

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

USAC Internal Use Only	
FCC Form 461 Application Number: 100041238	FCC Form 460 Number: 67345-00001
Posting Start Date: 03/18/2020	Posting End Date: 04/15/2020
Allowable Contract Selection Date (ACSD): 04/16/2020	Form 461 Friendly Name: 2020_HCR

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

Block 1: General Information		
1 Funding Year 2020	2 HCP Number 67345	
3 Site Name/Consortium Name Hope Community Resources HCP 16959		
4 Address Line 1 47202 PRINCETON AVE		
5 Address Line 2	6 County	
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 type="checkbox"/> Applicant has not and will not prepare an RFP.		
10a Requested contract period		
10b Expected bid evaluation period		
11 Number of days USAC should post: _____ Posting end date: _____		
12 Category of Expense Requested (check all applicable): <input type="checkbox"/> Network Equipment <input 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
<u>Category: Interactive</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Real-time remote examination, consultation, and/or monitoring		
<input type="checkbox"/> Video conferencing		
<input type="checkbox"/> Voice service		
<input type="checkbox"/> Other (describe): _____		
<u>Category: Transactional</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Internet access		

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):
 ITB HCR20191116080206 for RHC Services, Equipment and Maintenance

19 Contact for Request for Services:

- Same as Project Coordinator
 Same as Assistant Project Coordinator
 Other

If other, provide full contact information:

Contact Name Daniel J. Kettwich	Organization Name ADS Advanced Data Services, Inc.
Contact Name Title RHC Manager	Email dkettwich@adsadsi.com
Phone (281) 465-8888 Ext. 702	Fax (888) 802-6248
Address Line 1 Post Office Box 117	
Address Line 2	
City Saltillo	State TX Zip Code 75478

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 Daniel J. Kettwich	b. Organization Type CONSULTANT
c. Title/Role Mr	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. 702	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. Bandwidth	25
c. Leverage Existing Resources	25
d. Contract modification provisions	10
e. Personnel qualifications, including technical excellence	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. OTHER (TPA)	Document: TPA-HCR_5.pdf
b. NETWORKPLAN	Document: Network Plan - 03.09.2020 - added BU and DR.
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 healthcare provider or consortium.
25	<input checked="" type="checkbox"/>	I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowledge, information, and belief, all statements contained herein and in any attachments are true.
26	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, Tribal, or local procurement rules.
27	<input checked="" type="checkbox"/>	I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonably related to the provision of health care service or instruction that the health care provider is legally authorized to provide under the law of the state in which the services are provided.
28	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant seeking supported services 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 seeking support has reviewed and is compliant with all applicable RHC Program requirements.
30	<input checked="" type="checkbox"/>	I understand that all documentation associated with this request, including a copy of the signed Request for Services (FCC Form 461), any bids/contracts resulting from the FCC Form 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 CFR § 54.631, or as otherwise prescribed by the Commission's rules.
	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant seeking supported services is a nonprofit or public entity that falls within one of the seven categories set forth in the definition of health care provider listed in 47 CFR §54.600 of the Commission's rules.
	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in section 47 CFR § 54.600 of the Commission's rules, or is a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 of the Commission's rules.
	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the services will not be sold, resold, or transferred in consideration for money or any other thing of value.
31	Signature	32 Date Mon Mar 09 15:06:27 EDT 2020
33	Printed Name of Authorized Person Dan J. Kettwich	
34	Title/Position of Authorized Person RHC Manager	
35	Phone (281) 465-8888 Ext. 702	36 Email dkettwich@adsadsi.com
37	Employer ADS Advanced Data Services, Inc	38 Employer's FCC RN 0001571827

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.

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Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

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