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FCC Form 465

General Information

HCP:	132892 - SEARHC Mt. Edgecumbe Hospital
FCC Registration Number:	0001571827
Address:	227 Tongass Drive , Sitka, AK 99835
Application Nickname:	SEARHC-Transport-227
Funding Year:	2026
Application Number:	RHC46500002662
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		1	10000	1	10000	Mbps		Yes
Other	Installation if and as needed	1	10000	1	10000	Mbps	21	Yes

Dates and Timing

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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?	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
Quality of transmission		30	Carrier Class of Service, Dedicated and Symmetric Service

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:

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. All functionally equivalent options will be considered and multiple awards may be made. At minimum, vendors are requested to provide pricing for the following transport speeds: 1 Mbps and 10 Gbps. If, or when an upgrade is required, pricing for specific bandwidth levels not listed within this request 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. 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.

All questions and offers must be submitted through the ITB portal at 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.

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Additional Documentation

Description	Document	Uploaded On
Conditional Eligibility Statement	CES_132892-Mt.Edgecumbe Hospital.pdf	3/15/2026 9:18 PM EDT
Location Information	132892_Z_Locations.pdf	3/15/2026 9:18 PM EDT

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) 465-8888

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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: Daniel Kettwich
Digital Signature: Daniel Kettwich
Date: 03/15/2026