

## General Information

**HCP or Consortium:** 17234 - New England Telehealth Consortium  
**Application Number:** RHC46100016488  
**FCC Registration Number:** 0017720897  
**Address:** 41 PLEASANT ST , BANGOR, ME 04401  
**Application Nickname:** NETC-RFP-3298 Greater Portland Health  
**Funding Year:** 2025  
**Funding Priority:** Priority 7

### Consortium Participating Sites

HCP Number	Name	LOA Expiry
80910	100 Brick Hill Avenue	02/09/2029
80924	63 Preble Street	02/09/2029
132434	Greater Portland Health/South Portland High School	02/09/2029
81360	211 Cumberland Avenue	02/09/2029
35457	Portland Community Health Center at Riverton Park	02/09/2029
81406	Casco Bay High School School Based Health Center	02/09/2029
81400	Deering High School School Based Health Center	02/09/2029
132429	Greater Portland Health/ 295 Park Ave	02/09/2029
132432	Greater Portland Health/934 Congress Street	02/09/2029
132435	Greater Portland Health/Westbrook High School	02/09/2029
81377	Portland High School School Based Health Center	02/09/2029
81386	King Middle School School Based Health Center	02/09/2029
132431	Greater Portland Health/Sagamore Village	02/09/2029
132433	Greater Portland Health/654 Riverside	02/09/2029
132436	Greater Portland Health/South Portland Middle School	02/09/2029

## Requested Services

Type of Services	Description for Other	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Speed Unit	Allow Bids for Similar Services
Construction							
Data		.768	100000.00	.768	100000.00	Mbps	Yes
Equipment							
Installation							
Network Management Services							

## 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

<b>Will the HCP consider bids for month-to-month contracts?:</b>	Yes
<b>What is the HCP's desired time to publicly post this request for services?:</b>	28 Day(s)
<b>What is the HCP's expected bid evaluation period after the public posting?:</b>	7 Day(s)

## Bid Evaluation

Select the criteria that will be used to evaluate the bids collected.

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	20
Other	Compliance with HCF Payment Process	20	20
Other	Ease of Implementation	20	20
Other	Experience with Vendor	20	20
Other	Technical Merit of Proposal	20	20

**Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?:** Yes

**Disqualifying factors:**

Proposals will be disqualified if an electronic copy, in either Microsoft Word or Portable Document Format (preferred), is not received prior to the Allowable Contract Selection Date (ACSD) listed on USAC's website; unless no other proposals are received.

## Main Contact

Name	Organization	Title	Phone	Email	Address
Brian Thibeau	New England Telehealth Consortium	President	2079411040	bthibeau@outlook.com	41 Pleasant Street , Bangor, ME 04401

## RFP and Summary

**Is the HCP likely to request more than \$100 000 in program support from this request for services?:** Yes

**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?:** Yes

NETC - RFP3298 Greater Portland Health Services 250414-01.pdf

**Summary of the HCP's requested services. :**

Internet and Network Management Services

## Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		NETC - Network Plan v160606.02.pdf	4/15/2025 10:32 AM EDT

## Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Bill Jenkins	Consultant	Project Manager	HealthConnect Networks	Consultant	rfp@healthconnectnetworks.com	(207) 922-4120
Chris Gelo	Consultant	Network Engineer	HealthConnect Networks	Consultant	Chrisgelo@healthconnectnetworks.com	(207) 922-4120

## Certifications

- ✓ I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
- ✓ 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.
- ✓ I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, 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 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.
- ✓ 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 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.
- ✓ 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

<b>Name:</b>	Brian Thibeau
<b>Email:</b>	bthibeau@outlook.com
<b>Phone:</b>	2079411040
<b>Employer:</b>	New England Telehealth Consortium
<b>Title:</b>	President
<b>Employer's FCC RN:</b>	0017720897
<b>Certifier's Full Name:</b>	Brian Thibeau
<b>Digital Signature:</b>	Brian Thibeau
<b>Date and time:</b>	4/15/2025 1:10 PM EDT