General Information

HCP or Consortium: 132384 - One Health Consortium
Application Number: RHC46100022046
FCC Registration Number: 0029398443
Address: 1695 TSCHACHE LN , BOZEMAN, MT 59715-7965
Application Nickname: One Health - Pureview
Funding Year: 2026
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
10653	One Health - Ashland Clinic	
72176	Bighorn Valley Health Center, Inc.	
14985	One Health- Sweet/Chinook Clinic	
121073	One Health - Greybull	
120418	One Health - Hardin - Campus Clinic	
121074	One Health - Hardin	
120419	One Health - Harlem Clinic	
120420	One Health - Lewistown Clinic	
120625	One Health - Lovell/Heritage Clinic	
120421	One Health - Miles City	
17785	One HEalth Miles City Clinic	
120841	One Health Heritage Clinic	
120424	One Health - Glendive	
120425	One Health - Sheridan Clinic	
120842	One Health - Big Horn Valley	
44246	Livingston Dental Clinic	
44245	Belgrade Medical Clinic	
93215	Belgrade Middle School Health Center	
26024	Big Horn Hospital Association	
120931	One Health ADMIN - Hardin	
131715	One Health - West Yellowstone	
131713	One Health - Cody Clinic	
132375	One Health - Bozeman Clinic	
131712	One Health - Central Montana Health District	
133734	One Health - Powell	
134958	Alluvion Health Main Clinic	06/30/2029
134960	Alluvion Health Dental Clinic	06/30/2029
134962	Alluvion Health 510 Clinic	06/30/2029
134964	Alluvion Health at CCHD	06/30/2029
134965	Alluvion Health at Longfellow Elementary	06/30/2029
134966	Alluvion Health Choteau Clinic	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
Data		100	1000	100	1000	Mbps	Yes
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, This is preferred
Will the HCP consider bids for month-to-month contracts?:	Yes, This is preferred
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?:	5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	
Other	Prior Experience including past performance	30	Bidders must have positive prior experience with all consortium members
One vendor solution		15	3 references in the same state
Leverage existing resources		15	bidders that can utilize exisitng resources to help reduce cost will receive the highest score
Technical support		10	Bidders must proved experieced technical support

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?: No

Main Contact

Name	Organization	Title	Phone	Email	Address
David Boggs	One Health Consortium	Consultant	(615) 472-8896	david.boggs@theusfgroup.com	p.o. box 680001 , Franklin, TN 37068

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

2026 One Health Consortium RFP 36 locations.pdf

Summary of the HCP's requested services. :

One Health Consortium is seeking bids for replacment firewall equipment, software, installion, managed services anddata connections. Details for equipment is listed in the RFP.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		USAC Network Plan 2026.docx	2/17/2026 3:49 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
David Boggs	Consultant	Consultant	The USF Group	Consultant	david.boggs@theusfgroup.com	(615) 472-8896

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:	David Boggs
Email:	david.boggs@theusfgroup.com
Phone:	(615) 472-8896
Employer:	The USF Group
Title:	Consultant
Employer's FCC RN:	0023949100
Certifier's Full Name:	David Boggs
Digital Signature:	David Boggs
Date and time:	2/17/2026 3:50 PM EST