Nebraska Telehealth Program
Application Form

Section I: General Information

1. USAC Funding Year:		3. USAC Funding Request Number (FRN):	
2. Funding Request Type:		4. Multi-year Contract:	

Section II: Health Care Provider (HCP) Details

5. Filing HCP name:	
6. Filing HCP address: (Address, City, State and Zip)	
7. Filing HCP contact name (first and last):	
8. Filing HCP contact phone number:	
9. Filing HCP contact e-mail address:	
10. Filing HCP entity type:	
11. Participating HCP name:	
12. Participating HCP address: (Address, City, State and Zip)	
13. Participating HCP facility type:	

Section III: Service Provider Details

14. Name of Service Provider:		17. NE Code:	
15. Service Provider Contact Name:		18. Service Provider Identification Number (SPIN):	
16. Service Provider phone number:		19. Service Provider e-mail:	

Section IV: Single Eligible Expense Funding Request Details
(For individual HCP, single eligible expense requests)

20: Category of expense:		27. Length of initial contract term:	
21. Expense Type (e.g. T-1, Ethernet, etc):		28. Expected service start date:	
22. Requested Download Speed:		29. Percent eligible for support:	
23. Requested Upload Speed:		30. Expense frequency:	
24. Circuit start location:		31. Number of expense periods:	
25. Circuit end location:		32. Undiscounted cost per expense period:	
26. Date contract signed:		33. One-time installation charge:	

Section V: Multiple Eligible Expenses and Consortium Requests for Funding
(Attach the Network Cost Worksheet that was submitted with FCC-462)

34. Total undiscounted estimate for eligible recurring costs:	
35. Total undiscounted estimate for eligible non-recurring costs:	
36. For consortium applicants: Do you collect membership fees from participating HCPs? If so, please describe how membership fees are determined.	

Section VI: Funding Request Summary Breakdown

37. Total Estimated Undiscounted Eligible Cost:	
38. NE Telehealth Funding Requested (up to 25 percent of total eligible cost):	
39. Rurality Classification*:	
40. Medically Underserved Area/Population (MUA/P)*:	
41. Please provide the current source of funding for the 35 percent HCP contribution.	

*See USAC Rurality Tier Search Tool.

Attach:

FCC Form 462
Network Cost Worksheet if applying as an individual HCP with multiple eligible expenses or a Consortium.
Copy of the selected bid response.
Authorization Form(s) if applicable (i.e. Letters of Agency, Letters of Exemption, Third-Party Authorizations).
Other supporting documentation if applicable.

APPLICANT CERTIFICATION

I certify that I am authorized to submit this request on behalf of the healthcare provider or consortium.
I certify that I have examined this request and to the best of my knowledge, all information contained on the application and in all attachments and supporting documents is true and correct.
I certify that I have verified that the service provider has been certificated in Nebraska for purposes of receiving telehealth funding.
I agree to perform and adhere to all grant requirements, and to comply with all state and federal regulations and requirements pertaining to this program.
I understand that if any portion of the current funding source for the 35 percent HCP contribution is from another grant, the applicant can only be approved for a total grant award through this program for any remainder of the 35 percent HCP contribution requirement that is not covered by an alternate grant source, up to the maximum 25 percent state funding match.
I understand that if applying as a Consortium, if approved for support available under this program and the Consortium collects membership fees that go toward the 35 percent HCP contribution requirement by USAC, that membership fees shall be adjusted or refunded so that membership fees used toward the 35 percent HCP contribution when combined with federal and state funding sources should not exceed 100 percent of eligible costs. (For instance, if a Consortia receives 65 percent of the total network cost from USAC/federal funding and is approved for 25 percent of the total network cost in state funding, then only up to the remaining 10 percent can be collected from consortia members through membership fees.)

