General Information

HCP or Consortium: 45297 - Cornerstone Family Healthcare
Application Number: RHC46100021907
FCC Registration Number: 0024924748
Address: 147 LAKE ST , NEWBURGH, NY 12550
Application Nickname: FY2026
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
45298	Cornerstone Family Health - The Kaplan Family Pavilion	
46043	Cornerstone - Highland Falls	
51606	Cornerstone Family Healthcare - Binghamton	
61513	Cornerstone Family Healthcare - Pine Bush Cameron Street	
61510	Cornerstone Family Healthcare - Port Jervis Hammond Street	
112831	Hudson Valley Community Services, a Division of Cornerstone Family Healthcare - Sullivan County	
61477	Cornerstone Family Healthcare - Middletown Benton Ave	
114774	Cornerstone Family Healthcare - Cornwall (Admin)	
114775	Cornerstone Family Healthcare - Middletown (Admin)	

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		1	2000	1	2000	Mbps	Yes
Equipment							
Installation							
Network Management Services							

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
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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		35	
Other	Prior Experience, including past performance	35	If a service provider does not have a similar current or similar former service (within 3 years) with HCP, the service provider must provide 3 references from a healthcare facility in the same state for like services.
Leverage existing resources		25	Utilize existing facilities to minimize disturbance.
Other	Quality/Clarity/Compliance of RFP Response	5	Adhere to all RFP requirements.

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

Disqualifying factors: To be considered, please ensure all bids are received before the ACSD and include the specific HCP name, HCP number, funding year, SPIN/498 ID, and posted form number the bid is in response to. HCP may choose not to work with agents, resellers or wholesalers who do not own their own network. Inquiries concerning the bidding process must be made only to the mailing contact listed on the 461.

Main Contact

Name	Organization	Title	Phone	Email	Address
Timothy Basile	Cornerstone Family Healthcare	Project Manager	(973) 581-5238	timothy.basile@solixinc.com	10 Lanidex Plaza west , Parsippany, NJ 07054

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 FY26.docx

Summary of the HCP's requested services. :

Broadband service(s) to be used for internet connectivity and/or voice/data transmission (Leased/Tariffed Facilities or Services, Network Equipment, management services, and Installation) for medical purposes.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Cornerstone Family Health Network Plan - HCP 45297.pdf	2/6/2026 2:35 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Timothy Basile	Consultant	Project Manager	Solix, Inc.	Consultant	timothy.basile@solixinc.com	(973) 581-5238

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:	Timothy Basile
Email:	timothy.basile@solixinc.com
Phone:	(973) 581-5238
Employer:	Solix, Inc.
Title:	Project Manager
Employer's FCC RN:	0023913585
Certifier's Full Name:	Timothy Basile
Digital Signature:	Timothy Basile
Date and time:	2/6/2026 2:36 PM EST