

Funding Commitment Letters



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

August 13, 2010

Roger Estelle
Kodiak Area Native Association
3449 East Rezanof,
Kodiak, AK 99615

Re: Funding Commitment for Funding Year 2009, Packet ID# 95152

Dear Roger Estelle:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 11193
HCP Contact Name: Roger Estelle
HCP Name: Port Lions Health Clinic
HCP Address: P.O. Box 12
Port Lions, AK 99550

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: MPLS - 3000 Kbps
Billing Account Number: RH000220006

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	5/12/2010	6/30/2010	1.65	\$0.00	\$16,594.00	\$27,380.10	46816

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2009 is June 30, 2010. This is also the last day support may be given to eligible rural HCPs for Funding Year 2009 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2009. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

For security purposes, hand-delivered or messenger-delivered documents will not be accepted if they are enclosed in an envelope. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

Please be sure to indicate Docket Nos. 96-45 and 97-21 on all communications with the FCC. The appeal transmission must also provide the rural HCP name and HCP number from the letter(s) being appealed, plus necessary contact information, including the name, address, telephone number, fax number, and e-mail address (if available) of the person filing the appeal. Unless the appeal is by e-mail, please include a copy of the letter being appealed.

Funding Year 2010

The Funding Year 2010 application-filing window will open well before the beginning of the funding year on July 1, 2010. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Port Lions Health Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

www.rhc.universalservice.org
 Phone: 1-800-229-5476

August 13, 2010

Roger Estelle
 Kodiak Area Native Association
 3449 East Rezanof,
 Kodiak, AK 99615

Re: Funding Commitment for Funding Year 2009, Packet ID# 95155

Dear Roger Estelle:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 11195
HCP Contact Name: Roger Estelle
HCP Name: Ouzinkie Health Clinic
HCP Address: P.O. Box 149
 Ouzinkie, AK 99644

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: MPLS - 3000 Kbps
Billing Account Number: RH000220006

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	5/12/2010	6/30/2010	1.65	\$0.00	\$16,594.00	\$27,380.10	46817

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Next Steps

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Appeals

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- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
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1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
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5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
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8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

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Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

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Funding Year 2010

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Ouzinkie Health Clinic



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

www.rhc.universalservice.org
 Phone: 1-800-229-5476

August 19, 2010

Roger Estelle
 Kodiak Area Native Association
 3449 E Rezanof,
 Kodiak, AK 99615

Re: Funding Commitment for Funding Year 2009, Packet ID# 95134

Dear Roger Estelle:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 11196
HCP Contact Name: Roger Estelle
HCP Name: Akhiok Health Clinic
HCP Address: P.O. Box 5009
 Akhiok, AK 99615

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: MPLS - 3000 Kbps
Billing Account Number: RH000220006

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	5/12/2010	6/30/2010	1.65	\$0.00	\$16,594.00	\$27,380.10	47034

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Next Steps

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The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

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The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
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1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhcd-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
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Funding Year 2010

The Funding Year 2010 application-filing window will open well before the beginning of the funding year on July 1, 2010. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Akhiok Health Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

August 13, 2010

Roger Estelle
Kodiak Area Native Association
3449 East Rezanof Drive,
Kodiak, AK 99615

Re: Funding Commitment for Funding Year 2009, Packet ID# 95131

Dear Roger Estelle:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 11197
HCP Contact Name: Roger Estelle
HCP Name: Kodiak Area Native Association
HCP Address: 3449 East Rezanof Drive
Kodiak, AK 99615

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: Internet 466A - Kbps
Billing Account Number: RH000220006

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	4/23/2010	6/30/2010	2.27	\$0.00	\$262.50	\$595.88	46965

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2009 is June 30, 2010. This is also the last day support may be given to eligible rural HCPs for Funding Year 2009 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2009. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

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The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

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2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kodiak Area Native Association



Rural Health Care Division

30 Lanidex Plaza West
 P.O. Box 685
 Parsippany, NJ 07054-0685

www.rhc.universalservice.org
 Phone: 1-800-229-5476

August 19, 2010

Roger Estelle
 Kodiak Area Native Association
 3449 East Rezanof Drive,
 Kodiak, AK 99615

