

## FCC Form 465

### General Information

**HCP:** 10048 - SEARHC - Mt. Edgecumbe Hospital  
**FCC Registration Number:** 0001571827  
**Address:** 222 TONGASS DR , SITKA, AK 99835-9416  
**Application Nickname:** TP\_SEARHC-Transport to Hoonah from 222  
**Funding Year:** 2026  
**Application Number:** RHC46500002571  
**Funding Priority:** Priority 4

### Main Contact

**Who is the main contact for this request?** tertiary - Daniel Kettwich  
**First Name:** Daniel  
**Middle Initial (Optional):** J  
**Last Name:** Kettwich  
**Organization Name:** SEARHC - Mt. Edgecumbe Hospital  
**Title:** RHC Manager  
**Phone:** 2814658888  
**Extension (Optional):**  
**Fax (Optional):** (888) 802-6428  
**Email:** dkettwich@adsadsi.com  
**Address Line 1:** Post Office Box 117  
**Address Line 2:**  
**City:** Saltillo  
**State:** TX  
**Zip Code:** 75478

### Requested Services

| Type of Services | Description for Other         | Min Download Speed | Max Download Speed | Min Upload Speed | Max Upload Speed | Speed Unit | Number of Lines | Allow Bids for Similar Services |
|------------------|-------------------------------|--------------------|--------------------|------------------|------------------|------------|-----------------|---------------------------------|
| Data             |                               | 10                 | 1000               | 10               | 1000             | Mbps       |                 | Yes                             |
| Other            | Installation if and as needed | 10                 | 1000               | 10               | 1000             | Mbps       | 1               | Yes                             |

### Dates and Timing

|                                                                                   |                 |
|-----------------------------------------------------------------------------------|-----------------|
| <b>What is the HCP's desired service contract length?</b>                         | Up to 3 Year(s) |
| <b>Will the HCP consider bids with contract extension language?</b>               | Yes             |
| <b>Will the HCP consider bids for month-to-month agreements?</b>                  | Yes             |
| <b>What is the HCP's desired time to publicly post this Request for Services?</b> | 28 Day(s)       |
| <b>What is the HCP's expected bid evaluation period after the public posting?</b> | 1 Day(s)        |

## Bid Evaluation

| Criteria                    | Description | Evaluation Weight (%) | Minimum Requirement                                                      |
|-----------------------------|-------------|-----------------------|--------------------------------------------------------------------------|
| Price                       |             | 40                    | Like Services Based on Percentage of Price                               |
| Leverage existing resources |             | 30                    | Reduce Administrative Burden & Soft Costs of Network Integration         |
| Bandwidth                   |             | 20                    | Network Design (Layer 2), Hardened and Resilient (diverse physical path) |
| 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

### Describe the disqualifying factors:

The determination of whether an offer is responsive, complete, and compliant with the requirements of this ITB shall be made solely at the discretion of the designated evaluators. Such determinations shall be final and not subject to appeal or further review. Offers may be deemed non-responsive and disqualified, in whole or in part, for any reason identified by the evaluators, including but not limited to unsolicited or SPAM-based submissions, failure to follow required submission procedures, failure to provide requested information, certifications, or documentation, failure to submit required signed documents, material inconsistencies with ITB requirements, or submission after the stated deadline.

## RFP & Summary

**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

**Please provide a summary of the HCP's requested services. If an RFP is attached above, summarize that document:**

Backup Plan, in case new facility at 227 Tongass is not open: Medical Grade Networks and Medical Clouds are mission-critical environments designed to be resilient, highly available, and hardened. Their purpose is to provide secure transport and connectivity among eligible Healthcare Providers (HCPs), partners, and information resources (including Electronic Health Records and other clinical or operational content) necessary to support the delivery of healthcare services within the communities served. Respondents shall propose a transport solution (e.g., MPLS or other comparable technologies). All functionally equivalent transport options will be considered. Preferred solutions are carrier-class services that are dedicated and symmetric, rather than best-effort or asymmetric. Intentions are to maintain existing circuits while retaining the flexibility to upgrade broadband connections during the term of the contract. At minimum, vendors are requested to provide pricing for the following speeds: 10 Mbps, 20 Mbps, 25 Mbps, 50 Mbps, 75Mbps, 100 Mbps, 150 Mbps, 200 Mbps, 250 Mbps, 300 Mbps, 400 Mbps, 500 Mbps, and 1 Gbps. Any speed within the range being sought may be proposed. The request for pricing at these specified speeds does not limit upgrades at only those speeds. When an



