

EXHIBIT 9

Jackson County Memorial Hospital (HCP #10202)

**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>2019</u>	2 Funding Request Number (FRN): <u>19668531</u>	3 HCP Number: <u>10202</u>
4 Site Name/Consortium Name: <u>Jackson County Memorial Hospital</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100034206</u>		
6 Allowable Contract Selection Date (ACSD): <u>05/15/2019</u>		Service Provider Selection Date: <u>05/30/2019</u>
7 Number of vendors who bid: <u>5</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		
<u>143010484</u>		
10 Vendor name: <u>Cable One, Inc</u>		
Block 4: Type of Funding Request		
11 <input checked="" type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application		
(Line 25) Uploaded document: <u>JCMH 10202_16560_15862 Cable</u>		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input checked="" type="radio"/> No		
12 Category of Expense <u>Leased/Tariffed Facilities or Services</u>	13 Expense Type <u>Ethernet</u>	
14 Bandwidth <u>300.0 Mbps</u>	14a Is this service symmetrical? <input checked="" 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 <u>100.0</u>		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID <u>1174850</u>	19a Date contract signed <u>04/17/2017</u> End <u>04/17/2020</u>	
19b Expected service start date <u>07/01/2019</u>	19c Length of initial contract term <u>36 Month(s)</u>	
19d Number of contract extensions <u>0</u>	19e Length of optional extension(s) combined <u>0 Month(s)</u>	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input checked="" type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1 <u>1200 E PECAN ST</u>		
Address Line 2		
City <u>ALTUS</u>	State <u>OK</u>	Zip Code <u>73521</u>
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 checked="" 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 Monthly	24 Quantity of expense periods 9.56667	
25 Undiscounted cost per expense period \$800.00		
26 Source of HCP contribution Eligible HCP participant, State grants, funding, or appropriations		
27 One-time installation charges \$0.00		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between;"> <div>a. Latency:</div> <div>b. Jitter:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>c. Packet Loss:</div> <div>d. Reliability:</div> </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		
30 Total undiscounted cost for eligible non-recurring expenses		
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.		
b.		
c.		
Block 8: Request for Confidentiality		
<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 _____ R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

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We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

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

RURAL HEALTH CARE

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- ☐ GENERAL INFORMATION ☐ VENDOR INFORMATION ☐ COMPETITIVE BIDDING INFORMATION
☐ SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING ☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

 [Preview PDF](#)  [Form Guide](#)

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46 Email

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

44 Title/Position of Authorized Person

45 Phone

Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

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[Exit](#)

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Healthcare Connect Fund
Funding Request Form**

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Block 1: General Information		
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4 Site Name/Consortium Name: <u>Jackson County Memorial Hospital</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100034206</u>		
6 Allowable Contract Selection Date (ACSD): <u>05/15/2019</u>		Service Provider Selection Date: <u>05/30/2019</u>
7 Number of vendors who bid: <u>5</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		
<u>143025539</u>		
10 Vendor name: <u>Granite Telecommunications, LLC</u>		
Block 4: Type of Funding Request		
11 <input checked="" type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application		
(Line 25) Uploaded document: <u>JCMH 10202 Granite 250 Mbps Ex</u>		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input checked="" type="radio"/> No		
12 Category of Expense <u>Leased/Tariffed Facilities or Services</u>	13 Expense Type <u>Internet</u>	
14 Bandwidth <u>250 Mbps</u>	14a Is this service symmetrical? <input checked="" 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 <u>100.0</u>		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID <u>1174854</u>	19a Date contract signed <u>03/05/2019</u> End <u>03/05/2022</u>	
19b Expected service start date <u>07/01/2019</u>	19c Length of initial contract term <u>36 Month(s)</u>	
19d Number of contract extensions <u>0</u>	19e Length of optional extension(s) combined <u>0 Month(s)</u>	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input checked="" type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1 <u>1200 E PECAN ST</u>		
Address Line 2		
City <u>ALTUS</u>	State <u>OK</u>	Zip Code <u>73521</u>
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 checked="" 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 Monthly	24 Quantity of expense periods 12.0	
25 Undiscounted cost per expense period \$1,180.00		
26 Source of HCP contribution Eligible HCP participant, State grants, funding, or appropriations		
27 One-time installation charges \$0.00		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input checked="" 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		
30 Total undiscounted cost for eligible non-recurring expenses		
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.		
b.		
c.		
Block 8: Request for Confidentiality		
<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.	
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41 Signature	42 Date
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45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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RURAL HEALTH CARE

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☐ SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING ☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

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46 Email stice@kelloggllc.com

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

Shannon

D

Tice

44 Title/Position of Authorized Person Sr. Account Manager

45 Phone 580-559-8326

Ext.

