General Information

HCP or Consortium: 119956 - Captis Federal Technology Fund Consortium
Application Number: RHC46100022015
FCC Registration Number: 0021927686
Address: 2321 STOUT RD , MENOMONIE, WI 54751
Application Nickname: CentraCare Equip FY26
Funding Year: 2026
Funding Priority: Priority 5

Consortium Participating Sites

HCP Number	Name	LOA Expiry
10261	CentraCare Health -Paynesville	06/30/2029
46446	St. Cloud Hospital	06/30/2029
60325	CentraCare Data Center #1	06/30/2029
13581	Rice Memorial Hospital	06/30/2029
13664	Swift County - Benson Hospital	06/30/2029
10395	CentraCare Health-Long Prairie	06/30/2029
39842	CentraCare Health-Melrose Hospital	06/30/2029
44761	CentraCare Health - Monticello	06/30/2029
13573	Carris Health - Redwood	06/30/2029
10391	CentraCare Health-Sauk Centre Hospital	06/30/2029
55510	CentraCare Health Foundation	06/30/2029
47211	CentraCare Clinic- Albany	06/30/2029
14596	CentraCare Oncology/Kidney Dialysis - Alexandria	06/30/2029
52695	CentraCare Neurosciences Clinic	06/30/2029
133367	Becker Clinic	06/30/2029
64397	CentraCare Clearwater Clinic	06/30/2029
64398	Cold Spring Clinic	06/30/2029
44801	CentraCare Clinic - Little Falls	06/30/2029
133981	New London Clinic	06/30/2029
16422	CentraCare Health Paynesville-Richmond Clinic	06/30/2029
133379	Redwood Pavilion - Eye Center	06/30/2029
133723	Willmar Sleep Center	06/30/2029

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
Equipment							
Installation							
Network Management Services							

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?:	2 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	N/A
Other	Prior experience, including past performance	25	At least 3 comparable references
Reliability of service		25	99.99% availability
Leverage existing resources		20	Compatible with existing services and equipment

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?: Yes

Disqualifying factors: Failure to comply with the requirements within the RFP may result in disqualification.

Main Contact

Name	Organization	Title	Phone	Email	Address
Shantelle Powell	Captis Federal Technology Fund Consortium	Client Manager	2073162993	shantellepowell@fedfunding.net	PO Box 3154 , Evergreen, CO 80437

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

CFTFC_CentraCare_FY2026 RFP Package_Submitted.pdf

Summary of the HCP's requested services. :

THE PURPOSE IS TO PROVIDE SOLUTIONS THAT PROVIDE ACCESS AND SUPPORT TO CONDUCT ACTIVITIES SUCH AS USE OF EMR, TELEMEDICINE AND TRANSMISSION OF RADIOLOGY IMAGES FOR THE PURPOSE OF HEALTHCARE DELIVERY.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Captis Network Plan 2026.pdf	2/13/2026 1:51 PM EST
Other	Vendor Pricing Template	Vendor Pricing Template 2.xlsx	2/13/2026 1:51 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Shantelle Powell	Consultant	Client Manager	Federal Funding Group	Consultant	shantellepowell@fedfunding.net	(207) 316-2993

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:	Shantelle Powell
Email:	shantellepowell@fedfunding.net
Phone:	2073162993
Employer:	Federal Funding Group
Title:	Client Manager
Employer's FCC RN:	
Certifier's Full Name:	Shantelle Powell
Digital Signature:	Shantelle Powell
Date and time:	2/13/2026 1:51 PM EST