General Information

HCP or Consortium: 72131 - Camino Real Consortium
Application Number: RHC46100022352
FCC Registration Number: 0022984686
Address: 19965 FM 3175 , LYTLE, TX 78052
Application Nickname: 2026 FY RFP #1
Funding Year: 2026
Funding Priority: Priority 2

Consortium Participating Sites

HCP Number	Name	LOA Expiry
71885	Camino Real Community Services Lytle CRU	
33370	Camino Real Community Services	
35419	Camino Real Community Services - Atascosa County Mental Health Clinic	
35420	Camino Real Community Services - Atascosa WC	
35422	Camino Real Community Services dba Camino Real- Wilson County Mental Health Clinic	
35423	Camino Real Community Services-Wilson IDD	
36251	Camino Real Community Services - Zavala MH	
36253	Camino Real Community Services - Maverick MH	
36254	Camino Real Community Services - Frio MH	
36275	Camino Real Community Services - Maverick ECI	
36277	Camino Real Community Services - Zavala ECI	
36280	Camino Real Community Services - Wilson ECI	
36288	Camino Real Community Services - Seguin - Guadelupe ECI	
71886	Camino Real Community Services - Tilden	
72083	Camino Real Community Services - Zavala WC	
72089	Camino Real Community Services - New Braunfels ECI	
72134	Camino Real Community Services - Maverick CRU	
72135	Camino Real Community Services - FRIO IDD	
36255	Camino Real Community Services - Karnes MH	
91795	Camino Real Community Services - Hondo ECI	

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
Installation							

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?:	No
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		30	
Other	Prior Experience	20	A listing of client references from prior projects where equal services have been provided for projects of similar size and scope.
One vendor solution		20	
Other	HCP pays only the discounted amount of invoice	30	The HCP will only pay the discounted portion of the invoice. The Vendor will add this to the agreement

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

Disqualifying factors: HCP will not accept bids from wholesalers, resellers or agents

Main Contact

Name	Organization	Title	Phone	Email	Address
Geoff Boggs	Camino Real Consortium	CEO	(502) 228-1907	gboggs@uasave.com	PO Box 326 , Prospect, KY 40059

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

2026 RFP Camino Real - 1st.docx

Summary of the HCP's requested services. :

Summary of services and locations are on the RFP Included.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2026.docx	2/27/2026 2:36 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Elizabeth Boggs-Goodknight	Consultant	COO	USF Healthcare Consulting, Inc	Consultant	egoodknight@uasave.com	(502) 228-1907
Geoff Boggs	Consultant	CEO	USF Healthcare Consulting Inc	Consultant	gboggs@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:	Elizabeth Boggs-Goodknight
Email:	egoodknight@uasave.com
Phone:	(502) 228-1907
Employer:	USF Healthcare Consulting, Inc
Title:	COO
Employer's FCC RN:	0018694075
Certifier's Full Name:	Elizabeth Boggs-Goodknight
Digital Signature:	Elizabeth Boggs-Goodknight
Date and time:	2/27/2026 2:38 PM EST