The Indiana Telehealth Network

REQUEST FOR PROPOSAL HCF-16

Fiber Optic Based

Internet Services Network

SECTION ONE

GENERAL INFORMATION AND REQUESTED PRODUCTS/SERVICES

1. INTRODUCTION

The Indiana Rural Health Association (IRHA) is a 501c3 association which provides oversight for the actions of the Indiana Telehealth Network (ITN). In its capacity as the governing body for the ITN, the IRHA requires bids for leased facilities and/or construction and operation of a High Speed Fiber Optic (or equivalent) Based Internet Service for the healthcare participants listed in Attachment A. It is the intent of IRHA to solicit responses to this Request for Proposals (RFP) in accordance with the statement of work, proposal preparation section, and specifications contained in this document. This RFP is being posted to the USAC website: **http://www.usac.org/rhc/healthcare-connect/tools/search-posted-services.aspx** and the IRHA website: **http://www.indianaruralhealth.org/** for downloading. A nominal fee will be charged for providing hard copies. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

This RFP HCF-16 continues the work initiated under the FCC Rural Health Care Pilot Program.

1.1. DEFINITIONS AND ABBREVIATIONS

Following are explanations of terms and abbreviations appearing throughout this RFP. Other special terms may be used in the RFP, but they are more localized and defined where they appear, rather than in the following list.

Implementation	The successful implementation of a high speed Fiber Optic (or equivalent) based Internet Service.
Installation	The delivery and physical setup of products or services requested in this RFP.
Respondent	Any respondent who submits a RFP response.
Services	Work to be performed as specified in this RFP.
State	The State of Indiana.
Respondent	Any successful Respondent(s) selected as a result of the procurement process to deliver the products or services requested by this RFP.
Master Services Agreement	Universal contract developed by the ITN to be used by all respondents for all Health Care Participants (HCPs)

participating in the HCF. A copy of this document is on the Indiana Rural Health Association's website at **http://www.indianaruralhealth.org** under Services, Indiana Telehealth Network, ITN Request for Proposal.

1.2. PURPOSE OF THE RFP

The purpose of this RFP is to select a respondent that can satisfy the IRHA's need for High Speed Fiber Optic (or equivalent) Based Internet Service. It is the intent of the IRHA to contract with one or more respondent(s) that provides quality High Speed Fiber Optic (or equivalent) Based Internet Service.

1.3. SUMMARY SCOPE OF WORK

The Indiana Rural Health Association and its member institutions are collaborating in this effort. Funding for this network will be provided through a subsidy of up to 65% for eligible services through the Healthcare Connect Fund which is administered by the Universal Service Administrative Company (USAC) and the remaining percentage subsidy from the consortium members and/or local and state sources.

This RFP seeks to serve the advanced communications needs of the healthcare participants listed in Attachment A. Bidders are encouraged to read the Healthcare Connect Fund Order which is accessible FCC's website:

https://www.fcc.gov/document/fcc-releases-healthcare-connect-order

Bidders are also encouraged to read the Frequently Asked Questions available on USAC's website:

https://www.usac.org/rural-health-care/learn/faqs/

This Request for Proposal (RFP) provides interested respondents with sufficient information to prepare and submit proposals for consideration with the intent of IRHA to contract with one or more respondents to provide access to high-speed, secure Internet services for the participating members of the ITN listed on Attachment A of this RFP.

To ensure this initiative is sustainable and all partners are invested in and dedicated to its success, the remaining percentage not covered by HCF funding will be shared appropriately among eligible sources as outlined in the FCC 12-150. Eligible sources of the participants the remaining percentage include the applicant or eligible HCP participants; state grants, funding or appropriations; federal funding, grants, or appropriations except for other federal universal

service funding; Tribal government funding; and other grant funding, including private grants. Ineligible sources include (but are not limited to) in-kind or implied contributions; a local exchange carrier (LEC) or other telecom carrier, utility, contractor, consultant, respondent, or other service provider; other universal service funding; and for-profit entities.

This RFP is requesting price quotations and detailed explanations of services offered from the respondent in leasing facilities and/or building fiber optic or equivalent connections or equivalent to each of the subject healthcare participants, and monthly recurring costs associated with providing quality 10 megabits (or higher) broadband service (or equivalent). Individual bid requests are listed in Attachment A.

Unless otherwise noted, bids for broadband and Internet service requests should be for three-year terms.

Reasonable and customary installation charges up to $5,000, and upfront charges for service provider deployment of new or upgraded facilities up to an average of $50,000 per consortium member, are eligible for funding through the HCF consortia program. Any requirements for upfront charges should be clearly stated in all proposals.

