General Information

HCP or Consortium: 134784 - Baldwin Family Health Care Centers
Application Number: RHC46100022036
FCC Registration Number: 0015080534
Address: 1615 MICHIGAN AVE , BALDWIN, MI 49304-7984
Application Nickname: RFP 1
Funding Year: 2026
Funding Priority: Priority 1

Consortium Participating Sites

HCP Number	Name	LOA Expiry
13644	Baldwin Family Health Care - Baldwin	
14546	Family Health Care - Grant	
14551	Family Health Care - Wilcox	
16920	Baldwin Family Health Care - Loretta Adams - Ashby Health Center	
16922	Baldwin Family Health Care - Teen Health	
16923	Baldwin Family Health Care - Cadillac	
16924	Baldwin Family Health Care - McBain Clinic	
18008	Family Health Care-WC TeenHealth	
30835	Baldwin Family Health Care - Grant Teen Health	
85064	Baldwin Family Health Care - Big Rapids	
134785	Family Health Care - Pine River Area High School	
134786	Family Health Care - Reed City School Based Health Center	
134787	Family Health Care - Evart Middle School Based Health Center	
134789	Family Health Care - Kent City High School Based Health Center	
134791	Family Health Care - Big Rapids Middle School Based Health Center	
134793	Family Health Care - Franklin Elementary School	
134794	Family Health Care - Big Rapids	
134795	Family Health Care - Newaygo Middle School 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
Data		1	10000	1	10000	Mbps	Yes

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?:	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?:	7 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	None
Reliability of service		20	Service outages must be shown to be under .05%.
Other	Prior experience, including past performance	15	HCP requires responding vendor to document projects with similar size and scope.
Other	Number of locations served, scalability	15	Responding vendor must be able to comply with the scalability scenarios referred to in section 6.d.i and 6.d.ii of the RFP document.
Other	Request for proposal compliance	15	Deliver a clear bid submission, given the parameters and guidelines set forth in the RFP document.
Other	Consideration of early termination fees	15	Must include the vendor's intention to reimburse any and all existing service provider's early termination fees incurred by accepting a bid as well as the bidding vendor's early termination fee policy.

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Rachel Lawmaster-Morris	Baldwin Family Health Care Centers	Government Funding Specialist III	8122771499	rl@espyservices.com	1501 J Street , Bedford, IN 47421

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

Baldwin FY26 RFP Final.pdf

Summary of the HCP's requested services. :

The HCP is requesting proposals for services such as Direct Internet Access, SD-WAN, and Ethernet. The RFP highlights the Statement of Purpose, Project Correspondence, Instructions to vendors, Competitive bidding and the evaluation process, technical requirements, location bid summaries, service level agreement, insurance and bid award.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Baldwin FY26 Network Plan Final.pdf	2/16/2026 3:49 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Rachel Lawmaster-Morris	Consultant	Government Funding Specialist III	Espy Services, Inc.	Consultant	rl@espyservices.com	(812) 277-1499

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:	Rachel Lawmaster-Morris
Email:	rl@espyservices.com
Phone:	8122771499
Employer:	Espy Services, Inc.
Title:	Government Funding Specialist III
Employer's FCC RN:	0020725107
Certifier's Full Name:	Rachel Lawmaster-Morris
Digital Signature:	Rachel Lawmaster-Morris
Date and time:	2/16/2026 3:49 PM EST