General Information

HCP or Consortium: 131540 - Queen's Health Systems - Information Technology
Application Number: RHC46100022164
FCC Registration Number: 0036167633
Address: 1301 PUNCHBOWL ST , HONOLULU, HI 96813-2413
Application Nickname: FY2026_QHS_Enterprise-Network_Modernization
Funding Year: 2026
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
54262	Queen's Medical Center - Punchbowl	
66007	QHS Queen's Medical Center - West Oahu	
65516	DRF Data Center	
54267	North Hawaii Community Hospital	
54554	Wahiawa General Hospital	
132301	QHS Patient Command Center	
54266	Moloka'i General Hospital	
65518	Back-up Administrative & Data Cenetr	
55604	Kahi Mohala Behavioral Health	

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							
Construction							

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
Will the HCP consider bids for month-to-month contracts?: No
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?: 7 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		50	Itemized pricing submission.
Personnel qualifications, including technical excellence		20	Demonstrated relevant experience.
Project management plan		15	Implementation methodology provided.
Technical support		15	Support model described.

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

Disqualifying factors:

Proposals may be disqualified for failure to provide a valid SPIN in good standing with USAC, failure to comply with Healthcare Connect Fund competitive bidding requirements, failure to meet the minimum technical and functional requirements defined in the RFP, submission of incomplete proposal documentation, or inclusion of equipment or services determined to be ineligible under HCF program rules.

Main Contact

Name	Organization	Title	Phone	Email	Address
Andy Mak	Queen's Health Systems - Information Technology	Manager, Network & Communications Engineering	8086917976	amak@queens.org	1301 Punchbowl Street , Honolulu, HI 96813

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

2026Feb20_QHS_HCF-RFPv1.pdf

Summary of the HCP's requested services. :

The Queen’s Health System (QHS) is seeking competitive proposals for eligible network equipment, installation services, network management systems, and associated professional services necessary to modernize and support our dedicated

healthcare broadband network interconnecting participating consortium healthcare provider (HCP) sites. The requested equipment and services include transport backbone improvements, campus and data center aggregation infrastructure, WAN and SD-WAN integration, security and application delivery platforms, network management and automation systems, enterprise time synchronization infrastructure, out-of-band management systems, and required implementation services. All requested components are intended to make functional, manage, maintain, or control the QHS healthcare broadband network serving eligible HCP sites. Vendors may submit proposals for one or more independently awardable categories as defined in the RFP.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		QHS_Network-Plan.pdf	2/21/2026 3:01 AM 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:	Andy Mak
Email:	amak@queens.org
Phone:	8086917976
Employer:	The Queen's Health Systems
Title:	Manager, IT Network & Communications Engineering
Employer's FCC RN:	0036167633
Certifier's Full Name:	Andy Mak
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Date and time:	2/21/2026 3:06 AM EST