General Information

HCP or Consortium: 48231 - Mosaic Medical Consortium
Application Number: RHC46100022156
FCC Registration Number: 0014259691
Address: 600 SW COLUMBIA ST STE 6000 , BEND, OR 97702
Application Nickname: FY 2026 Equipment A
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
27675	Mosaic Medical School Base HC	
27673	Mosaic Medical Madras Clinic	
133658	MOCH - Annex Office	
133659	MOCH - Facilities Office	
57657	Mosaic Medical - Madras High-School Based Health Center (Centro escolar)	
133657	MOCH - Sisters School-Based Health Center	
27674	Mosaic Medical Prineville Clinic	
34577	Mosaic Medical Complex Care	
27672	Mosaic Medical Bend Clinic	
35065	Mosaic Medical Administration Offices	
60279	Mosaic Medical - Redmond Clinic	
133656	MOCH - Madras Health Center	
133655	MOCH - Conners Health Center	
133660	MOCH - Colocation Data Center	
40602	MOCH - Harriman Clinic	

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							
Installation							
Network Management Services							

Dates and Timing

What is the HCP's desired service contract length?: Equal to 1 Year(s)
Will the HCP consider bids with contract extension language?: No
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?:	2 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	No Negative Experiences with Bidding Companies
Other	Quality/ Clarity/ Compliance of RFP Response	30	Bids must clearly define what equipment is being offered and what it cost

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

Disqualifying factors: Failure to follow the bidding guidelines in the RFP may result in your bid being rejected. Bids Received on or after the ACSD will not be considered bids for this filing Failure to send the Bid to bids@channelford.com

Main Contact

Name	Organization	Title	Phone	Email	Address
Steve Rau	Mosaic Medical Consortium	CEO	(818) 625-1050	steve@channelford.com	7095 Hollywood Blvd , Los Angeles, CA 90028

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

Mosaic Community Health Equipment RFP 2026_fINAL.docx

Summary of the HCP's requested services. :

Network Equipment necessary to make eligible data circuits work under the program See RFP for Equipment description

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Mosaic Community Health Network Plan 2026_Final.docx	2/20/2026 5:13 PM EST
Other	RFP	Mosaic Community Health Equipment RFP 2026_fINAL.docx	2/20/2026 5:13 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Greg Hall	Consultant	Funding Analyst	Channelford Associates Inc	Consultant	greg@channelford.com	(972) 814-3998
Steve Rau	Consultant	CEO	Channelford Associates Inc	Consultant	bids@channelford.com	(805) 495-3255
Lisa Medina	Consultant	COO	SpectraCorp Technologies Group INc.	Consultant	bids@channelford.com	(972) 671-1700

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:	Greg Hall
Email:	greg@channelford.com
Phone:	(972)814-3998
Employer:	Channelford Associates Inc
Title:	Funding Analyst
Employer's FCC RN:	0021353289
Certifier's Full Name:	Greg Hall
Digital Signature:	Greg Hall
Date and time:	2/20/2026 5:14 PM EST