_____   _____
Printed Name of Authorized Person   Date

_____   _____
Title/Position of Authorized Person   Employer

_____   _____
Phone   Email

_____
Signature of Authorized Person

Nebraska Telehealth Program
Application Form Field Descriptions

Field #	Field Description
Section I: General Information	
1	USAC Funding Year: Select the funding year for which support is being requested.
2	Funding Request Type: Indicates whether the funding request is for an individual health care provider (HCP), or a consortium.
3	USAC Funding Request Number (FRN): This is a unique number assigned by USAC on FCC Form 462.
4	Multi-year Contract: Indicate whether the request is for a multi-year funding commitment.
Section II: Health Care Provider (HCP) Details	
5	Filing HCP name: Name of the HCP entity that filed the request.
6	Filing HCP address: Address of the HCP entity that filed the request.
7	Filing HCP contact name (first and last): Contact person name for the HCP filing the request.
8	Filing HCP contact phone number: Phone number for the contact person of the HCP filing the request.
9	Filing HCP contact e-mail address: E-mail address for the contact person of the HCP filing the request.
10	Filing HCP entity type: Select the appropriate entity type for the HCP entity that filed the request.
11	Participating HCP name: Name of the HCP receiving services.
12	Participating HCP address: Address where the participating HCP site is located.
13	Participating HCP facility type: Select the appropriate entity type for the participating HCP entity.
Section III: Service Provider Details	
14	Name of Service Provider: The name of the selected service provider.
15	Service Provider Contact Name: The contact person name for the selected service provider.
16	Service Provider phone number: The phone number for the service provider contact person.
17	Service Provider NE Code: Enter the selected service provider's NE Code as assigned by the Nebraska Public Service Commission.
18	Service Provider Identification Number (SPIN): Enter the selected service provider's SPIN number.
19	Service Provider e-mail: The e-mail address for the service provider contact person.
Section IV: Single Eligible Expense Funding Request Details	
20	Category of expense: The category of expense for finding request (e.g. leased/tariffed facilities or services, network equipment, etc.).
21	Expense Type (e.g. T-1, Ethernet, etc.): Enter the expense type for the funding request, such as T-1, Ethernet, etc.
22	Requested Download Speed: Enter the download speed requested, in Mbps.
23	Requested Upload Speed: Enter the upload speed requested, in Mbps.
24	Circuit start location: Enter the physical location where the circuit originates, if applicable.
25	Circuit end location: Enter the physical location where the circuit terminates, if applicable.
26	Date contract signed: The date the contract or service agreement with the vendor was signed.
27	Length of initial contract term: Enter the length of the initial contract term, prior to renewals.
28	Expected service start date: Enter the date the service is expected to start.
29	Percent of expense eligible for support: The percentage of expense eligible for support. This should account for usage and expense type.
30	Expense frequency: The frequency of the expense for support request (e.g. monthly, quarterly, semi-annual, annual, one-time).
31	Number of expense periods: The quantity of expense periods.
32	Undiscounted cost per expense period: Enter the undiscounted cost per expense period for the connection/service.
33	One-time installation charge: Enter any one-time installation charges being requested.
Section V: Multiple Eligible Expenses and Consortium Requests for Funding	
34	Total undiscounted estimate for eligible recurring costs: Enter the undiscounted cost for recurring costs.
35	Total undiscounted estimate for eligible non-recurring costs: Enter the undiscounted cost for non-recurring costs.
36	For consortium applicants that collect membership fees from participating HCPs, describe how membership fees are determined. If necessary, a separate sheet describing membership fees may be attached to the application.
Section VI: Funding Request Summary Breakdown	
37	Total Estimated Eligible Undiscounted Cost: The total estimated eligible undiscounted cost, accounting for adjustments for ineligible expenses and ineligible usage.
38	NE Telehealth Funding Requested (up to 25 percent of total eligible cost): The amount of NE Telehealth funding requested.
39	Rurality Classification: Select the rurality classification as defined in the USAC Rurality Tool
40	Medically Underserved Area/Population (MUA/P): Select the MUA/P classification as defined in the USAC Rurality Tool.
41	Provide the current source of funding for the 35 percent HCP contribution.