General Information

HCP or Consortium: 44835 - Lakewood Health Systems Consortium
Application Number: RHC46100022270
FCC Registration Number: 0007246317
Address: 49725 County 83 , Staples, MN 56479
Application Nickname: LHSC-Equipment Final
Funding Year: 2026
Funding Priority: Priority 4

Consortium Participating Sites

HCP Number	Name	LOA Expiry
10309	Eagle Bend Clinic	
11407	Lakewood Health System - Staples	
10307	Motley Clinic	
40537	Lakewood Pillager Clinic	
40501	Browerville Clinic	
70195	Lakewood Health System- Senior Campus	

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
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?: 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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	
Reliability of service		30	Service must remain reliable with no interruption
Other	Prior Experience, including past per formance	30	Must have current services installed or with good consistent service per formance

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

Disqualifying factors: Must provide services that are compatible with existing network

Main Contact

Name	Organization	Title	Phone	Email	Address
Spencer Igo	Lakewood Health Syste ms Consortium	President	612-267-3131	spencer@brecon sulting.net	36074 Wabana Rd , Grand R apids, MN 55744

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 Lakewood Health System Consortium 2026 Equipment February.pdf

Summary of the HCP's requested services. :

Network Wireless Infrastructure Refresh

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Lakewood Health System Consortium Network Plan 2026.pdf	2/24/2026 8:15 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Spencer Igo	Consultant	President	BRE Consulting	Consultant	spencer@breconsulting.net	(612) 267-3131
Robert Igo	Consultant	Operations Manager	BRE Consulting	Consultant	bob@breconsulting.net	(218) 999-9393

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:	Spencer Igo
Email:	spencer@breconsulting.net
Phone:	612-267-3131
Employer:	BRE Consulting
Title:	President
Employer's FCC RN:	0015239825
Certifier's Full Name:	Spencer Igo
Digital Signature:	Spencer Igo
Date and time:	2/24/2026 8:43 PM EST