passed for this FRN		Create 463
100020117	17114101	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114121	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114161	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114191	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114201	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114241	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114261	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Wednesday, September 26, 2018 10:51 AM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 26-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17114121

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 26-Sep-2018 at 10:43 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17114121</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$4,899.78	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/26/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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

Form 460 **Form 461** **Form 462** **Form 463** **Documents**

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17111421	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17111511	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17111601	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17111731	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17113701	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17113721	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114051	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114071	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114101	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	1: The invoicing deadline has passed for this FRN		Create 463
100020117	17114121	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114161	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114191	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114201	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114241	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114261	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Wednesday, September 26, 2018 10:37 AM
To: rl@espy-services.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 26-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589

HCP Name: Sutter Health
FCC Form 462 Application Number: 17114531

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 26-Sep-2018 at 10:27 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

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For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17114531</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.								
23 Expense frequency	24 Quantity of expense periods									
25 Undiscounted cost per expense period										
26 Source of HCP contribution										
27 One-time installation charges										
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No										
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>										
USAC Internal Use Only										
Funding Start Date		Funding End Date								
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)										
29 Total undiscounted cost for eligible recurring expenses		\$8,950.55								
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00								
Block 7: Additional Documentation										
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; padding: 5px;">Type of Documentation</th> <th style="width: 60%; padding: 5px;"></th> </tr> <tr> <td style="padding: 5px;">a. VIABLE_SOURCE</td> <td style="padding: 5px;">Document: Sutter Viable Source Letter 6-6-18.pdf</td> </tr> <tr> <td style="padding: 5px;">b.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c.</td> <td style="padding: 5px;"></td> </tr> </table>			Type of Documentation		a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	b.		c.	
Type of Documentation										
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf									
b.										
c.										
Block 8: Request for Confidentiality										
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No										
Block 9: Certification										
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.									
34	<input checked="" 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.									
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).									
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.									
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.									
38	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.									
39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.									
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.									

41 Signature	42 Date 09/26/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espy-services.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PER, 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

Form 460 Form 461 Form 462 Form 463 Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App.#	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17114301	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114341	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 250 Mbps	3/16/2018	Approved		Create 463
100020117	17114431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 250 Mbps	3/16/2018	Approved		Create 463
100020117	17114461	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114491	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114531	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114561	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17114641	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114671	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114701	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 250 Mbps	3/16/2018	Approved		Create 463
100020117	17114801	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114831	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114921	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114991	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17115111	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Wednesday, September 26, 2018 10:12 AM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 26-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17114671

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 26-Sep-2018 at 10:09 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17114671</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.								
23 Expense frequency	24 Quantity of expense periods									
25 Undiscounted cost per expense period										
26 Source of HCP contribution										
27 One-time installation charges										
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No										
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>										
USAC Internal Use Only										
Funding Start Date		Funding End Date								
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)										
29 Total undiscounted cost for eligible recurring expenses		\$2,117.32								
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00								
Block 7: Additional Documentation										
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Type of Documentation</th> <th style="width: 60%; padding: 5px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">a. VIABLE_SOURCE</td> <td style="padding: 5px;">Document: Sutter Viable Source Letter 6-6-18.pdf</td> </tr> <tr> <td style="padding: 5px;">b.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c.</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>			Type of Documentation		a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	b.		c.	
Type of Documentation										
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf									
b.										
c.										
Block 8: Request for Confidentiality										
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No										
Block 9: Certification										
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.									
34 <input checked="" 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.									
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).									
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.									
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.									
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.									
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.									
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.									