Re: Funding Commitment for Funding Year 2009, Packet ID# 95126

Dear Roger Estelle:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 11197
HCP Contact Name: Roger Estelle
HCP Name: Kodiak Area Native Association
HCP Address: 3449 East Rezanof Drive
 Kodiak, AK 99615

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: MPLS - 3000 Kbps
Billing Account Number: RH000220006

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	4/23/2010	6/30/2010	2.27	\$0.00	\$8,724.00	\$19,803.48	47035

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Next Steps

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Funding Year 2010

The Funding Year 2010 application-filing window will open well before the beginning of the funding year on July 1, 2010. Check the RHCD website for dates and details. The FCC requires applicants to re-file each funding year to participate in the rural health care universal service support mechanism, and applicants must complete and have a Form 465 posted on the RHCD website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Kodiak Area Native Association



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

August 19, 2010

Roger Estelle
Kodiak Area Native Association
3449 East Rezanof,
Kodiak, AK 99615

Re: Funding Commitment for Funding Year 2009, Packet ID# 95139

Dear Roger Estelle:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 11198
HCP Contact Name: Roger Estelle
HCP Name: Old Harbor Health Clinic
HCP Address: P.O. Box 72
Old Harbor, AK 99643

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: MPLS - 3000 Kbps
Billing Account Number: RH000220006

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	5/12/2010	6/30/2010	1.65	\$0.00	\$16,594.00	\$27,380.10	47036

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466A.

- **Type of Service Agreement:** This reflects RHCD's determination of whether the applicant is eligible for support based on a contract or a month to month service. For contract service, RHCD must have reviewed the relevant document(s) and determined that they meet RHCD contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month to month service, or if an HCP is eligible for month to month service support prior to the contract award date, they are treated as month to month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHCD website, but month to month service is never eligible for such pre-posting support. Questions about contract/month to month determination may be directed to the RHCD Customer Services Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date for which the RHCD will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHCD website depending on which is later and the type of service agreement.
- **Support End Date:** The end date of Funding Year 2009 is June 30, 2010. This is also the last day support may be given to eligible rural HCPs for Funding Year 2009 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the eligible support start date to the support end date based upon information provided on Forms 466 or 466A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466A and supporting documentation. It may be different from the amounts submitted by the rural HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the rural HCP should receive on bills from the service provider on a monthly basis during Funding Year 2009. This amount is calculated from the information provided by the rural HCP on Form 466 or 466A and supporting documentation. It may be different than the amounts submitted by the rural HCP because of an adjustment determined appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHCD on Form 467.
- **Funding Request Number:** The number assigned to the service request by the RHCD.

Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, please take special care when completing Block 5, Item 12, which requires the Billing Account Number of the organization eligible to receive the "universal service support credit." The Billing Account Number is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHCD recommends that rural HCPs verify the Billing Account Number with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, please verify the Billing Account Number with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the rural HCP. The signer of Form 467 is certifying that the eligible rural HCP has or will receive the benefit of the universal service support.

The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHCD and the FCC. The RHCD must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP is not otherwise receiving the benefit of this federal universal service support. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to insure that the universal service support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

Appeals

The RHCD recognizes that some health care providers will disagree with our decisions. **If you wish to file an appeal, your appeal must be postmarked no later than 60 calendar days after the Funding Commitment Letter was issued, starting on the date at the top of this letter.** There are two appeal options:

- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
- B. Write an appeal directly to the Federal Communications Commission (FCC) —skipping Option A— explaining why you disagree with the RHCD's decisions. The FCC rules governing the appeals process (Part 54 of Title 47 of the Code of Federal Regulations 54.719 – 54.725 as amended January 24, 2002 by FCC Order 01-376) are available on the RHCD web site (www.rhc.universalservice.org). While you may write directly to the FCC without first presenting your appeal to the RHCD, you are encouraged to write first to the RHCD so that we have an opportunity to review your appeal and grant it, if appropriate.

