General Information

HCP or Consortium: 102653 - Aspire Rural Health System
Application Number: RHC46100021954
FCC Registration Number: 0010477461
Address: 2770 MAIN ST , MARLETTE, MI 48453-1141
Application Nickname: 2026FY No 1
Funding Year: 2026
Funding Priority: Priority 4

Consortium Participating Sites

HCP Number	Name	LOA Expiry
24451	Marlette Regional Hospital	
119596	Marlette Regional Hospital - Port Sanilac	06/30/2030
12550	Hills & Dales General Hospital	06/30/2030
52515	KINGSTON FAMILY PRACTICE	06/30/2030
52516	CARO CENTER FOR REHABILITATION	06/30/2030
114352	Hills and Dales - Millwood St. Primary Care	06/30/2030
66958	Hills & Dales Caro Family Practice	06/30/2030
119234	Hills & Dales Healthcare - Bad Axe	06/30/2030
119236	Hills & Dales Healthcare - Caro Rapid Care	06/30/2030
52510	HILLS & DALES GENERAL SURGERY	06/30/2030
52513	FAMILY HEALTHCARE OF CASS CITY	06/30/2030
134141	Aspire - Cass City Rapid Care	06/30/2030
134140	Aspire - Huron Eye Care	06/30/2030
52514	UBLY MEDICAL CLINIC	06/30/2030
52511	HILLS & DALES AFTER HOURS CLINIC	06/30/2030
52512	CASS CITY MEDICAL PRACTICE	06/30/2030
98062	MRH - Family Healthcare of Brown City	
98069	MRH - Mayville Family Healthcare	
98073	MRH - North Branch Family Healthcare	
102672	DVCH - Deckerville Healthcare Services	06/30/2030
11412	Deckerville Community Hospital	06/30/2030

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	100	100	100	Mbps	No
Data		500	500	500	500	Mbps	No
Data		1	1	1	1	Gbps	No
Data		1	1000	1	1000	Mbps	Yes
Equipment							

Installation
Network Management S
ervices

Dates and Timing

What is the HCP's desired service contract length?:	Equal 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
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?:	30 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	Vendor's cost of products and services.
Other	Prior experience, including past performance	20	Prior experience of the vendor and client references, and/or citations from prior projects where equal services have been provided for projects of similar size and scope
Project management plan		25	This includes indirect costs to implement proposed services, Aspire's personnel time required, vendor's demonstrated ability to mitigate down time during migration, and timeliness in making a transition.
Contract modification provisions		25	Contract has provisions to upgrade and/or downgrade and allowances for service substitutions as needs dictate without penalty or extending the term, and contract explicitly allows for voluntary extensions at the end of the first term.

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?:	Yes
Disqualifying factors:	1. Vendors must provide services that are compatible with existing network.

Main Contact

Name	Organization	Title	Phone	Email	Address
Theresa Ramsey	Aspire Rural Health System	Consultant	(989) 614-7393	theresa@rhcconsult.com	1520 kNOCH rOAD , GAYLORD, MI 49735

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

Request for Proposal 2026 1.pdf

Summary of the HCP's requested services. :

The contract for services will be a consortium level contract. This RFP addresses the internet services, hardware, and network maintenance needs for the HCP sites as listed in attached Table 1.1, Table 1.2 and Table 1.3

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2026.pdf	2/10/2026 10:52 AM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Theresa Ramsey	Consultant	Consultant	d/b/a RHC Consulting	Consultant	theresa@rhcconsult.com	(989) 614-7393

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:	Theresa Ramsey
Email:	theresa@rhcconsult.com
Phone:	(989) 614-7393
Employer:	d/b/a RHC Consulting
Title:	Consultant
Employer's FCC RN:	0024948176
Certifier's Full Name:	Theresa Ramsey
Digital Signature:	THERESA RAMSEY
Date and time:	2/10/2026 10:52 AM EST