General Information

HCP or Consortium: 11580 - IHS/ABQ Alamo Hlth Ctr

Application Number: RHC46100016696 **FCC Registration Number:** 0010004588

Address: 30 mi. NM Magdalena, Hwy 69, left mi HC64 Box 9, Magdalena, NM 87825

Application Nickname: FY25 Alamo Navaho Health Center

Funding Year: 2025
Funding Priority: Priority 1

Requested Services

| Type of Services | Description for Other | Min | Max | Min UploadMax | | Speed Unit Allow Bids | |
|------------------|------------------------------|----------|----------|---------------|--------|------------------------------|-------------|
| | | Download | Download | Speed | Upload | | for Similar |
| | | Speed | Speed | | Speed | | Services |
| Data | | 100 | 1000 | 100 | 1000 | Mbps | Yes |
| Data | | 25 | 1000 | 3 | 1000 | Mbps | Yes |
| Data | | 10 | 1000 | 1 | 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?:

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?:

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?:

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 |
|-----------------------------|--------------------|--------------------------|--|
| Price | | 40 | Like Services Based on Percentage of Price |
| Leverage existing resources | | 30 | Reduce Administrative Burden & So ft Costs |
| Other | Network Resilience | 30 | Network Design to Include Diverse Technologies |

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 | IHS/ABQ Alamo HIth C | RHC Mana | 2814658888 | dkettwich@adsad | Post Office Box 117, Saltillo, |
| | tr | 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. :

Seeking to source a cost-effective Internet Access connections for complex network design. Resilience (diverse technologies like Ethernet, DSL or Similar Service) in the overall network design is important. Multiple awards are expected.

Additional Documentation

Document Type Description for Other Document Uploaded On

Declaration of Assistance

| Name | Organization | Title | Employer | Nature of | Email | Telephone |
|-----------------|--------------|-----------------|-----------------------------|-----------|-----------------------|----------------------|
| | Туре | Relationship | | | | |
| Daniel Kettwich | Consultant | RHC Mana ger | ADS Advanced Data S ervices | | dkettwich@a si.com | adsad (281) 465-8888 |
| Wendy Minor | Consultant | RHC MAna ger | ADS Advanced Data S ervices | | wminor@ad: .com | sadsi (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 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: 2814658888

Employer: ADS Advanced Data Services

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

Date and time: 5/11/2025 11:29 PM EDT