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February 11, 2019

In the matter of Request for Review by Novant Health, Inc. Consortium of Decision of  
Universal Service Administrator  
Rural Health Care Program: WC Docket No. 02-60

Applicant: Novant Health, Inc. Consortium  
Contact: Lindsay Brown, Cost Analyst  
Espy Services, Inc.  
2213 16<sup>th</sup> St., Bedford, IN 47421  
812-277-1499  
[lbrown@espy-services.com](mailto:lbrown@espy-services.com)  
Fund Year: 2017  
HCP: 48783  
FRNs: 17190401, 17206691 & 17195331  
Reason: Waiver/extension of USAC HCF Invoicing Deadline

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

Between the dates of October 3, 2018 to October 15, 2018, Espy Services (on behalf of Novant Health, Inc. Consortium) submitted three Form 462 Substitutions. The substitutions were for FRN(s): 17190401, 17206691 & 17195331. The emails confirming receipt of these submissions from [rhcadmin@usac.org](mailto: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 January 24, 2018, 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 Novant Health, Inc. Consortium 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 in 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 Novant Health, Inc. Consortium 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:**

**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 three FRNs, Novant Health, Inc. Consortium has \$18,328.06 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.

## Lindsay Brown

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**From:** rhcadmin@usac.org  
**Sent:** Wednesday, October 03, 2018 4:52 PM  
**To:** lbrown@espysservices.com  
**Subject:** RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 48783  
**Attachments:** Form\_462.pdf; network\_cost\_worksheet.xls

Date: 03-Oct-2018  
Program: HCF Program  
Funding Year: 2017  
Health Care Provider (HCP) Number: 48783  
HCP Name: Novant Health, Inc. Consortium  
FCC Form 462 Application Number: 17190401

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 03-Oct-2018 at 04:47 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.

<b>Block 1: General Information</b>		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17190401</u>	3 HCP Number: <u>48783</u>
4 Site Name/Consortium Name: <u>Novant Health, Inc. Consortium</u>		
<b>Block 2: Competitive Bidding Information</b>		
5 FCC Form 461 Application Number: <u>100021213</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/28/2017</u>		Service Provider Selection Date: <u>04/28/2017</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:
<b>Block 3: Vendor Information</b>		
9 Service provider identification number (SPIN): <u>143021460</u>		
10 Vendor name: <u>Level 3 Communications, LLC</u>		
<b>Block 4: Type of Funding Request</b>		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
<b>Block 5: Single Eligible Expense Request for Funding</b>		
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> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>		
<b>USAC Internal Use Only</b>		
Funding Start Date		Funding End Date
<b>Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)</b>		
29 Total undiscounted cost for eligible recurring expenses		\$624,539.27
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
<b>Block 7: Additional Documentation</b>		
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: Novant Viable Source FY217.pdf
b. VIABLE_SOURCE		Document: Espy.Novant Health Viable Source Letter-signed.pdf
c.		
<b>Block 8: Request for Confidentiality</b>		
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		
<b>Block 9: Certification</b>		
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 10/03/2018
43 Printed Name Lindsay J. Brown	44 Title/Position Cost Analyst
45 Phone (812) 277-1499 Ext. 1019	46 Email lbrown@espyservices.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](mailto: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**

## Lindsay Brown

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**From:** rhcadmin@usac.org  
**Sent:** Wednesday, October 03, 2018 4:11 PM  
**To:** lbrown@espyervices.com  
**Subject:** RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 48783  
**Attachments:** network\_cost\_worksheet.xls; Form\_462.pdf

Date: 03-Oct-2018  
Program: HCF Program  
Funding Year: 2017  
Health Care Provider (HCP) Number: 48783  
HCP Name: Novant Health, Inc. Consortium  
FCC Form 462 Application Number: 17195331

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 03-Oct-2018 at 04:03 PM.

### Next Steps

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

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<b>Block 1: General Information</b>		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17195331</u>	3 HCP Number: <u>48783</u>
4 Site Name/Consortium Name: <u>Novant Health, Inc. Consortium</u>		
<b>Block 2: Competitive Bidding Information</b>		
5 FCC Form 461 Application Number: <u>100021213</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/28/2017</u>		Service Provider Selection Date: <u>04/28/2017</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:
<b>Block 3: Vendor Information</b>		
9 Service provider identification number (SPIN): <u>143048275</u>		
10 Vendor name: <u>Time Warner Cable Business LLC</u>		
<b>Block 4: Type of Funding Request</b>		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
<b>Block 5: Single Eligible Expense Request for Funding</b>		
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:
<b>USAC Internal Use Only</b>		
Funding Start Date		Funding End Date
<b>Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)</b>		
29 Total undiscounted cost for eligible recurring expenses		\$726,457.00
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
<b>Block 7: Additional Documentation</b>		
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: Novant Viable Source FY217.pdf
b. VIABLE_SOURCE		Document: Espy.Novant Health Viable Source Letter-signed.pdf
c.		
<b>Block 8: Request for Confidentiality</b>		
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		
<b>Block 9: Certification</b>		
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 10/03/2018
43 Printed Name Lindsay J. Brown	44 Title/Position Cost Analyst
45 Phone (812) 277-1499 Ext. 1019	46 Email lbrown@espyservices.com
47 Employer Espy Services	48 Employer's FCC RN 0020725107