8316

47 Employer Kellogg & Sovereign Consulting, LLC

48 Employer's FCC RN 0011542313

Signing on behalf of: * Dena Daniel ▼

Save and Exit

Save and Go Back

Cancel

Exit



User: stice@kelloggllc.com
[Logout](#)
HCP Name: Jackson County Memorial Hospital
HCP Number: 10202

RURAL HEALTH CARE

Return to My HCPs

- Form 460
- Form 461
- Form 462
- Form 463
- Documents

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

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100009034	15737821	5/02/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	5/14/2019	Approved		Create 463
	18459001	1/22/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	1/22/2019	Approved		Create 463
100034206	19668561	6/12/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100034206	19668571	6/12/2019	Single Eligible	Internet			Draft		Delete
100034206	19668531	6/12/2019	Single Eligible	Ethernet			Draft		Delete
	18456411	2/08/2019	Single Eligible	Ethernet	50.0MB / 50.0MB		Denied		Create 463

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

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Block 1: General Information		
1 Funding Year <u>2019</u>	2 Funding Request Number (FRN): <u>19668561</u>	3 HCP Number: <u>10202</u>
4 Site Name/Consortium Name: <u>Jackson County Memorial Hospital</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100034206</u>		
6 Allowable Contract Selection Date (ACSD): <u>05/15/2019</u>		Service Provider Selection Date: <u>05/30/2019</u>
7 Number of vendors who bid: <u>6</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		
<u>143001157</u>		
10 Vendor name: <u>CenturyLink Qwest Communications Company, LLC</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input checked="" type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.				
23 Expense frequency	24 Quantity of expense periods					
25 Undiscounted cost per expense period						
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If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>						
USAC Internal Use Only						
Funding Start Date		Funding End Date				
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)						
29 Total undiscounted cost for eligible recurring expenses		\$20,344.44				
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00				
Block 7: Additional Documentation						
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Type of Documentation</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">a.</td> </tr> <tr> <td style="padding: 5px;">b.</td> </tr> <tr> <td style="padding: 5px;">c.</td> </tr> </tbody> </table>			Type of Documentation	a.	b.	c.
Type of Documentation						
a.						
b.						
c.						
Block 8: Request for Confidentiality						
<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).						
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41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
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RURAL HEALTH CARE

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☐ SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING ☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

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Please note that the funding request filing window period closed on May 31, 2019. Funding request forms may only be submitted during a filing window period. To save a draft of this form, please select "Save and Exit." For more information about filing window periods, please check [here](#).

46 Email

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

44 Title/Position of Authorized Person

45 Phone

Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

[Save and Exit](#)

[Save and Go Back](#)

[Cancel](#)

[Exit](#)



User: stice@kelloggllc.com
[Logout](#)
HCP Name: Jackson County Memorial Hospital
HCP Number: 10202

RURAL HEALTH CARE

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- Form 460
- Form 461
- Form 462
- Form 463
- Documents

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

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100009034	15737821	5/02/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	5/14/2019	Approved		Create 463
	18459001	1/22/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	1/22/2019	Approved		Create 463
100034206	19668561	6/12/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100034206	19668571	6/12/2019	Single Eligible	Internet			Draft		Delete
100034206	19668531	6/12/2019	Single Eligible	Ethernet			Draft		Delete
	18456411	2/08/2019	Single Eligible	Ethernet	50.0MB / 50.0MB		Denied		Create 463

Memorial Hospital of Stilwell (HCP #15217)