Please follow these guidelines when submitting a letter of appeal to the RHCD:

1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
3. Please provide necessary contact information. List the name, address, telephone number, fax number, and e-mail address (if available) of the person who can most readily discuss this appeal with the RHCD.
4. Identify the rural HCP Name, HCP Number, and Funding Request Number(s) from this letter.
5. Explain the appeal to the RHCD. Please keep your letter brief and to the point. It must identify a problem and why it is being appealed. RHCD support decisions are made by applying non-discretionary program rules to information submitted by applicants, so a letter simply stating, "We appeal the amount of support" provides no information that could lead to a different decision. Please review the information submitted, and explain precisely what alternate decision you believe RHCD should have reached using that information, within program rules. Please provide documentation to support your appeal.
6. Unless you are filing the appeal via e-mail, you must attach a photocopy of the Funding Commitment Letter you are appealing.
7. The RHCD will review all letters of appeal and respond in writing within 45 days of receipt of the appeal. The response will either grant the appeal or will explain why the appeal was not granted.
8. If the rural HCP disagrees with the RHCD's response, it may file an appeal with the FCC within 60 days of the date the RHCD issued its decision in response to the rural HCP letter of appeal. The FCC address to which a rural HCP may direct its appeal is:

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

For security purposes, hand-delivered or messenger-delivered documents will not be accepted if they are enclosed in an envelope. Any envelopes must be disposed of before entering the building. Hand deliveries must be held together with rubber bands or fasteners.

Appeals may also be submitted to the FCC electronically, either by the Electronic Comment Filing System (ECFS) or by fax. The FCC recommends filing with the ECFS to ensure timely filing. Instructions for using ECFS can be found on the ECFS page of the FCC web site. Appeals to the FCC filed by fax must be faxed to 202-418-0187. Electronic appeals will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.

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Funding Year 2010

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Old Harbor Health Clinic



Rural Health Care Division

30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

www.rhc.universalservice.org
Phone: 1-800-229-5476

August 19, 2010

Roger Estelle
Kodiak Area Native Association
3449 East Rezanof,
Kodiak, AK 99615

Re: Funding Commitment for Funding Year 2009, Packet ID# 95138

Dear Roger Estelle:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Forms 466 or 466A and made decisions with respect to your request for support of telecommunications or Internet services. This letter is to advise you of our decisions. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

HCP Number: 11199
HCP Contact Name: Roger Estelle
HCP Name: Larsen Bay Health Clinic
HCP Address: P O Box 127
Larsen Bay, AK 99624

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: GCI Communication Corp - GCI Communication Corp
Service Provider Identification Number (SPIN): 143001199

Based on the information provided on your applications, the RHCD determined that the rural HCP may receive the onetime (non-recurring) and monthly recurring support amounts shown below for Funding Year 2009 (7/1/09 to 6/30/10). The estimated total support amount listed below is what the RHCD has reserved for your request.

Service: MPLS - 3000 Kbps
Billing Account Number: RH000220006

Type of Service Agreement	Eligible Support Start Date	Support End Date	Estimated Months of Support	Non-Recurring Support Amount	Monthly Recurring Support Amount	Estimated Total Support Amount	Funding Request Number
Contract	5/12/2010	6/30/2010	1.65	\$0.00	\$16,594.00	\$27,380.10	47037

To help you understand the information provided in this letter, the following definitions are provided:

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Next Steps

It is important to save this letter. Your next step in this process is the HCP's completion and submission of FCC Form 467. An electronic certification option is available through the RHCD website, allowing you to submit the Form 467 online. See the "E-Certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (If this funding commitment letter is for zero support, you **need not** complete a Form 467). You will need the Funding Request Number in the table above to complete Form 467. Your completed Form 467 allows us to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services, and any other administrative details relevant to your participation in this universal service program.

