

**Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Request for Services Form**

USAC Internal Use Only	
FCC Form 461 Application Number: 100041227	FCC Form 460 Number: 16031-00002
Posting Start Date: 03/17/2020	Posting End Date: 04/14/2020
Allowable Contract Selection Date (ACSD): 04/15/2020	Form 461 Friendly Name: 2020-21 75/20 Clinic/Admin

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year 2020	2 HCP Number 16031	
3 Site Name/Consortium Name Kodiak Community Health Center		
4 Address Line 1 1911 E REZANOF DR		
5 Address Line 2	6 County Kodiak Island	
7 City KODIAK	8 State AK	9 Zip Code 99615
Geolocation		

Block 2: Individual HCP Site Request for Services		
10 <input checked="" type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. Uploaded document: ITB_RHC_FY23_KCHC.pdf <input type="checkbox"/> Applicant has not and will not prepare an RFP.		
10a Requested contract period <u>MTM or up to 5 year contract with voluntary extensions not to exceed 5 years.</u>		
10b Expected bid evaluation period <u>1</u>		
11 Number of days USAC should post: <u>28</u> Posting end date: <u>28 days until posting</u>		
12 Category of Expense Requested (check all applicable): <input type="checkbox"/> Network Equipment <input checked="" type="checkbox"/> Leased/Tariffed Facilities or Services		
Identify Anticipated Application(s) and Use(s) of the Supported Connection		
The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.		
(Select all that apply. Describe usage level and usage period for all selected.)		
Capability	Usage Level	Usage Period
<u>Category: Interactive</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Real-time remote examination, consultation, and/or monitoring		
<input type="checkbox"/> Video conferencing		
<input type="checkbox"/> Voice service		
<input type="checkbox"/> Other (describe): _____		
<u>Category: Transactional</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Internet access		

<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Other (describe): _____		
Category: Bulk		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Transmission of store and forward consultations		
<input type="checkbox"/> Other (describe): _____		
Category: Miscellaneous		
<input type="checkbox"/> Backup/redundant connectivity		
<input type="checkbox"/> Other (describe): _____		
12b Applicant requesting services for an off-site data center:	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If yes, provide HCP Number(s):		
12c Applicant requesting services for an off-site administrative office	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If yes, provide HCP Number(s): 23496		
13 Contact for Request for Services:	<input type="radio"/> Same as HCP Physical Location Contact	<input type="radio"/> Same as HCP Primary Account Holder
		<input checked="" type="radio"/> Other
13a If other, provide full contact information:		
Contact Name Dan Kettwich	Organization Name Advanced Data Services	
Contact Name Title RCH Manager	Email dkettwich@adsadsi.com	
Phone (281) 465-8888 Ext.	Fax (888) 802-6248	
Address Line 1 POBox 117		
Address Line 2		
City Saltillo	State TX	Zip Code 75478
Block 3: Consortium Request for Services		
14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):		
15 Indicate whether the Consortium plans to utilize an RFP:		
<input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a.		
<input type="checkbox"/> Applicant has not and will not prepare an RFP.		
15a Applicant is submitting an RFP because:		
<input type="checkbox"/> It is seeking more than \$100,000 in program support	<input type="checkbox"/> Of state, Tribal, or local procurement rules	
<input type="checkbox"/> It is seeking support for infrastructure	<input type="checkbox"/> The applicant has elected to use an RFP	
15b Requested contract period		
15c Expected bid evaluation period		
16 Number of Days Posted:		
Number of days USAC should post: _____ Posting end date: _____		
17 Category of Expense Requested:		
<input type="checkbox"/> Network Design	<input type="checkbox"/> Leased/Tariffed Facilities or Services	
<input type="checkbox"/> Network Equipment	<input type="checkbox"/> Network Management/Maintenance/Operations Cost (not captured elsewhere)	
<input type="checkbox"/> Infrastructure/Outside Plant		
17a If requesting only Infrastructure/Outside Plant, enter FCC Form 461 Application Number in which the Consortium previously requested Leased/Tariffed Facilities or Services.		
FCC Form 461 Application Number:		
<input type="checkbox"/> I certify that the prior FCC Form 461 resulted in no responsive bids.		

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):

19 Contact for Request for Services:
 Same as Project Coordinator Same as Assistant Project Coordinator Other

If other, provide full contact information:

Contact Name	Organization Name	
Contact Name Title	Email	
Phone	Ext.	Fax
Address Line 1		
Address Line 2		
City	State	Zip Code

Block 4: Declaration of Assistance

20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?
 Yes No

21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.

a. Name Dan Kettwich	b. Organization Type CONSULTANT
c. Title/Role RCH Manager	d. Employer Advanced Data Services
e. Address Line 1 POBOX 117	
f. Address Line 2	
g. City Salitto	h. State TX i. Zip Code 75478
Phone (281) 465-8888 Ext.	Email dkettwich@adsadsi.com

Block 5: Bid Evaluation

22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary).

Criteria	Weight
a. Cost	35
b. Leverage Existing Resources	20
c. Contract modification provisions	15
d. Management capability, including solicitation compliance	10
e. Prior experience, including past performance	10
f. Reliability of Service	10
g.	
h.	

Block 6: Additional Documentation

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

Type of Documentation
a. OTHER (TPA) Document: TPA 16031.pdf
b.
c.
d.
e.

Block 7: Certifications

24	<input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
25	<input checked="" type="checkbox"/>	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.
26	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, Tribal, or local procurement rules.
27	<input checked="" type="checkbox"/>	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.
28	<input checked="" type="checkbox"/>	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.
29	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant seeking support has reviewed and is compliant with all applicable RHC Program requirements.
30	<input checked="" type="checkbox"/>	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.
	<input checked="" type="checkbox"/>	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.
	<input checked="" type="checkbox"/>	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.
	<input checked="" type="checkbox"/>	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.
31	Signature	32 Date Sat Mar 07 19:03:17 EST 2020
33	Printed Name of Authorized Person Carol Austerman	
34	Title/Position of Authorized Person Compliance & Regulatory Director	
35	Phone (907) 481-5002 Ext.	36 Email causterman@kodiakchc.org
37	Employer Kodiak Island HealthCare Foundation	38 Employer's FCC RN 0014882484

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507