General Information

HCP or Consortium: 49047 - Local Public Health Services Collaborative
Application Number: RHC46100022048
FCC Registration Number: 0025705666
Address: 110 NORTHWOODS BLVD STE A , COLUMBUS, OH 43235
Application Nickname: LPHSC FY26 Clark Sites
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
134821	Clark County Combined Health District - Sunset	06/30/2027
49372	Clark County Combined Health District	06/30/2027

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		5	1000	5	1000	Mbps	Yes
Installation							
Equipment							
Network Management Services							
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?: Yes
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?: 7 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	Price of RHC eligible products and services
Other	Prior Experience	35	Experience with similar projects and references; Experience with this applicant
Other	Implementation and Timeline	25	Provide a plan for the build-out to remove or reduce downtime for applicant; Projected timeline for completion of project, and goals for meeting said timeline

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

Disqualifying factors:

If the Vendor is under FCC red light status, does not have an FCC Form 498 ID (service provider identification number), or does not have Box 18 on Form 498 checked to take part in the RHC Program, Applicant reserves the right to disqualify the proposal. If the Vendor is not able to commence service by the date listed in the proposal specifications, the proposal may be disqualified in whole or in part by the Applicant health care provider. Failure to copy all email recipients listed on page 3 of the accompanying RFP document on all correspondence during the 28-day bid period including questions and proposal submission may result in disqualification. Vendor must specify any/all upfront prices including implementation fees, construction, installation, configuration, etc. Applicant reserves the right to reject proposals that do not include specific information regarding upfront prices as described in Section II(5) of the accompanying RFP document.

Main Contact

Name	Organization	Title	Phone	Email	Address
Marci White	Local Public Health Services Collaborative	Owner	(405) 600-4676	mwhite@redbudtelecomconsulting.org	2160 N. Main St, Ste C65 , Newcastle, OK 73065

RFP and Summary

Is the HCP likely to request more than $100 000 in program support from this request for services?:	No
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

49047_RFP_FY26_Clark Sites.pdf

Summary of the HCP's requested services. :

Internet access for HCP locations listed on this Form 461 and Attachment A of the accompanying RFP document.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		49047_Network Plan FY2026.pdf	2/17/2026 12:23 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Marci White	Consultant	Owner	Redbud Telecom Consulting	Consultant	mwhite@redbudtelecomconsulting.org	(405) 600-4676

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:	Marci White
Email:	mwhite@redbudtelecomconsulting.org
Phone:	(405) 600-4676
Employer:	Redbud Telecom Consulting
Title:	Owner
Employer's FCC RN:	0028639441
Certifier's Full Name:	Marci White
Digital Signature:	Marci White
Date and time:	2/17/2026 12:23 PM EST