General Information

HCP or Consortium: 131807 - Hillsboro Area Hospital Consortium
Application Number: RHC46100021446
FCC Registration Number: 0002819076
Address: 1200 E TREMONT ST , HILLSBORO, IL 62049-1912
Application Nickname: 2026 - HDW
Funding Year: 2026
Funding Priority: Priority 4

Consortium Participating Sites

HCP Number	Name	LOA Expiry
13547	Hillsboro Area Hospital	
131879	Hillsboro Health Therapy Services	
34090	Hospital Sisters Health System - Medical Group Family Medicine - Hillsboro	
34091	Specialty Clinics & Education Center	

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
Construction							
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		34	
Leverage existing resources		33	Must be compatible with existing network
Other	Prior experience, including past performance	33	No Minimum

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

Disqualifying factors: If a posted bid pricing matrix is returned stating "No Bid" for a particular listed service, at a specified HCP, the bid will be disqualified for that service at that location.

Main Contact

Name	Organization	Title	Phone	Email	Address
David Wagner	Hillsboro Area Hospital Consortium	Managing Member	(203) 802-6223	david@pemfilings.com	3109 Grand Ave , Miami, FL 33133

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

Hillsboro Area Hospital Equipment RFP 2026.pdf

2518364-Hillsboro Health Network Circuit RFP 2026A.pdf

Summary of the HCP's requested services. :

Please refer to attached documents for all further instructions. Email all questions regarding posting to info@pemfilings.com

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Hillsboro Health Network Plan.pdf	1/20/2026 6:32 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Taylor Heidkamp	Consultant	Administrative Assistant, LLC -Consultant	PEM Filings	Consultant	taylor@pemfilings.com	(203) 437-6546
David Wagner	Consultant	Managing Member	PEM Filings, LLC	Consultant	david@pemfilings.com	(203) 802-6223
Tom Hurt	Consultant	Vice President, Rural Health Care Program	SpectraCorp Technologies Group, Inc.	Consultant	thurt@spectracorp.com	(972) 671-1700
Lisa Medina	Consultant	Director of Operations - Assisted in data collection	SpectraCorp Technologies Group, Inc.	Consultant	lmedina@spectracorp.com	(469) 329-1378
Kerri Heidkamp	Consultant	Director of Operations	PEM Filings, LLC	Consultant	kerri@pemfilings.com	(203) 802-6223
Luis Ocampo	Consultant	Project Coordinator	PEM Filings, LLC	Consultant	luis@pemfilings.com	(203) 802-6223
Kameron Heidkamp	Consultant	Technical Manager	PEM Filings, LLC	Consultant	kameron@pemfilings.com	(203) 802-6223

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:	Taylor Heidkamp
Email:	taylor@pemfilings.com
Phone:	(203) 437-6546
Employer:	PEM Filings, LLC
Title:	Administrative Assistant-Consultant
Employer's FCC RN:	0017572314
Certifier's Full Name:	Taylor Heidkamp
Digital Signature:	Taylor Heidkamp
Date and time:	1/20/2026 6:34 PM EST