

Invitation to Bid (“ITB”)

Health Care Provider:	Bethel Family Clinic Box 1908, 631 Main Street Bethel, AK 99559
ITB Number:	BFC20191115111258
ITB Posting Date:	Date Posted by USAC via E-mail - note web posting
ITB Due Date:	28 days after the date posted by USAC
ITB Contact Name:	Dan Kettwich
Upload Bid Submission to:	http://adsadsi.com/itb_year_23.shtml
Requested File Format	Please upload offer in Portable Document Format (PDF) Note: MS Excel files or other formats may be provided/requested

Bethel Family Clinic (“BFC”) seeks proposals in accordance with the terms and conditions posted within. The awarded contract(s) may cover both Rural Health Care eligible and non-eligible items. If eligible and non-eligible items or services are bid, bidders should break out the non-eligible items and list them as such. Contract award(s) shall be made in accordance with Federal Communications Commission (“FCC”) Program Rules as administered by the Universal Service Administration Company (“USAC”).

All Service Providers must comply with applicable Federal, State and Local Rules and Regulations.

PREQUALIFICATION: None Required
MANDATORY JOB WALK: None Required
BID MARKING: RHC BFC20191115111258 (Solicitation ID)
METHOD OF BID RECEIPT: Bid offers shall be uploaded accordingly or they may be disqualified.
Late offers shall not be considered.

In order to provide the products and/or services required within, the winning Bidder shall provide a valid Service Provider Identification Number (SPIN) and be licensed in accordance with all applicable rules and regulations, including Local and State Law.

It is the intent to award all of the services sought within the ITB to either one or multiple Service Providers. By issuing the ITB, the Applicant is not required to award all services for which pricing is sought. An award may or may not be given for services requested. BFC retains the right to award contracts based on their evaluation of the offers received in accordance with the ITB.

PRESENTATION OF PROPOSALS:

The applicant prefers that proposal be uploaded to the appropriate opportunity located at: http://adsadsi.com/itb_year_23.shtml. **On site presentations are not necessary.**

Request File Format: Please upload in Portable Document Format (PDF). If you have questions or problems submitting your offer please email BFC2020@adsadsi.com and reference the ITB Number.

If possible, please submit your proposal a day or two before the deadline.

Offers to the ITB shall not require demonstrations. Responses requiring demonstrations for evaluation may not be considered.

SUSPENSION OR DEBARMENT:

If, within the past five (5) years, any firm, business, person, or service provider submitting a bid has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity with any federal, state or local government, including USAC, the Service provider must include a letter with its response or bid setting forth the name and address of the public procurement unit, the effective date of the suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. Failure to supply such a letter or to not disclose in the letter all the pertinent information shall result in the cancellation of any contract. By signing the bid section, the Service provider certifies that no current suspension or debarment exists.

RED LIGHT RULE:

Any service provider, or the sub-contractor of any service provider, who is currently under, or has reason to believe that they may have a red-light status under, the “Red Light Rule” by the FCC must disclose that information in this proposal. If any service provider, or the sub-contractor of any service provider, is found to have a red-light status under the FCC “Red Light Rule” during the term of this contract, this contract may be immediately terminated.

LOWEST CORRESPONDING PRICE (LCP):

Service provider warrants they have reviewed all FCC, USAC and Rural Health Care (“RHC”) information on Lowest Corresponding Price. Service provider is encouraged to offer and continue to offer for the term of this contract, the Lowest Corresponding Price on all goods and services included.

BILLING:

With respect to service, the Applicant prefers to pay their share and it is requested that the service provider “carry the reimbursed share” until the FRN is funded. The Applicant agrees to promptly pay its share and to do its part in working to assure funding, to include responding to all USAC inquiries.

If allowable by program rules, please indicate if your company is willing to waive any or all prorated fees that may be assessed due to Rural Health Care Funding Cap limitations.

QUESTIONS:

All questions shall be posted to http://adsadsi.com/itb_year_23.shtml. Please visit the website and click on the Q/A link associated with the Applicant’s Form to submit a question. In addition, please click on the Q/A link associated with this application to review all questions asked and answered. Please remember that questions submitted within 2 business days of bid due date may not be answered.

If you do not have a question, but would like to stay current with questions asked and answered, please visit the website and click on the Q/A link associated with the Applicant’s Application and submit a request, in the form of a question, to be added to the question and answer distribution list. If you submit a question you are automatically added to the distribution list for updates.