41 Signature	42 Date 09/26/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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

Form 460 **Form 461** **Form 462** **Form 463** **Documents**

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17114301	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114341	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 250 Mbps	3/16/2018	Approved		Create 463
100020117	17114431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 250 Mbps	3/16/2018	Approved		Create 463
100020117	17114461	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114491	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17114531	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114561	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17114641	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114671	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17114701	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 250 Mbps	3/16/2018	Approved		Create 463
100020117	17114801	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114831	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114921	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17114991	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17115111	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463

The invoicing deadline has passed for this FRN

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Wednesday, September 26, 2018 10:06 AM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 26-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17115231

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 26-Sep-2018 at 09:59 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17115231</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$14,053.01	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/26/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PERF, 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

Form 460 Form 461 Form 462 Form 463 Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17115141	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	The invoicing deadline has passed for this FRN		Create 463
100020117	17115231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17115331	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17115371	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17115481	12/06/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17115531	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17115581	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17116271	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17116281	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116301	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116311	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116321	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 600 Mbps		Denied		Create 463
100020117	17116331	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17116371	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Monday, September 24, 2018 2:37 PM
To: rl@espy-services.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 24-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17115481

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 24-Sep-2018 at 10:23 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17115481</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
USAC Internal Use Only		
Funding Start Date	Funding End Date	
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$14,742.00	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b. OTHER (Invoice & CSR)	Document: ATT 0720823565 062518 2000 Sutter Place.pdf	
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/24/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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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

Form 460 **Form 461** **Form 462** **Form 463** **Documents**

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17115141	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17115231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17115331	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17115371	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	The Invoicing deadline has passed for this FRN 463		
100020117	17115481	12/06/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17115531	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17115581	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17116271	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17116281	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116301	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116311	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116321	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 600 Mbps		Denied		Create 463
100020117	17116331	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17116371	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Monday, September 24, 2018 12:08 PM
To: rl@espyservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 24-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17116261

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 24-Sep-2018 at 10:13 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17116261</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
USAC Internal Use Only		
Funding Start Date	Funding End Date	
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$11,865.00	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b. OTHER (Invoice & CSR)	Document: ATT 0720823565 062518 300 Hospital.pdf	
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/24/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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

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We have estimated that each response to this collection of information will take 2 hours. 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-PERF, 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

Form 460 Form 461 Form 462 Form 463 Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17115141	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17115231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17115331	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17115371	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17115481	12/06/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17115531	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17115581	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17116271	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17116281	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116301	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116311	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463
100020117	17116321	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 600 Mbps		Denied		Create 463
100020117	17116331	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020117	17116371	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Monday, September 24, 2018 12:58 PM
To: rl@espysservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 24-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17117231

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 24-Sep-2018 at 10:04 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17117231</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
USAC Internal Use Only		
Funding Start Date	Funding End Date	
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$13,745.01	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b. OTHER (Invoice & CSR)	Document: ATT 0720823565 062518 3700 California.pdf	
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/24/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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RURAL HEALTH CARE

[Return to My Consortium](#)

Form 460 **Form 461** **Form 462** **Form 463** **Documents**

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Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17116381	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116451	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116571	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116881	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	The invoicing deadline has passed for this FRN		Create 463
100020117	17117231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117271	8/30/2018	Multiple Eligible	T-3 / DS-3	45.0MB / 45.0MB	3/16/2018	Approved		Create 463
100020117	17117301	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17117481	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117551	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117601	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117651	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117681	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117721	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Monday, September 24, 2018 10:02 AM
To: rl@espyservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 24-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17117261

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 24-Sep-2018 at 09:59 AM.

Next Steps

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For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17117261</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$13,736.07	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b. OTHER (Invoice & CSR)	Document: ATT 0720823565 062518 2333 Buchanan.pdf	
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
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39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/24/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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RURAL HEALTH CARE

[Return to My Consortium](#)

[Form 460](#) [Form 461](#) [Form 462](#) [Form 463](#) [Documents](#)

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Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17116381	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116451	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116571	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116881	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	Approved		Create 463
100020117	17117231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/11	The invoicing deadline has passed for this FRN		Create 463
100020117	17117261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117271	8/30/2018	Multiple Eligible	T-3 / DS-3	45.0MB / 45.0MB	3/16/2018	Approved		Create 463
100020117	17117301	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17117481	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117551	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117601	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117651	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117681	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117721	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463

First « 5 of 8 » Last
(115 Records)

[Terms and Conditions](#)

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Version 1.29.1

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Wednesday, September 26, 2018 9:54 AM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 26-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589

HCP Name: Sutter Health
FCC Form 462 Application Number: 17117301

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 26-Sep-2018 at 09:42 AM.

