Universal Service Administrative Co.

FCC Form 465

General Information

HCP:	15934 - Peninsula Community Health Services of Alaska
FCC Registration Number:	0014474274
Address:	230 E MARYDALE AVE , SOLDOTNA, AK 99669
Application Nickname:	15934 - Peninsula Community Health Services of Alaska - FY2026
Funding Year:	2026
Application Number:	RHC46500002525
Funding Priority:	Priority 1

Main Contact

Who is the main contact for this request?	primary - Gavin Bell
First Name:	Gavin
Middle Initial (Optional):	
Last Name:	Bell
Organization Name:	Peninsula Community Health Services of Alaska
Title:	Manager of Accounting
Phone:	9073954337
Extension (Optional):	
Fax (Optional):	
Email:	gbell@pchsak.org
Address Line 1:	230 E Marydale Ave
Address Line 2:	
City:	SOLDOTNA
State:	AK
Zip Code:	99669

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		300	5000	300	5000	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 agreements?	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?	10 Day(s)

Bid Evaluation

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	
Technical support		15	Minimum response time (same day)
Reliability of service		15	Service Level Agreement (SLA)
Bandwidth		15	Synchronous data transmit/receive 300 Mbps
Personnel qualifications, including technical excellence		15	Tech support have industry accepted certifications
Project management plan		10	PMP certified, Detail project plan required
Prior experience including past performance		10	Approved USAC vendor

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

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?	Yes
Upload Relevant Files:	Updated_2026_RFP_465.docx

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

PCHS is soliciting bids for telecommunications services for use in health care applications, including video and audio tele-health. The services include voice and data transmission services, video conferencing, sending and receiving health records, images, prescriptions, etc. Services will also include administrative support services for administrative offices and offsite data centers. The newly requested services will need to seamlessly and transparently integrate with our existing network. Redundant and diverse circuits are also requested for each site. PCHS is seeking proposals for a range of available bandwidths from (300 Mbps) up to 5000 Mbps, in 100 Mbps increments up to 5000 Mbps, and then in 1000 Mbps increments up to 5000 Mbps for each. Please include options for future contract extensions.

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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?	No

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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

Certifier's Full Name: Gavin Bell
Digital Signature: Gavin Bell
Date: 02/19/2026