General Information

HCP or Consortium: 11044 - South Lyon Medical Center
Application Number: RHC46100021864
FCC Registration Number: 0001588987
Address: 213 S WHITACRE ST # 940 , YERINGTON, NV 89447-2561
Application Nickname: NV SLMC FY26
Funding Year: 2026
Funding Priority: Priority 3

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		5	10000	5	10000	Mbps	Yes
Installation							
Equipment							

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
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		40	Cost of RHC eligible products and services
Other	Prior Experience	35	Experience with similar projects and references; Experience with this applicant
Other	Installation and Timeline	25	Provide a plan for the build-out to remove or reduce downtime for applicant; Projected timeline for completion of project, and goals for meeting said timeline

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

Disqualifying factors:

- If the vendor is under FCC red light status, does not have an FCC Form 498 ID/SPIN, or does not have Box 18 on Form 498 checked to take part in the RHC Program, applicant reserves the right to disqualify the proposal. - If the vendor is not able to commence service by July 1, 2026, the proposal may be disqualified in whole or in part by the applicant health care provider. - Vendor must specify any/all upfront costs including implementation fees, construction, installation, configuration, etc. - Applicant reserves the right to reject proposals that do not include specific information regarding upfront costs.

Main Contact

Name	Organization	Title	Phone	Email	Address
Marci White	South Lyon Medical Center	Owner	(405) 600-4676	mwhite@redbudtelecomconsulting.org	2160 N. Main St, Ste C65 , Newcastle, OK 73065

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. :
Internet access for HCP location listed on this Form 461.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Marci White	Consultant	Owner	Redbud Telecom Consulting	Consultant	mwhite@redbudtelecomconsulting.org	(405) 600-4676

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:	Marci White
Email:	mwhite@redbudtelecomconsulting.org
Phone:	(405) 600-4676
Employer:	Redbud Telecom Consulting
Title:	Owner
Employer's FCC RN:	0028639441
Certifier's Full Name:	Marci White
Digital Signature:	Marci White
Date and time:	2/5/2026 3:10 PM EST