

General Information

HCP or Consortium: 39261 - Kentucky Telehealth Consortium
Application Number: RHC46100022505
FCC Registration Number: 0023785058
Address: 41 PLEASANT ST , BANGOR, ME 04401
Application Nickname: KTC-RFP-3452 Family Health Centers
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
77966	Family Health Centers, Inc.	03/03/2027
119331	Family Health Center - East Broadway	03/03/2027
119332	Family Health Center - Iroquois	03/03/2027
119333	Family Health Center - Fairdale	03/03/2027
119334	Family Health Center - Americana	03/03/2027
119335	Family Health Center - Phoenix	03/03/2027
119336	Family Health Center - West Market	03/03/2027
119337	Family Health Center - Hotel Louisville	03/03/2027
119338	Family Health Center - Iroquois High School SBS	03/03/2027
119339	Family Health Center - Americana Annex	03/03/2027

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
Construction							
Data		.768	100000	.768	100000	Mbps	Yes
Equipment							
Installation							
Network Management Services							

Dates and Timing

What is the HCP's desired service contract length?: Up to 10 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?: 7 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	20
Other	Compliance with HCF Payment Process	20	20
Other	Ease of Implementation	20	20
Other	Experience with Vendor	20	20
Other	Technical Merit of Proposal	20	20

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

Disqualifying factors:

Proposals will be disqualified if an electronic copy, in either Microsoft Word or Portable Document Format (preferred), is not received prior to the Allowable Contract Selection Date (ACSD) listed on USAC's website; unless no other proposals are received.

Main Contact

Name	Organization	Title	Phone	Email	Address
Bill Jenkins	Kentucky Telehealth Consortium		2079224120	billjenkins@healthconnectnetworks.com	145 Exchange Street Suite 4, Bangor, ME 04401

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

KTC - RFP3452 Family Health Centers 260318-01.pdf

Summary of the HCP's requested services. :

Internet

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		KTC - Network Plan-Final v.201606 07-4.pdf	3/18/2026 12:25 PM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Taylor Whalen	Consultant	Accounting Assistant	HealthConnect Networks	Consultant	taylorwhalen@healthconnectnetworks.com	(207) 922-4120
Chris Gelo	Consultant	Network Engineer	HealthConnect Networks	Consultant	chrisingelo@healthconnectnetworks.com	(207) 922-4120
Bill Jenkins	Consultant	Project Manager	HealthConnect Networks	Consultant	rfp@healthconnectnetworks.com	(207) 922-4120
Taylor Whalen	Consultant	Accounting Process Manager	HealthConnect Networks	Consultant	taylorwhalen@healthconnectnetworks.com	(207) 922-4120

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:	Taylor Whalen
Email:	taylorwhalen@healthconnectnetworks.com
Phone:	207-9224120
Employer:	HealthConnect Networks
Title:	Accounting Assistant
Employer's FCC RN:	0023785058
Certifier's Full Name:	Taylor Whalen
Digital Signature:	Taylor Whalen
Date and time:	3/18/2026 12:31 PM EDT