General Information

HCP or Consortium: 17212 - CHA Broadband Services
Application Number: RHC46100021875
FCC Registration Number: 0017424656
Address: 1700 N LINCOLN ST STE 3030 , DENVER, CO 80203-4530
Application Nickname: RFP 57_Spanish Peaks_FY26
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
17458	SPRM - Spanish Peaks Regional Health Center	06/30/2028
39646	SPRM - La Veta Clinic	06/30/2028
23980	Spanish Peaks Regional Health Center - Outreach and Women 's Clinic	06/30/2028

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		25	500	25	500	Mbps	Yes
Equipment							
Network Management S ervices							
Installation							

Dates and Timing

What is the HCP's desired service contract length?: Up to 5 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, 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?: 28 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		25	12.5
Other	Implementation Timeframe	20	10
Other	Suitability to Health Care Provider's Goals	20	10
Other	Service Level Agreements (SLA)	20	10
Other	Compliance with the terms of this RFP	15	7.5

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

Disqualifying factors:

Proposals will be evaluated based on the rubric below. If CHABS determines that a bid received meets minimum requirements but does not represent the most cost-effective solution, that bid can be disqualified regardless of being the lowest cost. Further, any bids that fail to address one or more of the criteria listed below, will be disqualified. Finally, any bid received that does not comply with the contracting provisions listed in section 9 of this RFP, in whole or in part, will be disqualified.

Main Contact

Name	Organization	Title	Phone	Email	Address
Rob Jenkins	CHA Broadband Services	Sr Director Broadband Services	-7203306021	rob.jenkins@cha.com	1700 Lincoln Street, Suite 3030 , Denver, CO 80203

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

HCF-FY2026_RFP 57_Spanish Peaks_FY26.pdf

Summary of the HCP's requested services. :

Support various health care related activities; access to mission critical systems (EMR); transmission, retrieval and exchange of data and/or radiology images.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		02_CHABS Network Plan 2026.pdf	2/5/2026 6:59 PM EST
Other	Contracting Diagram	03_Contracting Diagram.pdf	2/5/2026 6:59 PM EST
Other	Evaluation Staff	01_CHA Broadband Services Staff 2026.pdf	2/5/2026 6:59 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:	Jack Miller
Email:	jack.miller@cha.com
Phone:	7203306008
Employer:	CHA
Title:	Program Coordinator
Employer's FCC RN:	
Certifier's Full Name:	Jack Miller
Digital Signature:	Jack Miller
Date and time:	2/5/2026 7:00 PM EST