Questions asked in any other method than the acceptable method as described above may not be answered. Questions submitted via text, E-mail, or asked via a telephone, or left on a voicemail may not be answered.

If you have questions or problems submitting your questions please email BFC2020@adsadsi.com.

REFERENCES:

Service provider shall provide references that demonstrate successfully Funded Projects from recent Funding Years. In addition, please indicate the number of positive Funding Commitment Decision Letters that Applicants have received for your company's services. Applicant Name, Entity Number, and Individual Contact Information are requested for all references provided.

THE ADS ADVANCED DATA SERVICES, INC. ROLE

ADS works to help manage and memorialize an open and fair application process for support under the Rural Health Care Program. The ADS work effort is designed to provide a fully documented audit ready work product. ADS helps to assure all potential service providers have access to the same information concerning service needs.

Project Coordinator: Dan Kettwich, ADS Advanced Data Services, Inc.
Mailing address: Post Office Box 117, Saltillo, TX 75478
Email address: BFC2020@adsadsi.com

ADS Advanced Data Services, Inc. does not evaluate Service Provider Service Offerings – The Applicant is responsible for selecting all Service Providers (see evaluation criteria). ADS shall not recommend Service Providers.

If you have a proposal, or optional packages, please provide details and the eligible Applicant shall evaluate all options to select a winner. Pricing specific to the Applicant's requirements must be included for an evaluation to be completed. Please make sure any and all required Contracts or Statements of Work are authorized AND included in your offer. If the Applicant has a question on your service offering, terms, and/or pricing, clarification may be sought.

If you intend to respond to the ITB and have not done so, please register to ask and receive the answers to questions at http://adsadsi.com/itb_year_23.shtml.

Simply visit the website and click on the Q/A link associated with the Applicant's Form Application to submit a question and indicate you intend to respond to this request. In addition, you may click on the Q/A link associated with this application to review all posts, questions, and their answers.

In order to be considered for award any and all terms, conditions and, or contracts required by the Service Provider should be signed, dated and submitted with the ITB Offer. Failure to provide signed documents may disqualify your Offer for services sought.

EVALUATION CRITERIA:

The applicant shall choose the most cost-effective service provider, which is defined by the FCC as, “the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors relevant to choosing a method of providing the required services.”

Service Provider Evaluation Matrix:

Criteria (up to 5 points awarded in each category)	Weight
Cost - low cost offer divided by offer being evaluated determines cost effectiveness	30%
Leverage Existing Resources	20%
Contract Provisions	10%
Bandwidth	20%
Quality of Transmission	20%

Please include specific information in your offer addressing each of the criteria listed.

Cost should be the total cost for owning and/or leasing services.

Interpretation of your offer shall be utilized in completing the evaluation rubric. Please consider these criteria a request for sufficient information to grade your offer. The descriptions below are intended to provide and understanding of evaluation, if you need clarification, please ask.

DISQUALIFICATION OF SPAM OFFERS

It is the intent to disqualify SPAM based offers. If your offer is classified as one or more of the following it shall be disqualified.

- 1) If the offer is general in nature, meaning specific data concerning the request is arbitrary or not well defined within the offer. The applicant is not seeking a laundry list or price list of services. Quantities should be listed and calculated, along with taxes, fees and surcharges.
- 1) If multiple options are presented, or provided (but are not requested), and the applicant is left trying to discern between the various options. If you have questions, please ask them as outlined within the ITB.
- 2) The proposal sent should be binding and include signatures for acceptance by all parties.
- 3) Proposals may not include endless loop terminology. In other words, proposals offering to beat the lowest current or final proposed presented shall not be accepted. Firm fixed pricing must be presented.

Eligible Locations to which Service May be Required

See Attachment 1: Eligible Locations

GENERAL REQUIREMENT

All proposals must identify the cost for all reoccurring and non-reoccurring expenses that may include but are not limited to assessment, engineering, project management, documentation, contingency, installation, and configuration fees. All surcharges and taxes shall be included as well. The services proposed should indicate the eligible costs for reimbursement under program rules. The costs for services not eligible should be clearly itemized.