**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>2019</u>	2 Funding Request Number (FRN): <u>19668121</u>	3 HCP Number: <u>15217</u>
4 Site Name/Consortium Name: <u>Memorial Hospital of Stilwell</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100033496</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/10/2019</u>		Service Provider Selection Date: <u>04/11/2019</u>
7 Number of vendors who bid: <u>1</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 checked="" type="checkbox"/> Evergreen Contract	Contract ID: <u>1171900</u>	Friendly Name: <u>MHST Windstream 100 Mbps Exp. 191129</u>
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
<u>143030766</u>		
10 Vendor name: <u>Windstream Communications, LLC</u>		
Block 4: Type of Funding Request		
11 <input checked="" type="checkbox"/> Individual HCP, single eligible expense		
<input type="checkbox"/> Individual HCP, multiple eligible expenses		
<input type="checkbox"/> Consortium Application		
(Line 25) Uploaded document: <u>MHST_Windstream 100 Mbps_Re</u>		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input checked="" type="radio"/> No		
12 Category of Expense <u>Leased/Tariffed Facilities or Services</u>	13 Expense Type <u>Internet</u>	
14 Bandwidth <u>100.0 Mbps</u>	14a Is this service symmetrical? <input checked="" 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 <u>100.0</u>		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID <u>1171900</u>	19a Date contract signed <u>11/29/2016</u> End <u>11/29/2019</u>	
19b Expected service start date <u>07/01/2019</u>	19c Length of initial contract term <u>36 Month(s)</u>	
19d Number of contract extensions <u>0</u>	19e Length of optional extension(s) combined <u>0 Month(s)</u>	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input checked="" type="radio"/> No		
20 Circuit start location		
Address Line 1 <u>1401 West Locust Street</u>		
Address Line 2 <u>P.O. Box 272</u>		
City <u>Stilwell</u>	State <u>OK</u>	Zip Code <u>74960-3217</u>
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 checked="" 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 Monthly	24 Quantity of expense periods 4.96667	
25 Undiscounted cost per expense period \$2,412.50		
26 Source of HCP contribution Eligible HCP participant, State grants, funding, or appropriations		
27 One-time installation charges \$0.00		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between;"> <div>a. Latency:</div> <div>b. Jitter:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>c. Packet Loss:</div> <div>d. Reliability:</div> </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		
30 Total undiscounted cost for eligible non-recurring expenses		
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. OTHER (MHST Evergreen Transfer Memo) Document: MHST Evergreen Transfer Memo.pdf		
b.		
c.		
Block 8: Request for Confidentiality		
<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 _____ R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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.

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RURAL HEALTH CARE

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☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

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46 Email

43 Printed Name of Authorized Person

First Name:

Middle Initial:

Last Name:

44 Title/Position of Authorized Person

45 Phone

Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

[Save and Exit](#)[Save and Go Back](#)[Certify](#)[Exit](#)



User: stice@kelloggllc.com
[Logout](#)
HCP Name: Memorial Hospital of Stilwell
HCP Number: 15217

RURAL HEALTH CARE

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

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Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100033496	19668121	6/08/2019	Single Eligible	Internet			Draft		Delete
100033496	19668131	6/10/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete

**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>2019</u>	2 Funding Request Number (FRN): <u>19668131</u>	3 HCP Number: <u>15217</u>
4 Site Name/Consortium Name: <u>Memorial Hospital of Stilwell</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100033496</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/10/2019</u>		Service Provider Selection Date: <u>05/30/2019</u>
7 Number of vendors who bid: <u>2</u>	Are you continuing service with your current service provider? <input type="radio"/> Yes <input checked="" 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		
<u>143015254</u>		
10 Vendor name: <u>OneNet (Oklahoma State Regents)</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input checked="" type="checkbox"/> Individual HCP, multiple eligible expenses <input type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods	
25 Undiscounted cost per expense period		
26 Source of HCP contribution		
27 One-time installation charges		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		\$15,960.00
30 Total undiscounted cost for eligible non-recurring expenses		\$3,500.00
Block 7: Additional Documentation		
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.		
<div style="background-color: #f2f2f2; padding: 2px 5px;">Type of Documentation</div> <div style="margin-top: 5px;"> a. _____ b. _____ c. _____ </div>		
Block 8: Request for Confidentiality		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34	<input checked="" type="checkbox"/> I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.	
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
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39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least _____ R. § 54.648, or as otherwise prescribed by the Commission's rules.	

