General Information

HCP or Consortium: 45110 - Panhandle Health District
Application Number: RHC46100022162
FCC Registration Number: 0024775793
Address: 8500 N Atlas Rd , Hayden, ID 83835
Application Nickname: PHD 26
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
44473	Panhandle Health District	09/22/2040
45375	Panhandle Health District - Shoshone County	09/22/2040
45371	Panhandle Health District - Bonner County	09/22/2040
45372	Panhandle Health District - Benewah County	09/22/2040
45374	Panhandle Health District - Boundary County	09/22/2040

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							
Installation							
Equipment							
Construction							
Data		1000.0	1000.0	1000.0	1000.0	Mbps	Yes

Dates and Timing

What is the HCP's desired service contract length?: Up to 5 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?: 28 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	
Bandwidth		20	1 Gbps Upload and Download speed
Reliability of service		20	See RFP
Leverage existing resources		20	See RFP
Other	Equipment Solution	10	See RFP

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Katherine Hoyer	Panhandle Health District		2084155108	khoyer@phd1.idaho.gov	8500 N Atlas Road , Hayden, ID 83835

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?: Yes

Will the HCP be including an RFP with this application?: Yes

45110-RFP.pdf

Summary of the HCP's requested services. :

This RFP establishes private site connections at five member sites that currently have connectivity. All four outlying sites will have a direct connection to PHD’s main office in Hayden and this location will provide the onramp to the Internet for all locations. This will allow a single location for network management and monitoring, including the monitoring of HIPAArelated data transmission. PHD is seeking a five-year contract (see RFP for further details and FCC requirements) for services provided by the successful bidder.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		45110-Network Plan.pdf	2/20/2026 7:08 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Rob Timmons	Outside Expert	Voice Sales Manager	Intermax	Contracted IT management provider	rtimmons@intermaxteam.com	(208) 758-0880

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:	Katherine Hoyer
Email:	khoyer@phd1.idaho.gov
Phone:	2084155108
Employer:	
Title:	
Employer's FCC RN:	
Certifier's Full Name:	Katherine Hoyer
Digital Signature:	Katherine Hoyer
Date and time:	2/20/2026 7:12 PM EST