

***AFFIDAVIT OF ELIGIBILITY***  
**PUBLIC SERVICE COMMISSION - UNIVERSAL SERVICE FUND**  
**TELEMEDICINE EQUIPMENT GRANT PROGRAM**

Grant applicants must fill out **either** Section A or B, of this form.<sup>1</sup>

\_\_\_\_\_ **A. Check here if you claim eligibility as a nonprofit medical clinic, hospital or facility and meet all three requirements listed below:**

Applicant is a nonprofit organization governed by a board of directors.

Applicant serves federally designated health professional shortage areas as defined in 42 U.S.C. § 254e(a)(1) or medically underserved areas or medically underserved populations.

Applicant provides services to all patients regardless of insurance status or uses a sliding fee scale for uninsured patients based on income status.

**OR**

\_\_\_\_\_ **B. Check the appropriate requirement below if you claim eligibility as a public health agency (must meet one of the three requirements):**

\_\_\_\_\_ Applicant is part of the Wisconsin Department of Health and Family Services.

\_\_\_\_\_ Applicant is a local health department as defined in Wis. Stat. § 250.01(4).

\_\_\_\_\_ Applicant is a health care facility or program operated by a tribe or tribal organization under the Indian Self-Determination Act (25 U.S.C. §§ 450f et seq.).

**APPLICANT CERTIFICATION - SIGNATURE REQUIRED**

**I hereby certify that any grant dollars from the Universal Service Fund Telemedicine Equipment Grant Program will be used for the purpose granted.**

**I certify, under penalty of perjury, that the information provided above is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
**Signature of applicant representative**

\_\_\_\_\_  
**Name of applicant organization**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
<sup>1</sup> If applicant does not meet the conditions in Section A or B above, but asserts that it should nonetheless be considered eligible for the telemedicine equipment grant program, information supporting such a conclusion should be attached as part of this affidavit.