This RFP may request variable levels of bandwidth so that HCPs can weigh the pros and cons of higher bandwidth levels against the additional cost incurred. Further, this will position the ITN consortium HCPs to upgrade their bandwidth as circumstances change without needing to go through a new competitive bidding process. Understanding that respondents may have differing increments of bandwidth that they can provision, respondents are encouraged to quote the increments of bandwidth (even if not identical to what is requested in the RFP), as well as other requested increments, that they are able to deploy.

Respondents should provide the cost for (1) owning and/or (2) leasing the requested infrastructure. For requests seeking support for services or equipment that include an ineligible component, respondent should provide pricing for a comparable service or piece of equipment that includes only eligible components. For a listing of eligible services, refer to III. Expenses and Equipment Eligibility of the Healthcare Connect Fund FAQ on the FCC's website here: https://www.fcc.gov/general/healthcare-connect-fund-frequently-asked-questions#Q20

This RFP requests that bids include any number of the listed healthcare participants that the respondent desires to serve on an individual basis. The respondent must provide at least the requested minimum service (or equivalent) to a demarcation point on the premise of the subject healthcare participant at a network interface device. In this RFP, HCF-16, respondents are allowed to bid on leasing of facilities and/or construction of fiber optics (or equivalents) and Internet services (or equivalent), and/or dedicated transport to an aggregation

facility/common meet point, and/or dedicated transport to other healthcare participant locations. No customer application hardware, software, billing services, technical and customer support may be provided by this project; however, the healthcare participant may fund these services through other methods.

The IRHA has developed a Master Services Agreement (MSA) for all winning respondents. Individual service orders and SLA agreements will be signed between individual healthcare participants and their winning respondent(s) in addition to the MSA. Funding for this project will be available in accordance with the funding calendar set by USAC. Successful respondents will have 180 days from the receipt of their Funding Commitment Letter from USAC to complete any leasing of facilities or proposed construction.

Respondents are advised that the payment process for the HCF may not reflect vendors' current practices. Successful respondents will be required to participate in the ITN's invoicing process for the subsidies to be released from the FCC. Contracted vendors will bill the HCP directly for all contracted services. Once the bill is received by the HCP, the HCP will send the vendor a *minimum* remittance in the amount of 35% of the billed amount. Upon receipt of the remittance, the vendor will then send ITN copies of invoices, proof of payment (cancelled check, ACH statement, or similar), and an invoicing spreadsheet (which will be provided by the ITN). To receive the remaining 65% of the billed amount, the vendor will need to certify that the USAC invoicing package is accurate, after which the vendor will receive a disbursement from USAC in accordance with the selection made on the vendor's Form 498 (off-set of contribution or direct reimbursement). This process should be initiated by the vendor and sent to the ITN on a quarterly basis as follows:

October through December documentation is due by January 31.
January through March documentation is due by April 30.
April through June documentation is due by July 31.
July through September documentation is due by October 31.

Successful respondents may choose to invoice any HCPs to which they provide service on their own schedule (monthly, quarterly, etc.), but documentation for reimbursement must be provided to the ITN on the schedule described above. The ITN is also subject to the USAC invoicing process, which includes an invoicing deadline 4 months or 120 days after the end of the commitment period.

Additionally, all documentation, records, invoices, contracts, and any other relevant documents for the bid, contracting, provision of services, billing, and payment must be retained for a minimum of five years from the end of the period of performance and made available to the HCP, ITN, and/or USAC for auditing purposes.

Further, the ITN may institute Site and Service Substitutions (Contract Modification) in accordance with the rules found in the HCF order (47 C.F.R. § 54.646: 746 Appendix D, 47

C.F.R. § 54.646). This provision allows for the Consortium to add sites and upgrade or change service adjustments throughout the length of the contract without having to re-bid as long as the site being added is eligible under the HCF; the substitution does not violate the current contract; the substitution is within the scope of the controlling request for services, including any applicable request for proposal used in the competitive bidding process; and (if it qualifies) does not cause the total amount of support under the funding commitment to increase. The ITN MSA contains these provisions and requirements, but any respondents using their own contracts must describe the scalability of bandwidth and service changes. New circuits or other service modifications must be coterminous to the original contract entered into as a result of this RFP.

