

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

| USAC Internal Use Only                               |   |
|--|---|
| FCC Form 461 Application Number: 100041639           | FCC Form 460 Number: 13209-00003          |
| Posting Start Date: 03/27/2020                       | Posting End Date: 04/24/2020              |
| Allowable Contract Selection Date (ACSD): 04/25/2020 | Form 461 Friendly Name: 2020_EAT_Whittier |

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 13209      |                  |
| 3 Site Name/Consortium Name Whittier Rural Health Clinic |                         |                  |
| 4 Address Line 1 660 Whittier Street, STE 227            |                         |                  |
| 5 Address Line 2   | 6 County Valdez-Cordova |                  |
| 7 City Whittier  | 8 State AK              | 9 Zip Code 99693 |
| Geolocation  |                         |                  |

| Block 2: Individual HCP Site Request for Services   |  |
|---|--|
| 10 <input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form.<br><input checked="" type="checkbox"/> Applicant has not and will not prepare an RFP. |  |
| 10a Requested contract period MTM or up to 5 year contract with voluntary extensions not to exceed 5 years.   |  |
| 10b Expected bid evaluation period 1  |  |
| 11 Number of days USAC should post: 28 Posting end date: 28 days until posting  |  |

12 Category of Expense Requested (check all applicable):

Network Equipment  
 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 checked="" type="checkbox"/> Distance learning/training                                    | Moderate       | 24/7         |
| <input checked="" type="checkbox"/> Real-time remote examination, consultation, and/or monitoring | Moderate       | 24/7         |
| <input checked="" type="checkbox"/> Video conferencing  | Moderate       | 24/7         |
| <input checked="" type="checkbox"/> Voice service   | Moderate       | 24/7         |
| <input type="checkbox"/> Other (describe): _____  |                |              |
| <u>Category: Transactional</u>  |                |              |
| <input checked="" type="checkbox"/> Distance learning/training                                    | 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   | Moderate-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): _____  |  |  |
| <b>Category: Bulk</b>   |  |  |
| <input checked="" type="checkbox"/> Electronic patient billing  | Light-Moderate   | 24/7   |
| <input checked="" type="checkbox"/> Exchange of electronic health records   | Light-Moderate   | 24/7   |
| <input checked="" type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)   | Light-Moderate   | 24/7   |
| <input checked="" type="checkbox"/> Transmission of store and forward consultations   | Light-Moderate   | 24/7   |
| <input type="checkbox"/> Other (describe): _____  |  |  |
| <b>Category: Miscellaneous</b>  |  |  |
| <input checked="" type="checkbox"/> Backup/redundant connectivity   | Moderate   | 24/7   |
| <input type="checkbox"/> Other (describe): _____  |  |  |
| 12b Applicant requesting services for an off-site data center:  | <input type="radio"/> Yes  | <input checked="" type="radio"/> No                      |
| If yes, provide HCP Number(s): _____  |  |  |
| 12c Applicant requesting services for an off-site administrative office   | <input type="radio"/> Yes  | <input checked="" type="radio"/> No                      |
| If yes, provide HCP Number(s): _____  |  |  |
| 13 Contact for Request for Services:  | <input type="radio"/> Same as HCP Physical Location Contact                                      | <input type="radio"/> Same as HCP Primary Account Holder |
|   |  | <input checked="" type="radio"/> Other                   |
| 13a 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) 802-6428   |  |
| Address Line 1 Post Office Box 117  |  |  |
| Address Line 2  |  |  |
| City Saltillo   | State TX   | Zip Code 75478   |
| <b>Block 3: Consortium Request for Services</b>   |  |  |
| 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 <b>Daniel J. Kettwich</b>            | b. Organization Type <b>CONSULTANT</b>              |                                    |
| c. Title/Role <b>RHC Manager</b>             | d. Employer <b>ADS Advanced Data Services, Inc.</b> |                                    |
| e. Address Line 1 <b>Post Office Box 117</b> |   |                                    |
| f. Address Line 2                            |   |                                    |
| g. City <b>Saltillo</b>                      | h. State <b>TX</b>                                  | i. Zip Code <b>75478</b>           |
| Phone <b>(281) 465-8888</b>                  | Ext. <b>702</b>                                     | Email <b>dkettwich@adsadsi.com</b> |

**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. <b>Cost</b>   | <b>35</b> |
| b. <b>Leverage Existing Resources</b>                  | <b>20</b> |
| c. <b>Reliability of Service</b>                       | <b>10</b> |
| d. <b>Contract modification provisions</b>             | <b>10</b> |
| e. <b>Bandwidth</b>                                    | <b>10</b> |
| f. <b>Prior experience, including past performance</b> | <b>10</b> |
| g. <b>One vendor solution</b>                          | <b>5</b>  |
| 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>OTHER</b> Document: <b>EAT_TPA_12780_10867_10870_10868_10866</b> |
| 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 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 <a href="#">Wed Mar 25 22:30:04 EDT 2020</a>   |
| 33 | Printed Name of Authorized Person <a href="#">Dan J. Kettwich</a> |  |
| 34 | Title/Position of Authorized Person <a href="#">RHC Manager</a>   |  |
| 35 | Phone <a href="#">(281) 465-8888</a> Ext. <a href="#">702</a>     | 36 Email <a href="mailto:dkettwich@adsadsi.com">dkettwich@adsadsi.com</a>  |
| 37 | Employer <a href="#">ADS Advanced Data Services, Inc</a>          | 38 Employer's FCC RN <a href="#">0001571827</a>  |

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.

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