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- A. Write an RHCD Letter of Appeal explaining why you disagree with the Funding Commitment Letter and what outcome you request, **OR**;
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1. Write and mail your letter to:

Letter of Appeal
Rural Health Care Division of USAC
2000 L Street Northwest, Suite 200
Washington, DC 20036
Phone: (800) 229-5476

2. Appeals may be submitted to the RHCD electronically, by fax or by e-mail. E-mail submissions must be submitted to rhc-admin@universalservice.org. The RHCD will automatically reply to incoming e-mails to confirm receipt. E-mails can be submitted in any commonly used word processing format. Appeals to the RHCD filed by fax must be faxed to 202-776-0080. Appeals submitted by e-mail will be considered filed on a business day if they are received at any time before 12:00 a.m. (midnight), Eastern Standard Time. Similarly, fax transmissions will be considered filed on a business day if the complete transmission is received at any time before 12:00 a.m.
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Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Documents sent by Federal Express or any other express mail should use the following address:

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(8 AM – 7PM ET)

The FCC will not accept hand-delivered or messenger-delivered paper filings at its headquarters. They will be accepted only at the following address:

Federal Communications Commission
Office of the Secretary
236 Massachusetts Avenue, NE, Suite 110
Washington, DC 20002
(8 AM – 7PM ET)

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Funding Year 2010

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Questions

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Please have your HCP Number available as a reference.

Sincerely,

RHCD - USAC

cc: GCI Communication Corp - GCI Communication Corp, Larsen Bay Health Clinic

**Funding Year 2009 FCC
Forms 465, 466, and 466-A**

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 28483	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 11193	2 Consortium Name: Kodiak Area Native association
3 HCP Name: Port Lions Health Clinic	4 HCP FCC Registration Number (FCC RN): 0013446612
5 Contact Name: Roger Estelle	
6 Address Line 1: P.O. Box 12	
7 Address Line 2:	8 County: AK-Kodiak Island
9 City: Port Lions	10 State: AK 11 Zip Code: 99550
12 Phone #: 907-486-9809 13 Fax #: 907-486-9898 Ext.	14 E-mail: Roger.Estelle@kanaweb.org
MAD: 259	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Roger Estelle	17 Organization: Kodiak Area Native Association
18 Address Line 1: 3449 East Rezanof	
19 Address Line 2:	
20 City: Kodiak	21 State: AK 22 Zip Code: 99615
23 Phone #: 907-486-9809 Ext.	24 Fax #: 907-486-9898 25 E-mail: Roger.Estelle@kanaweb.org
Block 3: Funding Year Information	
26 Funding Year Year 2007 (7/1/2007-6/30/2008) Year 2008 (7/1/2008-6/30/2009) X Year 2009 (7/1/2009-6/30/2010)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency	

Community mental health center Not-for-profit hospital XXX Rural health clinic Consortium of the above Dedicated emergency department of rural, for-profit hospital Part-time eligible entity	
28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity. Not Applicable	
29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Service to support health care activities between the Port Lions Health clinic and the Kodiak Area Native Association health clinic, including the transmitting of electronic images, Voice over IP, and medical data.	
Block 5: Request for Services	
30 Is the HCP requesting reduced rates for: Both Telecommunications & Internet Services	
Block 6: Certification	
31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 I certify that the health care provider has followed any applicable State or local procurement rules.	
33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 I certify that the health care provider is a non-profit or public entity.	
35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.	
36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 4/9/2009
39 Printed name of authorized person (First name, MI, Last name) Jerry Clayton	40 Title or position of authorized person Information Systems manager
41 Employer of authorized person Kodiak Area NATive Association	42 Employer's FCC RN 0013446612

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.

- ◆ After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- ◆ HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- ◆ After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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 FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to: Rural Health Care Division 100 S. Jefferson Rd. Whippany, NJ 07981

