FCC Form **461**

OMB Approved 3060-0804
Estimated Time Per Response: 1 hour

Rural Health Care (RHC) Universal Service
Request for Services Form

USAC Internal Use Only	
FCC Form 461 Application Number: 100055474	FCC Form 460 Number: 65995-00002
Posting Start Date: 06/20/2023	Posting End Date: 07/18/2023
Allowable Contract Selection Date (ACSD): 07/19/2023	Form 461 Friendly Name:

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

Block 1: General Information	**Program Type: Connected Care Pilot Program**	
1 Funding Year 2023	2 HCP Number 65995	
3 Site Name/Consortium Name TOWER HEALTH - READING HOSPITAL		
4 Address Line 1 420 S 5TH AVE		
5 Address Line 2	6 County Berks	
7 City WEST READING	8 State PA	9 Zip Code 19611
Geolocation		

Block 2: Individual HCP Site Request for Services

10 ☒ Applicant has prepared and is submitting an RFP with this form. Uploaded document: Connected Care Pilot for Reading Hospital RFP UPDATED per FCC 6-19-2023.pdf

☐ Applicant has not and will not prepare an RFP.

10a Requested contract period 6 Months

10b Expected bid evaluation period 18

11 Number of days USAC should post: 28 Posting end date: 28 days after posting

12 Category of Expense Requested (check all applicable):

☒ Network Equipment

☒ Leased/Tariffed Facilities or Services

Identify Anticipated Application(s) and Use(s) of the Supported Connection

(Select all that apply. Describe usage level and usage period for all selected.)

Capability	Usage Level	Usage Period
Category: Interactive		
☐ Distance learning/training		
☒ Real-time remote examination, consultation, and/or monitoring	Light-Moderate	Intermittent
☒ Video conferencing	Light	24/7
☐ Voice service		
☐ Other (describe): _____		
Category: Transactional		
☐ Distance learning/training		
☐ Electronic patient billing		
☐ Exchange of electronic health records		
☐ Internet access		

☐ Transmission of large files (e.g., X-ray images, MRI, etc.)		
☐ Other (describe): _____		
Category: Bulk		
☐ Electronic patient billing		
☐ Exchange of electronic health records		
☐ Transmission of large files (e.g., X-ray images, MRI, etc.)		
☒ Transmission of store and forward consultations	Light-Moderate	Intermittant
☐ Other (describe): _____		
Category: Miscellaneous		
☐ Backup/redundant connectivity		
☐ Other (describe): _____		

12b Applicant requesting services for an off-site data center: ○ Yes ◉ No
If yes, provide HCP Number(s):

12c Applicant requesting services for an off-site administrative office ○ Yes ◉ No
If yes, provide HCP Number(s):

13 Contact for Request for Services:
○ Same as HCP Physical Location Contact ○ Same as HCP Primary Account Holder ◉ Other

13a If other, provide full contact information:

Contact Name Sharon L.. Stump	Organization Name Reading Hospital	
Contact Name Title Director of Tax and Grants	Email sharon.stump@towerhealth.org	
Phone (484) 628-4307 Ext.	Fax	
Address Line 1 420 South 5th Avenue		
Address Line 2		
City West Reading	State PA	Zip Code 19611-2143

Block 3: Consortium Request for Services

14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):

15 Indicate whether the Consortium plans to utilize an RFP:
☐ Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a.
☐ Applicant has not and will not prepare an RFP.

15a Applicant is submitting an RFP because:
☐ It is seeking more than $100,000 in program support
☐ It is seeking support for infrastructure
☐ Of state, Tribal, or local procurement rules
☐ The applicant has elected to use an RFP

15b Requested contract period

15c Expected bid evaluation period

16 Number of Days Posted:
Number of days USAC should post: _____ Posting end date: _____

17 Category of Expense Requested:
☐ Network Design
☐ Network Equipment
☐ Infrastructure/Outside Plant
☐ Leased/Tariffed Facilities or Services
☐ Network Management/Maintenance/Operations Cost (not captured elsewhere)

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:
☐ I certify that the prior FCC Form 461 resulted in no responsive bids.

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):

19 Contact for Request for Services:

○ Same as Project Coordinator ○ Same as Assistant Project Coordinator ○ Other

If other, provide full contact information:

Contact Name	Organization Name	
Contact Name Title	Email	
Phone Ext.	Fax	
Address Line 1		
Address Line 2		
City	State	Zip Code

Block 4: Declaration of Assistance

20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?

