

## General Information

**HCP or Consortium:** 93978 - Louisiana Independent Hospital Network Coalition  
**Application Number:** RHC46100022111  
**FCC Registration Number:** 0029487725  
**Address:** 8585 PICARDY AVE , BATON ROUGE, LA 70809  
**Application Nickname:** LIHNC - NYPCC  
**Funding Year:** 2026  
**Funding Priority:** Priority 8

### Consortium Participating Sites

| HCP Number | Name                                                                                               | LOA Expiry |
|------------|----------------------------------------------------------------------------------------------------|------------|
| 110730     | New York Psychotherapy and Counseling Center - HQ                                                  | 06/30/2027 |
| 73379      | New York Psychotherapy and Counseling Center - Bronx Child and Family Mental Health center         | 06/30/2027 |
| 73489      | New York Psychotherapy and Counseling Center - Bushwick Child and Family Mental Health Center      | 06/30/2027 |
| 73540      | New York Psychotherapy and Counseling Center - East New York Child and Family Mental Health Center | 06/30/2027 |
| 120388     | Queens Child and Family Mental Health Center                                                       | 06/30/2027 |
| 132213     | NYPCC Adult Home Clinic Treatment                                                                  | 06/30/2028 |

## 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             |                       | 10                 | 1000               | 10               | 1000             | Mbps       | Yes                             |

## 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?:** 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?:** 7 Day(s)

## Bid Evaluation

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

| Criteria                                                 | Description                    | Evaluation Weight (%) | Minimum Requirement                       |
|----------------------------------------------------------|--------------------------------|-----------------------|-------------------------------------------|
| Price                                                    |                                | 40                    | Price of Service                          |
| Personnel qualifications, including technical excellence |                                | 30                    | 3 References for Same or Similar Services |
| Other                                                    | Service Capacity & Scalability | 20                    | To Extent Possible                        |
| Technical support                                        |                                | 10                    | Single Point of Contact                   |

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

Disqualifying factors: No 498ID and services/fees not itemized

## Main Contact

| Name              | Organization                                     | Title | Phone          | Email                                    | Address                                                |
|-------------------|--------------------------------------------------|-------|----------------|------------------------------------------|--------------------------------------------------------|
| Chrystal Matthews | Louisiana Independent Hospital Network Coalition | CEO   | (337) 302-3764 | chrystal@elitepro<br>gramspecialists.com | 711 E. Ascension St. Suite 56<br>9, Gonzales, LA 70737 |

## 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?: Yes

Will the HCP be including an RFP with this application?: Yes

LIHNC-NYPCC\_RFP\_FY26.docx

### Summary of the HCP's requested services. :

The Consortium Member is soliciting proposals for the provision of primary and redundant public Internet access services, as well as long-term leased or owned private network (Intranet) services. The scope includes the design, engineering, implementation, and ongoing management and monitoring of a secure broadband network infrastructure. Proposed solutions must include all components necessary to ensure full functionality of the services, along with a detailed breakdown of all associated costs. The member is not seeking a single provider solution. Bidders may propose a solution related to the particular services and/or equipment for which they have the capacity to provide. Requested Contract Term: Month to month and up to 3 years

## Additional Documentation

| Document Type | Description for Other | Document                          | Uploaded On           |
|---------------|-----------------------|-----------------------------------|-----------------------|
| Network Plan  |                       | 2026 LIHNC_NetworkPlan_NYPCC.docx | 2/19/2026 6:49 PM EST |

## Declaration of Assistance

| Name              | Organization Type | Title               | Employer                  | Nature of Relationship | Email                                 | Telephone      |
|-------------------|-------------------|---------------------|---------------------------|------------------------|---------------------------------------|----------------|
| Chrystal Matthews | Consultant        | CEO                 | Elite Program Specialists | Consultant             | chrystal@elitemprogramspecialists.com | (337) 302-3764 |
| Caitlyn Bass      | Consultant        | Executive Assistant | Elite Program Specialists | Paid service           | Caitlyn@epsfirm.com                   | (225) 494-3635 |

## 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

|                               |                                      |
|-------------------------------|--------------------------------------|
| <b>Name:</b>                  | Chrystal Matthews                    |
| <b>Email:</b>                 | chrystal@eliteprogramspecialists.com |
| <b>Phone:</b>                 | (337) 302-3764                       |
| <b>Employer:</b>              | Elite Program Specialists            |
| <b>Title:</b>                 | CEO                                  |
| <b>Employer's FCC RN:</b>     | 0027714672                           |
| <b>Certifier's Full Name:</b> | Chrystal Matthews                    |
| <b>Digital Signature:</b>     | Chrystal Matthews                    |
| <b>Date and time:</b>         | 2/19/2026 6:53 PM EST                |