General Information

HCP or Consortium: 131925 - Munson Healthcare Petoskey Community Health Center
Application Number: RHC46100022407
FCC Registration Number: 0029484631
Address: 1619 ANDERSON RD , PETOSKEY, MI 49770-9256
Application Nickname: Ptk circuit 2
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		1	5	1	5	Gbps	Yes
Equipment Installation							
Other	Network Management Services, if applicable	1	5	1	5	Gbps	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?: 90 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	
Leverage existing resources		20	Statement describing implementation process & personnel and/or other resources required from Munson.
Other	Redundancy/Resiliency	20	Description of how you have bulit in resiliency and redundancy in your core network, and how you address this at the last mile. Include references to any upstream providers you may use in the provisioning of your proposed solution.
Other	Prior experience including past performance	15	At least 2 references with email addresses and phone numbers of customers with equivalent services as proposed. Service providers who have offered similar services within the last 2 years to a Munson Healthcare facility are exempt from this requirement.
Other	Quality of proposed solution	15	Description of implementation timelines & scalability, network coverage, SLAs, maintenance windows, account team, billing processes, and trouble reporting procedures.
Other	Contract and contract modification provisions	10	Provide viable agreement that can be signed if we accept your proposal

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

Disqualifying factors:

1. Bidders must have an active 498 ID (previously known as a SPIN) and be approved by USAC to participate in the HCF program at the time of bidding and throughout the term of any contract resulting from this 461 posting. Vendors without a Form 498 ID at the time of bidding will be disqualified. 2. Bids from service providers utilizing other carriers' networks to provision last mile transport services will be allowed, only if bidders are responsible for the implementation, ongoing service and billing of those services; otherwise, bids from brokers or commissioned agents will be disqualified.

Main Contact

Name	Organization	Title	Phone	Email	Address
Lori Leugers	Munson Healthcare Petoskey Community Health Center	Business Analyst	2319356806	lleugers@mhc.net	1105 Sixth Street , Traverse City, MI 49684

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. :

WAN connectivity (1 to 5GBps symmetrical up/down bandwidth) to one or both of our network hubs (HCP #11268 located at 1105 6th St; Traverse City, MI 49684 or HCP #27022 located at 49 Hughes Dr; Traverse City, MI 49696). We are requesting an executable contract to be included with service provider bids.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On

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:	Lori Leugers
Email:	lleugers@mhc.net
Phone:	2319356806
Employer:	Munson Healthcare
Title:	Business Analyst
Employer's FCC RN:	0027103043
Certifier's Full Name:	Lori Leugers
Digital Signature:	Lori Leugers
Date and time:	3/2/2026 2:48 PM EST