

Date: 27-Jul-2018
 Program: Telecommunications Program
 Funding Year: 2016
 Health Care Provider (HCP) Name: Pioneer Memorial Hospital
 HCP Number: 15930
 Funding Request Number (FRN): 16814421
 FCC Form 465 Application Number: 43154396

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program received the FCC Form 467 (Connection Certification Form) submitted for the above-referenced FRN. Based on the information provided on the form, a Health Care Provider Support Schedule (HSS) is attached.

This HSS has been sent to all account holders and the service provider listed on the FCC Form 498:

Service Provider Name: Inland Development Corporation
SPIN/498 ID: 143029986
HCP Entered Billing Account Number: 5416769133
Service Type: Ethernet
Bandwidth: 50 Mbps

Funding Start Date:	01-Jul-2016
Funding End Date:	30-Jun-2017
Non-Recurring Funding:	\$0.00
Monthly Recurring Funding:	\$2,250.00

The first and last month's monthly recurring funding may be prorated depending on the number of days the service was in place for those months. Approved non-recurring funding will be included in the first month's funding

Approved Funding Details

Date	Total Funding Amount	Committed Funding Amount*
Jul 2016	\$2,250.00	\$2,250.00
Aug 2016	\$2,250.00	\$2,250.00
Sep 2016	\$2,250.00	\$2,250.00
Oct 2016	\$2,250.00	\$2,250.00
Nov 2016	\$2,250.00	\$2,250.00
Dec 2016	\$2,250.00	\$2,250.00
Jan 2017	\$2,250.00	\$2,250.00
Feb 2017	\$2,250.00	\$2,250.00
Mar 2017	\$2,250.00	\$2,250.00
Apr 2017	\$2,250.00	\$2,250.00
May 2017	\$2,250.00	\$2,250.00
Jun 2017	\$2,250.00	\$2,250.00
Total	\$27,000.00	\$27,000.00

The pro-rata factor for this filing window period is N/A*

*This form was submitted during the FY2016 Filing Window 1 period. All qualifying requests (i.e., FCC Forms 466) submitted by the close of the filing window period are guaranteed to receive at least a percentage of the funding requested. For each filing window period, if the total demand for RHC Program funding exceeds the total remaining funding available for the funding year, USAC will apply a pro-rata factor to each funding request.

It is the HCP's responsibility to review the information in this HSS. Contact the RHC Program Help Desk at RHC-Assist@usac.org immediately if, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support.

The HCP entered Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, and 467 may be subject to audit by USAC and the FCC.¹ HCPs are subject to audits and other reviews that USAC and/or the FCC may undertake to ensure that the universal service support is used in compliance with FCC program rules. If the funded service(s) is not used in compliance with program rules, program participants will be subject to enforcement activities and other means of recourse by USAC and other appropriate federal, state, and local authorities.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, contact the Rural Health Care Program Help Desk at (800)-453-1546 or by email at RHC-Assist@usac.org.

For more information about the Telecommunications Program application process, refer to the Telecom Program Process Overview web page at <http://www.usac.org/rhc/telecommunications/process-overview/default.aspx>.

For more information about invoices, visit <http://www.usac.org/rhc/telecommunications/service-providers/step06/default.aspx>.

For more information about the HCP Support Schedule, visit <http://www.usac.org/rhc/telecommunications/service-providers/step05>.

The primary account holder will be copied on this and all correspondence from USAC related to this HCP.

¹47 C.F.R. 54.619(d).