1.4. RFP OUTLINE

The outline of this RFP document is described below:

Section	Description
Section One – General Information and Requested Products or Services	This section provides an overview of the RFP, general timelines for the process, and a summary of the products/services being solicited by the IRHA via this RFP
Section Two – Proposal Preparation Instruction	This section provides instructions on the format and content of the RFP including a Cover Letter, Business Proposal, Technical Proposal, and a Cost Proposal
Section Three – Proposal Evaluation Criteria	This section discusses the evaluation criteria to be used to evaluate respondents' proposals
Attachment A	List of Healthcare Participants & Requests
Attachment B	Excel Pricing Spreadsheet Template

1.5. QUESTION/INQUIRY PROCESS

All questions/inquiries regarding this RFP must be submitted in writing by the deadline of **3:00 p.m. Eastern Time** according to the RFP timeline established in Section 1.21. Questions/Inquiries should be emailed to Ally Orwig at **aorwig@indianarha.org** and must be received by IRHA by the time and date indicated above.

Following the question/inquiry due date, IRHA will compile a list of the questions/inquiries submitted by all Respondents. The responses will be posted to the IRHA website at

www.indianaruralhealth.org according to the RFP timetable established in Section 1.21. The question/inquiry and answer link will become active after responses to all questions have been compiled. Only answers posted on the IRHA website will be considered official and valid by the IRHA. No respondent shall rely upon, take any action, or make any decision based upon any verbal communication.

If it becomes necessary to revise any part of this RFP, or if additional information is necessary for a clearer interpretation of provisions of this RFP prior to the due date for proposals, an addendum will be posted on **www.indianaruralhealth.org**. If such addenda issuance is necessary, the IRHA may extend the due date and time after notifying USAC and the subsequent posting of the modification to USAC's website.

1.6. DUE DATE FOR PROPOSALS

All proposals must be received at the email address below by the IRHA no later than **3:00 p.m. Eastern Time** according to the RFP timeline established in Section 1.21. Each Respondent must submit their full proposal **via email**, including the Cover Letter and other related documentation as required in this RFP. The **email and associated attachments** will be considered the official response in evaluating responses for scoring and protest resolution. The proposal must follow the format indicated in Section Two of this document. Unnecessarily elaborate brochures or other presentations, beyond those necessary to present a complete and effective proposal are not desired. All proposals must be addressed to:

Ally Orwig, Senior Director
Indiana Rural Health Association
aorwig@indianarha.org

All proposal packages must be clearly marked with the RFP number, due date, and time due. Any proposal received by the IRHA after the due date and time will not be considered.

No more than one proposal per Respondent may be submitted per location.

The IRHA accepts no obligations for costs incurred by Respondents in anticipation of being awarded a contract.

1.7. MODIFICATION OR WITHDRAWAL OF OFFERS

Modifications to responses to this RFP may only be made in the manner and format described in Section 1.6 and clearly identified as a modification.

The Respondent's authorized representative may withdraw the proposal, prior to the due date. Proper documentation and identification will be required before the IRHA will release the withdrawn proposal. The authorized representative will be required to sign a receipt for the withdrawn proposal.

Modification to, or withdrawal of, a proposal received by the IRHA after the exact hour and date specified for receipt of proposals will not be considered.

1.8. PRICING

Pricing on this RFP must be firm and remain open for a period of not less than 120 business days from the proposal due date.

Please refer to the Cost Proposal sub-section under Section 2 for a detailed discussion of the proposal pricing format and requirements.

1.9. PROPOSAL CLARIFICATIONS AND DISCUSSIONS, AND CONTRACT DISCUSSIONS

All correspondence during the open bid period must be conducted via email through **aorwig@indianarha.org**. Any vendor or healthcare provider communications regarding an RFP and its contents other than via the specified email address above **may result in disqualification.**

The IRHA reserves the right to request clarifications on proposals submitted to the IRHA. The IRHA also reserves the right to conduct proposal discussions, either oral or written, with respondents. These discussions could include requests for additional information, requests for cost or technical proposal revision, etc. Additionally, in conducting discussions, the IRHA may use information derived from proposals submitted by competing respondents only if the identity of the respondent providing the information is not disclosed to others. The IRHA will provide equivalent information to all respondents who have been chosen for discussions. Discussions, along with negotiations with responsible respondents, may be conducted for any appropriate purpose.

The IRHA will schedule all discussions. Any information gathered through oral discussions must be confirmed in writing.

1.10. BEST AND FINAL OFFER

The IRHA may request best and final offers from those Respondents determined by the IRHA to be reasonably viable for contract award. However, the IRHA reserves the right to award a

contract on the basis of initial proposals received. Therefore, each proposal should contain the Respondent's best terms from a price and technical standpoint.

Following evaluation of the best and final offers, the IRHA may select for final contract negotiations/execution the offers that are most advantageous to the IRHA, considering cost and the evaluation criteria in this RFP.

