

Date Received Stamp

CPUC Use Only



Intake Number

Assigned Analyst: _____

CPUC Use Only

CALIFORNIA TELECONNECT FUND APPLICATION FOR GOVERNMENT HOSPITALS & CLINICS

For use by government owned and operated hospitals and clinics. Refer to appended instructions.

Section A: Basic Information

Name of Hospital/Clinic

Service Address (Hospital/Clinic Address)

City

State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address (if different than Service Address)

City

State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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California Department of Public Health License Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Certified as a Critical Access Hospital?

Yes No

Member of the California Telehealth Network?

Yes No

Requesting CTF support for mobile broadband services?

Yes* No

* Supporting documents are required to request support for mobile broadband services; refer to the appended instructions.

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Section B: Signature

By signing this application, I declare under penalty of perjury under the laws of the State of California that I am authorized to act on behalf of the applicant, that the information submitted with this application is true and accurate, and that any discounted communications service will not be sold, resold, leased, transferred, shared with any other entity or person, used for personal purposes, or used for purposes other than the intended goals of the California Teleconnect Fund. I understand that this application and the associated information are subject to audit at any time by the State of California. I agree to notify the California Public Utilities Commission in writing within 30 days of any changes to the information submitted with this application.

Print Name

Title

Email Address

Phone Number

Signature

Date

INSTRUCTIONS FOR THE CTF APPLICATION FORM FOR GOVERNMENT HOSPITALS & CLINICS

Review the California Teleconnect Fund's [Applicant and Participant Guidebook](#) for important information, including on eligibility criteria.

This form is for use by **government owned and operated hospitals and clinics**. Only locations (service addresses) that provide healthcare services to the community can participate in the CTF program. Administrative-only sites and sites that do not provide healthcare services to the community are not eligible to participate in the CTF program.

Applicants must submit a separate application for each service address.

Keep a copy of the completed application form and all attachments for reference when renewing eligibility.

Below are instructions for completing and submitting the application -

Section A. Basic Information.

- **Name of Hospital/Clinic** – Enter the name of the hospital/clinic.
- **Service Address (Hospital/Clinic Address), City, State and Zip Code** – Enter the address of the hospital/clinic. If approved, the hospital/clinic will be eligible to receive support from the CTF program for communication services delivered to and used at this service address.
- **Mailing Address, City, State and Zip Code** – Enter the mailing address if different from the Service Address. The CTF program will use this information as the primary mailing address for communications related to the application and participation in the program.
- **California Department of Public Health License Number** - If applicable, enter the Health Care Facility License Number issued by the California Department of Public Health. The License Number is a unique nine-digit identifier for each healthcare facility license issued by the [California Department of Public Health](#). For additional information, refer to the California Health and Human Services [Open Data Portal](#).
- **Certified as a Critical Access Hospital?** - Check the appropriate box to indicate whether the hospital/clinic is certified as a Critical Access Hospital. For more information on Critical Access Hospitals, refer to <https://www.calhospital.org/critical-access-hospitals>.
- **Member of the California Telehealth Network?** - Check the appropriate box to indicate whether the hospital/clinic is a member of the California Telehealth Network. For more information on the California Telehealth Network, refer to <https://www.caltelehealth.org/>.
- **Requesting CTF support for mobile broadband services?** Select the appropriate box to indicate whether the hospital/clinic is requesting CTF support for mobile broadband services. Support for mobile broadband services is available only in limited circumstances when mobile broadband service is the most cost-effective means of obtaining internet access at the Service Address. Applicants requesting CTF support for mobile broadband services must submit the following:
 - A letter from the closest California Teleconnect Fund service provider stating fixed broadband is not available at its location. Submit the documentation as an

attachment to the application form. A list of service providers that participate in the CTF program is available for [download via this link](#). Refer also to the [California Interactive Broadband Map](#) to see the service providers that offer broadband service in the applicant's area (by clicking on the icon of the house, entering the applicant's service address, and clicking the "Load Location" button).

- A signed and dated attestation stating that fixed broadband is not available at the applicant's service address. The attestation can be a simple note stating: "I, <NAME> hereby attest that fixed broadband is not available at the following address: <ADDRESS>."

Section B. Signature.

- Designate a signatory who is a director, officer, or employee of the applying entity. The signatory must possess the appropriate authority to act on the behalf of the applying entity. The signatory should be able to answer questions related to the application and attached documents. Consultants or third-party administrators cannot sign on behalf of the applicant.
- Read the conditions and terms of agreement.
- Enter the signatory's name, title, email address, and phone number in the spaces provided. The CTF program uses the email address provided as a primary means of communicating with an applicant/participant. Please keep the contact information current and up to date with the CTF program. The CTF program will periodically ask participants to provide updated information and documents to update eligibility records.
- Sign and date the application in the space provided. Applicants can print the form and sign with a blue or black pen, then submit the application and attachments via postal mail to the address below. Alternatively, applicants can provide a digital signature if it meets all applicable [regulatory standards](#) (including for [Gov't Code Section 22003](#)) then submit the application and attachments via email to CTFHelp@cpuc.ca.gov. The CTF program can only accept an application via email if it contains a valid digital signature. The CTF program receives applications via postal mail at the following address:

California Public Utilities Commission
Communications Division – CTF program
505 Van Ness Avenue
San Francisco, CA 94102