

General Information

HCP or Consortium: 43770 - Health Services Inc
Application Number: RHC46100022433
FCC Registration Number: 0014343669
Address: 1845 Cherry St , Montgomery, AL 36107-2613
Application Nickname: Health Services Consortium
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
43822	Clanton Family Health Center	
43790	River Region Health Center	
43838	Ramer Family Health Center	
15686	Montgomery Primary Health Center	
14923	Autaugaville Family Health Center	
15683	Chisholm Family Health Center	
43836	Hayneville Family Health Center	
43823	Eclectic Family Health Center	
43843	Gateway Family Health Center	

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		500	500	500	500	Mbps	No
Data		1	1	1	1	Gbps	No
Data		600	600	600	600	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?: No
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?: 1 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		50	N/A
Other	Transition & Implementation Plan	20	N/A
Technical support		20	N/A
Other	Prior Experience & Qualifications	10	N/A

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Boyd Stephens	Health Services Inc	Founder/Ne telysis	(334) 213-1128	bstephens@netel ysis.com	713 J. L. Chestnut Boulevard , Selma, AL 36702

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

HSI_USAC_Internet_BidFY2026_RFP.pdf

Summary of the HCP's requested services. :

RFP is for DIA Internet Services that make up the wide area networking infrastructure for Health Services Inc Consortium

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		HSI_USAC_Internet_BidFY2026_Network_Plan.pdf	3/2/2026 11:22 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Boyd Stephens	Consultant	Founder/Netel telysis	Rural Health Medical Program	Consultant	bstephens@netel ysis.com	(334) 213-1128

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:	Boyd Stephens
Email:	bstephens@netelysis.com
Phone:	(334) 213-1128
Employer:	Rural Health Medical Program
Title:	Founder/Netelysis
Employer's FCC RN:	0017824988
Certifier's Full Name:	Boyd Stephens
Digital Signature:	Boyd Stephens
Date and time:	3/2/2026 11:23 PM EST