



BOB ANTHONY  
Commissioner

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Commissioner

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# Oklahoma Corporation Commission

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## NOTIFICATION OF RURAL HEALTH CARE PROGRAM FUNDING COMMITMENT

Effective July 1, 2018

Please complete this form and return it, along with all required attachments, to the Public Utility Division (“PUD”) of the Oklahoma Corporation Commission at [OUSF@occeweb.com](mailto:OUSF@occeweb.com) within 30 days of receipt of a Funding Commitment Letter (“FCL”) from the Rural Health Care (“RHC”) Program. Failure to timely notify PUD of RHC funding commitments may result in delayed OUSF funding. This form applies to both the RHC Telecommunications Program and the Healthcare Connect Fund.

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### SECTION 1: SERVICE PROVIDER INFORMATION

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**Name of service provider:**

**Form Submission Date:**

**Service provider contact:** Please include the address, telephone number with area code, and email address.

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### SECTION 2: OUSF BENEFICIARY/CONSORTIUM INFORMATION

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**Eligible beneficiary or consortium name:**

**Eligible beneficiary or consortium contact:** Please include the address, telephone number with area code, and email address.

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### SECTION 3: RHC FUNDING COMMITMENT

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#### **3a) Circuit Information**

If the commitment is for multiple members of a consortium under the Healthcare Connect Fund, please enter "See Attached" and provide an Excel Worksheet summarizing this information for all consortium members that receive OUSF funding.

**Cause No.:**

**Circuit ID:**

**Bandwidth:**

**Type of Service:**

**Monthly recurring OUSF-eligible invoice amount:**

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#### **3b) Commitment Information**

**RHC Program:**

**Funding Year:**

**FCL Date:**

**FRN:**

**HCP Number:**

**Funding Start Date:**

**Funding End Date:**

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### SECTION 4: REQUIRED ATTACHMENTS

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#### **RHC Telecommunications Program**

- Funding Commitment Letter
- Form 466

#### **Healthcare Connect Fund**

- Funding Commitment Letter
- Form 462 Network Cost Worksheet (consortia only)

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### SECTION 5: OPTIONAL COMMENTS

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