General Information

HCP or Consortium: 112825 - Access Health Louisiana Consortium
Application Number: RHC46100022423
FCC Registration Number: 0029416682
Address: 2900 Indiana Ave , Kenner, LA 70065
Application Nickname: Access Health 461
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
118402	Access Health LA - Admin Office	
118406	Access Health LA Data Center - Venyu	
88809	Washington Community Health Center	
113564	Oakdale School-Based Health Center	
112832	Bogalusa High School-Based Health Center	
112833	Access Health Louisiana Lutcher High School SBHC	
112828	St. James Alternative School	
47890	CHRISTUS Health Lakeview SBHC	
47891	CHRISTUS Health Natchitoches Central High SBHC	
47909	CHRISTUS Health- Slocum Dry Prong Junior HIgh	
47892	CHRISTUS Health Cloutierville SBHC	
47894	CHRISTUS Health Jena Junior High SBHC	
97651	Glenmore SBHC	
47893	CHRISTUS Health Avoyelles SBHC	
47908	CHRISTUS Health Jena High School SBHC	
54001	Pollock SBHC	
54008	Marthaville SBHC	
54007	CHRISTUS Avoyelles Charter SBHC	
118413	Northwood SBHC	
88792	St. Charles Community Health Center	
88812	St. Charles Community Health Center - Norco	
88715	St. Bernard Community Health Center	
112829	Kenner Community Health Center 671	
88765	Access Health Louisiana Primary Care at the Pythian	
88790	Belle Chasse Community Health Center	
88797	Tangipahoa Community Health Center	
88799	St. Tammany Community Health Center - Slidell	
88803	South Broad Community Health	
88808	Woodworth Community Health Center	
118415	Tioga Junior High SBHC	
118419	Pineville Junior High SBHC	
118423	Lessie Moore Elementary SBHC	
118432	Tioga High SBHC	

118446	Warren Easten High School SBHC
132201	Buckeye High SBHC
132204	Plaquemine High SBHC
132315	Access Health LA Data Center - Dallas
132205	AHL SBHC Paradis LA

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		5	1000	5	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
Leverage existing resources		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	Access Health Louisiana 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

Access Health LA_RFP_FY26.docx

Summary of the HCP's requested services. :

AHL is seeking proposals for primary and secondary public Internet and long term leased or owned network services including the design, engineering, implementation and continued management and monitoring of a secure broadband network. Proposed solutions should include all elements required to make the services function properly and the associated costs for each. AHL 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		AHLConsortium_NetworkPlan_FY26.docx	3/2/2026 6:16 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:	3/2/2026 6:16 PM EST