General Information

HCP or Consortium: 114092 - Billings Clinic Consortium
Application Number: RHC46100022069
FCC Registration Number: 0013866561
Address: 2800 10TH AVE N , BILLINGS, MT 59101
Application Nickname: 2026 Billings Consortium with Logan Health
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
23384	Billings Clinic	
11238	Broadwater Health Center	
133365	Billings Clinic Bozeman Surgery Center	
12258	Cody Clinic	
95774	Billings Clinic Cody	
95772	Billings Clinic Cody	
11502	Miles City Healthcare Clinic	
10666	Stillwater Community Hospital	
114788	Billings Clinic West Yellowstone Medical Clinic	
121243	Logan Health Medical Center	
121244	Logan Health - Northwest Campus Hospital	
121245	Logan Health - Childrens Hospital	
121246	Logan Health - Behavioral Health Hospital	
121247	Logan Health - Liberty County Hospital	
121249	Logan Health - Conrad Hospital	
121250	Northern Rockies Medical Center Inc. DBA Logan Health - Cut Bank	
121252	Logan Health Shelby Hospital	
121253	Logan Health Whitefish Hospital	
131303	Logan Health Primary Care - Bigfork	
131308	Logan Health Rural Health Clinic - Chester	
120972	Logan Health Primary Care - Columbia Falls	
120973	Logan Health Specialty Care	
120974	Logan Health Primary Care - Eureka	
120976	Logan Health Specialty Care - Eureka	
120977	Logan Health Care Center - Shelby Skilled Nursing	

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		10	2000	10	2000	Mbps	Yes

Other	Internet	5	2000	5	2000	Mbps	Yes

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		30	
Other	Compliance of RFP requirements	25	Bidder complying with the bidding re quirements of the RFP will receive t he highest score. Bidders should ac knowledge and/or address each of t he points in the General Requirem e nts and Proposal Requirements s ec tion
Other	Past Experience	20	Bidders shall provide documentation to support their experience in provid ing this type of service by providing : • A description of the qualifications , experience, capacity and/or capac it y of the vendor to successfully pro vi de the solution recommended by the vendor in a complete and timely ma nner. • A listing of client referen ces (3) from prior projects where eq ual s ervices have been provided fo r proje cts of similar size and scope in the s tate of Montana One vendor for the entire bid will rec eive the hi ghest score
One vendor solution		25	One vendor for the entire bid will rec eive the highest score

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

Main Contact

Name	Organization	Title	Phone	Email	Address
David Boggs	Billings Clinic Consortiu m	Consultant	(615) 472-8896	david.boggs@the usfgroup.com	p.o. box 680001 , Franklin, TN 37068

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

2026 Billings Clinic - Logan Health RFP.pdf

Summary of the HCP's requested services. :

Billings Clinic along with Logan Health is seeking bids for a point to point ethernet solutions and individual internet for each of its locations listed in the RFP.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Billings Network Plan 2026.pdf	2/18/2026 1:10 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
David Boggs	Consultant	Consultant	The USF Group	Consultant	david.boggs@theusfgroup.com	(615) 472-8896

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:	David Boggs
Email:	david.boggs@theusfgroup.com
Phone:	(615) 472-8896
Employer:	The USF Group
Title:	Consultant
Employer's FCC RN:	0023949100
Certifier's Full Name:	David Boggs
Digital Signature:	David Boggs
Date and time:	2/18/2026 1:11 PM EST