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45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
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RURAL HEALTH CARE

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- ☐ GENERAL INFORMATION ☐ VENDOR INFORMATION ☐ COMPETITIVE BIDDING INFORMATION ☐ EXPENSE ITEMS
☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

[Preview NCW](#) [Preview PDF](#) [Form Guide](#)

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46 Email

43 Printed Name of Authorized Person

First Name:

Middle Initial:

Last Name:

44 Title/Position of Authorized Person

45 Phone

Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

[Save and Exit](#)[Save and Go Back](#)[Certify](#)[Exit](#)



User: stice@kelloggllc.com
[Logout](#)
HCP Name: Memorial Hospital of Stilwell
HCP Number: 15217

RURAL HEALTH CARE

[Return to My HCPs](#)

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

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100033496	19668131	6/10/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete

JCMH - Family Care Clinic of Mangum (HCP #15862)

**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>2019</u>	2 Funding Request Number (FRN): <u>19668551</u>	3 HCP Number: <u>15862</u>
4 Site Name/Consortium Name: <u>JCMH - Family Care Clinic of Mangum</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100034207</u>		
6 Allowable Contract Selection Date (ACSD): <u>05/15/2019</u>		Service Provider Selection Date: <u>05/30/2019</u>
7 Number of vendors who bid: <u>3</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		
<u>143010484</u>		
10 Vendor name: <u>Cable One, Inc</u>		
Block 4: Type of Funding Request		
11 <input checked="" type="checkbox"/> Individual HCP, single eligible expense		
<input type="checkbox"/> Individual HCP, multiple eligible expenses		
<input type="checkbox"/> Consortium Application		
(Line 25) Uploaded document: <u>JCMH 10202_16560_15862 Cable</u>		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input checked="" type="radio"/> No		
12 Category of Expense <u>Leased/Tariffed Facilities or Services</u>	13 Expense Type <u>Ethernet</u>	
14 Bandwidth <u>100.0 Mbps</u>	14a Is this service symmetrical? <input checked="" 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 <u>100.0</u>		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID <u>1174852</u>	19a Date contract signed <u>04/17/2017</u> End <u>04/17/2020</u>	
19b Expected service start date <u>07/01/2019</u>	19c Length of initial contract term <u>36 Month(s)</u>	
19d Number of contract extensions <u>0</u>	19e Length of optional extension(s) combined <u>0 Month(s)</u>	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input checked="" type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1 <u>114 S LOUIS TITTLE AVE</u>		
Address Line 2		
City <u>MANGUM</u>	State <u>OK</u>	Zip Code <u>73554</u>
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 checked="" 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 Monthly	24 Quantity of expense periods 9.56667	
25 Undiscounted cost per expense period \$600.00		
26 Source of HCP contribution Eligible HCP participant, State grants, funding, or appropriations		
27 One-time installation charges \$0.00		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between;"> <div>a. Latency:</div> <div>b. Jitter:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>c. Packet Loss:</div> <div>d. Reliability:</div> </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		
30 Total undiscounted cost for eligible non-recurring expenses		
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.		
b.		
c.		
Block 8: Request for Confidentiality		
<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 _____ R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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RURAL HEALTH CARE

[Return to My HCP](#)

- ☐ GENERAL INFORMATION ☐ VENDOR INFORMATION ☐ COMPETITIVE BIDDING INFORMATION
☐ SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING ☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

[Preview PDF](#) [Form Guide](#)

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46 Email

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

44 Title/Position of Authorized Person

45 Phone

Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

[Save and Exit](#)

[Save and Go Back](#)

[Cancel](#)

[Exit](#)



HCP Number: 15862

[Return to My HCPs](#)

Documents

Substitution

Delete

Jackson County Memorial Hospital - Counseling Center (HCP #16560)

**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>2019</u>	2 Funding Request Number (FRN): <u>19668541</u>	3 HCP Number: <u>16560</u>
4 Site Name/Consortium Name: <u>Jackson County Memorial Hospital - Counseling Center</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100034429</u>		
6 Allowable Contract Selection Date (ACSD): <u>05/16/2019</u>		Service Provider Selection Date: <u>05/30/2019</u>
7 Number of vendors who bid: <u>5</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		
<u>143010484</u>		
10 Vendor name: <u>Cable One, Inc</u>		
Block 4: Type of Funding Request		
11 <input checked="" type="checkbox"/> Individual HCP, single eligible expense		
<input type="checkbox"/> Individual HCP, multiple eligible expenses		
<input type="checkbox"/> Consortium Application		
(Line 25) Uploaded document: <u>JCMH 10202_16560_15862 Cable</u>		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input checked="" type="radio"/> No		
12 Category of Expense <u>Leased/Tariffed Facilities or Services</u>	13 Expense Type <u>Ethernet</u>	
14 Bandwidth <u>200.0 Mbps</u>	14a Is this service symmetrical? <input checked="" 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 <u>100.0</u>		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID <u>1174851</u>	19a Date contract signed <u>04/17/2017</u> End <u>04/17/2020</u>	
19b Expected service start date <u>07/01/2019</u>	19c Length of initial contract term <u>36 Month(s)</u>	
19d Number of contract extensions <u>0</u>	19e Length of optional extension(s) combined <u>0 Month(s)</u>	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input checked="" type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1 <u>1200 E TAMARACK RD</u>		
Address Line 2		
City <u>ALTUS</u>	State <u>OK</u>	Zip Code <u>73521</u>
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 checked="" 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 Monthly	24 Quantity of expense periods 9.56667	
25 Undiscounted cost per expense period \$700.00		
26 Source of HCP contribution Eligible HCP participant, State grants, funding, or appropriations		
27 One-time installation charges \$0.00		
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between;"> <div>a. Latency:</div> <div>b. Jitter:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>c. Packet Loss:</div> <div>d. Reliability:</div> </div>		
USAC Internal Use Only		
Funding Start Date		Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)		
29 Total undiscounted cost for eligible recurring expenses		
30 Total undiscounted cost for eligible non-recurring expenses		
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.		
b.		
c.		
Block 8: Request for Confidentiality		
<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 .R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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RURAL HEALTH CARE