1.11. HEALTHCARE PARTICIPANT SITE VISITS

Respondent site visits, if the respondent chooses to perform them, will be coordinated by the IRHA in conjunction with the finalists, according to the RFP timeline established in Section 1.21 of this RFP. Site visits will allow for visual inspection of the HCP which may result in more accurate bid proposals. Site visits are not required, and no preference or penalty will be assessed for visiting or not visiting the potential HCPs.

1.12. TYPE AND TERM OF CONTRACT

As Consortium Leader for ITN, the IRHA intends to administer the objective scoring process and select one or more Respondent(s), who will be asked to sign a Master Services Agreement (developed by the ITN and available on the IRHA website) with the IRHA and individual Service Order and SLA agreements with the individual healthcare participants listed in Attachment A in order to fulfill the requirements in this RFP.

The term of the contract shall begin on July 1, 2027, and run for a period of **three (3) years from the funding year start date of July 1, 2027.** Respondents must incorporate contract language that allows HCPs to voluntarily extend their contracts for up to five (5) consecutive one-year terms after the end of the initial contract, since HCF rules allow for such extensions to be executed without the need for a new competitive bidding process. Here is sample contract language that would meet this contracting requirement: ***"Prior to the expiration date, the customer shall have the option to renew the Service Order for an additional one-year Service Period. If the customer exercises this option to renew, then the customer shall have up to five (5) optional one-year renewals to the Service Order prior to the expiration of the current term."***

1.13. CONFIDENTIAL INFORMATION

IRHA confidentiality rules will be applied to documents associated with the submitted proposals.

1.14. RFP AWARD IS NOT A CONTRACT

This RFP is not an offer of contract. Acceptance of a proposal neither commits IRHA to award a contract to any respondent, even if all requirements stated in this proposal have been met. The IRHA will negotiate to meet the best interest of the goals stated in this RFP based on positive impact and cost effectiveness.

1.15. BID EXPENSES

Expenses incurred in the preparation of proposals in response to this RFP are the respondent's responsibility.

1.16. OUT OF SCOPE WORK

No work performed by the selected respondent that is out of the scope as defined by the respondent's proposal and IRHA's contract will be reimbursed unless specifically authorized by IRHA in writing.

1.17. PERMITS

This project will require the selected respondent to obtain certain permits as required, and the costs for these permits are the respondent's responsibility.

1.18. RESELL OF SERVICES

IRHA and the listed healthcare participants agree not to provide or resell any of the respondent's provided services under this RFP.

1.19. PROJECT COMPLETION

The Project is considered complete when the fiber (or equivalent) is terminated and services are tested successfully by the served healthcare participant.

1.20. LOCATION CONTRACTS

Successful respondents will be required to sign a Master Services Agreement with the Health Care Participant prior to initiating any services.

1.21. SUMMARY OF TIMELINE

The following timeline is only an illustration of the RFP process. The dates associated with each step are not to be considered binding. Due to the unpredictable nature of the evaluation period, these dates are commonly subject to change. At the conclusion of the evaluation process, all Respondents will be informed of the evaluation team's findings.

NOTE: Please refer to the IRHA website at http://www.indianaruralhealth.org under Programs/Indiana Telehealth Network/ITN Request for Proposal for the official timeline of activities.

Key RFP Dates:

Activity	Date
Issue of RFP	Date posted on USAC website
Deadline to Submit Letter of Intent	15 days after RFP posting by 3:00p.m. Eastern
Deadline to Submit Written Questions	20 days after RFP posting by 3:00p.m. Eastern
Conference Call to Discuss Written Questions – details to be provided via email to those who have submitted a Letter of Intent	22 days after RFP posting
Response to Written Questions/RFP Amendments posted to ITN's website and shared with those who have submitted a Letter of Intent	23 days after RFP posting
Deadline for Submission of Proposals	35 days after RFP posting by 3:00p.m. Eastern

The dates for the following activities are targets only. These activities may be completed earlier than the date shown.	
Proposal Evaluation/Clarifications if Necessary/Notify Finalists of Opportunity to Conduct Site Visits	45 days after RFP posting or sooner
Completion of Site Visits and Submission of Best and Final Offers	55 days after RFP posting or sooner
Notification of Contract Award(s)	62 days after RFP posting or sooner
All countersigned contracts due to IRHA	January 15, 2027, by 3 p.m. Eastern or sooner

SECTION TWO
PROPOSAL PREPARATION INSTRUCTIONS

2. GENERAL

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is described in this section. All Respondents are required to format their proposals in a manner consistent with the guidelines described below:

- Each item must be addressed in the Respondent's proposal.
- The Cover Letter must be in the form of a letter. The business and technical proposals must be organized under the specific section titles as listed below.

2.1. COVER LETTER

The Cover Letter must address the following topics except those specifically identified as "optional."

