

General Information

HCP or Consortium: 16189 - Stanton Health Center
Application Number: RHC46100022297
FCC Registration Number: 0020649604
Address: 17 First Street East , Stanton, TN 38069
Application Nickname: STANTON HEALTH CENTER 461
Funding Year: 2026
Funding Priority: Priority 2

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		50	50	50	50	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?:				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, This is preferred
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?: 30 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		65	
Quality of transmission		10	Must have good quality transmission for Medical Data
Reliability of service		20	Service must be down <5%
Technical support		5	Technical Support must be available 24/7, 365

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?: No

Main Contact

Name	Organization	Title	Phone	Email	Address
Linda Lovelace	Stanton Health Center	Chief Financial Officer	(731) 659-3125	linda.lovelace@hardemanhealth.org	P O Box 720 , Bolivar, TN 38008

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. :

Good quality data services for transmitting and receiving medical information.

Additional Documentation

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

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:	:Linda Lovelace
Email:	linda.lovelace@hardemanhealth.org
Phone:	(731) 659-3125
Employer:	Hardeman County Community Health Center
Title:	Chief Financial Officer
Employer's FCC RN:	0020649604
Certifier's Full Name:	:Linda Lovelace
Digital Signature:	:Linda Lovelace
Date and time:	2/25/2026 3:04 PM EST