General Information

HCP or Consortium: 35409 - Northern Lakes Community Mental Health
Application Number: RHC46100021887
FCC Registration Number: 0015754385
Address: 105 HALL ST UNIT A , TRAVERSE CITY, MI 49684
Application Nickname: 2026FY
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
134333	Northern Lakes Community Mental Health - TC Crisis Center	
35674	Northern Lakes Community Mental Health - Traverse City	
16380	Northern Lakes Community Mental Health - Cadillac	
134709	NLCMH TC Crisis Center Munson DMarc	
16382	Northern Lakes Community Mental Health - Houghton Lake	
16381	Northern Lakes Community Mental Health - Grayling	

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	1	1	1	Gbps	No
Data		100	100	100	100	Mbps	No
Data		1	1	1000	1000	Mbps	Yes

Dates and Timing

What is the HCP's desired service contract length?: Equal 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?: 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	Vendor's cost of products and services.
Other	Prior experience, including past performance	20	Prior experience of the vendor and client references, and/or citations from prior projects where equal services have been provided for projects of similar size and scope
Management capability, including solicitation compliance		20	The extent to which the vendor complied with instructions in this RFP (solicitation), ability of management to comply with Health Care Connect Fund requirements. For broadband and voice services, this includes vendor's demonstrated ability to mitigate down time during initial implementation as well as potential future upgrades. For all goods and services, NLCMH costs and personnel time required to implement proposed services will be taken into account here. Other considerations may apply as well.
Contract modification provisions		20	Contract has provisions to upgrade and/or downgrade and allowances for service and site substitutions as needs dictate without penalty or extending the term, and contract explicitly allows for voluntary extensions at the end of the first term.

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?:	Yes
Disqualifying factors:	1. Vendors must provide services that are compatible with existing network.

Main Contact

Name	Organization	Title	Phone	Email	Address
Theresa Ramsey	Northern Lakes Community Mental Health	Consultant	(989) 614-7393	theresa@rhcconsult.com	1520 kNOCH rOAD , GAYLORD, MI 49735

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

Request for Proposal 2026.pdf

Summary of the HCP's requested services. :

This request for proposal establishes support for continued network broadband services at six member sites. The services requested will provide continued connectivity to each site as specified in Table 1.1 and network diagrams attached.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2026.pdf	2/6/2026 11:33 AM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Theresa Ramsey	Consultant	Consultant	d/b/a RHC Consulting	Consultant	theresa@rhcconsult.com	(989) 614-7393

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:	Theresa Ramsey
Email:	theresa@rhcconsult.com
Phone:	(989) 614-7393
Employer:	d/b/a RHC Consulting
Title:	Consultant
Employer's FCC RN:	0024948176
Certifier's Full Name:	Theresa Ramsey
Digital Signature:	THERESA RAMSEY
Date and time:	2/6/2026 11:33 AM EST