# General Information

**HCP or Consortium:** 53374 - Marshfield Clinic Health System Consortium
**Application Number:** RHC46100022186
**FCC Registration Number:** 0002719789
**Address:** 1000 N OAK AVE , MARSHFIELD, WI 54449
**Application Nickname:** 2026-16 Wisc Rapids
**Funding Year:** 2026
**Funding Priority:** Priority 6

**Consortium Participating Sites**

| HCP Number | Name | LOA Expiry |
|---|---|---|
| 135064 | Marshfield Medical Center - Wisconsin Rapids Campus | |

# 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 | | 200 | 200 | 200 | 200 | Mbps | Yes |
| Equipment | | | | | | | |

# 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?:** 5 Day(s)

# Bid Evaluation

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

| Criteria | Description | Evaluation Weight (%) | Minimum Requirement |
|---|---|---|---|
| Price | | 40 | See RFP |
| Other | Prior experience including past performance | 30 | See RFP |
| Leverage existing resources | | 30 | See RFP |

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

**Disqualifying factors:** HCP will not contract with resellers, agents or others that do not own/operate the network.

# Main Contact

| Name | Organization | Title | Phone | Email | Address |
|---|---|---|---|---|---|
| Mark Boggs | Marshfield Clinic Health System Consortium | President | (502) 292-2225 | mark.boggs@hcfundconnect.com | P.O. Box 692 , Prospect, KY 40059 |

# 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

Marshfiled RFP 2026-16 Wisconsin Rapids.docx

**Summary of the HCP's requested services. :**

Data connection, such as Ethernet, for one location. See RFP.

# Additional Documentation

| Document Type | Description for Other | Document | Uploaded On |
|---|---|---|---|
| Network Plan | | Marshfield Network Plan 2026.docx | 2/23/2026 10:23 AM EST |

# Declaration of Assistance

| Name | Organization Type | Title | Employer | Nature of Relationship | Email | Telephone |
|---|---|---|---|---|---|---|
| Mark Boggs | Consultant | President | Healthcare Funding Connection | Consultant | mark.boggs@hcfundconnect.com | (502) 292-2225 |

# 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:** | Mark Boggs |
| **Email:** | mark.boggs@hcfundconnect.com |
| **Phone:** | (502) 292-2225 |
| **Employer:** | Healthcare Funding Connection |
| **Title:** | President |
| **Employer's FCC RN:** | 0022614465 |
| **Certifier's Full Name:** | Mark Boggs |
| **Digital Signature:** | Mark Boggs |
| **Date and time:** | 2/23/2026 10:24 AM EST |