2.1.1. Agreement with Requirements listed in Section One

The Respondent must explicitly acknowledge understanding of the general information presented in Section One and agreement with any requirements/conditions listed in Section One.

2.1.2. Summary of Ability and Desire to Supply the Required Products or Services

The Cover Letter must briefly summarize the respondent's ability to supply the requested products and/or services that meet the requirements defined in Sections 2.4 and 2.5 of this RFP. The letter must also contain a statement indicating the Respondent's willingness to provide the requested products and/or services (or equivalent) subject to the terms and conditions set forth in the RFP and compliance with the FCC rules and regulations for the Healthcare Connect Fund.

2.1.3. Signature of Authorized Representative

A person authorized to commit the Respondent to its representations and who can certify that the information offered in the proposal meets all general conditions including the information requested in Section 2.2.4, must sign the Cover Letter.

In the Cover Letter, please indicate the principal contact for the proposal along with an address, telephone, and an e-mail address, if that contact is different than the individual authorized for signature.

2.1.4. Respondent Notification

Unless otherwise indicated in the Cover Letter, Respondents will be contacted via e-mail.

It is the Respondent's obligation to notify the IRHA of any changes in any address that may have occurred since the origination of this solicitation. The IRHA will not be held responsible for incorrect respondent/contractor addresses.

2.1.5. Other Information

This item is optional. Any other information the Respondent may wish to briefly summarize will be acceptable.

2.2. BUSINESS PROPOSAL

The Business Proposal must address the following topics except those specifically identified as "optional."

2.2.1. General (optional)

This section of the business proposal may be used to introduce or summarize any information the Respondent deems relevant or important to the IRHA's successful acquisition of the products and/or services requested in this RFP.

2.2.2. Respondent's Company Structure

The legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization are to be included in this section. If the organization includes more than one product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization.

2.2.3. Company Financial Information

This section must include the Respondent's audited financial statement, including an income statement and balance sheet, for each of the two most recently completed fiscal years. The financial statements must demonstrate the Respondent's financial stability. If the financial statements being provided by the Respondent are those of a parent or holding company, additional financial information should be provided for the entity/organization directly responding to this RFP.

2.2.4. Integrity of Company Structure and Financial Reporting

This section must include a statement indicating that the CEO and/or CFO has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the IRHA in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services.

The Sarbanes Oxley Act of 2002, H.R. 3763, is NOT directly applicable to this procurement; however, its goals and objectives may be used as a guide in the determination of corporate responsibility for financial reports.

2.2.5. Contract Terms/Clauses

In your Cover Letter please indicate acceptance of the following mandatory Master Service Agreement and terms.

The mandatory terms are as follows:

- Authority to Bind Contractor

- Duties of Contractor, Rate of Pay, and Term of Contract
- Compliance with Laws
- Drug-free Workplace Provision and Certification
- Indemnification
- Governing Laws
- Non-discrimination clause
- Payments
- Service Level Agreement, including availability requirements
- Penalties/Interest/Attorney's Fees
- Non-collusion and Acceptance
- Service Level Credits
- The term of the contract must be for a period of three (3) years beginning on the start date of the funding year, July 1, 2027.
- There must be the opportunity for up to five (5) automatic annual (12 month) renewals.
    - Renewals will be determined by each location.

A Master Services Agreement will be signed with the winning respondent(s) prior to receiving a Funding Commitment Letter (FCL) from USAC. If, for any reason, a contract is denied by USAC, the IRHA reserves the right to re-contract contingent upon the receipt of a FCL from USAC.

A copy of the Master Services Agreement created by the ITN is available for viewing on the IRHA website at **http://www.indianaruralhealth.org** under Services, Indiana Telehealth Network, ITN Request for Proposal.

2.2.6. References

The Respondent must include a list of at least 3 clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. Information provided should include the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information.

2.2.7. Authorizing Document

Respondent personnel signing the Cover Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement.

2.2.8. Subcontractors

The Respondent is responsible for the performance of any obligations that may result from this RFP, and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products or services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience.

The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the IRHA's evaluation. The Respondent must provide information to the IRHA as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the IRHA. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate IRHA officials, and such relationships must meet with the approval of the IRHA.

The Respondent must list any subcontractor's name, address and state in which the subcontract was formed, that are now being proposed to be used in providing the required products or services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, the subcontractor's form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal.

2.2.9. Redundancy

If requested by the HCP, provide details on any redundancy capabilities from the demarcation of each location to the Internet point of presence.

