General Information

HCP or Consortium: 94538 - Rural Health Care INC, dba Aza Health
Application Number: RHC46100022319
FCC Registration Number: 0021639505
Address: 1302 RIVER ST , PALATKA, FL 32177
Application Nickname: 2026 FY 461
Funding Year: 2026
Funding Priority: Priority 2

Consortium Participating Sites

HCP Number	Name	LOA Expiry
93995	Rural Health Care Inc, - Hastings	
93993	Rural Health Care, Inc - St. Augustine Medical	
93992	Rural Health Care, Inc - Administration	
93998	Rural Health Care Inc, - Palm Coast	
93997	Rural Health Care Inc, - Green Cove Springs	
30651	Rural Health Care, Inc. - Hawthorne Medical	
94000	Rural Health Care Inc - St. Augustine Dental	
30463	Rural Health Care Inc, dba Aza Health - Keystone Medical	
30652	Rural Health Care, Inc. - Eastside Dental	
28323	Rural Health Care, Inc. - Interlachen Medical	
28322	Rural Health Care, Inc. - Cresent City Medical	
28325	Rural Health Care, Inc. - Palatka Dental	
28324	Rural Health Care, Inc. - Palatka Medical	

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	1000	50	1000	Mbps	Yes
Equipment							
Installation							
Network Management Services							

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, 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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		25	25
Technical support		15	15
Reliability of service		10	10
Other	Web Portal for Router Monitoring	10	10
Other	Managed Routers	20	20
Other	Prior Experience, including past per formance	20	20

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?: No

Main Contact

Name	Organization	Title	Phone	Email	Address
Jacquelyn Riddley	Rural Health Care INC, dba Aza Health	IT Tech	(386) 326-7390	jriddley@azahealth.org	1302 River Street , Palatka, FL 32177

RFP and Summary

Is the HCP likely to request more than $100 000 in program support from this request for services?: No

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?: No

Summary of the HCP's requested services. :

We are an FQHC Facility, we provide primary, dental and mental health services. We have an EMR system along with electronic dental x-ray submissions. Our EMR system is moving to cloud hosting currently.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2026.docx	2/26/2026 1:46 PM EST
Network Plan		2581581-Updated Network Plan 2026.docx	3/3/2026 12:09 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone

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:	Jacquelyn Riddley
Email:	jriddley@azahealth.org
Phone:	(386) 326-7390
Employer:	Rural Health Care Inc, dba Aza Health
Title:	IT Tech
Employer's FCC RN:	0021639505
Certifier's Full Name:	Jacquelyn Riddley
Digital Signature:	Jacquelyn Riddley
Date and time:	2/26/2026 1:47 PM EST