

## General Information

**HCP or Consortium:** 11917 - NSB - Village Health Clinic - Kaktovik  
**Application Number:** RHC46100021980  
**FCC Registration Number:** 0014046643  
**Address:** 529 Fifth Street , Kaktovik, AK 99747  
**Application Nickname:** NSB-Kaktovik-Internet  
**Funding Year:** 2026  
**Funding Priority:** Priority 1

## 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 Equipment Installation                                              |                                                             | 8                  | 1000               | 8                | 1000             | Mbps       | Yes                             |
| Other                                                                    | Virtual Private Network (VPN) or similar (managed Firewall) | 1                  | 1000               | 1                | 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 office?: |                                                             |                    |                    | No               |                  |            |                                 |

## 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, 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                             |
|-----------------------------|--------------------|-----------------------|-------------------------------------------------|
| Price                       |                    | 40                    | Like Services Based on Percentage of Price      |
| Other                       | Network Resilience | 15                    | Network Design to Include Diverse Paths         |
| Technical support           |                    | 15                    | Provider Help Desk, Fully Staffed 24 x7x365 NOC |
| Leverage existing resources |                    | 30                    | Reduce Administrative Burden & Soft Costs       |

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

**Disqualifying factors:**

The determination of whether an offer is responsive, complete, and compliant with the requirements of this ITB shall be made solely at the discretion of the designated evaluators. Such determinations shall be final and not subject to appeal or further review. Offers may be deemed non-responsive and disqualified, in whole or in part, for any reason identified by the evaluators, including but not limited to unsolicited or SPAM-based submissions, failure to follow required submission procedures, failure to provide requested information, certifications, or documentation, failure to submit required signed documents, material inconsistencies with ITB requirements, or submission after the stated deadline.

## Main Contact

| Name            | Organization                           | Title       | Phone      | Email                 | Address                                  |
|-----------------|----------------------------------------|-------------|------------|-----------------------|------------------------------------------|
| Daniel Kettwich | NSB - Village Health Clinic - Kaktovik | RHC Manager | 2814658888 | dkettwich@adsadsi.com | Post Office Box 117 , Saltillo, TX 75478 |

## RFP and Summary

**Is the HCP likely to request more than \$100 000 in program support from this request for services?:** No

**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?:** No

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

An Internet service that brings resilience (diverse path) to the overall network design and potential support for EMS, patient and/or guest networks consistent with the Bid Evaluation Criteria is preferred. Best effort services shall be considered and Static IPs are requested. Please include a description of the installation process, maintenance and operational support to include VPN style services (considered either Data or Network Management Services, as described on the Examples of Common Products and Services document published by USAC) in your response. Multiple awards may be made and all applicable federal and state laws shall be observed.

## Additional Documentation

| Document Type | Description for Other | Document | Uploaded On |
|---------------|-----------------------|----------|-------------|
|---------------|-----------------------|----------|-------------|

## Declaration of Assistance

| Name            | Organization Type | Title       | Employer                         | Nature of Relationship | Email                 | Telephone      |
|-----------------|-------------------|-------------|----------------------------------|------------------------|-----------------------|----------------|
| Serenity Byrd   | Consultant        | RHC Manager | ADS Advanced Data Services, Inc  | Consultant             | sbyrd@adsadsi.com     | (281) 465-8888 |
| Daniel Kettwich | Consultant        | RHC Manager | ADS Advanced Data Services, Inc. | Consultant             | dkettwich@adsadsi.com | (281) 465-8888 |
| Wendy Minor     | Consultant        | RHC Manager | ADS Advanced Data Services, Inc. | Consultant             | 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 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>                  | Serenity Byrd                   |
| <b>Email:</b>                 | sbyrd@adsadsi.com               |
| <b>Phone:</b>                 | 2814658888                      |
| <b>Employer:</b>              | ADS Advanced Data Services, Inc |
| <b>Title:</b>                 | RHC Manager                     |
| <b>Employer's FCC RN:</b>     | 0015361231                      |
| <b>Certifier's Full Name:</b> | Serenity Byrd                   |
| <b>Digital Signature:</b>     | Serenity Byrd                   |
| <b>Date and time:</b>         | 2/11/2026 5:51 PM EST           |