General Information

HCP or Consortium: 131365 - South Peninsula Hospital Rehabilitation Services
Application Number: RHC46100022537
FCC Registration Number: 0013790266
Address: 3726 LAKE ST , HOMER, AK 99603-7663
Application Nickname: SPH-RS_Local_NoEG
Funding Year: 2026
Funding Priority: Priority 1

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		100	1000	100	1000	Mbps	Yes

Will the selected service(s) support an off-site data center?: No

Will the selected service(s) support an off-site administrative office?: No

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
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?: 1 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		60	Like Services Based on Percentage of Price
Leverage existing resources		40	Reduce Administrative Burden & Soft Costs

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

Disqualifying factors:

The determination of whether an offer is responsive, complete, and compliant with the requirements of this ITB shall be made solely at the discretion of the designated evaluators. Such determinations shall be final and not subject to appeal or further review. Offers may be deemed non-responsive and disqualified, in whole or in part, for any reason identified by the evaluators, including but not limited to unsolicited or SPAM-based submissions, failure to follow required submission procedures, failure to provide requested information, certifications, or documentation, failure to submit required signed documents, material inconsistencies with ITB requirements, or submission after the stated deadline.

Main Contact

Name	Organization	Title	Phone	Email	Address
Daniel Kettwich	South Peninsula Hospital Rehabilitation Services	RHC Manager	2814658888	dkettwich@adsadsi.com	Post Office Box 117 , Saltillo, TX 75478

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. :

Seeking the most cost-effective medical grade network services and possible options for network resilience between the SPH hospital and this HCP. Existing contracts may be submitted as proposals. All questions and offers should be submitted through the ITB portal at http://adsadsi.com/itb_year_29.asp to ensure equal access to information for all

participants. To submit a question or an offer, visit the site above and click REGISTER FOR ITB. You will be prompted to provide your name, email address, password, phone number, company name, and SPIN. After registration, a verification code will be sent to the email address provided. You must confirm this code to complete your registration. Please follow the instructions in the verification email. If you do not receive the email, be sure to check your spam or junk folder.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Daniel Kettwich	Consultant	RHC Manager	ADS Advanced Data Services, Inc	Consultant	dkettwich@adsadsi.com	(281) 465-8888
Wendy Minor	Consultant	RHC Manager	ADS Advanced Data Services, Inc	Consultant	wminor@adsadsi.com	(281) 465-8888

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:	Daniel Kettwich
Email:	dkettwich@adsadsi.com
Phone:	2814658888
Employer:	ADS Advanced Data Services, Inc
Title:	RHC Manager
Employer's FCC RN:	0015361231
Certifier's Full Name:	Daniel Kettwich
Digital Signature:	Daniel Kettwich
Date and time:	3/27/2026 9:15 AM EDT