General Information

HCP or Consortium: 135215 - Lakeland Health Care Center
Application Number: RHC46100022501
FCC Registration Number: 0002682516
Address: 1922 COUNTY ROAD NN , ELKHORN, WI 53121-4454
Application Nickname: Lakeland Health Care Center - Network
Funding Year: 2026
Funding Priority: Priority 5

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							

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 4 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?: 2 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	
Technical support		15	Ability to meet scope of services and compliance with provisions/requirements for Lakeland Health Care Center network project. Quality of the proposed solution, support, and its ability to meet the project needs.
Personnel qualifications, including technical excellence		15	Prior experience within Wiscoinsin Counties and/or State of WI when providing similar services and products. Qualifications and capacity of Proposer to provide services as necessary. Extent to which the Proposer has the necessary credentials to provide goods/services as needed.
One vendor solution		15	Proposed solution compatibility & integrations with existing County (HCP) network infrastructure. Proposer's company and staff experience, qualifications and ability in providing services of a similar nature.
Management capability, including solicitation compliance		15	The provider capability to deliver the requested equipment and services, compliance with USAC RHC Program requirements, and complete proposal elements are accurate and submitted.

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?:	Yes
Disqualifying factors:	1. Proposer must possess a minimum of five (5) years of verifiable experience in providing network equipment, installation services, and support services as specified. Experience should include accounts equal or larger in size and scope of this request. Experience providing services to a government entity is preferred. 2. Proposer must be properly licensed to do business in the State of Wisconsin, which includes being registered with the Wisconsin Department of Financial Institutions (DFI) if respondent is required to be registered. If respondent is not required to be registered with DFI, provide supporting reasoning in comments. 3. Proposer may not be debarred from conducting business with the State of

Wisconsin or Federal Government with the effective dates of this project. 4. In order to be awarded, all service and solution providers must file FCC Form 498 to obtain a Service Provider Identification Number (SPIN)/498 ID and acknowledge participation in the RHC and HCF Program on the FCC 498. 5. The awarded and selected provider must follow the FCC Form 469 invoicing process, including the provider's responsibility to sign, certify, and submit proper invoices and documentation for reimbursement by the USAC invoice filing deadline.

Main Contact

Name	Organization	Title	Phone	Email	Address
Justin Reynolds	Lakeland Health Care Center	IT Director	2627417800	jreynolds@co.walworth.wi.us	1800 County Trunk NN , Elkhorn, WI 53121

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?: Yes

Will the HCP be including an RFP with this application?: Yes

26-062 RFP FINAL.pdf
26-062 RFP FORMS.docx

Summary of the HCP's requested services. :

Walworth County Lakeland Health Care Center (LHCC) and Walworth County Information Technology (IT) Department are accepting electronic responses by email from qualified firms for network equipment, wireless access points, and related services. Walworth County Lakeland Health Care Center (LHCC) and Information Technology (IT) Department, hereinafter referred to as the "County" or "HCP - health care provider" in accordance with the specifications stated and/or attached herein/hereto. The successful proposer will hereinafter be referred to as the "Contractor." Electronic Proposals will be received until 10:00 a.m. CDT local time on April 22, 2026. Late responses will not be accepted. All responses will be recorded by purchasing staff shortly after the deadline. Walworth County LHCC and IT are looking to procure ten (10) network switches, thirty-four (34) wireless access points, infrastructure fabric central management, and four (4) year next-business-day support. Please review the network solution requirements for detailed technical requirements, quantities, redundancy, power, and specifications. Walworth County will only accept electronic submittals in response to this RFP. All proposals must be submitted electronically via email by the time and in the manner prescribed. The HCP Contact will serve as the proposal confidential contact and all responses shall be emailed to purchasing@co.walworth.wi.us.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Other	FORMS	26-062 RFP FORMS.docx	3/24/2026 4:03 PM EDT

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:	Justin Reynolds
Email:	jreynolds@co.walworth.wi.us
Phone:	2627417800
Employer:	County of Walworth
Title:	IT Director
Employer's FCC RN:	0002682516
Certifier's Full Name:	Justin Reynolds
Digital Signature:	Justin Reynolds
Date and time:	3/24/2026 4:03 PM EDT