[Return to My HCP](#)

- ☐ GENERAL INFORMATION ☐ VENDOR INFORMATION ☐ COMPETITIVE BIDDING INFORMATION
☐ SINGLE ELIGIBLE EXPENSE REQUEST FOR FUNDING ☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

 [Preview PDF](#)  [Form Guide](#)

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46 Email

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

44 Title/Position of Authorized Person

45 Phone

Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

[Save and Exit](#)

[Save and Go Back](#)

[Cancel](#)

[Exit](#)



User: stice@kelloggllc.com
[Logout](#)
HCP Name: Jackson County Memorial Hospital -
Counseling Center
HCP Number: 16560

RURAL HEALTH CARE

[Return to My HCPs](#)

Form 460

Form 461

Form 462

Form 463

Documents

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

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100034429	19668541	6/12/2019	Single Eligible	Ethernet			Draft		Delete

Variety Care, Inc. (HCP #46665)

**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>2019</u>	2 Funding Request Number (FRN): <u>19666881</u>	3 HCP Number: <u>46665</u>
4 Site Name/Consortium Name: <u>Variety Care, Inc.</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100032325</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/18/2019</u>		Service Provider Selection Date: <u>05/15/2019</u>
7 Number of vendors who bid: <u>7</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		
<u>143004662</u>		
10 Vendor name: <u>Southwestern Bell Telephone Company</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.								
23 Expense frequency	24 Quantity of expense periods									
25 Undiscounted cost per expense period										
26 Source of HCP contribution										
27 One-time installation charges										
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No										
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>										
USAC Internal Use Only										
Funding Start Date		Funding End Date								
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)										
29 Total undiscounted cost for eligible recurring expenses		\$31,255.20								
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00								
Block 7: Additional Documentation										
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; padding: 5px;">Type of Documentation</th> <th style="width: 60%; padding: 5px;"></th> </tr> <tr> <td style="padding: 5px;">a. VIABLE_SOURCE</td> <td style="padding: 5px;">Document: VARI_35 Share_190517.pdf</td> </tr> <tr> <td style="padding: 5px;">b.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c.</td> <td style="padding: 5px;"></td> </tr> </table>			Type of Documentation		a. VIABLE_SOURCE	Document: VARI_35 Share_190517.pdf	b.		c.	
Type of Documentation										
a. VIABLE_SOURCE	Document: VARI_35 Share_190517.pdf									
b.										
c.										
Block 8: Request for Confidentiality										
<input type="radio"/> Yes <input checked="" type="radio"/> No										
Block 9: Certification										
33	<input checked="" type="checkbox"/> I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.									
34	<input checked="" type="checkbox"/> I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.									
35	<input checked="" type="checkbox"/> I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).									
36	<input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.									
37	<input checked="" type="checkbox"/> I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.									
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39	<input checked="" type="checkbox"/> I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.									
40	<input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least _____ R. § 54.648, or as otherwise prescribed by the Commission's rules.									

