General Information

HCP or Consortium: 44414 - Southern West Virginia Health Systems
Application Number: RHC46100022434
FCC Registration Number: 0013380712
Address: 7400 LYNN AVE , HAMLIN, WV 25523-1138
Application Nickname: SWVHS 2026 Funding Year
Funding Year: 2026
Funding Priority: Priority 2

Consortium Participating Sites

HCP Number	Name	LOA Expiry
24781	Lincoln County Primary Care Center, Inc.: Gilbert Medical Center	
14799	Guyan Valley Wellness Center	
24782	Southern West Virginia Health System - Man	
10705	Lincoln County Primary Care Center	
16029	Lincoln County Primary Care Center, Inc.: LCHS Panther Center for Health	
44324	CRHS Tiger Center for Health	
44327	Southern West Virginia Health System-Logan	
44573	Salt Rock Medical Center	
16028	Lincoln County Primary Care Center, Inc.: Duval Middle School Health Center	
44325	Logan Wildcat Health Center	
44326	Southern West Virginia Health System-Delbarton	
44348	Lincoln County Primary Care Center, Inc.-Sundry	
45400	Southern West Virginia Health System	
48162	Mustang Health Center	
48156	Pioneer Health Center	
59973	Southern West Virginia Health System-Madison Medical	
71032	LPCC Paper Building	
71036	LPCC Billing Office	
71033	Greg Elkins Memorial Building	
71173	Medical Care Coordinators Bldg/Pharmacy	
71037	Alpha Technologies Data Center	
115761	Bobcat Health Center	
119148	Lincoln Education Wellness Center	
24833	Southern West Virginia Health System - Oceana	
11085	Southern West Virginia Health System - Whitesville	
24835	Southern West Virginia Health System - Wharton	
132440	Chapmanville Health Center	
132441	Van Elementary Health Clinic	
132442	Van Junior-Senior Health Clinic	
134802	SWVHS Bank Bldg	

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		400	1000	100	1000	Mbps	Yes
Equipment							
Installation							
Network Management Services							
Other	Monitoring					Mbps	Yes
Construction							

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?:	No
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?:	30 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		25	20
Management capability, including solicitation compliance		20	15
One vendor solution		25	20
Other	Features and Functions of proposal to meet goals of SWVHS	10	5
Other	Experience with MSP offerings in support of Rural Health Care	20	10

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Douglas Tate	Southern West Virginia Health Systems	Chief Information Officer	3042012613	dtate@swvhs.org	7400 Lynn Avenue , Hamlin, WV 25523

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 LPC Version 1 2026 .pdf

Summary of the HCP's requested services. :

RFP for Circuits, Edge equipment to support circuits including router and firewall. Maintenance and monitoring of circuits. All locations of consortium including data center to be included. Satcom as viable back up option, with DIA and P2P.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		44414-RFP-Network Plan 2026.pdf	3/3/2026 5:08 AM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone

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:	Douglas Tate
Email:	dtate@swvhs.org
Phone:	3042012613
Employer:	Lincoln County Primary Care Center, Inc.
Title:	Chief Information Officer
Employer's FCC RN:	0013380712
Certifier's Full Name:	Douglas Tate
Digital Signature:	Douglas Tate
Date and time:	3/3/2026 5:09 AM EST