

General Information

HCP or Consortium: 132892 - SEARHC Mt. Edgecumbe Hospital
Application Number: RHC46100021880
FCC Registration Number: 0001571827
Address: 227 Tongass Drive , Sitka, AK 99835
Application Nickname: HCF_SEARHC-MEH-Internet
Funding Year: 2026
Funding Priority: Priority 4

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	10000	100	10000	Mbps	Yes
Equipment							
Installation							

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		40	Services Based on Percentage of Price
Leverage existing resources		30	Reduce Administrative Burden & Soft Costs
Bandwidth		20	Network Design, Hardened and Resilient (diverse physical paths)
Quality of transmission		10	Carrier Class of Service, Dedicated and Symmetric

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

Disqualifying factors:

We prefer to evaluate all offers. SPAM based offers and/or Bid Responses inconsistent with the requirements described within the Invitation to Bid may be disqualified - the failure to provide requested information or documents may disqualify an offer. Bid offers shall be uploaded accordingly or they may be disqualified. Offers submitted late shall not be considered and finally, failure to provide signed documents may disqualify an offer for services sought.

Main Contact

Name	Organization	Title	Phone	Email	Address
Daniel Kettwich	SEARHC Mt. Edgecumbe Hospital	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. :

Medical Grade Networks and Medical Clouds are Mission Critical and designed to be resilient, highly available and hardened, with the purpose of providing Dedicated Internet Access along with the associated connectivity to various Healthcare Providers, Partners, Patients and Guests to provide medical services within the community to which the HCP serves. Please include sample or draft agreements so that they may be reviewed in a timely fashion. As always, please submit proposals and offers as soon as possible. All applicable federal and state laws shall be observed. All questions should be posted to http://adsadsi.com/itb_year_29.asp to assure everyone has access to all information. In addition,

Offers shall be uploaded to the same location. To ask questions or submit an offer, please visit http://adsadsi.com/itb_year_29.asp and click the REGISTER FOR ITB link. You will need to enter your name, E-mail address, password, phone number, and your company's name and SPIN. After submitting your registration, a verification code will be sent to the Email address supplied during the registration process and the code provided must be confirmed to complete your registration. Please validate your registration by following the instructions contained in the E-mail requesting the verification. If you do not see a verification E-mail, please check your SPAM.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
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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

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:	2/5/2026 11:41 PM EST