General Information

HCP or Consortium: 71545 - San Juan Regional Medical Center
Application Number: RHC46100021947
FCC Registration Number: 0007629868
Address: 801 W MAPLE ST , FARMINGTON, NM 87401-5630
Application Nickname: 2026
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
25885	SJRM - San Juan Regional Medical Center	
25886	SRJM - Aztec Family Medicine	
71715	SRJM - Heart Center Durango	
113972	SRJM - Business Office	
23303	Axis Health System - New Day Counseling Center	
84642	SJRM - Aztec Multispecialty 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
Data		1.544	10000.0	1.544	10000.0	Mbps	Yes
Equipment							
Installation							
Network Management Services							
Construction							

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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		14	See RFP
Other	Prior experience, including past performance	12	See RFP
Other	Account Management	12	See RFP
Personnel qualifications, including technical excellence		14	See RFP
Other	Implementation Timeline	13	See RFP
Leverage existing resources		13	See RFP
Other	USAC Compliance	11	See RFP
Other	Compliance with the terms of this RFP	11	See RFP

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

Disqualifying factors: Will only accept bids from vendors with USAC 498 ID (fka SPIN). All vendors must certify that they are not in violation of FCC order 19-21 and do not have any infrastructure or relationship with Huawei or ZTE. See RFP for additional disqualifying factors.

Main Contact

Name	Organization	Title	Phone	Email	Address
Whittney Walker	San Juan Regional Medical Center	VP, Telecom Services	9729431226	wwalker@communityhospitalcorp.com	7950 Legacy Dr Suite 1000, Plano, TX 75024

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

HCP 71545-RFP_001-2026-Final.pdf

Summary of the HCP's requested services. :

See RFP

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		HCP 71545 - Network Plan.pdf	2/9/2026 10:44 PM EST
Other	Cost worksheet	HCP 71545 - 2026 Exhibit B.xlsx	2/9/2026 10:44 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Whittney Walker	Consultant	VP, Telecom Services	Community Hospital Corporation	Consultant	wwalker@communityhospitalcorp.com	(972) 943-1226

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:	Whittney Walker
Email:	wwalker@communityhospitalcorp.com
Phone:	9729431226
Employer:	Community Hospital Corporation
Title:	VP, Telecom Services
Employer's FCC RN:	0021677935
Certifier's Full Name:	Whittney Walker
Digital Signature:	Whittney Walker
Date and time:	2/9/2026 10:45 PM EST