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information				
1 HCP Name Port Lions Health Clinic		2 HCP Number 11193		
3 Form 465 Application # 28483		4 Consortium Name (If any) Kodiak Area Native association		
Block 2: Bill Payer Information				
5 Billed Entity Name Port Lions Health Clinic		6 Billed Entity FCC RN 0013446612		
7 Contact Name Roger Estelle				
8 Address Line 1 P.O. Box 12				
9 Address Line 2				
10 City Port Lions		11 State AK	12 Zip 99550	
13 Contact Phone # 907-486-9809		14 Fax # 907-486-9898	15 E-Mail Roger.Estelle@kanaweb.org	
Block 3: Funding Year Information				
16 Funding Year - Check only one box Year 2007 (7/1/2007-6/30/2008) Year 2008 (7/1/2008-6/30/2009) <input checked="" type="checkbox"/> Year 2009 (7/1/2009-6/30/2010)				
Block 4: Service Information				
17 Type of Service MPLS				
Circuit Bandwidth Other - specify on line 20				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 259		
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.)				
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
MPLS 3.0 Mbps				
Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	GCI Communication Corp.			
22 Service Provider Identification Number (SPIN)	143001199			
23 Service Provider Contact Person Name	Steve Walker			
24 Service Provider Contact Person's Phone #	907-868-6416			
25 Service Provider	swalker@gci.com			

Contact Person Email				
26 Circuit Start Location	Port Lions, Alaska			
27 Circuit Termination Location	Kodiak, Alaska			
28 Billing Account Number	RH000220006			
29 Tariff, Contract, or other document reference number	HC-286			
30 Date Contract Signed or Date HCP Selected	11/13/2009			
31 Contract Expiration Date (mm/dd/yyyy or "Month to Month")	06/30/2012			
32 Service Installation Date	5/12/2010			
33 Actual Rural Rate per Month	16790			
34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment. Circuit Diagram Attached? No				
35 Are you a mobile rural health care provider? No If yes, see instructions and attach a list of all sites to be served.				
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.				
	Carrier A	Carrier B	Carrier C	Carrier D
36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$ 0	\$	\$	\$
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.				
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.				
	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 0	\$	\$	\$
40 One-time Rural Rate	\$ 0	\$	\$	\$

Charge
(in city where HCP is located)

41 Monthly Urban Rate	\$ 196	\$	\$	\$
(in selected large city)				
From RHCD web site.				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles	0			
43 Monthly Mileage	\$ 0	\$	\$	\$
Based Charges				
44 Cost per Mile per Month	\$ 0	\$	\$	\$

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site? If you check yes, copies of the bids MUST be mailed to RHCD.
Yes

Block 8: Certification

46 YES: I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 YES: Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 YES: I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 YES: I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature ECERT-6/1/2010	51 Date
52 Printed name Jerry Clayton	53 Title or position Information Systems manager
54 Employer of authorized person Kodiak Area Native Association	55 Employer's FCC RN 0013446612

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the

urban rates from the website.

◆ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.

◆ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.

◆ If you have any questions, call RHCD at 1-800-229-5476.

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 FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 466

April 2008

[Click here to return to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 28484	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 11195	2 Consortium Name: Kodiak area Native Association
3 HCP Name: Ouzinkie Health Clinic	4 HCP FCC Registration Number (FCC RN): 0013446612
5 Contact Name: Roger Estelle	
6 Address Line 1: P.O. Box 149	
7 Address Line 2:	8 County: AK-Kodiak Island
9 City: Ouzinkie	10 State: AK 11 Zip Code: 99644
12 Phone #: 907-486-9809 Ext.	13 Fax #: 907-486-9898
14 E-mail: Roger.Estelle@kanaweb.org	
MAD: 252	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Roger Estelle	17 Organization: Kodiak Area Native Association
18 Address Line 1: 3449 East Rezanof	
19 Address Line 2:	
20 City: Kodiak	21 State: AK 22 Zip Code: 99615
23 Phone #: 907-486-9809 Ext.	24 Fax #: 907-486-9898
25 E-mail: Roger.Estelle@kanaweb.org	
Block 3: Funding Year Information	
26 Funding Year Year 2007 (7/1/2007-6/30/2008) Year 2008 (7/1/2008-6/30/2009) <input checked="" type="checkbox"/> Year 2009 (7/1/2009-6/30/2010)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency	

