

**Kevin Welch**

**From:** RHC-HCP <RHC-HCP@usac.org>  
**Sent:** Friday, August 23, 2019 2:00 PM  
**To:** lkwelch1@comcast.net  
**Cc:** RHC-HCP  
**Subject:** Rural Healthcare Connect Fund Program -- Consortia Information Request – HCF Form 462, HCP#: 44699, FRN: 19673131

**VIA E-MAIL / Delivery and Read Receipt Requested**

**Date:** 8/23/2019

**Funding Year:** 2019

**Information Request Deadline:** Friday, September 06, 2019

<b>Funding Request Number (FRN):</b>	<b>19673131</b>
<b>Health Care Provider (HCP) Number:</b>	<b>44699</b>
<b>Site Name/Consortium Name:</b>	<b>LoneStar Healthcare Communications, Inc.</b>

**Information Required / Correction Needed**

The Universal Service Administrative Company (USAC) is requesting additional information and/or documentation to support the funding request(s) submitted for funding year 2018 in the Healthcare Connect Fund Program (HCF Program). Specifically, as part of the initial review of the FCC Form 462 Funding Request Form (Form 462), the RHC division identified certain issues and/or deficiencies that must be addressed before USAC can continue its review.

The following issue(s) require clarification or additional information:

**Competitive Bidding Exemption Government Master Services Agreement**

Consortia claiming a competitive bid exemption are required to submit documentation that will verify their exemption.

The consortium has not submitted documentation with its Form 462 to support its claimed exemption from competitive bidding.

**ACTION:** Submit documentation that supports that the consortium is exempt from competitive bidding. Please provide the following for Government Master Services Agreement Exception.

1. Documentation that shows that the goods and services were obtained by the state through a competitive bidding process.
2. Documentation that supports the site's ability/authorization to purchase off of the Government Master Service Agreement
3. Documentation that connects an invoice, service order/Bill or contract to the Master Service Agreement (each contract that applies for this funding request/FRN for Line Items 1 & 2)

~~RHC-HCP FY2018 FY2019 2 pda~~

l2hcfHSCC FY2019 funding year consortium.pdf

## Kevin Welch

**From:** RHC-HCP <RHC-HCP@usac.org>  
**Sent:** Friday, August 23, 2019 11:12 AM  
**To:** lkwelch1@comcast.net  
**Cc:** RHC-HCP  
**Subject:** Rural Healthcare Connect Fund Program -- Consortia Information Request – HCF Form 462, HCP#: 44699, FRN: 19673041

### VIA E-MAIL / Delivery and Read Receipt Requested

**Date:** 8/23/2019

**Funding Year:** 2019

**Information Request Deadline:** Friday, September 06, 2019

<b>Funding Request Number (FRN):</b>	<b>19673041</b>
<b>Health Care Provider (HCP) Number:</b>	<b>44699</b>
<b>Site Name/Consortium Name:</b>	<b>LoneStar Healthcare Communications, Inc.</b>

### **Information Required / Correction Needed**

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3. Documentation that connects an invoice, service order/Bill or contract to the Master Service Agreement (each contract that applies for this funding request/FRN for Line Items 1-19)

Column E, Date Contract Signed/Vendor Selected and Column F, Length of Initial Contract Term (Government Master Service Agreement Contract terms)