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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RURAL HEALTH CARE

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- ☐ GENERAL INFORMATION ☐ VENDOR INFORMATION ☐ COMPETITIVE BIDDING INFORMATION ☐ EXPENSE ITEMS
☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

[Preview NCW](#) [Preview PDF](#) [Form Guide](#)

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46 Email

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

44 Title/Position of Authorized Person 45 Phone Ext. 47 Employer 48 Employer's FCC RN Signing on behalf of: * [Save and Exit](#)[Save and Go Back](#)[Cancel](#)[Exit](#)

RURAL HEALTH CARE

[Return to My Consortium](#)

- Form 460
- Form 461
- Form 462
- Form 463
- Documents

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

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100014228	16983271	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved		Create 463
100021250	17272621	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100014228	16918571	4/14/2017	Multiple Eligible	Multiple	Multiple	4/17/2017	Approved		Create 463
100014228	16926331	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved		Create 463
100021250	17272911	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100021250	17272201	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100014228	16918841	5/22/2019	Multiple Eligible	Multiple	Multiple	5/22/2019	Approved		Create 463
100032325	19668331	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19668881	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19667091	5/31/2019	Multiple Eligible	Multiple	Multiple		Received		Create 463

[Terms and Conditions](#)

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Version 1.30.0

**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>2019</u>	2 Funding Request Number (FRN): <u>19668331</u>	3 HCP Number: <u>46665</u>
4 Site Name/Consortium Name: <u>Variety Care, Inc.</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100032325</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/18/2019</u>		Service Provider Selection Date: <u>05/15/2019</u>
7 Number of vendors who bid: <u>7</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		
<u>143005575</u>		
10 Vendor name: <u>Cox Oklahoma Telcom, 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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>										
USAC Internal Use Only										
Funding Start Date		Funding End Date								
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)										
29 Total undiscounted cost for eligible recurring expenses		\$17,278.56								
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00								
Block 7: Additional Documentation										
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Type of Documentation</th> <th style="width: 60%; padding: 5px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">a. VIABLE_SOURCE</td> <td style="padding: 5px;">Document: VARI_35 Share_190517.pdf</td> </tr> <tr> <td style="padding: 5px;">b.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c.</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>			Type of Documentation		a. VIABLE_SOURCE	Document: VARI_35 Share_190517.pdf	b.		c.	
Type of Documentation										
a. VIABLE_SOURCE	Document: VARI_35 Share_190517.pdf									
b.										
c.										
Block 8: Request for Confidentiality										
<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 .R. § 54.648, or as otherwise prescribed by the Commission's rules.									

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

[Preview NCW](#) [Preview PDF](#) [Form Guide](#)

Please note that the funding request filing window period closed on May 31, 2019. Funding request forms may only be submitted during a filing window period. To save a draft of this form, please select "Save and Exit." For more information about filing window periods, please check [here](#).

46 Email

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

44 Title/Position of Authorized Person 45 Phone Ext. 47 Employer 48 Employer's FCC RN Signing on behalf of: * [Save and Exit](#)[Save and Go Back](#)[Cancel](#)[Exit](#)

RURAL HEALTH CARE

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- Form 460
- Form 461
- Form 462
- Form 463
- Documents

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

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100014228	16983271	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved		Create 463
100021250	17272621	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100014228	16918571	4/14/2017	Multiple Eligible	Multiple	Multiple	4/17/2017	Approved		Create 463
100014228	16926331	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved		Create 463
100021250	17272911	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100021250	17272201	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
100014228	16918841	5/22/2019	Multiple Eligible	Multiple	Multiple	5/22/2019	Approved		Create 463
100032325	19668331	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19666881	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19667091	5/31/2019	Multiple Eligible	Multiple	Multiple		Received		Create 463

[Terms and Conditions](#)

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Version 1.30.0

Caring Hands Healthcare Network (HCP #51747)