Community mental health center Not-for-profit hospital XXX Rural health clinic Consortium of the above Dedicated emergency department of rural, for-profit hospital Part-time eligible entity	
28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity. Not Applicable	
29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Service to support health care activities between the Ouzinkie Health clinic and the Kodiak Area Native Association health clinic, including the transmitting of electronic images, Voice over IP, and medical data.	
Block 5: Request for Services	
30 Is the HCP requesting reduced rates for: Both Telecommunications & Internet Services	
Block 6: Certification	
31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 I certify that the health care provider has followed any applicable State or local procurement rules.	
33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 I certify that the health care provider is a non-profit or public entity.	
35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.	
36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 4/9/2009
39 Printed name of authorized person (First name, MI, Last name) Jerry` F Clayton	40 Title or position of authorized person Information Systems manager
41 Employer of authorized person Kodiak Area Native Association	42 Employer's FCC RN 0013446612

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.

- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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.

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This form should be submitted to: Rural Health Care Division 100 S. Jefferson Rd. Whippany, NJ 07981

FCC Form 465
April 2008

[Back to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information				
1 HCP Name Ouzinkie Health Clinic		2 HCP Number 11195		
3 Form 465 Application # 28484		4 Consortium Name (If any) Kodiak area Native Association		
Block 2: Bill Payer Information				
5 Billed Entity Name Ouzinkie Health Clinic		6 Billed Entity FCC RN 0013446612		
7 Contact Name Roger Estelle				
8 Address Line 1 P.O. Box 149				
9 Address Line 2				
10 City Ouzinkie		11 State AK	12 Zip 99644	
13 Contact Phone # 907-486-9809		14 Fax # 907-486-9898		15 E-Mail Roger.Estelle@kanaweb.org
Block 3: Funding Year Information				
16 Funding Year - Check only one box Year 2007 (7/1/2007-6/30/2008) Year 2008 (7/1/2008-6/30/2009) <input checked="" type="checkbox"/> Year 2009 (7/1/2009-6/30/2010)				
Block 4: Service Information				
17 Type of Service MPLS				
Circuit Bandwidth Other - specify on line 20				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 252		
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.)				
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
MPLS 3.0 Mbps				
Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	GCI Communication Corp.			
22 Service Provider Identification Number (SPIN)	143001199			
23 Service Provider Contact Person Name	Steve Walker			
24 Service Provider Contact Person's Phone #	907-868-6416			
25 Service Provider	swalker@gci.com			

Contact Person Email				
26 Circuit Start Location	Ouzinkie, Alaska			
27 Circuit Termination Location	Kodiak, Alaska			
28 Billing Account Number	RH000220006			
29 Tariff, Contract, or other document reference number	HC-286			
30 Date Contract Signed or Date HCP Selected	11/13/2009			
31 Contract Expiration Date (mm/dd/yyyy or "Month to Month")	6/30/2012			
32 Service Installation Date	5/12/2010			
33 Actual Rural Rate per Month	16790			
34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment. Circuit Diagram Attached? No				
35 Are you a mobile rural health care provider? No If yes, see instructions and attach a list of all sites to be served.				
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.				
	Carrier A	Carrier B	Carrier C	Carrier D
36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$ 0	\$	\$	\$
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.				
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.				
	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 0	\$	\$	\$
40 One-time Rural Rate	\$ 0	\$	\$	\$

Charge
(in city where HCP is located)

41 Monthly Urban Rate	\$ 196	\$	\$	\$
(in selected large city)				
From RHCD web site.				

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles	0			
43 Monthly Mileage	\$ 0	\$	\$	\$
Based Charges				
44 Cost per Mile per Month	\$ 0	\$	\$	\$

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site? If you check yes, copies of the bids MUST be mailed to RHCD.
Yes

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-6/1/2010

51 Date

52 Printed name
Jerry` F Clayton

53 Title or position
Information Systems manager

54 Employer of authorized person
Kodiak Area Native Association

55 Employer's FCC RN
0013446612

Please remember:

- ◆ You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- ◆ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ◆ You must provide evidence of the urban rate if you have completed Block 6 and have not used the

urban rates from the website.

- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 466
April 2008

[Click here to return to the HCP Information Page](#)

FCC Form

Health Care Providers Universal Service

465

Description of Services Requested & Certification Form

OMB Approval
3060-0804

To be completed by Health Care Provider

Estimated Average Burden Hours Per Response: 1 hour

Read all instructions thoroughly before completing form. Failure to comply may cause delayed or denied funding

Form 465 Application Number (assigned by RHCD): 28480	
Block 1: HCP Location Information	
Information required in this block applies to the physical location of the HCP. Do not enter a "PO Box" or "Rural Route" address.	
1 HCP Number: 11196	2 Consortium Name: Kodiak Area Native Association
3 HCP Name: Akhiok Health Clinic	4 HCP FCC Registration Number (FCC RN): 0013446612
5 Contact Name: Roger Estelle	
6 Address Line 1: P.O. Box 5009	
7 Address Line 2:	8 County: AK-Kodiak Island
9 City: Akhiok	10 State: AK 11 Zip Code: 99615
12 Phone #: 907-486-9809 Ext.	13 Fax #: 907-486-9898 14 E-mail: roger.estelle@kanaweb.org
MAD: 337	
Block 2: HCP Mailing Contact Information	
15 Is the HCP's mailing address (where correspondence should be sent) different from its physical location as described in Block 1? Yes, complete Block 2.	
16 Contact Name: Roger Estelle	17 Organization: Kodiak Area Native Association
18 Address Line 1: 3449 E Rezanof	
19 Address Line 2:	
20 City: Kodiak	21 State: AK 22 Zip Code: 99615
23 Phone #: 907-486-9809 Ext.	24 Fax #: 907-486-9898 25 E-mail: roger.estelle@kanaweb.org
Block 3: Funding Year Information	
26 Funding Year Year 2007 (7/1/2007-6/30/2008) Year 2008 (7/1/2008-6/30/2009) <input checked="" type="checkbox"/> Year 2009 (7/1/2009-6/30/2010)	
Block 4: Eligibility	
27 Only the following types of HCPs are eligible. Indicate which category describes the applicant (check only one). Post-secondary educational institution offering health care instruction, teaching hospital or medical school Community health center or health center providing health care to migrants Local health department or agency	

Community mental health center Not-for-profit hospital XXX Rural health clinic Consortium of the above Dedicated emergency department of rural, for-profit hospital Part-time eligible entity	
28 If Consortium, Dedicated emergency department, or Part-time eligible entity was selected in Line 27, please describe the entity. Not Applicable	
29 Please describe the eligible health care provider's telecommunications and/or Internet service needs, so that service providers may bid to provide the services. The description should describe whether video or store and forward consultations will be used, whether large image files or X-rays will be transmitted, the quality of connection needed, or other relevant considerations. Service to support health care activities between the Akhiok Health clinic and the Kodiak Area Native Association health clinic, including the transmitting of electronic images, Voice over IP, and medical data.	
Block 5: Request for Services	
30 Is the HCP requesting reduced rates for: Both Telecommunications & Internet Services	
Block 6: Certification	
31 I certify that I am authorized to submit this request on behalf of the above-named entity or entities, that I have examined this request, and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
32 I certify that the health care provider has followed any applicable State or local procurement rules.	
33 I certify that the telecommunications services that the HCP receives at reduced rates as a result of the HCP's participation in this program, pursuant to 47 U.S.C. Sec. 254 as implemented by the Federal Communications Commission, will be used solely for purposes reasonably related to the provision of health care service or instruction that the HCP is legally authorized to provide under the law of the state in which the services are provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.	
34 I certify that the health care provider is a non-profit or public entity.	
35 I certify that the health care provider is located in a rural area. Visit the RHCD web site (www.usac.org/rhc/tools/rhcd/Rural/2005/search.asp) or contact RHCD at 1-800-229-5476 for a listing of the rural areas.	
36 Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to funding provided under 47 U.S.C. Sec. 254.	
37 Signature E-SIGNATURE ACCEPTED	38 Date E-SIGNATURE ON 4/9/2009
39 Printed name of authorized person (First name, MI, Last name) Roger L Estelle	40 Title or position of authorized person Information Systems manager
41 Employer of authorized person Kodiak Area Native Association	42 Employer's FCC RN 0013446612

Please remember:

- Form 465 is the first step a health care provider must take in order to receive the benefit of reduced rates resulting from participation in this universal service support program.

