
February 11, 2019

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

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

Applicant: Banner Health
Contact: Lindsay Brown, Cost Analyst
Espy Services, Inc.
2213 16th St., Bedford, IN 47421
812-277-1499
lbrown@espy-services.com
Fund Year: 2017
HCP: 52860
FRNs: 17238511, 17237161, 17238181 & 17245341
Reason: Waiver/extension of USAC HCF Invoicing Deadline

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

Between the dates of September 19, 2018 to October 3, 2018, Espy Services (on behalf of Banner Health) submitted four Forms 462 Substitutions. The substitutions were for FRN(s): 17238511, 17237161, 17238181 & 17245341. 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 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 Banner 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 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 Banner 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:

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 four FRNs, Banner Health has \$42,545.73 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

From: rhcadmin@usac.org
Sent: Thursday, September 20, 2018 11:20 AM
To: lbrown@espysservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 52860
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 20-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 52860
HCP Name: Banner Health
FCC Form 462 Application Number: 17238511

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 20-Sep-2018 at 10:32 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>17238511</u>	3 HCP Number: <u>52860</u>
4 Site Name/Consortium Name: <u>Banner Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100021239</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/29/2017</u>		Service Provider Selection Date: <u>04/29/2017</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>143021460</u>		
10 Vendor name: <u>Level 3 Communications, LLC</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	\$38,450.50	
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: 35% Viability Signed.pdf	
b. VIABLE_SOURCE	Document: 20180426_Banner Health Viable Source Letter.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 09/20/2018
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. 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

From: rhcadmin@usac.org
Sent: Wednesday, September 19, 2018 4:42 PM
To: lbrown@espyervices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 52860
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 19-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 52860
HCP Name: Banner Health
FCC Form 462 Application Number: 17237161

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 19-Sep-2018 at 04:30 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>17237161</u>	3 HCP Number: <u>52860</u>
4 Site Name/Consortium Name: <u>Banner Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100021239</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/29/2017</u>		Service Provider Selection Date: <u>04/29/2017</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>143021460</u>		
10 Vendor name: <u>Level 3 Communications, LLC</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	\$20,759.67	
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: 35% Viability Signed.pdf	
b. VIABLE_SOURCE	Document: Century Link 257924 050118.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 09/19/2018
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. 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

From: rhcadmin@usac.org
Sent: Wednesday, September 19, 2018 4:06 PM
To: lbrown@espysservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 52860
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 19-Sep-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 52860
HCP Name: Banner Health
FCC Form 462 Application Number: 17238181

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 19-Sep-2018 at 03:58 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>17238181</u>	3 HCP Number: <u>52860</u>
4 Site Name/Consortium Name: <u>Banner Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100021239</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/29/2017</u>		Service Provider Selection Date: <u>04/29/2017</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>143021460</u>		
10 Vendor name: <u>Level 3 Communications, LLC</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	\$68,719.37	
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: 35% Viability Signed.pdf	
b. VIABLE_SOURCE	Document: 20180426_Banner Health Viable Source Letter.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 09/19/2018
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. 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

From: rhcadmin@usac.org
Sent: Wednesday, October 03, 2018 2:28 PM
To: lbrown@espysservices.com
Subject: RHC HCF Program - FCC Form 462 Substitution - Confirmation of Receipt - HCP# 52860
Attachments: network_cost_worksheet.xls; Form_462.pdf

Date: 03-Oct-2018
Program: HCF Program
Funding Year: 2017
Health Care Provider (HCP) Number: 52860
HCP Name: Banner Health
FCC Form 462 Application Number: 17245341

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 01:15 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>17245341</u>	3 HCP Number: <u>52860</u>
4 Site Name/Consortium Name: <u>Banner Health</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100021239</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/29/2017</u>		Service Provider Selection Date: <u>04/29/2017</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>143002438</u>		
10 Vendor name: <u>Century Link CenturyTel of Lake Dallas, Inc.</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	\$241,998.84	
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: 35% Viability Signed.pdf	
b. VIABLE_SOURCE	Document: 20180426_Banner Health Viable Source Letter.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 10/03/2018
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. 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

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

The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

Lindsay Brown

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

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 16th Street
Bedford, IN 47421
(812) 277-1499 ext. 1019
Website: www.EspyServices.com
Twitter: <https://twitter.com/EspyServicesInc>
LinkedIn: <https://www.linkedin.com/in/espylindsaybrown>

Click on the three links below to learn more

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

[Espy Services' Video](#)

[Espy Services Testimonials](#)

“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.”

From: RHC-Invoicing [<mailto:RHC-Invoicing@usac.org>]
Sent: Friday, January 25, 2019 7:30 AM
To: Lindsay Brown <LBrown@Espyservices.com>
Cc: RHC-Invoicing <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

From: Lindsay Brown [<mailto:LBrown@Espyservices.com>]
Sent: Thursday, January 24, 2019 3:11 PM
To: RHC-Invoicing <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 16th Street
Bedford, IN 47421
(812) 277-1499 ext. 1019
Website: www.EspyServices.com
Twitter: <https://twitter.com/EspyServicesInc>
LinkedIn: <https://www.linkedin.com/in/espylindsaybrown>

Click on the three links below to learn more
[EspyServices.com](http://www.EspyServices.com)

Espy Services' Video
Espy Services Testimonials

"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."

From: RHC-Invoicing [<mailto:RHC-Invoicing@usac.org>]
Sent: Thursday, January 24, 2019 3:03 PM
To: Lindsay Brown <LBrown@Espyservices.com>
Cc: RHC-Invoicing <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

From: Lindsay Brown [<mailto:LBrown@Espyservices.com>]
Sent: Thursday, January 24, 2019 2:38 PM
To: RHC-Invoicing <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.

2213 16th Street

Bedford, IN 47421

(812) 277-1499 ext. 1019

Website: www.EspyServices.com

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

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

Click on the three links below to learn more

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

[Espy Services' Video](#)

[Espy Services Testimonials](#)

"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."

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

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

To: lbrown@espyervices.com

Cc: RHC-Invoicing <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

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 16th Street

Bedford, IN 47421

(812) 277-1499 ext. 1019

Website: www.EspyServices.com
Twitter: <https://twitter.com/EspyServicesInc>
LinkedIn: <https://www.linkedin.com/in/espylindsaybrown>

Click on the three links below to learn more

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

[Espy Services' Video](#)

[Espy Services Testimonials](#)

“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.”



Virus-free. www.avast.com

The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.



Virus-free. www.avast.com





The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.














The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you

are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

Screenshot - From Myportal

100021239	17238181	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved	 	Create 463
100021239	17237161	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved	 	Create 463

100021239	17245341	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved	 	Create 463
100021239	17244651	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	  	Create 463
100021239	17244611	8/30/2018	Multiple Eligible	Internet	1.5 Mbps / 896 Kbps	3/16/2018	Approved	  	Create 463
100021239	17238851	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	  	Create 463
100021239	17238511	12/12/2018	Multiple Eligible	Multiple	Multiple	12/12/2018	Approved	 	Create 463