**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>2019</u>	2 Funding Request Number (FRN): <u>19667981</u>	3 HCP Number: <u>51747</u>
4 Site Name/Consortium Name: <u>Caring Hands Healthcare Network</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number:		
6 Allowable Contract Selection Date (ACSD):		Service Provider Selection Date:
7 Number of vendors who bid:	Are you continuing service with your current service provider? <input 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 checked="" type="checkbox"/> Evergreen Contract	Contract ID: <u>941004</u>	Friendly Name: <u>FY17 HCP 51747 OneNet 36 Month</u>
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
<u>143015254</u>		
10 Vendor name: <u>OneNet (Oklahoma State Regents)</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense <input type="checkbox"/> Individual HCP, multiple eligible expenses <input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.								
23 Expense frequency	24 Quantity of expense periods									
25 Undiscounted cost per expense period										
26 Source of HCP contribution										
27 One-time installation charges										
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No										
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">a. Latency:</div> <div style="width: 30%;">b. Jitter:</div> <div style="width: 30%;">c. Packet Loss:</div> <div style="width: 30%;">d. Reliability:</div> </div>										
USAC Internal Use Only										
Funding Start Date		Funding End Date								
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)										
29 Total undiscounted cost for eligible recurring expenses		\$12,108.00								
30 Total undiscounted cost for eligible non-recurring expenses		\$0.00								
Block 7: Additional Documentation										
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; padding: 5px;">Type of Documentation</th> <th style="width: 60%; padding: 5px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">a. VIABLE_SOURCE</td> <td style="padding: 5px;">Document: CHHN_Executed Consortia Source of 35 Share 2019.pdf</td> </tr> <tr> <td style="padding: 5px;">b.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c.</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>			Type of Documentation		a. VIABLE_SOURCE	Document: CHHN_Executed Consortia Source of 35 Share 2019.pdf	b.		c.	
Type of Documentation										
a. VIABLE_SOURCE	Document: CHHN_Executed Consortia Source of 35 Share 2019.pdf									
b.										
c.										
Block 8: Request for Confidentiality										
<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 .R. § 54.648, or as otherwise prescribed by the Commission's rules.									

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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☐ ADDITIONAL DOCUMENTATION ☐ CERTIFICATIONS ☒ SIGNATURE

Signature

Preview NCW Preview PDF Form Guide

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46 Email

43 Printed Name of Authorized Person

First Name:	Middle Initial:	Last Name:
<input type="text" value="Shannon"/>	<input type="text" value="D"/>	<input type="text" value="Tice"/>

44 Title/Position of Authorized Person

45 Phone Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

[Save and Exit](#)

[Save and Go Back](#)

[Cancel](#)

[Exit](#)



User: [stice@kelloggllc.com](#)
[Logout](#)
HCP Name: Caring Hands Healthcare Network
HCP Number: 51747

RURAL HEALTH CARE

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

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

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Uplod)	FCL Issuance Date	Status	Download	Actions Available
100020739	17211691	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved		Create 463
	19667981	6/10/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete

Kiamichi Family Medical Center Consortium (HCP #52411)

**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>2019</u>	2 Funding Request Number (FRN): <u>19667941</u>	3 HCP Number: <u>52411</u>
4 Site Name/Consortium Name: <u>Kiamichi Family Medical Center Consortium</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: <u>100033528</u>		
6 Allowable Contract Selection Date (ACSD): <u>04/23/2019</u>		Service Provider Selection Date: <u>05/13/2019</u>
7 Number of vendors who bid: <u>3</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		
<u>143015254</u>		
10 Vendor name: <u>OneNet (Oklahoma State Regents)</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	\$47,844.00	
30 Total undiscounted cost for eligible non-recurring expenses	\$1,000.00	
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: KFMC 52411 35 Percent Letter_ 190513.pdf	
b. OTHER (KFMC Documentation Packet)	Document: KFMC 52411 Documentation Packet-.pdf	
c.		
Block 8: Request for Confidentiality		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Block 9: Certification		
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.	
34 <input checked="" type="checkbox"/>	I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.	
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).	
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
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39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.	
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least .R. § 54.648, or as otherwise prescribed by the Commission's rules.	

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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Signature

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46 Email

43 Printed Name of Authorized Person First Name: Middle Initial: Last Name:

44 Title/Position of Authorized Person

45 Phone

Ext.

47 Employer

48 Employer's FCC RN

Signing on behalf of: *

[Save and Exit](#)

[Save and Go Back](#)

[Cancel](#)

[Exit](#)



HCP Number: 52411

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Documents

Substitution

11:53 AM
6/14/2019

EXHIBIT 10

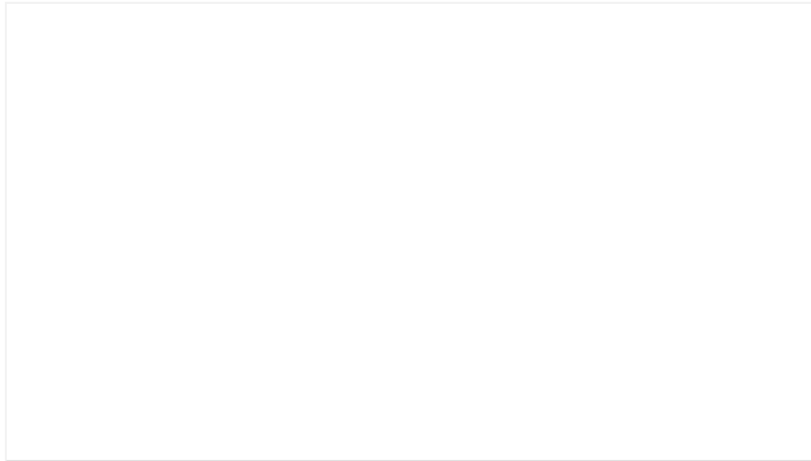


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Oklahoma, Arkansas cities brace for 'the worst flood in our history'

