General Information

HCP or Consortium: 33881 - Mississippi Primary Health Care Association
Application Number: RHC46100022218
FCC Registration Number: 0023021629
Address: 6400 LAKEOVER RD , JACKSON, MS 39213
Application Nickname: MPHCA - FHCC
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
34170	FHCC_Pearl	06/30/2028
119508	FHCC_Flowood2	06/30/2028
34183	FHCC_Rogersville_AL	06/30/2028
34182	FHCC_Muscle Shoals_AL	06/30/2028
34184	FHCC_Russellville_AL	06/30/2028
34180	FHCC_Decatur_AL	06/30/2028
34185	FHCC_Town Creek_AL	06/30/2028
34167	FHCC_Mendenhall	06/30/2028
34171	FHCC_Pelahatchie	06/30/2028
34176	FHCC_Tylertown	06/30/2028
119391	FHCC Flowood Airport Road	06/30/2028
34164	FHCC_Grenada	06/30/2028
34178	FHCC_Winona	06/30/2028
45803	FHCC_Water Valley	06/30/2028
34174	FHCC_Raleigh	06/30/2028
34168	FHCC_Monticello	06/30/2028
33876	FHCC_Brandon Clinic	06/30/2028
119389	FHCC Bogalusa	06/30/2028
34179	FHCC_Woodville	06/30/2028
34181	FHCC_Florence_AL	06/30/2028
132560	FHCC_Brookhaven	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		10	1000	10	1000	Mbps	Yes

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, 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?:	7 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	Price of Service
Personnel qualifications, including technical excellence		30	3 References for Same or Similar Services
Leverage existing resources		20	To Extent Possible
Technical support		10	Single Point of Contact

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

Disqualifying factors: No 498ID

Main Contact

Name	Organization	Title	Phone	Email	Address
Chrystal Matthews	Mississippi Primary Health Care Association	CEO	(337) 302-3764	chrystal@eliteprogramspecialists.com	711 E. Ascension St. Suite 56 9 , Gonzales, LA 70737

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?: Yes

Will the HCP be including an RFP with this application?: Yes

MPHCA-Family Health Care Clinic_RFP_FY2026.docx

Summary of the HCP's requested services. :

Member is seeking proposals for primary and redundant connectivity including the design, engineering, implementation and continued management and monitoring of the secure broadband network. Proposed solutions should include all elements required to make the services function properly and the associated costs for each. Requested Contract Term: Month to month and up to 3 years

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		MPHCA_NetworkPlan_FY26_FHCC.docx	2/23/2026 12:57 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Chrystal Matthews	Consultant	CEO	Elite Program Specialists	Consultant	chrystal@eliteprogramspecialists.com	(337) 302-3764
Caitlyn Bass	Consultant	Executive Assistant	Elite Program Specialists	Paid Service	caitlyn@epsfirm.com	(225) 494-3635

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:	Chrystal Matthews
Email:	chrystal@eliteprogramspecialists.com
Phone:	(337) 302-3764
Employer:	Elite Program Specialists
Title:	CEO
Employer's FCC RN:	0027714672
Certifier's Full Name:	Chrystal Matthews
Digital Signature:	Chrystal Matthews
Date and time:	2/23/2026 12:58 PM EST