

## General Information

**HCP or Consortium:** 70015 - Helen Farabee Centers Consortium  
**Application Number:** RHC46100022031  
**FCC Registration Number:** 0024028367  
**Address:** PO BOX 8266 , WICHITA FALLS, TX 76307  
**Application Nickname:** HFTX FY26 All Sites  
**Funding Year:** 2026  
**Funding Priority:** Priority 7

### Consortium Participating Sites

| HCP Number | Name                                                                      | LOA Expiry |
|------------|---------------------------------------------------------------------------|------------|
| 41852      | HELEN FARABEE CENTERS - QUANAH                                            |            |
| 70517      | Helen Farabee Centers - Children and Adolescents/Medical Clinic           |            |
| 71194      | Helen Farabee Centers - Wichita Falls Administration                      |            |
| 70519      | Helen Farabee Centers - Wichita Falls IDD Authority and Provider Services |            |
| 70518      | Helen Farabee Centers - Wichita County Center                             |            |
| 47575      | Helen Farabee Centers - Decatur TCOOMMI Probation                         |            |
| 41857      | HELEN FARABEE CENTERS - SEYMOUR                                           |            |
| 41851      | HELEN FARABEE CENTERS - VERNON                                            |            |
| 41853      | HELEN FARABEE CENTERS - HASKELL                                           |            |
| 45882      | Helen Farabee Centers - Decatur US 287 Bus                                |            |
| 41849      | HELEN FARABEE CENTERS - CHILDRESS                                         |            |
| 41854      | HELEN FARABEE CENTER - BOWIE                                              |            |
| 43057      | HELEN FARABEE CENTERS - GRAHAM ADM                                        |            |
| 70520      | Helen Farabee Centers - Olney Program Site                                |            |
| 131738     | Helen Farabee Centers - Jack County                                       |            |
| 44415      | Helen Farabee Centers - Haskell DH                                        |            |

## 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                        |                       | 50                 | 5000               | 50               | 5000             | Mbps       | Yes                             |
| Installation                |                       |                    |                    |                  |                  |            |                                 |
| Network Management Services |                       |                    |                    |                  |                  |            |                                 |
| Equipment                   |                       |                    |                    |                  |                  |            |                                 |
| Construction                |                       |                    |                    |                  |                  |            |                                 |

## 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             |
| 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?: | 7 Day(s)        |

## Bid Evaluation

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

| Criteria                                                 | Description                 | Evaluation Weight (%) | Minimum Requirement                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------|-----------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Price                                                    |                             | 25                    | Cost of eligible products and services                                                                                                                                                                                                                                                                                            |
| Other                                                    | Prior Experience            | 24                    | Experience with similar projects and references; Experience with this applicant                                                                                                                                                                                                                                                   |
| Personnel qualifications, including technical excellence |                             | 10                    | Qualifications of Management and Staff                                                                                                                                                                                                                                                                                            |
| Other                                                    | Implementation and Timeline | 15                    | - Provide a plan for the build-out to remove or reduce downtime for Applicant - Projected timeline for completion of Project, and goals for meeting said timeline                                                                                                                                                                 |
| Other                                                    | Technical Merit             | 13                    | -Quality/technical merit of the proposed solution to meet needs of the applicant. Service level agreement if applicable -Compliance with listed requirements of the project scope and proposal requirements, if the proposal includes all information requested ; timelines met, services will commence as requested by applicant |
| Contract modification provisions                         |                             | 13                    | Vendors must provide information as to the scalability of the proposed bandwidth service, specifically: - Site and service substitution provisions (as outlined in Section II (11) of this RFP.                                                                                                                                   |

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

**Disqualifying factors:**

If the Vendor is under FCC red light status, does not have an FCC Form 498 ID (service provider identification number), or does not have Box 18 on Form 498 checked to take part in the RHC Program, Applicant reserves the right to disqualify the proposal. If the Vendor is not able to commence service by the date listed in the proposal specifications, the proposal may be disqualified in whole or in part by the Applicant health care provider. Failure to copy all email recipients listed on page 3 of the accompanying RFP on all correspondence during the 28-day bid period including questions and proposal submission may result in disqualification. Vendor must specify any/all upfront costs including implementation fees, construction, installation,

configuration, etc. Applicant reserves the right to reject proposals that do not include specific information regarding upfront costs as described in section II(5) of the accompanying RFP document.

## Main Contact

| Name        | Organization                     | Title | Phone          | Email                                      | Address                                            |
|-------------|----------------------------------|-------|----------------|--------------------------------------------|----------------------------------------------------|
| Marci White | Helen Farabee Centers Consortium | Owner | (405) 600-4676 | mwhite@redbudt<br>elecomconsulting<br>.org | 2160 N. Main St, Ste C65 , Ne<br>wcastle, OK 73065 |

## 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

70015\_RFP\_FY26\_Final.pdf

### Summary of the HCP's requested services. :

Dedicated data/Internet access for HCP locations listed on this Form 461 and the accompanying RFP document.

## Additional Documentation

| Document Type | Description for Other | Document                            | Uploaded On           |
|---------------|-----------------------|-------------------------------------|-----------------------|
| Network Plan  |                       | HFTX_Network Plan_FY2026_260216.pdf | 2/16/2026 2:41 PM EST |

## Declaration of Assistance

| Name        | Organization Type | Title | Employer                  | Nature of Relationship | Email                              | Telephone      |
|-------------|-------------------|-------|---------------------------|------------------------|------------------------------------|----------------|
| Marci White | Consultant        | Owner | Redbud Telecom Consulting | Consultant             | mwhite@redbudtelecomconsulting.org | (405) 600-4676 |

## 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

|                               |                                    |
|-------------------------------|------------------------------------|
| <b>Name:</b>                  | Marci White                        |
| <b>Email:</b>                 | mwhite@redbudtelecomconsulting.org |
| <b>Phone:</b>                 | (405) 600-4676                     |
| <b>Employer:</b>              | Redbud Telecom Consulting          |
| <b>Title:</b>                 | Owner                              |
| <b>Employer's FCC RN:</b>     | 0028639441                         |
| <b>Certifier's Full Name:</b> | Marci White                        |
| <b>Digital Signature:</b>     | Marci White                        |
| <b>Date and time:</b>         | 2/16/2026 2:42 PM EST              |