General Information

HCP or Consortium: 114629 - ChangePoint Consort
Application Number: RHC46100022259
FCC Registration Number: 0014085013
Address: 2500 E SHOW LOW LAKE RD , SHOW LOW, AZ 85901
Application Nickname: ChangePoint
Funding Year: 2026
Funding Priority: Priority 2

Consortium Participating Sites

HCP Number	Name	LOA Expiry
70664	ChangePoint Integrated Health - Woodland	
71089	ChangePoint Integrated Health - Administration	
10026	ChangePoint Integrated Health - Show Low	
10024	ChangePoint Integrated Health - Holbrook	
70687	ChangePoint Integrated Health - Medical Bldg	
10025	ChangePoint Integrated Health - Winslow	
65223	ChangePoint Integrated Health - Snowflake SMI Vision Center	
30746	ChangePoint Integrated Health - Snowflake	
50321	ChangePoint Integrated Health - Show Low A	
70511	ChangePoint Integrated Health - Psych Hospital	

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	1000	10	1000	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
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?: 15 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	
Reliability of service		30	1
Other	copayment plan	10	1
Bandwidth		20	1
Personnel qualifications, including technical excellence		10	1

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Kim DeCross	ChangePoint Consort	Executive Assistant to COO	(928) 537-5315	kdecross@mychangepoint.org	1801 W. Deuce of Clubs, Suite 100 , Show Low, AZ 85901

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. :

Needs to include language for possible upgrade and moving of service location. HCP70511 - 100 mbhps for 24/7 psych hospital, HCP50321 - 1 gbps for busy health care facility, HCP70697 - 500 mbps to 1 gbps for primary and mental health office, All other sites 100 mbps.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan.pdf	2/24/2026 1:37 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:	Kim DeCross
Email:	kdecross@mychangepoint.org
Phone:	(928) 537-5315
Employer:	ChangePoint Integrated Health
Title:	Executive Assistant to COO
Employer's FCC RN:	0014085013
Certifier's Full Name:	Kim DeCross
Digital Signature:	Kim Decross
Date and time:	2/24/2026 1:38 PM EST