Next Steps

~~This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.~~

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17117301</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$22,960.79	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/26/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PERF, 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

RURAL HEALTH CARE

[Return to My Consortium](#)

Form 460 **Form 461** **Form 462** **Form 463** **Documents**

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17116381	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116451	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116571	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116881	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	Approved		Create 463
100020117	17117231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117271	8/30/2018	Multiple Eligible	T-3 / DS-3	45.0MB / 45.0MB	3/16/2018	Approved		Create 463
100020117	17117301	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17117481	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117551	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117601	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117651	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117681	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117721	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463

The invoicing deadline has passed for this FRN

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Monday, September 24, 2018 10:03 AM
To: rl@espy-services.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 24-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17117481

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 24-Sep-2018 at 09:50 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17117481</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
USAC Internal Use Only		
Funding Start Date	Funding End Date	
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$22,950.00	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b. OTHER (Invoice & CSR)	Document: ATT 0720822193 062518 1420 Tracy.pdf	
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/24/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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

RURAL HEALTH CARE

[Return to My Consortium](#)

[Form 460](#) [Form 461](#) [Form 462](#) [Form 463](#) [Documents](#)

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17116381	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116451	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116571	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116881	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	Approved		Create 463
100020117	17117231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117271	8/30/2018	Multiple Eligible	T-3 / DS-3	45.0MB / 45.0MB	3/16/2018	Approved		Create 463
100020117	17117301	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17117481	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117551	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117601	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117651	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117681	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117721	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463

The invoicing deadline has passed for this FRN

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Monday, September 24, 2018 10:12 AM
To: rl@espysservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 24-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589

HCP Name: Sutter Health
FCC Form 462 Application Number: 17117601

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 24-Sep-2018 at 09:44 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

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For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17117601</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
USAC Internal Use Only		
Funding Start Date	Funding End Date	
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$9,401.57	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/24/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PER, 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

RURAL HEALTH CARE

[Return to My Consortium](#)

Form 460 **Form 461** **Form 462** **Form 463** **Documents**

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17116381	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116451	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116571	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116881	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	Approved		Create 463
100020117	17117231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117271	8/30/2018	Multiple Eligible	T-3 / DS-3	45.0MB / 45.0MB	3/16/2018	Approved		Create 463
100020117	17117301	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17117481	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117551	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	The invoicing deadline has passed for this FRN		Create 463
100020117	17117601	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117651	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117681	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117721	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Friday, September 21, 2018 2:52 PM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 21-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17117651

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 21-Sep-2018 at 02:37 PM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17117651</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:	b. Jitter:	
c. Packet Loss:	d. Reliability:	
USAC Internal Use Only		
Funding Start Date	Funding End Date	
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses	\$18,447.00	
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00	
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE	Document: Sutter Viable Source Letter 6-6-18.pdf	
b. OTHER (Invoice & CSR)	Document: ATT 0720823565 062518 180 Rowland.pdf	
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" 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.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/21/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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We have estimated that each response to this collection of information will take 2 hours. 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-PER, 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

RURAL HEALTH CARE

[Return to My Consortium](#)

[Form 460](#) [Form 461](#) [Form 462](#) [Form 463](#) [Documents](#)

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17116381	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116451	3/16/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB		Denied		Create 463
100020117	17116571	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100020117	17116881	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	Approved		Create 463
100020117	17117231	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117261	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117271	8/30/2018	Multiple Eligible	T-3 / DS-3	45.0MB / 45.0MB	3/16/2018	Approved		Create 463
100020117	17117301	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020117	17117431	8/30/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	3/16/2018	Approved		Create 463
100020117	17117481	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117551	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117601	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	The invoicing deadline has passed for this FRN. Create 463		
100020117	17117651	12/12/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB	12/12/2018	Approved		Create 463
100020117	17117681	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17117721	3/16/2018	Multiple Eligible	Ethernet	1.0GB / 1.0GB		Denied		Create 463

