General Information

HCP or Consortium: 71234 - Yakutat Community Health Center - Airport

Application Number: RHC46100005073

FCC Registration Number: 0013936448

Address: 115 Airport Road PO Box 418, Yakutat, AK 99689

Application Nickname: 2023-2024_YCHC_Transport

Funding Year: 2023
Funding Priority: Priority 1

Requested Services

Type of Services	Description for Other		Max Download Speed	Min Uplo Speed	adMax Upload Speed	Speed U	Init Allow Bids for Similar Services
Data		100	1000	100	1000	Mbps	Yes
Data		100	1000	100	1000	Mbps	Yes
Will the selected ser	vice(s) support an off-si	te data cent	er?:	No			
Will the selected service(s) support an off-site administrative office?:				Yes			

71714

Dates and Timing

Off-site administrative office:

What is the HCP's desired service contract length?:

Up to 5 Year(s)

Will the HCP consider bids with contract extension language?:

Yes, This is preferred

Will the HCP consider bids for month-to-month contracts?:

What is the HCP's desired time to publicly post this request for services?:

What is the HCP's expected bid evaluation period after the public posting?:

1 Day(s)

Bid Evaluation

Select the criteria that will be used to evaluate the bids collected.

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Cost		35	Percent of low cost service / service cost
Leverage existing resources		20	Reduce Administrative Burden & So ft Costs
Reliability of service		15	Type of Service, such as Dedicated and Symmetric / Resiliency
One vendor solution		15	Internet and Transport Provider
Personnel qualifications, including technical excellence	I	15	Demonstrated/Documented Succes ses/Failures

Does the HCP have any disqualifying factors that will remove bids Yes or bidders from consideration?:

Disqualifying factors:

We prefer to evaluate all offers. SPAM based offers and/or Bid Responses inconsistent with the requirements described within the Invitation to Bid may be disqualified - the failure to provide requested information or documents may disqualify an offer. Bid offers shall be uploaded accordingly or they may be disqualified. Offers submitted late shall not be considered and finally, failure to provide signed documents may disqualify an offer for services sought.

Main Contact

Name	Organization	Title	Phone	Email	Address
Daniel Kettwich	Yakutat Community He	RHC Mana	(281) 465-8888	dkettwich@adsad	d 410 North Jefferson, STE 326
	alth Center - Airport	ger		si.com	STE 326, Mount Pleasant, T
					X 75455

RFP and Summary

Is the HCP likely to request more than \$100 000 in program support from this request for services?:

Do state, Tribal, or local procurement rules require the HCP to include an RFP with this request for services application?:

Will the HCP be including an RFP with this application?:

Summary of the HCP's requested services. :

Point to Point Connections within Yakutat from HCP 71234 to Original/Existing HCP location: 716 Ocean Cape Road, Yakutat, AK 99689 YCHC Administration Facility: 281 Ridge Road Yakutat, AK, 99689

Additional Documentation

Document Type Description for Other Document Uploaded On

Declaration of Assistance

Name Organization Title Employer Nature of Email Telephone
Type RHC Mana ADS
ger Profession dkettwich@adsad (281) 465-8888
al Si.com

Certifications

- ✓ I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or c onsortium.
- ✓ I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowle dge, information, and belief, all statements contained herein and in any attachments are true.
- ✓ I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable stat e, Tribal, or local procurement rules.
- ✓ 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.
- ✓ 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.
- ✓ I certify under penalty of perjury that the applicant seeking support has reviewed and is compliant with all applicable RHC Program requirements.
- ✓ I understand that all documentation associated with this request, including a copy of the signed Request for Service s (FCC Form 461), any bids/contracts resulting from the FCC Form 461 posting, scoring sheet, and other informatio n that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 C FR § 54.631, or as otherwise prescribed by the Commission's rules.
- ✓ 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.
- ✓ I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area a s 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.
- ✓ 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.

Signature

Name: Daniel Kettwich

Email: dkettwich@adsadsi.com

Phone: (281) 465-8888

Employer: ADS Advanced Data Services, Inc.

Title: RHC Manager
Employer's FCC RN: 0015361231
Certifier's Full Name: Daniel Kettwich
Digital Signature: Daniel Kettwich

Date and time: 2/10/2023 3:01 AM EST