

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

<b>USAC Internal Use Only</b>	
FCC Form 461 Application Number: 100004884	FCC Form 460 Number: 35196-00007
Posting Start Date:	Posting End Date:
Allowable Contract Selection Date (ACSD):	Form 461 Friendly Name:

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

<b>Block 1: General Information</b>		
1 Funding Year 2014	2 HCP Number 35196	
3 Site Name/Consortium Name Health Information Connectivity-Knowledge Rural Consortium		
4 Address Line 1 242 State Street		
5 Address Line 2 c/o Dawn R. Gallagher		6 County
7 City Augusta	8 State ME	9 Zip Code 04330
<b>Block 2: Individual HCP Site Request for Services</b>		
10 <input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form <input type="checkbox"/> Applicant has not and will not prepare an RFP		
10a Requested contract period		
10b Expected bid evaluation period		
11 Number of Days Posted Number of days LISAC should post: _____ Posting end date: _____		
12 Category of Expense Requested (check all applicable): <input type="checkbox"/> Network Equipment <input type="checkbox"/> Leased/Tariffed Facilities or Services		
12a Identify Anticipated Application(s) and Use(s) of the Supported Connection The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund. (Select all that apply. Describe usage level and usage period for all selected.)		
<b>Capability</b>	<b>Usage Level</b>	<b>Usage Period</b>
<b>Category: Interactive</b>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Real-time remote examination, consultation, and/or monitoring		
<input type="checkbox"/> Video conferencing		
<input type="checkbox"/> Voice service		
<input type="checkbox"/> Other (describe): _____		
<b>Category: Transactional</b>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Internet access		

<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Other (describe): _____		
<b>Category: Bulk</b>		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Transmission of store and forward consultations		
<input type="checkbox"/> Other (describe): _____		
<b>Category: Miscellaneous</b>		
<input type="checkbox"/> Backup/redundant connectivity		
<input type="checkbox"/> Other (describe): _____		
12b Applicant requesting services for an off-site data center: <input checked="" type="radio"/> Yes <input type="radio"/> No      If yes, provide HCP Number: _____		
12c Applicant requesting services for an off-site administrative office: <input checked="" type="radio"/> Yes <input type="radio"/> No      If yes, provide HCP Number: _____		
13 Contact for Request for Services: <input type="radio"/> Same as HCP Physical Location Contact <input type="radio"/> Same as HCP Primary Account Holder <input type="radio"/> Other		
13a If other, provide full contact information:		
Contact Name	Organization Name	
Contact Name Title		
Phone	Ext.	Email
<b>Block 3: Consortium Request for Services</b>		
14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services): HCP Number: See attached excel spreadshe      HCP Number: HCP Number:      HCP Number:		
15 Indicate whether the Consortium plans to utilize an RFP: <input checked="" type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a. <input type="checkbox"/> Applicant has not and will not prepare an RFP.      Uploaded document: hickrc RFP 35196-1839 Mainefinalrfp .docx		
15a Applicant is submitting an RFP because: <input type="checkbox"/> It is seeking more than \$100,000 in program support <input type="checkbox"/> Of state, Tribal, or local procurement rules <input type="checkbox"/> It is seeking support for infrastructure <input checked="" type="checkbox"/> The applicant has elected to use an RFP		
15b Requested contract period <u>3 years with option to extend for an additional 2 year extension for a total of 5 years</u>		
15c Expected bid evaluation period <u>30</u>		
16 Number of Days Posted: Number of days USAC should post: <u>28</u> Posting end date: <del>28 days after posting</del> <u>42 days after posting</u>		
17 Category of Expense Requested: <input checked="" type="checkbox"/> Network Design <input checked="" type="checkbox"/> Leased/Tariffed Facilities or Services <input checked="" type="checkbox"/> Network Equipment <input checked="" type="checkbox"/> Network Management/Maintenance/Operations Cost (not captured elsewhere) <input type="checkbox"/> Infrastructure/Outside Plant		
17a If requesting only Infrastructure/Outside Plant, enter FCC Form 461 Application Number in which the Consortium previously requested Leased/Tariffed Facilities or Services. FCC Form 461 Application Number: <input type="checkbox"/> I certify that the prior FCC Form 461 resulted in no responsive bids.		

*42 days after posting*

*DRG  
1/8/15*