First « 5 of 8 » Last
(115 Records)

[Terms and Conditions](#)

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Version 1.29.1

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Friday, October 12, 2018 11:37 AM
To: rl@espysservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 12-Oct-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17118581

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 12-Oct-2018 at 11:29 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17118581</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020117</u>		
6 Allowable Contract Selection Date (ACSD): <u>03/01/2017</u>		Service Provider Selection Date: <u>03/01/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143003990</u>		
10 Vendor name: <u>Comcast Business Communications</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		\$333,377.98
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE		Document: Sutter Viable Source Letter 6-6-18.pdf
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34	<input checked="" 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.	
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 10/12/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PER, 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



User: mlos@espyeservices.com

[Logout](#)

HCP Name: Sutter Health

HCP Number: 50589

RURAL HEALTH CARE

[Return to My Consortium](#)

[Form 460](#) [Form 461](#) [Form 462](#) [Form 463](#) [Documents](#)

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Is	The invoicing deadline has passed for this FRN	Actions Available
100020117	17118581	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved	
100020117	17134651	8/30/2018	Multiple Eligible	Internet	6.0MB / 512 Kbps	3/16/2018	Approved	
100020117	17134821	3/16/2018	Multiple Eligible	Internet	3.0MB / 384 Kbps		Denied	
100020117	17134841	8/30/2018	Multiple Eligible	Internet	3.0MB / 384 Kbps	3/16/2018	Approved	
100020117	17134861	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	
100020117	17134971	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	
100020117	17151811	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	
100020117	17151821	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved	
100020117	17151831	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved	
100020117	17151841	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	
100020117	17151881	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	
100020117	17151951	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	
100020117	17152031	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved	
100020117	17152051	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved	
100020117	17152351	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved	

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Friday, October 12, 2018 11:05 AM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 16161
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 12-Oct-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 16161

HCP Name: Sutter Amador Hospital
FCC Form 462 Application Number: 17119121

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 12-Oct-2018 at 10:57 AM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17119121</u>	3 HCP Number: <u>16161</u>
4 Site Name/Consortium Name: <u>Sutter Amador Hospital</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100018572</u>		
6 Allowable Contract Selection Date (ACSD): <u>02/14/2017</u>		Service Provider Selection Date: <u>02/14/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143003990</u>		
10 Vendor name: <u>Comcast Business Communications</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input checked="" type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		\$15,600.60
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
<div style="background-color: #f2f2f2; padding: 2px 5px;">Type of Documentation</div> <div style="margin-top: 5px;"> a. _____ b. _____ c. _____ </div>		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34	<input checked="" 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.	
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 10/12/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espy-services.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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

RURAL HEALTH CARE

[Return to My HCPs](#)

Form 460

Form 461

Form 462

Form 463

Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App.#	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100018572	17126411	8/30/2018	Single Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	Approved		Create 463
100015720	16953811	4/12/2017	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	4/12/2017	Approved		Create 463
100015720	16953871	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		Create 463
100015720	16953761	4/14/2017	Single Eligible	ISDN PRI	1.544MB / 1.544MB	4/14/2017	Approved		Create 463
100018572	17126371	8/30/2018	Single Eligible	ISDN PRI	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100018572	17126401	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100018572	17136571	8/30/2018	Single Eligible	ISDN PRI	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100015720	16953801	4/12/2017	Multiple Eligible	ISDN PRI	1.544MB / 1.544MB	4/12/2017	Approved		Create 463
100015720	16953821	4/12/2017	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	4/12/2017	Approved		Create 463
100015720	16953961	4/13/2017	Single Eligible	Ethernet	1.0GB / 1.0GB	4/13/2017	Approved		Create 463
100018572	17126391	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100015720	16955191	4/12/2017	Multiple Eligible	Multiple	Multiple	4/1	The invoicing deadline has passed for this FRN		Create 463
100018572	17119121	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100018572	17126421	8/30/2018	Single Eligible	ISDN PRI	1.544MB / 1.544MB	3/16/2018	Approved		Create 463

