

General Information

HCP or Consortium: 93978 - Louisiana Independent Hospital Network Coalition
Application Number: RHC46100022534
FCC Registration Number: 0029487725
Address: 8585 PICARDY AVE , BATON ROUGE, LA 70809
Application Nickname: LIHNC - Morris Heights
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
135243	MHHC Vanguard at 233rd Street	06/30/2029
135246	MHHC PS 396/ MS390	06/30/2029
135247	MHHC PS/MS 279	06/30/2029
135251	MHHC TapCo Theater Arts Production Co	06/30/2029
135265	MHHC Health Opportunities HS	06/30/2029
135236	MHHC Omega Health Urgent Care	06/30/2029
135237	MHHC Harrison Circle	06/30/2029
135238	MHHC Bronx Medical and Wellness Center	06/30/2029
135240	MHHC at Melrose	06/30/2029
135242	MHHC at St Ann's	06/30/2029
135244	MHHC at Walton	06/30/2029
135248	MHHC PS/MS 382	06/30/2029
135249	MHHC Leadership & Community Service Academy/232	06/30/2029
135250	MHHC SBHC - MS 399	06/30/2029
135252	MHHC The Grace Dodge Campus	06/30/2029
135256	MHHC PS 90	06/30/2029
135257	MHHC SBHC CES 126	06/30/2029
135258	MHHC The Marie Curie School for Medicine, Nursing, and Health Professions	06/30/2029
135259	MHHC SBHC 306	06/30/2029
135260	MHHC Mott Hall Campus	06/30/2029
135261	MHHC In-Tech Academy (MS/High School 368)	06/30/2029
135262	MHHC PS/MS 29	06/30/2029
135263	MHHC Banana Kelly HS	06/30/2029
135264	MHHC JHS 162 - Lola Rodriguez de Tio	06/30/2029
135266	MHHC International Community HS	06/30/2029
135267	MHHC Albert Tuitt Educational Campus	06/30/2029
135268	MHHC Harry S. Truman HS	06/30/2029
135269	MHHC Brooklyn	06/30/2029

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
Installation							
Equipment							
Network Management Services							

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Chrystal Matthews	Louisiana Independent Hospital Network Coalition	CEO	(337) 302-3764	chrystal@elitepro gramspecialists.com	711 E. Ascension St. Suite 56 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-Morris Heights_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_MHHC.docx	3/25/2026 11:32 AM EDT

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

Name:	Chrystal Matthews
Email:	chrystal@eliteprogramspecialists.com
Phone:	(337) 302-3764
Employer:	Elite Program Specialists
Title:	CEO
Employer's FCC RN:	0027714672
Certifier's Full Name:	Chrystal Matthews
Digital Signature:	Chrystal Matthews
Date and time:	3/25/2026 11:32 AM EDT