2.2.10. FCC and USAC Requirements

Respondents must meet all FCC and USAC requirements regardless of whether they are fully discussed in this RFP. Please provide your Service Provider Identification Number (SPIN) with your response. For information on how to obtain a SPIN, please visit: **http://www.usac.org/sp/about/498/default.aspx**.
For information on the Healthcare Connect Fund please visit: **http://www.usac.org/rhc/healthcare-connect/default.aspx**.

2.3. TECHNICAL PROPOSAL

The Technical Proposal must be presented as outlined in the sections described below. Every point made in each section must be addressed in the order given. The same outline numbers must be used in the response. RFP language should not be repeated within the response.

Where appropriate, supporting documentation may be referenced by a page and paragraph number. However, when this is done, the body of the technical proposal must contain a meaningful summary of the referenced material. The referenced document must be included as an appendix to the technical proposal with referenced sections clearly marked. If there are multiple references or multiple documents, these must be listed and organized for ease of use by the IRHA.

Additionally, please include a clearly labeled Google Earth Map and/or a Network Diagram for all sites where the respondent states that it will need to upgrade its facilities in order to provide the broadband services being requested.

2.4. **Provide/Improve/Upgrade Connectivity to Indiana Healthcare Participants**

This phase of the project is to ensure that each of the healthcare participants listed in Attachment A have broadband connectivity of 10 megabits (or equivalent) or higher to the Internet and/or other ITN providers as described in Attachment B. All expenses for the service(s) being bid must be included in the Respondents response.

2.4.1. Respondents may utilize qualified subcontractors to perform the work, but the selected respondent will be responsible for all work.

2.4.2. This RFP identifies the requirements that are to be provided to each of the healthcare participants. Notwithstanding any of the specific details described within this RFP, it will be the obligation of the selected respondent to adhere to accepted industry standard methods and practices.

2.4.3. The requirements of this proposal are to obtain pricing, responsiveness, availability and a commitment to perform work in a timely manner on an individual healthcare participant basis.

2.4.4. Basic Internet (or equivalent) service capabilities need to be available from the respondent if required by the healthcare participant. This includes DNS services, basic email services, Internet content filtering, security/intrusion protection and firewall protection.

2.4.5. Management reporting capabilities online to report on Internet availability and bandwidth utilization. Reports should be updated, at a minimum, on a weekly basis.

2.4.6. Service level requirements that include proactive monitoring by a 24/7/365 operations center to determine outages and provide corrective actions and estimated time to repair. Respondents are required to have capability to provide 4 hour or less, mean time to restore service.

Due to the critical nature of maintaining uptime at each of these facilities, please include a proposal for enhanced service levels that will provide a mean time to restore of 2 hours. Include in your proposal how you will achieve that goal, as well as your ability to measure it and provide compensation when you don't.

2.4.7. Completion of fiber optic cable (or equivalent) installation within 180 days of respondent's receipt of a Funding Commitment Letter from USAC.

2.4.8. All fiber optic cable (or equivalent) must be buried when deployed on any property owned or leased by the listed healthcare participant.

2.4.9. All fiber (or equivalent) must be tested and certified after installation by the respondent.

2.4.10. Each proposal must include cost from the respondent or sub-contracted quote for any construction cost related to any necessary conduit requirements, providing entrance facilities from the property line (telco pedestal) to the demarcation or minimum point of entry to each healthcare participant. Total cost of laying conduit, core drilling or restoration of any asphalt or concrete to original landscape.

2.4.11. While respondents are allowed flexibility in the methods and equipment used to create these fiber (or equivalent) connections, IRHA requires that these are disclosed in their responses to this RFP.

2.4.12. Individual site invoicing based on the Master Services Agreement for each healthcare participant for services.

2.4.13. Pursuant to the FCC's Rule 47 CFR Section 54.9 regarding supply chain security, respondents certify that they do not and will not purchase, rent, lease, or otherwise obtain any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or otherwise obtained, identified on the FCC-issued Covered List: https://www.fcc.gov/supplychain/coveredlist In short, recipients of USF support may not use USF money to buy new equipment or to support or maintain equipment already in inventory from these companies, their parents, affiliates, and subsidiaries. Respondents must certify that they are in compliance with the supply chain rules on universal service program forms. **Respondents that do not meet this requirement will be disqualified.**

2.5. COST PROPOSAL

2.5.1. General instructions on preparing cost proposals

The cost proposal should be with the written proposal. The proposal will be scored using a standard quantitative calculation where the most points will be awarded to the proposal with the lowest cost. Various costing methodologies and models are available to analyze the cost information submitted to determine the lowest costs to the IRHA. IRHA will select one method and use it consistently throughout its analysis. Please note that any HCPs seeking services or equipment that includes ineligible components will require pricing for comparable services and/or equipment that includes only eligible components.