[Terms and Conditions](#)

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Version 1.29.1

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Friday, September 21, 2018 2:31 PM
To: rl@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 16161
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 21-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 16161

HCP Name: Sutter Amador Hospital
FCC Form 462 Application Number: 17126401

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 21-Sep-2018 at 02:28 PM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17126401</u>	3 HCP Number: <u>16161</u>
4 Site Name/Consortium Name: <u>Sutter Amador Hospital</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100018572</u>		
6 Allowable Contract Selection Date (ACSD): <u>02/14/2017</u>		Service Provider Selection Date: <u>02/14/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input checked="" type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		\$13,500.00
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
<div style="background-color: #f2f2f2; padding: 2px 5px;">Type of Documentation</div> <div style="margin-top: 5px;"> a. _____ b. _____ c. _____ </div>		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34	<input checked="" 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.	
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/21/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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

RURAL HEALTH CARE

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Form 460

Form 461

Form 462

Form 463

Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100018572	17126411	8/30/2018	Single Eligible	Ethernet	1.0GB / 100.0MB	3/16/2018	Approved		Create 463
100015720	16953811	4/12/2017	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	4/12/2017	Approved		Create 463
100015720	16953871	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		Create 463
100015720	16953761	4/14/2017	Single Eligible	ISDN PRI	1.544MB / 1.544MB	4/14/2017	Approved		Create 463
100018572	17126371	8/30/2018	Single Eligible	ISDN PRI	1.544MB / 1.544MB	The invoicing deadline has passed for this FRN			Create 463
100018572	17126401	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100018572	17136571	8/30/2018	Single Eligible	ISDN PRI	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100015720	16953801	4/12/2017	Multiple Eligible	ISDN PRI	1.544MB / 1.544MB	4/12/2017	Approved		Create 463
100015720	16953821	4/12/2017	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	4/12/2017	Approved		Create 463
100015720	16953961	4/13/2017	Single Eligible	Ethernet	1.0GB / 1.0GB	4/13/2017	Approved		Create 463
100018572	17126391	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100015720	16955191	4/12/2017	Multiple Eligible	Multiple	Multiple	4/12/2017	Approved		Create 463
100018572	17119121	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100018572	17126421	8/30/2018	Single Eligible	ISDN PRI	1.544MB / 1.544MB	3/16/2018	Approved		Create 463

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Version 1.29.1

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Monday, October 22, 2018 12:21 PM
To: rl@espysservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 50589
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 22-Oct-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 50589
HCP Name: Sutter Health
FCC Form 462 Application Number: 17174701

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 22-Oct-2018 at 12:14 PM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17174701</u>	3 HCP Number: <u>50589</u>
4 Site Name/Consortium Name: <u>Sutter Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100020992</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/13/2017</u>		Service Provider Selection Date: <u>04/13/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143002665</u>		
10 Vendor name: <u>Pacific Bell Telephone Company</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract:		
a. Latency:		b. Jitter:
c. Packet Loss:		d. Reliability:
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		\$19,369.39
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
Type of Documentation		
a. VIABLE_SOURCE		Document: Sutter Viable Source Letter 6-6-18.pdf
b.		
c.		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34	<input checked="" 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.	
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 10/22/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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 2 hours. 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-PERF, 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