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## Lindsay Brown

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**From:** rhcadmin@usac.org  
**Sent:** Monday, October 15, 2018 11:15 AM  
**To:** lbrown@espyeservices.com  
**Subject:** RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 48783  
**Attachments:** Form\_462.pdf; network\_cost\_worksheet.xls

Date: 15-Oct-2018  
Program: HCF Program  
Funding Year: 2017  
Health Care Provider (HCP) Number: 48783  
HCP Name: Novant Health, Inc. Consortium  
FCC Form 462 Application Number: 17206691

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 15-Oct-2018 at 11:08 AM.

### Next Steps

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

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<b>Block 1: General Information</b>		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17206691</u>	3 HCP Number: <u>48783</u>
4 Site Name/Consortium Name: <u>Novant Health, Inc. Consortium</u>		
<b>Block 2: Competitive Bidding Information</b>		
5 FCC Form 461 Application Number: <u>100021213</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/28/2017</u>		Service Provider Selection Date: <u>04/28/2017</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:
<b>Block 3: Vendor Information</b>		
9 Service provider identification number (SPIN): <u>143001192</u>		
10 Vendor name: <u>AT&amp;T Corp.</u>		
<b>Block 4: Type of Funding Request</b>		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
<b>Block 5: Single Eligible Expense Request for Funding</b>		
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>		
<b>USAC Internal Use Only</b>		
Funding Start Date		Funding End Date
<b>Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)</b>		
29 Total undiscounted cost for eligible recurring expenses		\$82,795.60
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00
<b>Block 7: Additional Documentation</b>		
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: Novant Viable Source FY217.pdf
b. VIABLE_SOURCE		Document: Espy.Novant Health Viable Source Letter-signed.pdf
c.		
<b>Block 8: Request for Confidentiality</b>		
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		
<b>Block 9: Certification</b>		
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 10/15/2018
43 Printed Name Lindsay J. Brown	44 Title/Position Cost Analyst
45 Phone (812) 277-1499 Ext. 1019	46 Email lbrown@espyeservices.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](mailto: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**

## **Lindsay Brown**

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**From:** RHC-Invoicing <RHC-Invoicing@usac.org>  
**Sent:** Friday, January 25, 2019 11:58 AM  
**To:** Lindsay Brown  
**Cc:** RHC-Invoicing  
**Subject:** RHC Site and Service Substitution Notification

Hi Lindsay,

This is the email that you should have received on 12/12/2018:

The site and service substitutions for the following FRNs have been approved. You may resume invoicing at this time.

17156511  
17238181  
17237161  
17238511  
17170311  
17245341  
17195331  
17190401  
17130731  
17131311  
17150691  
17145431  
17187021  
17258341  
17206691

Best Regards,

**Khala Smith**  
Rural Health Care Program  
1(800) 453-1546  
[rhc-invoicing@usac.org](mailto:rhc-invoicing@usac.org)

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## Lindsay Brown

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**From:** RHC-Invoicing <RHC-Invoicing@usac.org>  
**Sent:** Friday, January 25, 2019 11:57 AM  
**To:** Lindsay Brown  
**Cc:** RHC-Invoicing  
**Subject:** RE: [External Sender] Fwd: FY 2017 - Service Substitutions

Hi Lindsay,

Please use 1/24/19 as the decision date since you were not notified previously.

Thank you,

**Khala Smith**

Rural Health Care Program  
1(800) 453-1546  
[rhc-invoicing@usac.org](mailto:rhc-invoicing@usac.org)

---

**From:** Lindsay Brown [mailto:LBrown@Espyservices.com]  
**Sent:** Friday, January 25, 2019 10:51 AM  
**To:** RHC-Invoicing <RHC-Invoicing@usac.org>  
**Subject:** RE: [External Sender] Fwd: FY 2017 - Service Substitutions

Can you tell me when the 60 days started to appeal this since I have no “USAC issued decision” to go by??? Or should we use the date of 12/12/18 when we were supposed to be notified that never was sent?? Could you also provide me what we were supposed to receive that we never did.

### ***Lindsay Brown***

*Lead Government Funding Specialist*

Espy Services, Inc.

2213 16<sup>th</sup> Street

Bedford, IN 47421

(812) 277-1499 ext. 1019

Website: [www.EspyServices.com](http://www.EspyServices.com)

Twitter: <https://twitter.com/EspyServicesInc>

LinkedIn: <https://www.linkedin.com/in/espylindsaybrown>

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*“Espy Services seeks to create and promote real cost savings, vendor accountability and a true partnership with our clients. We strive to grow our business with honesty and integrity which allows Espy to be your advocate.”*



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**From:** RHC-Invoicing [<mailto:RHC-Invoicing@usac.org>]  
**Sent:** Friday, January 25, 2019 7:30 AM  
**To:** Lindsay Brown <[LBrown@Espyservices.com](mailto:LBrown@Espyservices.com)>  
**Cc:** RHC-Invoicing <[RHC-Invoicing@usac.org](mailto:RHC-Invoicing@usac.org)>  
**Subject:** RE: [External Sender] Fwd: FY 2017 - Service Substitutions

Hi Lindsay,

I looked into this issue and it does not appear that a mass email was not sent as stated. We apologize the frustration this caused and inconvenience.

