General Information

HCP or Consortium: 37413 - Sentara Healthcare Consortium
Application Number: RHC46100022061
FCC Registration Number: 0023492234
Address: 6015 POPLAR HALL DR , NORFOLK, VA 23502
Application Nickname: HCF 40
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
134465	Sentara Albemarle Medical Services	
38709	Sentara Independence	
38729	Equinix	
134995	Equinix DC 21	
134994	Equinix DC 15	

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	Yes
Construction							
Installation							
Equipment							

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
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		35	Bidder's cost which may include price, fees and taxes if available
Other	Prior Experience including Past Performance	35	The overall experience with Bidder and their performance records including, however, not limited to technical, customer service, sales, and billing. If your company has never served the consortium or its members you are required to provide two references who have similar services and 2 references who have left your services.
Other	Contracting and Invoicing	30	The Bidder's ability and/or response to meeting the contracting and invoicing requirements of the Consortium and or its members as stated in the RFP including, however not limited to term and Site and Service Substitution Rules found in the Order (47 C.F.R. 54.646) and dates services are needed.

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Joe McKinley	Sentara Healthcare Consortium	Telecom Consultant	(540) 368-0007	jmckinley@mckinley-consulting.com	8027 Ashford Drive , Fredericksburg, VA 22407

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

RFP HCF 40 FINAL.docx

Summary of the HCP's requested services. :

Internet and circuits which create our wide area network so that the HCP may access all resources needed to deliver Telehealth , EMR and all healthcare services which are provisioned for Healthcare services to best serve our patients and provide the highest quality of care especially to remote rural locations whereas patients cannot access these services otherwise in addition to a host of other reasons.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Sentara Healthcare Consortium Network Plan HCF 40.docx	2/17/2026 5:04 PM EST
Other	Service Response Form	Service Response Form RFP HCF-40.xlsx	2/17/2026 5:04 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Joe McKinley	Consultant	Telecom Consultant	McKinley Consulting Group, Inc.	Consultant	jmckinley@mckinley-consulting.com	(540) 368-0007
Megan Noonan	Consultant	Director of Operations	McKinley Consulting Group, Inc.	Consultant	mnoonan@mckinley-consulting.com	(540) 408-3246

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:	Joe McKinley
Email:	jmckinley@mckinley-consulting.com
Phone:	(540) 368-0007
Employer:	McKinley Consulting Group, Inc.
Title:	Telecom Consultant
Employer’s FCC RN:	0023313919
Certifier’s Full Name:	Joe McKinley
Digital Signature:	Joe McKinley
Date and time:	2/17/2026 5:08 PM EST