General Information

HCP or Consortium: 70858 - VFHC Consortium
Application Number: RHC46100022228
FCC Registration Number: 0021310073
Address: 1441 NE 10TH AVE , PAYETTE, ID 83661
Application Nickname: 70858 - VFHC Consortium
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
62355	Valley Family Health Care - Treasure Valley Pediatric Clinic	
14830	Valley Family Health Care - New Plymouth	
36608	Valley Family Health Care - Ontario (SW 4th)	
14802	Valley Family Health Care	
14832	Valley Family Health Care - Nyssa (N 6th St)	
14831	Valley Family Health Care - Nyssa (S 3rd St)	
14829	Valley Family Health Care - Emmett	
14835	Valley Family Health Care - Vale	
14834	Valley Family Health Care - Ontario (SW 3rd St)	

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		100	1000	100	1000	Mbps	Yes
Data		1000	1000	1000	1000	Mbps	Yes

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?: 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?: 10 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	Bid must provide clear itemized pricing for eligible transmission services with all ineligible costs separately identified.
Reliability of service		20	Service must provide a minimum 99.9% uptime Service Level Agreement (SLA) with defined Mean Time to Repair (MTTR) and documented escalation procedures.
Quality of transmission		15	Service must meet industry-standard performance metrics appropriate for real-time healthcare applications, including defined thresholds for latency, jitter, and packet loss.
Technical support		10	Vendor must provide 24x7x365 technical support with documented support contact procedures and escalation pathways.
Management capability, including solicitation compliance		10	Vendor must demonstrate ability to implement services in accordance with FCC Healthcare Connect Fund rules and provide complete and compliant proposal documentation.
Bandwidth		5	Vendor must be able to deliver the requested bandwidth range (100–1000 Mbps WAN and 1 Gbps Internet where specified) at the designated service locations.

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Zachary Hodges	VFHC Consortium	Chief Information Officer	(208) 452-5227	zhodges@vfhc.org	447 S Whitley Drive , Fruitland, ID 83619

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

REQUEST FOR PROPOSAL_VFHC_FY2026.docx

Summary of the HCP's requested services. :

Valley Family Health Care (VFHC) Consortium is requesting proposals for eligible data transmission services under the Healthcare Connect Fund Program to support nine clinical locations in Idaho and Oregon. Requested services include scalable fiber-based wide area network (WAN) connectivity ranging from 100 Mbps to 1 Gbps per site and dedicated 1 Gbps Internet access services at designated aggregation locations. Services must provide enterprise-grade reliability suitable for real-time healthcare applications, including electronic health records, secure VPN connectivity, and telehealth services. VFHC seeks high-availability connectivity and encourages proposals that support redundant routing and diverse carrier options where commercially available, particularly at Ontario Medical & Dental (Ontario, OR) and Payette Medical (Payette, ID). Vendors may propose primary and secondary circuit configurations. Proposals must clearly separate eligible transmission costs from any ineligible equipment, installation, or managed services. Bids will be evaluated according to the weighted criteria outlined in the attached RFP, with price of eligible services as the most heavily weighted factor.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		VALLEY FAMILY HEALTH CARE_ Network_Plan_FY2026.docx	2/23/2026 3:56 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone

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:	Zachary Hodges
Email:	zhodges@vfhc.org
Phone:	(208) 452-5227
Employer:	Valley Family Health Care
Title:	Chief Information Officer
Employer's FCC RN:	0021310073
Certifier's Full Name:	Zachary Hodges
Digital Signature:	Zachary Hodges
Date and time:	2/23/2026 3:57 PM EST