General Information

HCP or Consortium: 17268 - Western New York Rural Area Health Education Center, Inc.
Application Number: RHC46100022074
FCC Registration Number: 0017512393
Address: 20 DUNCAN ST , WARSAW, NY 14569-1017
Application Nickname: RBHN HCF FY2026-08
Funding Year: 2026
Funding Priority: Priority 4

Consortium Participating Sites

HCP Number	Name	LOA Expiry
23821	United Memorial Medical Center	12/31/2028
58397	RRH - Riedman Campus	12/31/2028

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
Data		5000	15000	5000	15000	Mbps	Yes
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
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?: 28 Day(s)
What is the HCP's expected bid evaluation period after the public posting?: 14 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	
Other	Vendor Support and Technical Assistance	25	Minimum Score of 12
Leverage existing resources		30	Minimum Score of 12
Other	Adequacy of Proposal	15	Minimum Score of 7

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

Disqualifying factors: Please see RFP Document for disqualification factors.

Main Contact

Name	Organization	Title	Phone	Email	Address
Peter Appleton	Western New York Rural Area Health Education Center, Inc.	Program Manager	(585) 786-6275	pappleton@r-ahec.org	20 Duncan Street , Warsaw, NY 14569

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

RBHN HCF RFP FY2026-08.pdf
RFP-FY2026-08-Locations-For-Vendors.xlsx

Summary of the HCP's requested services. :

Recurring and nonrecurring costs associated with broadband and dark fiber (or equivalent) services, equipment, and the installation & provisioning thereof.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan FY2026.pdf	2/18/2026 1:50 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone

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

Name:	Peter Appleton
Email:	pappleton@r-ahec.org
Phone:	(585) 786-6275
Employer:	Western New York Rural Area Health Education Center, Inc.
Title:	Program Manager
Employer's FCC RN:	0017512393
Certifier's Full Name:	Peter Appleton
Digital Signature:	Peter Appleton
Date and time:	2/18/2026 3:06 PM EST