INTENT to RESPOND and QUESTIONS

If you intend to respond to the ITB and have not done so, please register to ask and receive the answers to questions at http://adsadsi.com/itb_year_23.shtml. Simply visit the website and click on the Q/A link associated with the Applicant's Form to submit a question and indicate you intend to respond to this ITB. In addition, you may click on the Q/A link associated with this application to review all posts, questions, and their answers.

COMPRTITIVE BIDDING EXEMPTIONS (<https://docs.fcc.gov/public/attachments/FCC-19-78A1.pdf>)

Section 163 of Report and Order FCC 19-78 aligns competitive bidding exemptions between the HCF and Telecom programs. USAC may designate a multi-year contract as "evergreen," which means that the service(s) covered by the contract need not be re-bid during the contract term. A contract entered into by a health care provider or consortium as a result of competitive bidding may be designated as evergreen if it meets all of the following requirements:

- A. Is signed by the individual health care provider or consortium lead entity;
- B. Specifies the service type, bandwidth, and quantity;
- C. Specifies the term of the contract;
- D. Specifies the cost of services to be provided; and
- E. Includes the physical location or other identifying information of the health care provider sites purchasing from the contract.

Participants may exercise voluntary options to extend an evergreen contract without undergoing additional competitive bidding if:

- A. The voluntary extension(s) is memorialized in the evergreen contract;
- B. The decision to extend the contract occurs before the participant files its funding request for the funding year when the contract would otherwise expire; and
- C. The voluntary extension(s) do not exceed five years in the aggregate.

SCOPE OF WORK

The ITB's objective is to solicit bids and negotiate a contract for telecommunication and broadband services in support of the applicant's integrated data, voice and video network. BFC intends to obtain Universal Services Fund support via the RHC Telecommunications Program and the RHC Healthcare Connect Fund Program.

Please include all fees, including Monthly Re-occurring Costs, Non Re-occurring Costs, including Installation, and applicable taxes. FCC rules require that an Applicant sign a contract with the service provider before filing forms to seek support. Contracts, Statements, of Work, and/or Service Orders should be submitted with a handwritten signature and date.

Offers should include the Service Provider Authorized Response (“SPAR”). The SPAR serves as a contract and proof of timely response. Additional contracts and service orders may be included and executed for service delivery.

Service providers should propose an implementation plan with a seamless transition for the delivery of service. The service delivery plan should be designed to mitigate the risk of downtime and assure continued uptime. Work that requires the interruption of the current service shall be performed after hours and/or at a time that is agreeable to BFC. All proposed solutions shall be fully tested to assure the service expectations defined within this document. If a new service provider is selected and their services deployed, it is expected to run alongside the current solution and in conjunction with BFC expectations prior to replacing the existing service. Service Level Agreements are expected.

Contract Requirements:

Telecom Program Criteria for Evergreen Contracts
Both parties are identified
HCP signed AND dated contract
Specifies type and terms of services
Has a specified duration
Specifies the cost of services to be provided
Includes the physical addresses or other identifying info of the HCPs purchasing from the contract

HCF Program Criteria for Evergreen Contracts
Signed by the individual HCP or consortium lead entity
Specifies the service type, bandwidth, and quantity
Specifies the term of the contract
Specifies the cost of services to be provided
Includes the physical addresses or other identifying info of the HCPs purchasing from the contract

Please confirm you're the contracts associated with your offer complies with the following statement (note the SPAR):

- Both parties must be clearly identified (please include physical addresses of the locations that services may be delivered),
- Both parties must sign and date the contract (if possible, please submit a signed and dated MSA with proposal as this will expedite the review process and allow the applicant to focus on service orders),
- Contract must specify type and term of service (duration),
- Contract must have specific pricing of the services to be provided (if possible, please include growth options).

Note: Applicants with evergreen contracts are permitted to add new locations, exercise voluntary contract extensions, and upgrade services without additional competitive bidding, as long as those options were contemplated in the original competitive bidding process, and the contract explicitly provided for them.

Contracts shall include language allowing the substitution of sites and services over the life of the contract (this includes potential growth). This provision allows the applicant to add sites and/or upgrade or change services throughout the length of the contact term without having to re-bid.

Please provide options to include terms that deliver service on July 1, 2020

All proposals/contracts may include language allowing for the termination of any resulting contract if funding from a previous application is approved. Similarly, contingencies may be proposed within new contracts to address existing contract(s) that may not be funded. Contracts may allow for the termination or disconnection of service without penalty. Short term options are preferred, specifically thru 6/30/2021 – voluntary extensions are OK. Month to Month Service terms are OK. Contracts may be proposed with voluntary extension(s) that do not exceed five years in the aggregate, (example, a three year contract could have no more than five voluntary extensions of one year). It would be beneficial if contracts ended on 6/30/20XX.

