General Information

HCP or Consortium: 61558 - New River Health - Consortium
Application Number: RHC46100022436
FCC Registration Number: 0027431899
Address: 497 MALL RD , OAK HILL, WV 25901-6115
Application Nickname: New River Health FY 2026
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
61516	New River Health - Valley School, School Based Health Center	
24839	New River Health Association, Inc.: NRHA Lisa Elliott Center	
61503	New River Health - Coal City Elementary School Based Health Center	
61505	New River Health - Independence High School, School Based Health Center	
24849	New River Health - Summersville School, School Based Health Center	
91126	New River Health - Independence Middle School	
111062	New River Health - Fayetteville PK-8 School-Based Health Center	
132678	New River Health - Summersville	06/30/2029
24838	New River Health Association, Inc.: NRHA Fayetteville	
24848	New River Health - Gulf Family Practice	

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		400	1000	100	1000	Mbps	Yes
Installation							
Equipment							
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?: No
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?: 30 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		25	20
Other	Features and Sustainability	10	8
One vendor solution		25	20
Personnel qualifications, including technical excellence		20	15
Management capability, including solicitation compliance		20	15

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?: No

Main Contact

Name	Organization	Title	Phone	Email	Address
Luke Hrabosky	New River Health - Consortium	CIO	3044652299	luke.hrabosky@nrhawv.org	908 Scarbro Road , Scarbro, WV 25917

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

2026NewRiverHealthFinal.pdf

Summary of the HCP's requested services. :

RFP contains circuits, equipment, installation and management of services.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		RFP-Network Plan 2026.pdf	3/3/2026 9:04 AM 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:	Luke Hrabosky
Email:	luke.hrabosky@nrhawv.org
Phone:	3044652299
Employer:	New River Health
Title:	CIO
Employer's FCC RN:	0027431899
Certifier's Full Name:	Luke Hrabosky
Digital Signature:	Luke Hrabosky
Date and time:	3/3/2026 9:05 AM EST