- After the HCP submits a complete and accurate Form 465, the RHCD will post it on the RHCD web site for 28 days.
- HCPs may not enter into agreements to purchase eligible services from service providers before the **28 days expire**.
- After the HCP selects a service provider, the HCP must initiate the **next** step in the application process, the filing of Form 466 and/or 466A.

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 FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to: Rural Health Care Division 100 S. Jefferson Rd. Whippany, NJ 07981

FCC Form 465
April 2008

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FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB
3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information				
1 HCP Name Akhiok Health Clinic		2 HCP Number 11196		
3 Form 465 Application # 28480		4 Consortium Name (If any) Kodiak Area Native Association		
Block 2: Bill Payer Information				
5 Billed Entity Name Akhiok Health Clinic		6 Billed Entity FCC RN 0013446612		
7 Contact Name Roger Estelle				
8 Address Line 1 P.O. Box 5009				
9 Address Line 2				
10 City Akhiok		11 State AK	12 Zip 99615	
13 Contact Phone # 907-486-9809		14 Fax # 907-486-9898	15 E-Mail roger.estelle@kanaweb.org	
Block 3: Funding Year Information				
16 Funding Year - Check only one box Year 2007 (7/1/2007-6/30/2008) Year 2008 (7/1/2008-6/30/2009) <input checked="" type="checkbox"/> Year 2009 (7/1/2009-6/30/2010)				
Block 4: Service Information				
17 Type of Service MPLS				
Circuit Bandwidth Other - specify on line 20				
18 Total Billed Miles 0		19 Maximum Allowable Distance (From Form 465) 337		
20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.)				
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.				
MPLS 3.0 Mbps				
Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	GCI Communication Corp.			
22 Service Provider Identification Number (SPIN)	143001199			
23 Service Provider Contact Person Name	Steve Walker			
24 Service Provider Contact Person's Phone #	907-868-6416			
25 Service Provider	swalker@gci.com			

Contact Person Email	
26 Circuit Start Location	Akhiok, Alaska
27 Circuit Termination Location	Kodiak, Alaska
28 Billing Account Number	RH000220006
29 Tariff, Contract, or other document reference number	HC-286
30 Date Contract Signed or Date HCP Selected	11/13/2009
31 Contract Expiration Date (mm/dd/yyyy or "Month to Month")	06/30/2012
32 Service Installation Date	5/12/2010
33 Actual Rural Rate per Month	16790

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.
Circuit Diagram Attached? **No**

35 Are you a mobile rural health care provider? **No**
If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

	Carrier A	Carrier B	Carrier C	Carrier D
36 Billed Circuit Miles	0			
37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.)	\$ 0	\$	\$	\$
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

	Carrier A	Carrier B	Carrier C	Carrier D
39 One-time Urban Rate Charge (in selected large city)	\$ 0	\$	\$	\$
40 One-time Rural Rate	\$ 0	\$	\$	\$

Charge (in city where HCP is located)				
41 Monthly Urban Rate	\$ 196	\$	\$	\$
(in selected large city) From RHCD web site.				
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).				
42 Billed Circuit Miles	0			
43 Monthly Mileage	\$ 0	\$	\$	\$
Based Charges				
44 Cost per Mile per Month	\$ 0	\$	\$	\$

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD web site? If you check yes, copies of the bids MUST be mailed to RHCD.
Yes

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-6/1/2010

51 Date

52 Printed name
Roger L Estelle

53 Title or position
Information Systems manager

54 Employer of authorized person
Kodiak Area Native Association

55 Employer's FCC RN
0013446612

Please remember:

- ◆ You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- ◆ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ◆ You must provide evidence of the urban rate if you have completed Block 6 and have not used the

urban rates from the website.

- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

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 FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 466
April 2008

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