

**Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Request for Services Form**

USAC Internal Use Only	
FCC Form 461 Application Number: 100022021	FCC Form 460 Number: 11902-00002
Posting Start Date: 05/19/2017	Posting End Date: 06/16/2017
Allowable Contract Selection Date (ACSD): 06/17/2017	Form 461 Friendly Name: 461_CPH_2017_all

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year 2017	2 HCP Number 11902	
3 Site Name/Consortium Name Central Peninsula Hospital		
4 Address Line 1 250 Hospital Place		
5 Address Line 2	6 County Kenai Peninsula	
7 City Soldotna	8 State AK	9 Zip Code 99669
Geolocation		

Block 2: Individual HCP Site Request for Services		
10 <input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. <input checked="" type="checkbox"/> Applicant has not and will not prepare an RFP.		
10a Requested contract period July 1, 2017 - June 30, 2018 plus 2 one year optional extensions - make all contracts end on June 30		
10b Expected bid evaluation period 9		
11 Number of days USAC should post: 28 Posting end date: 28 days until posting		
12 Category of Expense Requested (check all applicable): <input type="checkbox"/> Network Equipment <input checked="" type="checkbox"/> Leased/Tariffed Facilities or Services		
Identify Anticipated Application(s) and Use(s) of the Supported Connection		
The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.		
(Select all that apply. Describe usage level and usage period for all selected.)		
Capability	Usage Level	Usage Period
Category: Interactive		
<input checked="" type="checkbox"/> Distance learning/training	Moderate	24/7
<input checked="" type="checkbox"/> Real-time remote examination, consultation, and/or monitoring	Moderate-Heavy	24/7
<input checked="" type="checkbox"/> Video conferencing	Moderate	24/7
<input checked="" type="checkbox"/> Voice service	Moderate-Heavy	24/7
<input type="checkbox"/> Other (describe): _____		
Category: Transactional		
<input checked="" type="checkbox"/> Distance learning/training	Light-Moderate	24/7
<input checked="" type="checkbox"/> Electronic patient billing	Moderate	24/7
<input checked="" type="checkbox"/> Exchange of electronic health records	Moderate	24/7
<input checked="" type="checkbox"/> Internet access	Heavy	24/7

<input checked="" type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)	Moderate-Heavy	24/7
<input type="checkbox"/> Other (describe): _____		
Category: Bulk		
<input checked="" type="checkbox"/> Electronic patient billing	Light-Moderate	24/7
<input checked="" type="checkbox"/> Exchange of electronic health records	Moderate	24/7
<input checked="" type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)	Moderate	24/7
<input checked="" type="checkbox"/> Transmission of store and forward consultations	Light-Moderate	24/7
<input type="checkbox"/> Other (describe): _____		
Category: Miscellaneous		
<input type="checkbox"/> Backup/redundant connectivity		
<input type="checkbox"/> Other (describe): _____		
12b Applicant requesting services for an off-site data center: If yes, provide HCP Number(s):	<input type="radio"/> Yes	<input checked="" type="radio"/> No
12c Applicant requesting services for an off-site administrative office: If yes, provide HCP Number(s):	<input type="radio"/> Yes	<input checked="" type="radio"/> No
13 Contact for Request for Services: <input type="radio"/> Same as HCP Physical Location Contact <input checked="" type="radio"/> Same as HCP Primary Account Holder <input type="radio"/> Other		
13a If other, provide full contact information:		
Contact Name Bob Wattam	Organization Name Central Peninsula Hospital	
Contact Name Title Information Services Director	Email bwattam@cpgh.org	
Phone (907) 714-4715 Ext. _____	Fax _____	
Address Line 1 250 Hospital Place		
Address Line 2 _____		
City soldotna	State AK	Zip Code 99669
Block 3: Consortium Request for Services		
14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):		
15 Indicate whether the Consortium plans to utilize an RFP: <input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a. <input type="checkbox"/> Applicant has not and will not prepare an RFP.		
15a Applicant is submitting an RFP because: <input type="checkbox"/> It is seeking more than \$100,000 in program support <input type="checkbox"/> Of state, Tribal, or local procurement rules <input type="checkbox"/> It is seeking support for infrastructure <input type="checkbox"/> The applicant has elected to use an RFP		
15b Requested contract period		
15c Expected bid evaluation period		
16 Number of Days Posted: Number of days USAC should post: _____ Posting end date: _____		
17 Category of Expense Requested: <input type="checkbox"/> Network Design <input type="checkbox"/> Leased/Tariffed Facilities or Services <input type="checkbox"/> Network Equipment <input type="checkbox"/> Network Management/Maintenance/Operations Cost (not captured elsewhere) <input type="checkbox"/> Infrastructure/Outside Plant		
17a If requesting only Infrastructure/Outside Plant, enter FCC Form 461 Application Number in which the Consortium previously requested Leased/Tariffed Facilities or Services. FCC Form 461 Application Number: _____ <input type="checkbox"/> I certify that the prior FCC Form 461 resulted in no responsive bids.		

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):

19 Contact for Request for Services:
 Same as Project Coordinator Same as Assistant Project Coordinator Other

If other, provide full contact information:

Contact Name	Organization Name	
Contact Name Title	Email	
Phone	Ext.	Fax
Address Line 1		
Address Line 2		
City	State	Zip Code

Block 4: Declaration of Assistance

20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?
 Yes No

21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.

a. Name Dan J. Kettwich	b. Organization Type CONSULTANT	
c. Title/Role RHC Manager	d. Employer ADS Advanced Data Services, Inc.	
e. Address Line 1 Post Office Box 117		
f. Address Line 2		
g. City Saltillo	h. State TX	i. Zip Code 75478
Phone (281) 465-8888	Ext.	Email dkettwich@adsadsi.com

Block 5: Bid Evaluation

22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary).

Criteria	Weight
a. Cost	30
b. Leverage Existing Resources	20
c. Quality of Transmission	20
d. Reliability of Service	20
e. Management capability, including solicitation compliance	10
f.	
g.	
h.	

Block 6: Additional Documentation

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

Type of Documentation
a.
b.
c.
d.
e.

Block 7: Certifications

24	<input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the health care provider or consortium.
25	<input checked="" type="checkbox"/>	I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
26	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules.
27	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the supported connection(s) and network equipment will be used solely for purposes reasonably related to the provision of healthcare service or instruction that the health care provider is legally authorized to provide under the law of the state in which the connections are provided. In addition, I certify under penalty of perjury that the supported connection(s) and network equipment will not be sold, resold, or transferred in consideration for money or any other thing of value.
28	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
29	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements.
30	<input checked="" type="checkbox"/>	I understand that all documentation associated with this form, including a copy of the signed 461, any bids/ contracts resulting from the 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 C. .R. § 54.648, or as otherwise prescribed by the Commission's rules.
31	Signature	32 Date Wed May 17 23:30:06 EDT 2017
33	Printed Name of Authorized Person Dan J. Kettwich	
34	Title/Position of Authorized Person Consultant	
35	Phone (281) 465-8888 Ext.	36 Email dkettwich@adsadsi.com
37	Employer ADS - Advanced Data Services	38 Employer's FCC RN 0015361231

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provide . The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.