Competitive Bidding Period

The bid period shall, the period USAC identifies after posing the associated 461(s) and 465(s). Offers shall be due by 11:59:59PM local standard time on the date identified by USAC - meaning there will probably be different due dates for the various services sought. It is acceptable to submit all offers and responses by the first due date - this would assure all due dates are met. The applicant does not intent to extend due dates. If unsure of due dates, check the appropriate Form(s) or please reference the posting for the ITB at: http://adsadsi.com/itb_year_23.shtml.

Requested Contract Period:

As listed on the 461(s) and 465(s), the preferred contract period is: MTM or up to 5 year contract with voluntary extensions not to exceed 5 years.

If appropriate, please include a Cover Letter to explain existing contracts that are in place awaiting an evergreen determination with your offer.

If appropriate, propose the use of month to month extensions as outlined in existing evergreen contracts in order to make all contracted services coterminous to June 30, 2021. If this option is presented, include reference to the governing contract number, and/or amendment. Include a reference to page to which the extension language is memorialized.

If appropriate, propose options to extend services as outlined in existing evergreen contracts for a period of time (such as 1 year) consistent with contract language. If this option is presented, include reference to the governing contract number, and/or amendment. Include a reference to page to which the extension language is memorialized.

If appropriate, propose continued use of a contract for services currently governing the delivery of service(s). Include the original contract start date, contract end date and confirm pricing and all terms remains as offered in the existing contract

If appropriate, propose new contracts, to include services and pricing.

Neutral Language:

The mention of any manufacturer, make, or equipment model or service specifications provided are meant to provide an example or sense of configuration. In addition, provided equipment references, equipment lists and or service designations are simply proposed to give service provider's a better understanding of project requirements. Equivalent options to the mention of terms such as a manufacturer or service provider's name, brand, product, or service shall be considered.

Telecommunications Program Requests: Please note Attachment 2 for the Products and Services Requested

The Telecommunications Program (“Telecom”) provides reduced rates to rural health care providers (“HCPs”) for telecommunications and voice services for the use of telemedicine and telehealth. Eligible services are discounted at the difference in cost between urban and rural areas in your state.

The FCC considers each health care site or location as an individual HCP for purposes of calculating support under the RHC Program. Therefore, each HCP must demonstrate that, by itself, it is an eligible entity.

Eligible telecommunications services and charges include, but are not limited to:

- ATM (Asynchronous Transfer Mode), MPLS, Frame Relay, ISDN,
- Satellite Service,
- Centrex / Telephone Service,
- DSL and or Cable,
- Ethernet,
- Fractional T1, T1 (or DS1), T3 (or DS3),
- OC-1, OC-3, and
- Network Reconfiguration Services (“NRS”) and Redundant Circuits are eligible for support.

Equivalent options shall be considered for all types of service, such as but not limited to the list above and: Fiber, Point-to-Point, and Copper.

Telecommunications equipment does not qualify for support.

The following examples are not eligible:

- Special construction and maintenance charges
- Franchises
- Zone charges
- Surcharges

The cost of construction or infrastructure build-out for the installation of telecommunications services is not supported. For example, if a wall must be removed, a street dug up, or a cable laid, these costs would not be eligible for support.

Internet Access

Internet access is no longer available through the Telecommunications Program. As of Funding Year 2014, support for Internet access charges is available through the Healthcare Connect Fund (HCF) Program.

Healthcare Connect Fund: Please note Attachment 3 for the Products and Services Requested

The Healthcare Connect Fund (“HCF”) Program provides a 65% discount on eligible broadband connectivity expenses (services and network equipment) for eligible rural health care providers (“HCPs”). You can apply as an individual health care provider or as a consortium, i.e., a group of HCPs that can be both rural and non-rural.

Broadband connections to off-site data centers and administrative offices that your facility uses for healthcare purposes are eligible for funding. Specifically, subject to the conditions and restrictions set forth below, we provide support for connections used by eligible HCPs between:

- Eligible HCP sites and off-site data centers or off-site administrative offices,
- Two off-site data centers, or two off-site administrative offices,
- An off-site data center and the public Internet or another network, and
- Between an off-site administrative office and an off-site data center or the public Internet or another network.

