General Information

HCP or Consortium: 70131 - Iroquois Memorial Consortium
Application Number: RHC46100022240
FCC Registration Number: 0002818417
Address: 200 E FAIRMAN AVE , WATSEKA, IL 60970
Application Nickname: FY2026 461 RFP#2
Funding Year: 2026
Funding Priority: Priority 4

Consortium Participating Sites

HCP Number	Name	LOA Expiry
13133	Iroquois Memorial Hospital	
13142	Iroquois Memorial Hospital - Gilman Clinic	
13143	Iroquois Memorial Hospital - Milford Clinic	
13145	Iroquois Memorial Hospital - Kentland Clinic	
33610	Iroquois Multi-Specialty Physicians	
117643	Iroquois Memorial Hospital - St Anne 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
Other	see uploaded RFP for details					Mbps	Yes
Equipment Installation							

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?: No
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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	
Other	Prior Experience	20	Three healthcare references from same region for like services
Technical support		20	Detail personnel experience
Other	Response Time	30	Detail response time for arrival

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Michelle Fox	Iroquois Memorial Consortium	Cons Director IT	(815) 432-7775	michelle.fox@imhrh.org	200 East Fairman Ave , Watseka, IL 60970

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

Iroquois RFP #2-Equipment 2026.docx

Summary of the HCP's requested services. :

Model and Equivalent Iroquois Memorial Hospital Unified Threat Protection Primary Fortgate 400E 200 E. Fairman Watseka, IL 60970 Unified Threat Protection SECONDARY Fortgate 400E 815-432-5841 Fortcare Premium Softward & Hardware Support 1024D Primary CORE Int Fiber Switch Annually Fortcare Premium Softward & Hardware Support 1024D Secondary CORE Int Fiber Switch Annually Forticare Premium RMA Next Day Service 1024D Primary CORE internet Fiber Switch Annually Forticare Premium RMA Next Day Service 1024D Secondary CORE internet Fiber Switch Annually HCP 33610 Forticare/Fortiguard UTM Bundle Annual Iroquois Regional Health Center 200 N. Laird Lane Watseka, Illinois 60970 815-432-5841 HCP 13142 Forticare/Fortiguard UTM Bundle Annual IMH Gilman Clinic 720 East Crescent Street Gilman, IL 60938 815-265-8889 HCP 13145 Forticare/Fortiguard UTM Bundle Annual IMH Kentland Clinic 303 North 7th Street Kentland, IN 47951 219-474-5464 HCP 13143 Forticare/Fortiguard UTM Bundle Annual IMH Milford Clinic 34 East Jones Street Milford, IL 60953 815-889-4241 HCP 117643 Forticare/Fortiguard UTM Bundle Annual IMH 135 W Station Sante Anne, IL 60964

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2026.docx	2/23/2026 5:24 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:	2/23/2026 5:26 PM EST