John Bacon, USA TODAY Published 1:55 p.m. ET May 27, 2019 | Updated 9:19 a.m. ET May 29, 2019



Oklahoma and Arkansas were bracing for their worst-ever flooding as a new wave of storms forecast to roll through the region threatened to further bloat the Arkansas River that already has reached record crests in some areas.

Forecasters reported tornadoes, high winds, hail and heavy rain across the region on Monday, triggering evacuations and high-water rescues. The [storms are the latest to rip through the Midwest \(/story/news/nation/2019/05/26/2-dead-unknown-number-missing-oklahoma-tornado/1243924001/\)](https://www.npr.org/2019/05/26/7243924001) over the past two weeks, leaving at least nine dead and a trail of damage from high winds and flooding.

In Tulsa, the Oklahoma National Guard patrolled the city's stressed levee system.

"The levee system is still operating as designed," Mayor G.T. Bynum said Monday. But he said that could change: "We are asking for everyone to prepare for the worst-case scenario ... the worst flood in our history."

'Devastating sight': [Powerful EF3 tornado kills 2, injures 29 in Oklahoma town \(/story/news/nation/2019/05/26/2-dead-unknown-number-missing-oklahoma-tornado/1243924001/\)](https://www.npr.org/2019/05/26/7243924001)

'Active pattern': [Tornado season has been wild, and more storms are coming \(/story/news/nation/2019/05/21/tornado-season-has-been-active-and-more-storms-forecast/375311002/\)](https://www.npr.org/2019/05/21/7375311002/)

Bynum urged residents near the levees to "proactively relocate," and the city has opened multiple shelters. He said authorities were reviewing how such flooding would impact the city's infrastructure.

The river is forecast to reach a record crest Tuesday evening, according to the National Weather Service. Tulsa increased its releases of water from the Keystone Dam, adding to the woes downstream in Fort Smith, Arkansas, where the river already surpassed its historic crest Sunday.



Justin Sloggett reacts while talking about his parents' furniture store, The Saving Place Rustic Furniture and Mattress, after a suspected tornado destroyed their warehouse in Sapulpa, Okla., on May 26, 2019. (Photo: Mike Simons, AP)

Some residents were forced to evacuate. Fort Smith Mayor George McGill said the city is experiencing record flooding, and high-water rescues were underway.

McGill warned residents to be careful traveling around the city. But he said residents are known for their grit and expressed confidence the city would overcome and thrive.

"It's a sight that we've never seen before, but just like we recovered from other record-breaking floods we will recover from this," McGill said. "There is nothing you can do about Mother Nature."

Meteorologists on Monday recorded 45 tornadoes, primarily in Colorado, Iowa and Indiana. Twisters also touched down in Minnesota, Illinois and Idaho, according to preliminary reports by the weather service's [Storm Prediction Center \(https://www.spc.noaa.gov/climo/reports/today.html\)](https://www.spc.noaa.gov/climo/reports/today.html). Several houses were damaged, but no injuries were immediately reported.

Flash flood watches and warnings persisted late Monday in parts of northeastern Indiana, western Nebraska and southeast Wyoming, according to the National Weather Service said.

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Additional heavy rain and severe thunderstorms were forecast through Wednesday before the region sees a possible respite. But it might not last long.

"There are early indications this weather pattern could return next weekend and into the following week with more rounds of severe weather across the central U.S.," AccuWeather Meteorologist Brett Rathbun said.

Meanwhile, the Southeast may see record highs through Wednesday, the [National Weather Service \(https://www.wpc.ncep.noaa.gov/discussions/hpcdiscussions.php?disc=pmdspd\)](https://www.wpc.ncep.noaa.gov/discussions/hpcdiscussions.php?disc=pmdspd) said, with temperatures soaring well into the 90s and lower 100s for some areas.

Contributing: Kristin Lam, USA TODAY