### **General Information**

| HCP or Consortium:       | 13014 - SEARHC - Thorne Bay Health Center               |
|--------------------------|---|
| Application Number:      | RHC46100010503  |
| FCC Registration Number: | 0001571827  |
| Address:                 | Post Office Box 19290 120 Freeman, Thorne Bay, AK 99919 |
| Application Nickname:    | 2024-25_SEARHC-ThorneBay-120                            |
| Funding Year:            | 2024  |
| Funding Priority:        | Priority 1  |

### **Requested Services**

| Type of Services   | Description for Other |    | Max<br>Download<br>Speed | Min Uploa<br>Speed | adMax<br>Upload<br>Speed | Speed Ur | nit Allow Bids<br>for Similar<br>Services |
|--|-----------------------|----|--------------------------|--------------------|--------------------------|----------|---|
| Data   |                       | 10 | 1000                     | 10                 | 1000                     | Mbps     | Yes                                       |
| Data<br>Installation   |                       | 10 | 1000                     | 10                 | 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?: |                       |    | ative                    | No                 |                          |          |   |

## **Dates and Timing**

| What is the HCP's desired service contract length?:                         | Up to 1 Year(s)        |
|---|------------------------|
| Will the HCP consider bids with contract extension language?:               | Yes                    |
| Will the HCP consider bids for month-to-month contracts?:                   | Yes, This is preferred |
| 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<br>Weight (%) | Minimum Requirement                                  |
|----------------------------------|-------------|--------------------------|--|
| Cost                             |             | 40                       | Like Services Based on Percentage<br>of Cost         |
| Bandwidth                        |             | 20                       | Diversity between Primary and Seco<br>ndary Service  |
| Contract modification provisions | 0           | 10                       | Contract Term, Extensions and Provisions (locations) |
| Leverage existing resources      |             | 20                       | Reduce Administrative Burden & So ft Costs           |
| Quality of transmission          |             | 10                       | Latency  |

**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 | SEARHC - Thorne Bay | RHC Mana | a (281) 465-8888 | dkettwich@adsa | d Post Office Box 117 , Saltillo, |
|                 | Health Center       | ger      |                  | si.com         | TX 75478                          |

### **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. :

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<br>Type | Title           | Employer                                | Nature of<br>Relationsh |                           | Telephone        |
|-----------------|----------------------|-----------------|---|-------------------------|---------------------------|------------------|
| Daniel Kettwich | Consultant           | RHC Mana<br>ger | ADS Advan<br>ced Data S<br>ervices, Inc |                         | dkettwich@adsac<br>si.com | d (281) 465-8888 |
| Serenity Byrd   | Consultant           | RHC Mana<br>ger | ADS Advan<br>ced Data S<br>ervices, Inc | al                      | sbyrd@adsadsi.c<br>om     | e (281) 465-8888 |
| Wendy Minor     | Consultant           | RHC Mana<br>ger | ADS Advan<br>ced Data S<br>ervices, Inc | al                      | wminor@adsadsi<br>.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 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:         | 2/16/2024 10:46 PM EST           |
|                        |                                  |