General Information

HCP or Consortium: 60012 - Memorial Hospital at Gulfport Consortium
Application Number: RHC46100022161
FCC Registration Number: 0001738996
Address: 4500 13TH ST , GULFPORT, MS 39501
Application Nickname: FY 2026 New Network
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
105152	Gulfport Memorial Hospital - George Regional Specialty Center	
71113	Gulfport Memorial Hospital - Stone County Nursing Center	
105151	Gulfport Memorial Hospital - Primary Care Wiggins	
71118	Gulfport Memorial Hospital - Stone county	
32170	Gulfport Memorial Hospital - Memorial Physician Clinic at Diamondhead	
42479	Gulfport Memorial Hospital - Memorial Hancock Family Practice	
59020	Gulfport Memorial Hospital	
42484	Gulfport Memorial Hospital-Memorial Physical Therapy	
32172	Gulfport Memorial Hospital - Memorial Physician Clinic at Pass Christian	
71108	Gulfport Memorial Hospital - Woodland Village Rehab	
71115	Gulfport Memorial Hospital - Stone County	
115925	Gulfport Memorial Hospital - Diamondhead Multispeciality	
134222	Gulfport Memorial Hospital - George County Multipeciality	
133479	Memorial Hospital Biloxi	

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		1.544	100000	1.544	100000	Mbps	Yes
Equipment							
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?: 14 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	Bid items must be compatible with existing network and satisfy the needs of the HCPs
Other	Prior Experience, including past performance	33	No negative experiences with biding carriers

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	Memorial Hospital at Gulfport 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

Memorial Hostpital at Gulfport Circuit RFP 2026_New Network_Final.docx

Summary of the HCP's requested services. :

New Data Network Including all costs

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Memorial Hospital at Gulfport Network Plan 2025_Final.docx	2/20/2026 5:51 PM EST
Other	RFP	Memorial Hostpital at Gulfport Circuit RFP 2026_New Network_Final.docx	2/20/2026 5:51 PM EST
Other	Circuit List	60012 RFP Circuit List D-2026(New Network Circuits).xlsx	2/20/2026 5:51 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 5:52 PM EST