2.5.2. Format for submitting cost proposals

The Excel template that should be used is available on the IRHA website at **http://www.indianaruralhealth.org** under Services, Indiana Telehealth Network, ITN Request for Proposal. Please complete a row in the spreadsheet for each site being proposed. Clearly indicate if the proposed pricing includes discounting from normal rates.

The pricing below will be based on the following contract terms:

- The term of the contract must be for a period of three (3) years beginning on the start date of the funding year, July 1, 2027.
- There must be the opportunity for up to five (5) automatic annual (12 month) renewals.
    - Renewals will be determined by each location.

All cost proposals must be submitted using the Excel spreadsheets included as Attachment B, and should include the following information:

Vendors submitting proposals should identify all costs associated with the solution or subset solution that they are quoting. Not all of the costs associated with the solutions will necessarily qualify for HCF funds, and it is critical that ITN and participants understand the complete cost of ownership. Quotes must include the following:

1. Implementation Fees, including any cost of construction or required hardware, for end-to-end connectivity
2. Ongoing transmission fees for end-to-end connectivity, including any fees for virtual circuits where applicable
3. Any tax/surcharge rate that will apply
4. Any other costs associated with the solution and/or description of requirements that are prerequisites for the solution that may add additional cost to participants

Quotes should include, but not be limited to, any of the following that may have costs/fees associated:

Lease of Existing Facilities

Construction Costs
- Single path - total construction costs
- Single path - total number of miles of construction
- Optional redundant path - total construction costs for redundant ring path
- Total optional redundant path number of miles of construction
- Description of any included customer premise equipment
- Cost of any included customer premise equipment

Internet, Ethernet, and/or Transport Services
- Minimum Requested Speed/Service (4 hour SLA)
    - Non recurring installation charge
    - Monthly recurring charge
- Any Additional Services (4 hour SLA)
    - Non recurring installation charge

Monthly recurring charge
Minimum Requested Speed/Service (2 hour SLA)
Non recurring installation charge
Monthly recurring charge
Any Additional Services (2 hour SLA)
Non recurring installation charge
Monthly recurring charge

Equivalent or Requested Services not Listed Previously

The Excel template that should be used is available on the IRHA website at **http://www.indianaruralhealth.org** under Services, Indiana Telehealth Network, ITN Request for Proposal. Please complete a row in the spreadsheet for each site being proposed. Clearly indicate if the proposed pricing includes discounting from normal rates.

The pricing below will be based on the following contract terms:

- The term of the contract shall be for a period of three (3) years beginning on the start date of the funding year, July 1, 2027.
- There must be the opportunity for five (5) automatic annual (12 month) renewals.
  - Renewals will be determined by each location.
- Dedicated transport to a common meet point and/or other location as listed in the spreadsheet, if requested.

Equivalent or Requested Services not Listed Previously

SECTION THREE
PROPOSAL EVALUATION

3. PROPOSAL EVALUATION PROCEDURE

All evaluation personnel will use the evaluation criteria stated in Section 3.5. The CEO of the IRHA or their designee will, in the exercise of their sole discretion, determine which proposal(s) offer the best means of servicing the interests of the IRHA. The exercise of this discretion will be final.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

3.1. Each proposal will be evaluated for adherence to requirements on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements may be eliminated from consideration.

3.2. Each proposal will be evaluated on the basis of the categories included in Sections 3.5. A point score has been established for each category.

3.3. Based on the results of this evaluation, the qualifying proposal determined to be the most cost-effective for the IRHA, taking into account all of the evaluation factors, may be selected by the IRHA for further action, such as contract negotiations. If, however, the IRHA decides that no proposal is sufficiently cost-effective for them, they may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the Respondent, the IRHA may begin contract preparation with the next qualified Respondent or determine that no such alternate proposal exists.

EVALUATION CRITERIA

3.4. Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFP in a cost-effective manner. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category. The points associated with each category are indicated following the category name (total maximum points = 100).

3.5. ***Summary of Evaluation Criteria:***

Criteria	Points
1. Submission of Proposal Guidelines (detailed in Section 2.1) • 2.1.1 Agreement with Requirements – 10 points • 2.1.2 Summary of Ability and Desire to Supply the Required Products or Services – 2 points • 2.1.3 Signature of Authorized Representative – 1 point • 2.1.4 Respondent Notification – 1 point • 2.1.5 Other Information – 1 point	15 Points
2. Business Proposal (as detailed in Section 2.2) • 2.2.1 General – 1 point	25 Points

