

Instructions for the FCC Rural Health Care Pilot Program Letter of Agency (LOA)

Please complete either the *not-for-profit* LOA template or the *for-profit* LOA template and return the original signed copy on your organization's letterhead to the project team at:

Michigan Public Health Institute
Attn: FCC Project Team
2436 Woodlake Circle, Suite 300
Okemos, MI 48864

The text of the template was provided by the FCC and, other than the bold items, cannot be changed.

Throughout the letter you need to replace “[**Health Care Provider Name**]” with the legal name of your organization.

In certification (g), replace “[**name of person authorized to sign LOA**]” and “[**Authorized Person**]” with the full name of the person who is signing the letter. This person should be legally authorized to act on behalf of your organization. These individuals typically hold CEO, CFO, or similar positions.

At the end of the letter (following ***With location(s) at:***), provide the physical address (no P.O. Boxes please) of all sites within your organization that are going to participate in the Pilot Program. Include any hospitals or clinics that your organization owns or can sign for that are eligible to receive a network connection or service under the Pilot Program. An eligible site must provide health care. For example, if a Health Department has a main office, a satellite health clinic, and a water treatment plant, the first two sites would be eligible; the water treatment plant would not.

Below **Signature**, provide the contact information of the person who is signing the LOA.

If you have any questions, contact the project team (at fcc@mphi.org or Jeff Shaw at 517.324.6055) or your regional MiHIN representative.

(Please note that you must also complete a Site Survey for each eligible location.)