General Information

HCP or Consortium: 49486 - Munson Healthcare
Application Number: RHC46100022401
FCC Registration Number: 0023564784
Address: 1105 SIXTH ST , TRAVERSE CITY, MI 49684
Application Nickname: MHC - Ptk - Circuit 2
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
11268	Munson Medical Center	
27022	Munson Data Center	
131925	Munson Healthcare Petoskey Community Health Center	

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	5	1	5	Gbps	Yes
Data		5	20	5	20	Gbps	Yes
Equipment							
Installation							
Construction							
Network Management Services							

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?: 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?: 90 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	
Other	Leverage Existing Resources	20	Completed associated section in Attachment B
Other	Redundancy/Resiliency	20	Completed associated section in Attachment B
Other	Prior Experience Including Past Performance	15	Completed associated section in Attachment B
Other	Quality of Proposed Solution	15	Completed associated section in Attachment B
Other	Contract and contract modification provisions	10	Completed associated section in Attachment B

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

Disqualifying factors: Vendors without active 498 IDs (previously known as SPINs) at the time of bidding will be disqualified. 2. Responses without a completed, dated, and signed Vendor Bid Certification (Attachment A) will be disqualified. 3. Responses without a completed, dated, and signed Attachment B will be disqualified. 4. Bids from service providers utilizing other carriers' networks to provision last mile or middle mile transport services will be allowed, only if bidders are responsible for the implementation, ongoing service and billing of those services; otherwise bids from brokers or commissioned agents will be disqualified. 5. Bids from vendors who will not honor the standalone pricing (Item #12) in the Vendor Bid Certification (Attachment A) will be disqualified.

Main Contact

Name	Organization	Title	Phone	Email	Address
Lori Leugers	Munson Healthcare	Business Analyst	2319356806	lleugers@mhc.net	1105 Sixth Street , Traverse City, MI 49684

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

2026 Consortium RFP RHC46100022401 - Ptk 2 - FINAL with fillable fields.pdf

Summary of the HCP's requested services. :

WAN circuit connecting to either or both network hubs. Requesting vendors submit proposed agreement with bid responses.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		2026 MHC Network Plan - Ptk WAN 2.pdf	3/2/2026 1:36 PM EST
Other	RFP	2026 Consortium RFP RHC461000 22401 - Ptk 2 - FINAL with fillable fields.pdf	3/2/2026 1:36 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone

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:	Lori Leugers
Email:	lleugers@mhc.net
Phone:	2319356806
Employer:	Munson Healthcare
Title:	Business Analyst
Employer's FCC RN:	0027103043
Certifier's Full Name:	Lori Leugers
Digital Signature:	Lori Leugers
Date and time:	3/2/2026 1:39 PM EST