General Information

HCP or Consortium: 14698 - Missouri Primary Care Association Consortium
Application Number: RHC46100022374
FCC Registration Number: 0014415319
Address: 3325 EMERALD LN STE B , JEFFERSON CITY, MO 65109-6970
Application Nickname: FY26 SEMO
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
15455	SEMO Health Network - Bernie Medical Center	12/31/2028
15457	New Madrid Wellness Clinic	12/31/2028
15459	Sikeston Medical Clinic	12/31/2028
34852	SEMO Health Network-Sikeston Dental Center	12/31/2028
34853	SEMO Health Network- Benton Medical Center	12/31/2028
34857	SEMO Health Network- Otto Bean Dental Center	12/31/2028
44060	SEMO Health Network - East Prairie Dental Center	12/31/2028
60861	SEMO Health Network-Caruthersville Medical & Dental Center	12/31/2028
132456	New Madrid Medical Center	12/31/2028
132457	SEMO Health Network - Benton Corporate Office	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		1	1000	1	1000	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
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?: 1 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	
Other	Willingness and Ability to Reimburse Early Termination Fees or Buy Out Incumbent Contract Points	20	Bidders must provide a clear statement in their proposal indicating the maximum amount (if any) they are willing to reimburse for such fees, along with any conditions. Actual reimbursement will be subject to negotiation and verification of documented fees upon contract award.
Other	Prior experience, including past performance	20	Past performance or minimum of 2 references
Reliability of service		10	Past performance or SLA consideration
One vendor solution		10	One bill; one contact solution for all sites
Other	Scalability; number of locations served	10	Experience serving numerous locations
Contract modification provisions		10	Consideration of early termination fees

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Jennifer Hibbs	Missouri Primary Care Association Consortium	Consultant	8165078970	jenhibbs@icevolutionllc.com	6100 NW 78th Street , Kansas City, MO 64151

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?: Yes

FY26 MPCA CONSORTIUM RFP SEMO.pdf

Summary of the HCP's requested services. :

THE CONSORTIUM IS SEEKING EQUIPMENT, INSTALLATION AND MANAGED NETWORK SERVICES FOR SEMO LOCATIONS.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		MPCA Consortium Network Plan FY 26.pdf	3/1/2026 11:51 AM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Jennifer Hibbs	Consultant	Consultant	Integrity Consulting Evolution, LLC	Consultant	jenhibbs@icevolutionllc.com	(816) 507-8970

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:	Jennifer Hibbs
Email:	jenhibbs@icevolutionllc.com
Phone:	8165078970
Employer:	Integrity Consulting Evolution, LLC
Title:	Consultant
Employer's FCC RN:	0027267160
Certifier's Full Name:	Jennifer Hibbs
Digital Signature:	Jennifer Hibbs
Date and time:	3/1/2026 11:52 AM EST