

## General Information

**HCP or Consortium:** 11023 - Council of Athabascan Tribal Governments-Yukon Flats Health Center  
**Application Number:** RHC46100005230  
**FCC Registration Number:** 0013945613  
**Address:** E. 3rd & Birch Street , Fort Yukon, AK 99740  
**Application Nickname:** 461\_CATG\_2023-24\_Secondary  
**Funding Year:** 2023  
**Funding Priority:** Priority 1

## Requested Services

Type of Services	Description for Other	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Speed Unit	Allow Bids for Similar Services
Data		50	1000	50	1000	Mbps	Yes

**Will the selected service(s) support an off-site data center?:** No

**Will the selected service(s) support an off-site administrative office?:** No

## Dates and Timing

**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?:** Yes  
**What is the HCP's desired time to publicly post this request for services?:** 28 Day(s)  
**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		40	Percent of low-cost service / service cost
Environmental objectives		15	Location Outdoor and Indoor Equipment must meet Environmental Concerns
One vendor solution		15	Prefer a single Telecom/ISP Service Provider for Secondary Service
Leverage existing resources		15	Reduce Administrative Burden & Soft Costs
Quality of transmission		15	Latency

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

**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	Council of Athabaskan Tribal Governments-Yukon Flats Health Center	RHC Manager	(281) 465-8888	dkettwich@adsadsi.com	410 North Jefferson, STE 326 STE 326, Mount Pleasant, TX 75455

# RFP and Summary

**Is the HCP likely to request more than \$100 000 in program support from this request for services?:** No

**Do state, Tribal, or local procurement rules require the HCP to include an RFP with this request for services application?:** No

**Will the HCP be including an RFP with this application?:** No

**Summary of the HCP's requested services. :**

Internet Services

## Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Other	LOA	TPA 11015 11016 11017 11018 11019.pdf	2/17/2023 2:08 PM EST

## Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Daniel Kettwich	Consultant	RHC Manager	ADS	Professional	dkettwich@adsadsi.com	(281) 465-8888

## Certifications

- ✓ I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
- ✓ 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.
- ✓ I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, 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 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.
- ✓ 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 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.
- ✓ 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

<b>Name:</b>	Daniel Kettwich
<b>Email:</b>	dkettwich@adsadsi.com
<b>Phone:</b>	(281) 465-8888
<b>Employer:</b>	ADS Advanced Data Services, Inc.
<b>Title:</b>	RHC Manager
<b>Employer's FCC RN:</b>	0015361231
<b>Certifier's Full Name:</b>	Daniel Kettwich
<b>Digital Signature:</b>	Daniel Kettwich
<b>Date and time:</b>	2/17/2023 2:10 PM EST