Form 460 Form 461 Form 462 Form 463 Documents

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Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100020117	17152401	8/30/2018	Multiple Eligible	T-1 / DS-1	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17152461	8/30/2018	Multiple Eligible	ISDN PRI	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17152581	8/30/2018	Multiple Eligible	ISDN PRI	1.544MB / 1.544MB	3/16/2018	Approved		Create 463
100020117	17152701	3/16/2018	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100020992	17174531	8/30/2018	Multiple Eligible	Multiple	Multiple	The invoicing deadline has passed for this FRN			Create 463
100020992	17174701	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463
100020992	17174841	8/30/2018	Multiple Eligible	Internet	3.0MB / 384 Kbps	3/16/2018	Approved		Create 463
100021438	17240171	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100027021	18385301	2/07/2019	Multiple Eligible	Multiple	Multiple		Received		Create 463
100027021	18385351	2/07/2019	Multiple Eligible	Ethernet	100.0MB / 100.0MB		Received		Create 463
100027021	18385411	11/20/2018	Multiple Eligible	Multiple	Multiple		Received		Create 463
100027021	18385471	2/01/2019	Multiple Eligible	Multiple	Multiple		Denied		Create 463
100027021	18385861	11/19/2018	Multiple Eligible	Multiple	Multiple		Received		Create 463
100027021	18386141	12/21/2018	Multiple Eligible	Multiple	Multiple		Received		Create 463
100027021	18387191	12/27/2018	Multiple Eligible	Multiple	Multiple		Received		Create 463

Rachel Lawmaster

From: rhcadmin@usac.org
Sent: Friday, September 21, 2018 2:21 PM
To: rl@espyeservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 16165
Attachments: Form_462.pdf; network_cost_worksheet.xls

Date: 21-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 16165

HCP Name: Sutter North Medical Group-Brownsville Family Practice
FCC Form 462 Application Number: 17265641

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the electronically-submitted FCC Form 462 (Funding Request Form) revision associated with the substitution request for the applicant referenced above on 21-Sep-2018 at 01:56 PM.

Next Steps

This email is a confirmation that the form has been received and a review is in process. This email is not a confirmation that the form has been approved, or that funding has been committed. Once the form has been reviewed, you will receive an email on the status of the funding request and a PDF of the submitted form.

For More Information

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

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

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17265641</u>	3 HCP Number: <u>16165</u>
4 Site Name/Consortium Name: <u>Sutter North Medical Group-Brownsville Family Practice</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100018589</u>		
6 Allowable Contract Selection Date (ACSD): <u>02/14/2017</u>		Service Provider Selection Date: <u>02/14/2017</u>
7 Number of vendors who bid: <u>0</u>	Are you continuing service with your current service provider? <input checked="" type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input type="checkbox"/> Government Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&T Corp.</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input checked="" type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
<div style="display: flex; justify-content: space-between;"> If yes, provide the following information concerning the SLA in the contract: a. Latency: b. Jitter: </div> <div style="display: flex; justify-content: space-between;"> c. Packet Loss: d. Reliability: </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		\$8,424.00
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
<div style="background-color: #f2f2f2; padding: 2px 5px;">Type of Documentation</div> <div style="margin-top: 5px;"> a. _____ b. _____ c. _____ </div>		
Block 8: Request for Confidentiality		
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34	<input checked="" 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.	
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, 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.	

41 Signature	42 Date 09/21/2018
43 Printed Name Rachel L. Lawmaster	44 Title/Position Support Services Specialist
45 Phone (812) 277-1499 Ext. 1024	46 Email rl@espyervices.com
47 Employer ESPY Services	48 Employer's FCC RN 0020725107

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.

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User: rl@espyervices.com

[Logout](#)

HCP Name: Sutter North Medical Group-Brownsville

Family Practice

HCP Number: 16165

RURAL HEALTH CARE

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Form 460 **Form 461** **Form 462** **Form 463** **Documents**

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution [demonstration video](#) or review the [guide](#). Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100018589	17136421	8/30/2018	Single Eligible	MPLS	6.176 Mbps / 6.176 Mbps	3/16/2018	Approved		Create 463
100015724	16954571	4/13/2017	Single Eligible	MPLS	6.176 Mbps / 6.176 Mbps	The invoicing deadline has passed for this FRN			Create 463
100018589	17265641	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved		Create 463

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Version 1.29.1