## Universal Service Administrative Co.

upgrade is required, pricing for bandwidth levels not listed (e.g., 125 Mbps) may be sought so long as the bandwidth level falls within the range requested. The purpose of this request is to obtain standardized pricing to support informed, cost-effective decisions regarding potential broadband upgrades during the contract term. Requests for site and service substitutions shall be allowed in accordance with program rules. This provision allows for site and upgrade or change service options throughout the length of the contract. Please include clearly defined service level agreements (SLAs) with measurable performance metrics and non-performance remedies. No preference is given to any specific carrier, provider, or technology. The "A" location for all proposed services shall be the eligible HCP where the circuit originates: SEARHC - Mt. Edgecumbe Hospital (HCP #10048). The "Z" location shall be a Medical Cloud or another location that enables connectivity into the existing network, including another applicant-operated HCP or facility, such as the SEARHC - Hoonah Health located at 490 Gartina Highway, Hoonah, AK 99829 (HCP 18152). Where applicable, the Medical Cloud may be designed as a resilient, highly available, and hardened environment supporting connectivity to multiple HCPs, partners, and information resources required for healthcare service delivery. The HCP's desired service contract length may exceed 3 years; however, a 3-year term should be provided. All proposed services must be fully operational no later than July 1, 2026. Requests for extensions or exceptions will not be considered. Respondents must include sample or draft service agreements, and SLAs sufficient to allow timely review and evaluation. - All questions and offers must be submitted through the ITB portal at [http://adsadsi.com/itb\\_year\\_29.asp](http://adsadsi.com/itb_year_29.asp) to ensure equal access to information for all participants. To submit a question or an offer, visit the site above and click REGISTER FOR ITB. You will be prompted to provide your name, email address, password, phone number, company name, and SPIN. After registration, a verification code will be sent to the email address provided. You must confirm this code to complete your registration. Please follow the instructions in the verification email. If you do not receive the email, be sure to check your spam or junk folder.



## Additional Documentation

| Description | Document | Uploaded On |
|-------------|----------|-------------|
|-------------|----------|-------------|

## Declaration of Assistance

Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aid in the preparation of the FCC Form 465, RFP, bid evaluation or network plan? Yes

| Name            | Title       | Employer                         | Nature of Relationship | State | Email                 | Telephone     |
|-----------------|-------------|----------------------------------|------------------------|-------|-----------------------|---------------|
| Daniel Kettwich | RHC Manager | ADS Advanced Data Services, Inc. | Professional           | TX    | dkettwich@adsadsi.com | (281) 465-888 |



## Certifications

- ✓ I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.
- ✓ I certify under penalty of perjury that the applicant has complied with all 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 applicant 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 is a nonprofit or public entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR §54.600, or the applicant seeking supported services has received conditional approval of eligibility pursuant to 47 CFR § 54.601(c) and expects to qualify as a nonprofit or public entity health care provider that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR §54.600, before the end of the funding year for which the supported services are requested.
- ✓ I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in 47 CFR § 54.600 or is a member of a consortium that satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607, or the applicant seeking supported services has received conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant (i) expects to be physically located in a rural area as defined in 47 CFR § 54.600 before the end of the funding year for which the supported services are requested, or (ii) plans to be a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 before the end of the funding year for which the supported services are requested.
- ✓ If applying for conditional approval of eligibility, I certify under penalty of perjury that the applicant seeking supported services has provided a written notification to potential bidders that the entity's eligibility is conditional and specify the estimated eligibility date pursuant to § 54.601 (c)(2).
- ✓ I certify under penalty of perjury that the applicant has reviewed and will comply with all applicable RHC Program requirements.
- ✓ 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 supported services will not be sold, resold, or transferred in consideration for money or any other thing of value.
- ✓ I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act and applicable Commission rules.
- ✓ I understand that all documentation associated with this request 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.

## Signature

|                               |                 |
|-------------------------------|-----------------|
| <b>Certifier's Full Name:</b> | Daniel Kettwich |
| <b>Digital Signature:</b>     | Daniel Kettwich |
| <b>Date:</b>                  | 02/28/2026      |