**[LOCAL HEALTH DEPARTMENT LETTERHEAD]**

Local Public Health Services Collaborative, authorized project leader

Beth Bickford, Consortium Leader

110A Northwoods Blvd

Columbus, OH 43235

614-781-9556

Re: Letter of Agency and Third Party Authorization 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, [Ohio Health Department Name] confirms its participation in the Local Public Health Services Collaborative’s IT Support Services Initiative. [County Health Department] hereby authorizes the Local Public Health Services Collaborative (“Collaborative”, LPHSC) to make the certifications included in the FCC Forms 460, 461, 462 and 463 on behalf of [**Ohio Local Health Department**]. Those certificationsare:

**[Ohio County Health Department]’s** letter includes the following:

• 110A Northwoods Blvd, Columbus, OH 43235

• June 1, 2019 – July, 2022

• HCF Program and Telecommunications and Internet Access Program

The person signing this Letter of Agency is authorized to submit this letter on behalf of the [**Ohio Local Health Department**].

**[Ohio Local Health Department]** is non-profit or public.

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.

The applicant has followed any applicable state, Tribal, or local procurement rules.

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.

The applicant satisfies all of the requirements under section 254 of the Act and applicable Commission rules.

The applicant has reviewed all applicable requirements for the program and will comply with those requirements.

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.

[**Ohio Local Health Department**] is not requesting support for the same service from either the Telecommunications Program or Internet Access Fund and the Healthcare Connect Fund.

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.

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.

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.

**Ohio County Health Department**

By (signature):

Name (print):

Title:

Date: