General Information

HCP or Consortium: 63918 - Harbor Beach Community Hospital, Inc.
Application Number: RHC46100022030
FCC Registration Number: 0002767705
Address: 210 S 1ST ST , HARBOR BEACH, MI 48441
Application Nickname: 2026FY
Funding Year: 2026
Funding Priority: Priority 1

Consortium Participating Sites

HCP Number	Name	LOA Expiry
12712	Harbor Beach Community Hospital	
63935	Harbor Beach Community Hospital - Port Hope Medical Clinic	
134760	Harbor Beach School Wellness Clinic	
134761	Harbor Beach Ubly School Wellness Clinic	

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		500	500	500	500	Mbps	No
Data		100	100	100	100	Mbps	No
Data		75	1000	15	1000	Mbps	No

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?: 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		30	Vendor's cost of products and services.
Technical support		20	Qualified technicians to provide support and preventative maintenance. Qualifications of the personnel who will be assigned to the project as detailed above.
Project management plan		25	This includes indirect costs to implement proposed services, Harbor Beach Hospital's personnel time required, vendor's demonstrated ability to mitigate down time during migration, and timeliness in making a transition.
Contract modification provisions		25	The contract has provisions to upgrade and/or downgrade and allowances for site/service substitutions as needs dictate without penalty or extension of the term. The contract explicitly allows for voluntary extensions at the end of the first term.

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Theresa Ramsey	Harbor Beach Community Hospital, Inc.	Consultant	(989) 614-7393	theresa@rhccons ult.com	1520 kNOCH rOAD , GAYLORD, MI 49735

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. :

The contract for services will be a consortium level contract. This request is for continued internet services at each member site as shown in Attachment A.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Other	Attachment A	Harbor Beach Community Hospital Services Reqeusted 2026FY Attachment A.pdf	2/16/2026 2:11 PM EST
Network Plan		NETWORK PLAN HARBOR BEACH COMMUNITY HOSPITAL INC 2026.pdf	2/16/2026 2:15 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Theresa Ramsey	Consultant	Consultant	d/b/a RHC Consulting	Consultant	theresa@rhcconsult.com	(989) 614-7393

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:	Theresa Ramsey
Email:	theresa@rhcconsult.com
Phone:	(989) 614-7393
Employer:	d/b/a RHC Consulting
Title:	Consultant
Employer's FCC RN:	0024948176
Certifier's Full Name:	Theresa Ramsey
Digital Signature:	THERESA RAMSEY
Date and time:	2/16/2026 2:15 PM EST