General Information

HCP or Consortium: 106330 - My Community Dental Centers Consortium
Application Number: RHC46100021793
FCC Registration Number: 0020768081
Address: 3890 CHARLEVOIX RD STE 300 , PETOSKEY, MI 49770
Application Nickname: 2026FY
Funding Year: 2026
Funding Priority: Priority 1

Consortium Participating Sites

HCP Number	Name	LOA Expiry
53798	MCDC - Cedar Springs	
53797	MCDC - Sturgis	
43905	MCDC - Harrison	
114328	MCDC - Admin Office Petoskey	
26928	MCDC - Charlotte Clinic	
26925	MCDC - Sidney Clinic	
17366	MCDC - Cadillac Clinic	
17360	MCDC - Manistee Clinic	
17355	MCDC - Three Rivers	
26927	MCDC - Big Rapids Clinic	
26933	MCDC - Hart Clinic	
53795	MCDC - Coldwater	
59507	MCDC - Allegan	
26926	MCDC - Hillsdale Clinic	
134169	MCDC TCAPS Data Center 29	
108389	MCDC - Engadine	

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		1	1000	1	1000	Mbps	Yes
Equipment							

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, 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?: 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 vendor and client references. This will be based on both MCDC's prior experience with the vendor as well as that of other similarly situated healthcare organizations.
Project management plan		25	This includes indirect costs to implement proposed services, MCDC'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 2. Vendors must be actively participating in the program with an active SPIN.

Main Contact

Name	Organization	Title	Phone	Email	Address
Theresa Ramsey	My Community Dental Centers Consortium	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.pdf
2518049-Request for Proposal 2026 (1).pdf

Summary of the HCP's requested services. :

The contract for services will be a consortium level contract encompassing all the HCP services listed in Table 1.1

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2026.pdf	2/3/2026 11:38 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:	2/3/2026 11:38 AM EST