### **General Information**

**HCP or Consortium:** 119040 - SEARHC - Haines Dental Clinic

Application Number: RHC46100010765

FCC Registration Number: 0001571827

Address: 230 Dalton Street Suite 102, Haines, AK 99827

**Application Nickname:** 2024-25 SEARHC-Haines-230

Funding Year: 2024
Funding Priority: Priority 1

# **Requested Services**

Type of Services	<b>Description for Other</b>	Min	Max	Min UploadMax		Speed Unit Allow Bids	
		Download	Download	Speed	Upload		for Similar
		Speed	Speed		Speed		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?: No

Will the selected service(s) support an off-site administrative No

office?:

## **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?:

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 Weight (%)	Minimum Requirement
Cost		40	Like Services Based on Percentage of Cost
Quality of transmission		10	Latency
Leverage existing resources		20	Reduce Administrative Burden & So ft Costs
Contract modification provisions	)	10	Contract Term, Extensions and Provisions (locations)
Bandwidth		20	Diversity between Primary and Secondary Service

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	SEARHC - Haines Den	t RHC Mana	(281) 465-8888	dkettwich@adsad	d Post Office Box 117, Saltillo,
	al Clinic	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?:

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. :

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 Advanced Data S ervices, Inc	al	dkettwich@adsacsi.com	d (281) 465-8888
Serenity Byrd	Consultant	RHC Mana ger	ADS Advanced Data Services, Inc	al	sbyrd@adsadsi.c om	(281) 465-8888
Wendy Minor	Consultant	RHC Mana ger	ADS Advanced Data S ervices, Inc	al	wminor@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 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 information 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

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

**Date and time:** 3/10/2024 12:53 PM EDT