General Information

HCP or Consortium: 63304 - Central Virginia Telehealth Consortium
Application Number: RHC46100022034
FCC Registration Number: 0021642301
Address: 25892 N JAMES MADISON HWY PO Box 220, NEW CANTON, VA 23123
Application Nickname: FY2026 461
Funding Year: 2026
Funding Priority: Priority 1

Consortium Participating Sites

HCP Number	Name	LOA Expiry
63270	Central Va Health Services Inc. Neighborhood Family Health Center	
63268	Central Va Health Services, Inc. Appomattox Area Health and Wellness Center	
28301	Central Virginia Health Services, Inc. - Charles City Regional Health Services (CCRHS)	
28304	Central Virginia Health Services, Inc. - Health & Wellness Center of Louisa (HWCL)	
63275	Central Va Health Services, Inc Petersburg Health Care Alliance	
66077	Central Virginia Health Services Inc - Fredricksburg	
42438	Central Virginia -Caroline's Children's Dental Program	
28303	Central Virginia Health Services, Inc. - Health Center for Women and Facilities (HCWF)	
28305	Central Virginia Health Services, Inc. - Westmoreland Medical Center (WMC)	
28302	Central Virginia Health Services, Inc. - Charlotte Primary Care (CPC)	
28306	Central Virginia Health Services, Inc. - Central Virginia Community Health Center (CVCHC)	

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
Other	see uploaded list for details					Mbps	Yes
Equipment Installation							

Dates and Timing

What is the HCP's desired service contract length?: Up to 5 Year(s)

Will the HCP consider bids with contract extension language?:	No
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		60	
Other	Prior Experience	40	Three healthcare references from same region for like services

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

Disqualifying factors: HCP will not accept bids from agents, re-sellers, or wholesalers.

Main Contact

Name	Organization	Title	Phone	Email	Address
Charles Allbaugh	Central Virginia Telehealth Consortium	CFO	(434) 581-3271	charlesallbaugh@cvhsmc.org	25892 N. James Madison Hwy P.O. Box 220, New Canton, VA 23123

RFP and Summary

Is the HCP likely to request more than $100 000 in program support from this request for services?: No

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?: No

Summary of the HCP's requested services. :

63270 901 Peterson Ave, Charlottesville 1 GIG X 35 Up to 100 Meg 63268 321 C Poplar Drive, Petersburg 1 GIG X 35 Up to 100 Meg 28301 9950 Courthouse RD Central Charles City 1 GIG X 35 Up to 100 Meg 28304 410 Industrial Blvd Louisa VA 1 GIG X 35 Up to 100 Meg 63275 541 S Sycamore St. Petersburg 1 GIG X 35 Up to 100 Meg Current Contract expires end of June 2027 63268 321 C Poplar Drive, Petersburg 1 GIG for 6 Days 66077 1965 Jefferson Davis Hwy Fredicksburg, VA 1 GIG for 6 Days 42438 17202 Richmond Turnpike Milford VA 1 GIG for 6 Days 28303 833 Buffalo Sr Farmerville, VA 1 GIG for 6 Days 28305 18894 Kings Hwy Montross VA 1 GIG for 6 Days 28302 165 Lagrande Ave Charlotte Courthouse, VA 1 GIG for 6 Days 38306 25892 N James Madison Hwy New Canton VA 1 GIG for 6 Days

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan #1.docx	2/16/2026 3:34 PM EST
Other	services list	List for 461-2026.pdf	2/16/2026 3:34 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Geoff Boggs	Consultant	CEO	USF Healthcare Consulting, Inc.	Consultant	gboggs@uasave.com	(502) 228-1907
Elizabeth Boggs-Goodknight	Consultant	COO	USF Healthcare Consulting, Inc.	Consultant	egoodknight@uasave.com	(502) 228-1907

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:	Geoff Boggs
Email:	gboggs@uasave.com
Phone:	(502) 228-1907
Employer:	USF Healthcare Consulting, Inc.
Title:	CEO
Employer's FCC RN:	0018694075
Certifier's Full Name:	Geoff Boggs
Digital Signature:	Geoff Boggs
Date and time:	2/16/2026 3:35 PM EST