If Network Equipment is sought then please use the provided requirements, specifications, and other information as needed to supply:

- New equipment, no sooner than July 1 of the funding year for which reimbursement is sought, unless otherwise noted in writing,
- Optional labor, materials, tools, equipment and services for the installation and use of equipment as requested,
- Supplementary or miscellaneous items, appurtenances and devices incidental to or necessary for a sound, secure and complete installation, whether or not specifically indicated within, and
- Ineligible components should be cost allocated.
- Include a complete inventory documentation upon project completion.

Final approval for purchase may be based upon receipt of a positive Funding Commitment Decision Letter and, or the governing board’s approval.

Eligible Equipment and Services Sought

Consortium applicants may receive support for network facilities that will be constructed and owned by the consortium or eligible HCPs within the consortium. However, HCP-owned infrastructure will only be supported under the HCF Program when the consortium has demonstrated, following the competitive bidding process that solicited bids for both services and construction, either that the needed broadband is unavailable or that the self-construction approach is the most cost-effective option.

The applicant seeks a solution that is compatible with the existing network infrastructure. The proposed solution must provide functionality similar to the functionality of the equipment and services referenced or listed for purchase. Options for all necessary components and the installation thereof, to include initial configuration of equipment provided, connectors and/or licenses should be proposed under HCF. Proposed network equipment must seamlessly integrate into the existing environment and take advantage of capital investments already made.

The following equivalent products services may be eligible for support under the HCF Program: Ethernet, VPN, DIA, Firewall, Internet, Network equipment (servers, switching and wireless), SAN, WAN, and the installation of equipment and/or reoccurring services.

Service Provider Instructions

Service Provider Authorized Response (“SPAR”) Cover Sheet:

Service Provider shall complete the SPAR on the following page and include it as the first page of the Service Provider’s Offer. Bids submitted without a SPAR Cover Sheet may not be evaluated.

In addition to the SPAR, please include all relevant documentation such as but not limited to: Scope(s) of Work, Master Service Agreements, Service Orders, Detail Line Item Pricing, Taxes, and Surcharges, etc.

Proposed contracts or service orders **should** specifically identify the eligible products and services as well as ineligible products and services.

Service Provider Offer:

By submitting an offer, Service Provider Agrees to the Terms and Conditions contained within. If Service Provider’s offer is selected, Kodiak Community Health Center shall award BFC20191115111258 to Service Provider and authorize the SPAR - creating a contract. If required, an authorized and dated Master Service Agreement is encouraged to be submitted with the Service Provider’s offer.

In order to be considered for award any and all terms, conditions and, or contracts required by the Service Provider should be signed, dated and submitted with the ITB Offer. Failure to provide documents may disqualify your offer for services sought. If specific service order cannot be signed due to required information then please provide a sample of required contracts or service orders.

Pricing shall be included with the service provider’s offer by location and/or service. Eligible products and services shall be clearly separated from any and all ineligible products and services.

The successful Bidder shall provide a complete inventory upon project completion. All Invoices shall cross reference the Inventory Documentation provided. In addition, please make sure to reference the invoicing deadlines for both 463s and 467s.

Include your Service Level Agreement (“SLA”) to help the applicant define quality and reliability metrics. These types of technical requirements may prove critical for the applicant in identifying an objective method to determine the most cost effective offering. Please include the expected average latency, in milliseconds, to each site and if Quality of Service (QoS) is offered.

You may reject all the terms and conditions contained herein, and if you do so, please make note of that exception in writing and return a copy of the signed SPAR.

Service Provider Authorized Response - Return this form with ITB Offer

Eligible Entity:	Bethel Family Clinic, Box 1908, 631 Main Street, Bethel, AK 99559
Project Description:	2020-2021 RHC Services, see BFC20191115111258 for Project Details
ITB Number:	BFC20191115111258
ITB Posting Date:	Date Posted by USAC via E-mail - note web posting
ITB Due Date:	28 days after the date posted by USAC
Billed Entity Number:	10892

Service Provider Name:	
Service Provider Address:	
Service Provider City, State and Zip:	
Service Provider Contact Name:	
Service Provider Contact Phone Number:	
Service Provider Contact FAX Number:	
Service Provider Contact E-mail Address:	
State Tax Number(s):	
Federal Tax Identification Number:	
Service Provider SPIN:	

