General Information

HCP or Consortium: 42150 - Independent Health Network (IHN)
Application Number: RHC46100022064
FCC Registration Number: 0024281321
Address: 575 FALLBROOK BLVD STE 204, LINCOLN, NE 68521
Application Nickname: Jennie M. Melham Memorial Medical Center Broken Bow RFP 43 Network Management Services
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
10592	Jennie M. Melham Memorial Medical Center	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
Network Management Services							

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		30	The bidder with the lowest price will receive the highest score for this evaluation criteria.
Other	Prior Experience, including past performance	30	For bidders that have not previously provided services to this organization, three references are required.
Personnel qualifications, including technical excellence		15	Bidders shall provide documentation to support the qualifications of personnel and technical excellence of staff who will be assigned to work on the project.
Contract modification provisions		15	Bidders shall confirm the ability to include contract modification language to allow for project scalability during the contract term.
Other	RFP Requirements Compliance	10	Bidders must address all requirements included in the RFP document.

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Lesley LaFile	Independent Health Network (IHN)	Director, Grants and USAC Funding	3086276196	lesley.lafile@phvne.com	575 Fallbrook Blvd Suite 204 , Lincoln, NE 68521

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

FY2026 IHN RFP 43 Network Management Services Jennie M. Melham Memorial Medical Center FINAL.pdf

Summary of the HCP's requested services. :

The Independent Health Network (IHN) Consortium is seeking bids on behalf of their member organization, Jennie M. Melham Memorial Medical Center. Per the attached RFP document, bids are being requested for up to 3 years.

Please see RFP Attachment A for details regarding the services and/or equipment out for bid. For contract documents, bidders shall confirm the ability to include contract modification language to allow for project scalability. For any questions regarding this RFP, please contact Lesley LaFile, Director Grants and USAC Funding, Prairie Health Ventures, at lesley.lafile@phvne.com. Thank you.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		IHN Consortium Network Plan 2026 with Stakeholders February 2026 FINAL.pdf	2/18/2026 8:57 AM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Lesley LaFile	Consultant	Director, Grants and USAC Funding	Prairie Health Ventures	Consultant	lesley.lafile@phvne.com	(308) 627-6196
Kristin Luebbe	Consultant	Manager, USAC Funding	Prairie Health Ventures	USAC RHC Consultant	kristin.luebbe@phvne.com	(402) 742-2206

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:	Lesley LaFile
Email:	lesley.lafile@phvne.com
Phone:	3086276196
Employer:	Prairie Health Ventures
Title:	Director, Grants and USAC Funding
Employer's FCC RN:	0027107226
Certifier's Full Name:	Lesley LaFile
Digital Signature:	Lesley LaFile
Date and time:	2/18/2026 8:58 AM EST