

## General Information

**HCP or Consortium:** 49632 - TriHealth, Inc. Consortium  
**Application Number:** RHC46100021870  
**FCC Registration Number:** 0025649542  
**Address:** 4750 WESLEY AVE , NORWOOD, OH 45212  
**Application Nickname:** 2026 - HDW  
**Funding Year:** 2026  
**Funding Priority:** Priority 8

### Consortium Participating Sites

| HCP Number | Name                                                               | LOA Expiry |
|------------|--------------------------------------------------------------------|------------|
| 114421     | Clinton Memorial Hospital                                          |            |
| 114675     | TRIH - Physicians Wilmington                                       |            |
| 133026     | TRIH - Norwood Corp Office                                         |            |
| 133700     | TRIH - East Clinton Clinic                                         |            |
| 133769     | TRIH - Washington Court House Clinic                               |            |
| 133778     | TRIH - Blanchester Medical                                         |            |
| 15038      | Highland District Hospital                                         |            |
| 16474      | TRIH - Bethel Family Practice                                      |            |
| 17825      | McCullough Hyde Memorial Hospital                                  |            |
| 26051      | McCullough Hyde Memorial Hospital - Brookeville Medical Cen<br>ter |            |
| 26054      | TRIH - McCullough - Orthopedic Clinic                              |            |
| 26055      | TRIH - McCullough-Hyde - Oxford Priority Care                      |            |
| 48711      | TRIH - McCullough-Hyde - Camden Medical Building                   |            |
| 49172      | North Data Center                                                  |            |
| 49635      | TriHealth-Bethesda North Hospital                                  |            |
| 49637      | TRIH - Good Samaritan Hospital                                     |            |
| 50176      | TriHealth Evendale Hospital                                        |            |
| 52604      | CORP OFFICE                                                        |            |
| 60002      | TRIH - Oxford Internal Medicine - College Corner                   |            |
| 70191      | TRIH - Women's Services Oxford Obgyn                               |            |
| 70555      | TRIH - Oxford Pediatrics                                           |            |
| 70690      | CHI TriHealth - Bethesda Butler Hospital - Medical Center          |            |
| 134202     | TRIH - Pinnacle Primary Care                                       |            |
| 133006     | TRIH - Call Center                                                 |            |

## Requested Services

| Type of Services | Description for Other | Min<br>Download<br>Speed | Max<br>Download<br>Speed | Min Upload<br>Speed | Max<br>Upload<br>Speed | Speed Unit | Allow Bids<br>for Similar<br>Services |
|------------------|-----------------------|--------------------------|--------------------------|---------------------|------------------------|------------|---------------------------------------|
|------------------|-----------------------|--------------------------|--------------------------|---------------------|------------------------|------------|---------------------------------------|

Construction

Equipment

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Installation  
Network Management S  
ervices

## Dates and Timing

|                                                                                    |                 |
|------------------------------------------------------------------------------------|-----------------|
| <b>What is the HCP's desired service contract length?:</b>                         | Up to 5 Year(s) |
| <b>Will the HCP consider bids with contract extension language?:</b>               | Yes             |
| <b>Will the HCP consider bids for month-to-month contracts?:</b>                   | Yes             |
| <b>What is the HCP's desired time to publicly post this request for services?:</b> | 28 Day(s)       |
| <b>What is the HCP's expected bid evaluation period after the public posting?:</b> | 2 Day(s)        |

## Bid Evaluation

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

| Criteria                    | Description                                  | Evaluation Weight (%) | Minimum Requirement                      |
|-----------------------------|----------------------------------------------|-----------------------|------------------------------------------|
| Price                       |                                              | 34                    |                                          |
| Leverage existing resources |                                              | 33                    | Must be compatible with existing network |
| Other                       | Prior experience, including past performance | 33                    | No Minimum                               |

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

Disqualifying factors:

If a posted bid pricing matrix is returned stating "No Bid" for a particular listed service, at a specified HCP, the bid will be disqualified for that service at that location.

## Main Contact

| Name         | Organization               | Title           | Phone          | Email                | Address                         |
|--------------|----------------------------|-----------------|----------------|----------------------|---------------------------------|
| David Wagner | TriHealth, Inc. Consortium | Managing Member | (203) 802-6223 | david@pemfilings.com | 3109 Grand Ave , Miami, FL 3133 |

## 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

TriHealth Equipment RFP 2026.pdf

Summary of the HCP's requested services. :

Please refer to attached documents for all further instructions. Email all questions regarding posting to [info@pemfilings.com](mailto:info@pemfilings.com)

## Additional Documentation

| Document Type | Description for Other | Document                   | Uploaded On          |
|---------------|-----------------------|----------------------------|----------------------|
| Network Plan  |                       | TriHealth Network Plan.pdf | 2/5/2026 3:52 PM EST |

## Declaration of Assistance

| Name             | Organization Type | Title                                     | Employer                             | Nature of Relationship | Email                    | Telephone      |
|------------------|-------------------|-------------------------------------------|--------------------------------------|------------------------|--------------------------|----------------|
| Taylor Heidkamp  | Consultant        | Administrative Assistant, LLC -Consultant | PEM Filings                          | Consultant             | taylor@pemfilings.com    | (203) 437-6546 |
| David Wagner     | Consultant        | Managing Member                           | PEM Filings, LLC                     | Consultant             | david@pemfilings.com     | (203) 802-6223 |
| Kerri Heidkamp   | Consultant        | Director of Operations                    | PEM Filings, LLC                     | Consultant             | kerri@pemfilings.com     | (203) 802-6223 |
| Lisa Medina      | Consultant        | Director of Operations                    | SpectraCorp Technologies Group, Inc. | CONSULTANT             | lmedina@spectra corp.com | (469) 329-1378 |
| Tom Hurt         | Consultant        | Vice President, Rural Health Care Program | SpectraCorp Technologies Group, Inc. | Consultant             | thurt@spectracorp.com    | (972) 671-1700 |
| Kameron Heidkamp | Consultant        | Technical Manager                         | PEM Filings, LLC                     | Consultant             | kameron@pemfilings.com   | (203) 802-6223 |
| Luis Ocampo      | Consultant        | Project Coordinator                       | PEM Filings, LLC                     | Consultant             | luis@pemfilings.com      | (203) 802-6223 |

## 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

|                               |                                     |
|-------------------------------|-------------------------------------|
| <b>Name:</b>                  | Taylor Heidkamp                     |
| <b>Email:</b>                 | taylor@pemfilings.com               |
| <b>Phone:</b>                 | (203) 437-6546                      |
| <b>Employer:</b>              | PEM Filings, LLC                    |
| <b>Title:</b>                 | Administrative Assistant-Consultant |
| <b>Employer's FCC RN:</b>     | 0017572314                          |
| <b>Certifier's Full Name:</b> | Taylor Heidkamp                     |
| <b>Digital Signature:</b>     | Taylor Heidkamp                     |
| <b>Date and time:</b>         | 2/5/2026 3:54 PM EST                |