◉ Yes ○ No

21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.

a. Name	b. Organization Type	
c. Title/Role	d. Employer	
e. Address Line 1		
f. Address Line 2		
g. City	h. State	i. Zip Code
Phone Ext.	Email	

Nature of Relationship

Block 5: Bid Evaluation

22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary).

Criteria	Weight	Minimum Requirement
a. Cost	55	
b. Other (Completeness of requested information for project)	15	
c. Other (Understanding of need and ability to provide needed services)	15	See attached for more information
d. Other (Meets technical specs of required hardware services)	15	
e.		
f.		
g.		
h.		

☑ Applicant has no disqualification factors that will be used to remove bids or bidders from further consideration.

Disqualification Factors

Block 6: Additional Documentation

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

	Type of Documentation	
a.	OTHER (Funding Commitment Extension)	Document: Funding Committment Extension (Stel Life).doc›
b.		
c.		
d.		
e.		

Block 7: Certifications

24	X	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
25	X	I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowledge, information, and belief, all statements contained herein and in any attachments are true.
26	X	I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, Tribal, or local procurement rules.
27		I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonably related to the provision of health care service or instruction that the health care provider is legally authorized to provide under the law of the state in which the services are provided.
28	X	I certify under penalty of perjury that the applicant seeking supported services satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
29		I certify under penalty of perjury that the applicant seeking support has reviewed and is compliant with all applicable RHC Program requirements.
30	X	I understand that all documentation associated with this request, including a copy of the signed Request for Services (FCC Form 461), any bids/contracts resulting from the FCC Form 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission's rules.
	X	I certify under penalty of perjury that the applicant seeking supported services is a nonprofit or public entity that falls within one of the seven categories set forth in the definition of health care provider listed in 47 CFR §54.600 of the Commission's rules.
		I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in section 47 CFR § 54.600 of the Commission's rules, or is a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 of the Commission's rules.
	X	I certify under penalty of perjury that the services will not be sold, resold, or transferred in consideration for money or any other thing of value.

X	I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with all applicable Connected Care Pilot Program rules, requirements and procedures, including the requirement to pay 15% of the costs for supported items from eligible sources, and all applicable federal and state laws, including the Americans with Disabilities Act, the Rehabilitation Act, the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law.
X	I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with the applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws.
X	I certify, under penalty of perjury, to the best of my knowledge, that the applicant or consortium is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services and/or equipment eligible for support under the Connected Care Pilot Program.
X	I certify and acknowledge, under penalty of perjury, that all requested equipment and services funded under the Connected Care Pilot Program will be used for their intended purposes.

31 Signature	32 Date Thu Jun 15 10:54:33 EDT 2023
33 Printed Name of Authorized Person Sharon Stump	
34 Title/Position of Authorized Person Director of Tax and Grants	
35 Phone (484) 628-4307 Ext.	36 Email sharon.stump@towerhealth.org
37 Employer Jennersville Hospital LLC	38 Employer's FCC RN 0014849707

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 REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS 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 PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507

Request For Services (cont.)

Identify services for which the applicant is requesting bids. Select all that apply. If appropriate, enter a bandwidth range for each service the applicant is requesting.

Services	Minimum Download Bandwidth (Mbps)	Maximum Download Bandwidth (Mbps)	Minimum Upload Bandwidth (Mbps)	Maximum Upload Bandwidth (Mbps)	The applicant is seeking bids for similar services if appropriate.
Data	136.0	200.0	45.0	50.0	X

Block 5: Bid Evaluation (cont.)

Criteria: Cost

Minimum Requirement:

Criteria: Other (Completeness of requested information for project)

Minimum Requirement:
Respond to evaluation, request, pricing and cost, information on implementation, schedule, and guarantee descriptions and agreement provision sections.

Criteria: Other (Understanding of need and ability to provide needed services)

Minimum Requirement:
Provide knowledge background through reference or example of similar services provided to other health system clients. Two years of providing similar services required.

Criteria: Other (Meets technical specs of required hardware services)

Minimum Requirement:
Required to meet 100% of need for each category vendor bids on.

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement: