### **General Information**

HCP or Consortium:	23493 - Central Peninsula Kenai Health Center
Application Number:	RHC46100010235
FCC Registration Number:	0006303416
Address:	630 BARNACLE WAY STE A , KENAI, AK 99611
Application Nickname:	2024-25_CPKHC-Kenai-630
Funding Year:	2024
Funding Priority:	Priority 1

## **Requested Services**

Type of Services	<b>Description for Other</b>	Min	Max	Min Uplo	adMax	Speed U	nit Allow Bids
		Download Speed	Download Speed	Speed	Upload Speed		for Similar Services
Data		10	1000	10	1000	Mbps	Yes
Data		10	1000	10	1000	Mbps	Yes
Installation							
Will the selected service(s) support an off-site data center?:							
Will the selected service(s) support an off-site administrative office?:			ative	No			

## **Dates and Timing**

What is the HCP's desired service contract length?:	Up to 3 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	Like Services Based on Percentage of Cost
Bandwidth		20	Network Design, to include Dedicate d and Symmetric
Contract modification provisions	)	20	Provisions to include SLA, Start Dat e and Locations
Leverage existing resources		20	Reduce Administrative Burden & So ft Costs

**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. Offer 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	Central Peninsula Kena	a RHC Mana	(281) 465-8888	dkettwich@adsa	d Post Office Box 117 , Saltillo,
	i Health Center	ger		si.com	TX 75478

### **RFP and Summary**

services?:	
Do state, Tribal, or local procurement rules require the HCP to include an RFP with this No.	0
request for services application?: Will the HCP be including an RFP with this application?: No	0

Summary of the HCP's requested services. :

A dedicated and symmetric Internet service is preferred but best effort services shall be considered. Static IPs are strongly requested.

### **Additional Documentation**

Document Type Description for Other

Document

Uploaded On

#### **Declaration of Assistance**

Name	Organization Type	Title	Employer	Nature of Relationsh		Telephone
Daniel Kettwich	Consultant	RHC Mana ger	ADS Advan ced Data S ervices, Inc	al	dkettwich@adsa si.com	d (281) 465-8888
Serenity Byrd	Consultant	RHC Mana ger	ADS Advan ced Data S ervices, Inc	al	sbyrd@adsadsi.o om	c (281) 465-8888
Wendy Minor	Consultant	RHC Mana ger	ADS Advan ced Data S ervices, Inc	al	wminor@adsads .com	i (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 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 reasonabl y related to the provision of health care service or instruction that the health care provider is legally authorized to pr ovide 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 o r 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:	2/8/2024 1:06 PM EST