General Information

HCP or Consortium: 69589 - Northpointe Behavioral Healthcare System Consortium
Application Number: RHC46100022306
FCC Registration Number: 0014138770
Address: 715 PYLE DR , KINGSFORD, MI 49802
Application Nickname: 2026FY
Funding Year: 2026
Funding Priority: Priority 5

Consortium Participating Sites

HCP Number	Name	LOA Expiry
11340	Northpointe Behavioral Healthcare Systems - Menominee Office	
11341	Northpointe Behavioral Healthcare Systems - Iron River Office	
11339	Northpointe Behavioral Healthcare Systems - Kingsford Office	

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		1000	1000	1000	1000	Mbps	Yes
Data		1500	1500	1500	1500	Mbps	Yes
Data		1200	1200	1200	1200	Mbps	Yes
Data		750	750	35	35	Mbps	Yes
Equipment							

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		35	Vendor's cost of products and services.
Other	Prior experience, including past performance	20	Prior experience of the vendor and client references, and/or citations from prior projects where equal services have been provided for projects of similar size and scope.
Contract modification provisions		20	Contract has provisions to upgrade and/or downgrade and allowances for service substitutions as needs dictate without penalty or extending the term, and contract explicitly allows for voluntary extensions at the end of the first term.
Management capability, including solicitation compliance		25	The extent to which the vendor complied with instructions in this RFP (solicitation), ability of management to comply with Health Care Connect Fund requirements. For broadband and voice services, this includes vendor's demonstrated ability to mitigate down time during initial implementation as well as potential future upgrades. Consideration will also be given to the timeliness in implementing the solution by the desired start date of 07/01/2026. For network equipment and maintenance, this would include vendor's ability to configure, and install the equipment as close to the desired 07/01/2026 start date as possible with minimal disruption to operations. For all goods and services, NBHS costs and personnel time required to implement proposed services will be taken into account here. Other considerations may apply as well.

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	Northpointe Behavioral Healhcare System Consortium	Consultant	(989) 614-7393	theresa@rhcconsult.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. :

NBHS is filing this application for continued/upgraded internet services, as well as equipment, specifically switches, for all participating HCPs in the consortium.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		NETWORK PLAN 2026.pdf	2/25/2026 5:17 PM EST
Other	Requested Services	Requested Services 2026.pdf	2/25/2026 5:17 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:	2/25/2026 5:18 PM EST