General Information

HCP or Consortium: 71046 - Alabama Hospital Association Broadband Consortium
Application Number: RHC46100021862
FCC Registration Number: 0029221157
Address: 500 N EASTERN BLVD , MONTGOMERY, AL 36117
Application Nickname: 26-UAB
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
15618	Blount County Health Department	06/30/2026
71700	UAB - C Spire Datacenter	06/30/2026
117578	Daniel Building (Admin/Billing)	06/30/2026
113523	Co-Loc Data Center	06/30/2026
71686	Eastern Clinic Jefferson County Health Department	06/30/2026
71689	UAB Heart & Vascular Clinic of Central Alabama	06/30/2026
71699	UAB - Montgomery Data Center	06/30/2026
71694	UAB Hospital	06/30/2026
71696	UAB Hospital-Highlands	06/30/2026
71828	UAB HSIS DC	06/30/2026
134587	UAB St. Vincent’s Foundation	06/30/2026
134749	UAB St. Vincent's Primary Care-Locust Fork	06/30/2026
71698	UAB Women & Infants Center	06/30/2026
71688	Western Health Center Jefferson County Health Department	06/30/2026
63845	St. Vincent's Birmingham	06/30/2026
50172	St. Vincent's Chilton	06/30/2026
63749	St. Vincent's East	06/30/2026
48678	St. Vincent's Family Care - Cleveland	06/30/2026
31002	St. Vincent's St. Clair	06/30/2026
30561	St. Vincent's Family Care - Oneonta	06/30/2026

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		1.54	40000	1.54	40000	Mbps	Yes
Construction Equipment							
Installation							
Network Management Services							
Other	Professional Services					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, This is preferred
Will the HCP consider bids for month-to-month contracts?:	Yes, This is preferred
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?:	2 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	Vendor Experience, Past Performance	25	3 comparable references
Reliability of service		25	99.99% availability
Leverage existing resources		20	Compatible with existing services and equipment

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

Disqualifying factors: Failure to comply with the terms of the RFP may result in disqualification.

Main Contact

Name	Organization	Title	Phone	Email	Address
Carl Parker	Alabama Hospital Association Broadband Consortium	Client Manager	7203947845	carlparker@fedfunding.net	PO Box 3154 , Evergreen, CO 80437

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

26-UAB RFP.pdf

Summary of the HCP's requested services. :

Provide access and support to conduct healthcare-related activities such as the use of EHR, telemedicine, and transmission of radiology images.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		AlaHA-BC Network Plan FY2026.pdf	2/5/2026 3:16 PM EST
Other	Vendor pricing template	Vendor Pricing Template.xlsx	2/5/2026 3:16 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Carl Parker	Consultant	Client Manager	Federal Funding Group	Consultant	carlparker@fedfunding.net	(720) 394-7845

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:	Carl Parker
Email:	carlparker@fedfunding.net
Phone:	7203947845
Employer:	Federal Funding Group
Title:	Client Manager
Employer's FCC RN:	
Certifier's Full Name:	Carl Parker
Digital Signature:	Carl Parker
Date and time:	2/5/2026 3:17 PM EST