- Please check box to confirm contracts offered meet the requirements listed within the Scope of Work.
- Please check box if you believe your existing evergreen contracts meet the Competitive Bidding Exemptions as permissible with the information published at <https://docs.fcc.gov/public/attachments/FCC-19-78A1.pdf>. If the existing or new contracts do not meet the Competitive Bidding Exemptions please state why.
- Please check box if your SLA and the expected average latency to each location is included within your offer. If the proposed service does not have an SLA, or the expected latency in cannot be accurately reported, simply state the information is not available. Note: If information is not available, the associated offer may not score well.

Pricing shall be included with the service provider's offer by location and/or service. Eligible products and services shall be clearly separated from any and all ineligible products and services.

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation. Signature also certifies understanding and compliance with understanding and compliance to the terms and conditions outlined within the Invitation to Bid. By submitting an offer, I confirm that the proposal is genuine and not sham or collusive, nor made in the interest or behalf of any person not herein named, and that the Bidder has not directly or indirectly induced or solicited any other Bidder to put in a sham bid, or any other person, firm or corporation to refrain from bidding, and that the Bidder has not in any manner sought by collusion to secure for itself an advantage over any other Bidder.

Service Provider Authorized Signature

Date of Service Provider Signature

BFC Authorized Signature

Date of BFC Signature

Attachment 1: Locations

Health Care Provider 10892:	Bethel Family Clinic Box 1908, 631 Main Street Bethel, AK 99559
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Attachment 2: Telecommunications Program Services

Request: 6Mbps MPLS connection to the Medical Cloud or similar/equivalent service.

New services may replace existing services or supplement existing service.

Additional services may be offered / selected.

Include incremental growth options for similar/equivalent services up to 100 Mbps. Please include an option for 25Mbps within the options.

The start location or physical locations of HCP 10892 shall be considered the “A” location for all services.

The circuit termination location or Z locations are the Medical Cloud designed to be resilient, highly available and hardened. The purpose of the Medical Cloud is to provide connectivity and transport to various Healthcare Providers, Partners and Information required to provide services within the community in which the applicant serves.

Please identify any ineligible components required to provide service.

Please include proof of the rural and urban rates in your response.

Contracts may exist for the requested services – options are sought to assure business continuity and mitigate risk. Please include options for growth. Make sure ineligible costs are identified and cost allocated.

All like, similar, and/or equivalent services shall be evaluated.

Attachment 3: Healthcare Connect Fund Services

Service Request: Please include pricing for 6Mbps of Internet Access (or bandwidth).

It may be advantageous for the Internet Access to be equivalent to or match the data transport provided to the Medical Cloud. Please include an option for 25Mbps.

Internet Service: In addition, please provide options up to 100Mbps of symmetric Internet Access.

New services may replace existing services.

Additional services may be offered / selected.

Please identify any ineligible components required to provide service.

Please include proof of the rural and urban rates in your response.

Contracts may exist for the requested services – options are sought to assure business continuity and mitigate risk. Please include options for growth. Make sure ineligible costs are identified and cost allocated.

All like, similar, and/or equivalent services shall be evaluated.

Additional Information

Please make sure to include Service Level Agreement information and estimates on expected latency. Round trip time estimates are fine.

Existing contracts may exist and may be used as bid responses if proposed by the incumbent service provider and allowable under program rules. Please include a cover letter outlining the historical flow of related funding requests so that the logic behind your offer is easily demonstrated.

Click [Telecom Program FRNs](#) to view a sample cover letter that will help reviewers understand support sought in FY2019 Telecommunications Program and how the process used in FY2019 relates to potential funding requests for FY2020. Or to find the information online, simply visit the ADS website by entering the following URL into a browser: http://adsadsi.com/itb_year_23.shtml. Please include Cover Letters as appropriate.

Click [Healthcare Connect Fund FRNs](#) to view a sample cover letter that will help reviewers understand support sought in FY2019 Healthcare Connect Fund and how the process used in FY2019 relates to potential funding requests for FY2020. Or to find the information online simply visit the ADS website by entering the following URL into a browser: http://adsadsi.com/itb_year_23.shtml. Please include Cover Letters as appropriate.

Documentation of Equipment Inventory is only required if equipment is purchased.