At this time, only the FCC can extend the invoicing deadline under any circumstance. My advice at this time would to still file a waiver of the deadline with the FCC: <https://www.usac.org/about/about/program-integrity/appeals.aspx>.

Please know that we are trying to work internally with the FCC to expand our extension capabilities and streamline the process. However, with the government shutdown we don't have a timeline for this project and it is not a guaranteed success. If we receive any changes to our processes, I will be sure to update you immediately.

Best Regards,

**Khala Smith**  
Rural Health Care Program  
1(800) 453-1546  
[rhc-invoicing@usac.org](mailto:rhc-invoicing@usac.org)

---

**From:** Lindsay Brown [<mailto:LBrown@Espyservices.com>]  
**Sent:** Thursday, January 24, 2019 3:11 PM  
**To:** RHC-Invoicing <[RHC-Invoicing@usac.org](mailto:RHC-Invoicing@usac.org)>  
**Subject:** RE: [External Sender] Fwd: FY 2017 - Service Substitutions

NO ONE at Espy was notified of these being approved. We have several FRN's that we heard nothing about.

It clearly states on the email - RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt

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 reviewed. 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.

Where are the emails on the status of these?

***Lindsay Brown***  
*Lead Government Funding Specialist*  
Espy Services, Inc.  
2213 16<sup>th</sup> Street  
Bedford, IN 47421  
(812) 277-1499 ext. 1019  
Website: [www.EspyServices.com](http://www.EspyServices.com)  
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**From:** RHC-Invoicing [<mailto:RHC-Invoicing@usac.org>]  
**Sent:** Thursday, January 24, 2019 3:03 PM  
**To:** Lindsay Brown <[LBrown@Espyservices.com](mailto:LBrown@Espyservices.com)>  
**Cc:** RHC-Invoicing <[RHC-Invoicing@usac.org](mailto:RHC-Invoicing@usac.org)>  
**Subject:** RE: [External Sender] Fwd: FY 2017 - Service Substitutions

Hi Lindsay,

The site and service substitutions for those FRNs were approved and issued on 12/12/2018. The invoicing deadline of 12/31/2018 has passed so invoices cannot be submitted at this time. For next steps, you have the ability to file a waiver of the deadline with the FCC: <https://www.usac.org/about/about/program-integrity/appeals.aspx>.

Let me know if you have any questions.

Best Regards,

**Khala Smith**  
Rural Health Care Program  
1(800) 453-1546  
[rhc-invoicing@usac.org](mailto:rhc-invoicing@usac.org)

---

**From:** Lindsay Brown [<mailto:LBrown@Espyservices.com>]  
**Sent:** Thursday, January 24, 2019 2:38 PM  
**To:** RHC-Invoicing <[RHC-Invoicing@usac.org](mailto:RHC-Invoicing@usac.org)>  
**Subject:** RE: [External Sender] Fwd: FY 2017 - Service Substitutions

Yes. There are several.

17206691  
17258341  
17187021  
17145431  
17150691  
17131311  
17130731  
17190401  
17195331  
17245341  
17170311  
17238511  
17237161  
17238181  
17156511

***Lindsay Brown***

*Lead Government Funding Specialist*

Espy Services, Inc.

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**From:** RHC-Invoicing [<mailto:RHC-Invoicing@usac.org>]

**Sent:** Thursday, January 24, 2019 2:31 PM

**To:** [lbrown@espyervices.com](mailto:lbrown@espyervices.com)

**Cc:** RHC-Invoicing <[RHC-Invoicing@usac.org](mailto:RHC-Invoicing@usac.org)>

**Subject:** RE: [External Sender] Fwd: FY 2017 - Service Substitutions

Good Afternoon Lindsay,

Could you please provide the FRN?

Thank you,

**Khala Smith**

Rural Health Care Program

1(800) 453-1546

[rhc-invoicing@usac.org](mailto:rhc-invoicing@usac.org)

On 1/24/2019 12:48 PM, Lindsay Brown wrote:

Can I get an update on the Substitution's we submitted back in October? I was told by a vendor that these weren't approved by the 12/31/2017 deadline and wouldn't be approved.

Thank you,

***Lindsay Brown***

*Lead Government Funding Specialist*

Espy Services, Inc.

2213 16<sup>th</sup> Street

Bedford, IN 47421

(812) 277-1499 ext. 1019

Website: [www.EspyServices.com](http://www.EspyServices.com)  
Twitter: <https://twitter.com/EspyServicesInc>  
LinkedIn: <https://www.linkedin.com/in/espylindsaybrown>

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