

HEALTH CARE PROVIDER'S LETTERHEAD

WORDING CAN NOT BE CHANGED IN THIS TEMPLATE

Western New York Rural Broadband Healthcare Network (WNY RBHN)
Western New York Rural Area Health Education Center (R-AHEC)
Melanie Rhodes, Project Coordinator
20 Duncan Street
P.O. Box 152
Warsaw, NY 14569

Re: Letter of Agency to (1) Seek Eligibility Determination (Form 460); (2) Seek Bids for Services (Form 461); and (3) Submit Funding Request and Manage Invoicing and Payments (Forms 462 and 463) in the Healthcare Connect Fund

By this letter, **[Health Care Provider Name]** confirms its participation in the Western New York Rural Broadband Healthcare Network (WNY RBHN). **[Health Care Provider Name]** hereby authorizes Western New York Rural Area Health Education Center (R-AHEC) to act on its behalf before the Federal Communications Commission (FCC) and the Universal Service Administrative Company's Rural Health Care Division in matters related to the Consortium's participation in the Healthcare Connect Fund.

[Health Care Provider Name] includes the following sites:

[provide name and physical location information for each site under the HCP]:

SITE NAME
SITE ADDRESS
SITE CONTACT NAME, EMAIL, PHONE

The sites listed above are [describe relationship to HCP].

[Health Care Provider Name] authorizes Western New York Rural Area Health Education Center (R-AHEC) to:

- submit the FCC Form 460, Eligibility and Registration, on its behalf, which is used to determine eligibility to participate in the Healthcare Connect Fund;
- submit the FCC Form 461, Request for Services, on its behalf and prepare and post the request for proposal on its behalf for purposes of the Healthcare Connect Fund;
- submit the FCC Form 462, Funding Request, on its behalf, for purposes of the Healthcare Connect Fund;

- submit FCC Form 463, Invoice and Request for Disbursement, on its behalf, to manage invoicing and payments for purposes of the Healthcare Connect Fund; and
- submit any other necessary documentation required to obtain funding through the Healthcare Connect Fund.

This Letter of Agency is effective from the date of this letter to June 30, 2019.

If the Western New York Rural Broadband Healthcare Network (WNY RBHN) changes its designated Consortium Leader for purposes of the FCC Healthcare Connect Fund, the LOA may be assigned to the new Consortium Leader upon 30 days' notice to the **[Health Care Provider Name]**.

By this Letter of Agency and the formal written agreement between **[Health Care Provider Name]** and Western New York Rural Area Health Education Center (R-AHEC), **[Health Care Provider Name]** authorizes Western New York Rural Area Health Education Center (R-AHEC) to make the certifications included in FCC Forms 460, 461, 462 and 463, on behalf of **[Health Care Provider Name]**. Those certifications as applicable to **[Health Care Provider Name]** are:

- a) The person signing this Letter of Agency is authorized to submit this letter on behalf of the **[Health Care Provider Name]**.
- b) **[Health Care Provider Name]** is non-profit or public.
- c) The person signing the application is authorized to submit the application on behalf of the applicant and has examined the form and all attachments, and to the best of his or her knowledge, information, and belief, all statements of fact contained therein are true.
- d) The applicant has followed any applicable state, Tribal, or local procurement rules.
- e) The supported connections, infrastructure and /or equipment associated with this request for funding will be used solely for purposes reasonably related to the provision of health care service or instruction, for which support is intended, and that the health care provider is legally authorized to provide under the law of the state in which the services were provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- f) The applicant satisfies all of the requirements under section 254 of the Act and applicable Commission rules.
- g) The applicant has reviewed all applicable requirements for the program and will comply with those requirements.
- h) The health care provider has considered all bids received and selected the most cost-effective method of providing the requested services as defined in the FCC's rules and instructions.
- i) **[Health Care Provider Name]** is not requesting support for the same service from either the Telecommunications Program or Internet Access Fund and the Healthcare Connect Fund.

- j) The applicant understands that any letter from the Universal Service Administrative Company (USAC), the Administrator of the Healthcare Connect Fund, that erroneously commits funds for the benefit of the applicant may be subject to rescission.
- k) To the best of the applicant’s knowledge, information and belief, the health care provider has received the network build-out or related services itemized on the submitted and the 35 percent minimum funding contribution for each item on the invoice was funded by eligible sources as defined in the FCC’s rules and has been provided to the service provider.
- l) All documentation associated with the forms must be kept for a period of five years (including copies of the submitted Forms), including but not limited to,

For Form 461: any bids/contract resulting from the Form 461 posting, scoring sheet, and other information that was used in the decision–making process) from the last day of the funding year; and

For Form 462: all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received.

[Name of Health Care Provider]

Signature _____

Name:

Title of Authorized Person:

Address:

Phone Number:

Email Address:

Date: