General Information

HCP or Consortium: 94702 - Burrell, Inc. Consortium
Application Number: RHC46100022253
FCC Registration Number: 0029424926
Address: 2885 W BATTLEFIELD ST , SPRINGFIELD, MO 65807
Application Nickname: Brightli -Preferred Family Healthcare
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
134596	Preferred Family Healthcare - St. Louis, Chippewa	
134834	Preferred Family Healthcare - Champion Center	
134612	Preferred Family Healthcare - Ava, Jefferson	
134629	Preferred Family Healthcare - Kansas City, James A Reed	
134851	Preferred Family Healthcare - West Plains, Independence	
134853	Preferred Family Healthcare - Nevada, Elm	
134854	Preferred Family Healthcare - Rolla, 1212 Route 72	
134855	Preferred Family Healthcare - Camdenton, N Business	
134856	Preferred Family Healthcare - Harrisonville, Westchester	
134857	Preferred Family Healthcare - Rolla,1208 Route 72	
134858	Preferred Family Healthcare - El Dorado Springs, Hwy 32	
134859	Preferred Family Healthcare - Bolivar, Maupin	
134937	Firefly - Bolivar S 131 Rd	
134938	Firefly - El Dorado Hospital Rd	
134939	Firefly - Perryville Edgemont	
134941	Firefly - Kansas City Vivion Rd	
134867	Preferred Family Healthcare - Cape Girardeau, Independence	
134863	Preferred Family Healthcare - Kansas City, 102nd St	
134861	Preferred Family Healthcare - Springfield, College	
134862	Preferred Family Healthcare - Joplin, 710 Maiden	
134864	Preferred Family Healthcare - Wentzville, Shockdrake	
134866	Preferred Family Healthcare - Joplin, 2000 Maiden	
134942	Firefly - Raytown Blue Ridge Cutoff	

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		50	500	50	500	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

Main Contact

Name	Organization	Title	Phone	Email	Address
Chrystal Matthews	Burrell, Inc. Consortium	CEO	(337) 302-3764	chrystal@eliteprogramspecialists.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

Burrell Inc-Brightli Preferred Family Healthcare_RFP-1_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		Burrell_NetworkPlan_FY26_Preferred Family Healthcare.docx	2/24/2026 12:08 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Chrystal Matthews	Consultant	CEO	Elite Program Specialists	Consultant	chrystal@eliteprogramspecialists.com	(337) 302-3764
Caitlyn Bass	Consultant	Executive Assistant	Elite Program Specialists, LLC	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:	2/24/2026 12:09 PM EST