General Information

HCP or Consortium: 61372 - River Valley Primary Care Services, Inc. Consortium
Application Number: RHC46100022349
FCC Registration Number: 0024896896
Address: 9755 W STATE HIGHWAY 22 , RATCLIFF, AR 72951-9000
Application Nickname: 461_2026
Funding Year: 2026
Funding Priority: Priority 1

Consortium Participating Sites

HCP Number	Name	LOA Expiry
38364	River Valley Primary Care Services, Inc. - Eastside Family Clinic	
61325	RVPCS Mountainburg Family Clinic	
38362	River Valley Primary Care Services, Inc. - Lamar Wellness	
61324	River Valley Primary Care Services, Inc. - Northside Clinic at 6th Street	
38361	River Valley Primary Care Services, Inc. - Mulberry Family Clinic	
22156	River Valley Primary Care - Fort Smith Northside	
62438	River Valley Primary Care Services, Inc. - Waldron Family Clinic	
66186	Clarksville Community Health Center	
71054	Bonanza Family Clinic	
71050	Lavaca Wellness Center	
134830	Paris Wellness Center	
134915	Cedarville Wellness 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 Equipment		100	1000	100	1000	Mbps	Yes

Dates and Timing

What is the HCP's desired service contract length?: Up to 1 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?: 2 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	
Bandwidth		20	Must be able to provide the minimum requested bandwidth of 100Mbps
Management capability, including solicitation compliance		20	Vendor must possess an active USAC Service Provider Identification Number (SPIN)
One vendor solution		20	Vendor must be able to provide both the broadband transmission service and the necessary managed routing equipment.

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

Disqualifying factors: Vendor must have an active USAC SPIN.

Main Contact

Name	Organization	Title	Phone	Email	Address
Michael Parks	River Valley Primary Care Services, Inc. Consortium	IT Systems Manager	4794312050	codyp@rvpcs.org	9755 West State Highway 22 , Ratcliff, AR 72951

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

River Valley Primary Care Services 2026 FCC 461.pdf
2597403- Updated RFP River Valley FCC 461.pdf

Summary of the HCP's requested services. :

River Valley Primary Care Services, Inc. Consortium is seeking bids for dedicated broadband internet transmission services for 13 member clinic locations. Requested bandwidth ranges from a minimum of 100 Mbps to a maximum of 1 Gbps (1000 Mbps). The request also includes all necessary managed routing equipment (e.g., SD-WAN, Meraki, or functionally equivalent hardware), firewalls, and/or network terminating hardware required to make the broadband services functional. Additionally, the Consortium is requesting cellular backup/redundant connectivity at each location for network failover. The Consortium is seeking a contract term of up to 1 year (12 months) and will consider month-to-month service options as well as voluntary contract extensions.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		River Valley Network Plan 2026.pdf	2/27/2026 4:28 PM EST
Network Plan		2597402-River Valley Updated Network Plan 2026.pdf	3/9/2026 11:35 AM EDT

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:	Michael Parks
Email:	codyp@rvpcs.org
Phone:	4794312050
Employer:	River Valley Primary Care Services
Title:	IT Systems Manager
Employer's FCC RN:	0024896896
Certifier's Full Name:	Michael Parks
Digital Signature:	Michael Parks
Date and time:	2/27/2026 4:30 PM EST