• 2.2.2 Respondent's Company Structure – 1 point • 2.2.3 Company Financial Information – 5 points • 2.2.4 Integrity of Company Structure and Financial Reporting – 1 point • 2.2.5 Contract Terms/Clauses – 4 points • 2.2.6 References – 3 points • 2.2.7 Authorizing Document – 2 points • 2.2.8 Subcontractors – 2 points • 2.2.9 Redundancy – 2 points • 2.2.10 FCC and USAC Requirements – 4 points	
4. Technical Proposal (as detailed in Section 2.3 – 2.4) • 2.4.1 – 2 points • 2.4.2 – 2 points • 2.4.3 – 2 points • 2.4.4 – 2 points • 2.4.5 – 2 points • 2.4.6 – 4 points • 2.4.7 – 2 points • 2.4.8 – 1 point • 2.4.9 – 1 point • 2.4.10 – 1 point • 2.4.11 – 1 point • 2.4.12 – 1 point • 2.4.13 – 4 points	25 Points
5. Cost Proposal (as detailed in Section 2.5) • Cost of Implementation – 10 points • Cost of Monthly Recurring Transmission – 15 points • Cost of any Tax/Surcharge Rate – 5 points • Any other cost prerequisite for the solution – 5 points	35 Points
Total	**100 Points**

All proposals will be evaluated using the following approach:

Respondents will be disqualified if any of the following occur:

1) Failure to submit bids by the stated deadline.
2) Failure to certify that they are compliant with the FCC's Rule 47 CFR Section 54.9 regarding supply chain security.
3) Failure to meet the minimum required services/equipment for the healthcare facilities on which they are bidding.
4) Communication between any health care provider and vendor regarding an RFP and its contents other than through the aorwig@indianarha.org email address.

Proposals will be scored based on Criteria 1, 2, 3, and 4. This scoring will have a maximum possible score of 100 points. All proposals will be ranked on the basis of their combined scores for Criteria 1, 2, 3, and 4. This ranking will be used to create a "Finalist List." Any Respondent not making the "Finalist List" will not be considered for any further evaluation.

As stated above, respondents will be disqualified if their bid does not meet the minimum required services/equipment for the healthcare facilities on which they are bidding. The minimum required speed for each HCP is listed in Attachment A. There may be one or more rounds of proposal discussions focused on cost and other proposal elements.

If the IRHA conducts additional rounds of discussions and a Best and Final Offer round which lead to changes in either the technical or business proposal for the "Finalist List" of Respondents, their scores will be recomputed.

The CEO of the IRHA or their designee will, in the exercise of their sole discretion, determine which proposal(s) best meet the FCC's definition of cost-effectiveness and offers the best means of servicing the interests of the healthcare participants. The exercise of this discretion will be final.

Indiana Telehealth Network
RFP HCF-16

Attachment A
List of Healthcare Participants

*****PLEASE NOTE: Additional information regarding desired services, circuits, and equipment, as well as number of static IPs, firewalls, TSP, and failover is included on the document titled "Attachment A – Supplemental Information" available on the ITN webpage here: https://www.indianaruralhealth.org/services/itn-request-for-proposal/ *****

HCP#	Site Name & Address
133321	4C Health - Monticello 810 S. Sixth St., Suite D Monticello, IN 47960
120799	4C Health - Peru Admin 2355 S. Business 31 Peru, IN 46970
35562	Aspire - 2009 Anderson 2009 Brown St Anderson, IN 46016
35558	Aspire - Carmel 697 Pro-Med Ln Carmel, IN 46032
35561	Aspire - Elwood 10731 SR 13 Elwood, IN 46036
26248	Aspire May House 6775 IN-32 Anderson, IN 46011

35560	Aspire - Noblesville 17840 Cumberland Rd Noblesville, IN 46060
35556	Aspire - Willowbrook 2506 Willowbrook Pkwy, Suite 300 Indianapolis, IN 46205
69781	Cambridge City Family Health Partners (Henry) 415 E. Main St. Cambridge City, IN 47327
37277	Draper Health Services (Henry) 7023 S Spiceland Rd Spiceland, IN 47385
69364	Elizabeth Clinic (Harrison) 5855 N. Highway 11 SE Elizabeth, IN 47117
34313	Expedient Data Centers (Indiana Health Center) 701 Congressional Blvd. Carmel, IN 46032
37298	Family Medicine of Cloverdale (Putnam) 51 E Market St Cloverdale, IN 46120
35111	First Capital Medical Group (Harrison Co. Hospital) 1995 Edsel Lane Northwest Suite 3 Corydon, IN 47112
16073	Four County Counseling Center - Fulton County Satellite 401 E. 8th Street Rochester, IN 46975

45118	Four County Counseling Center - Kokomo 1948 W. Boulevard Kokomo, IN 46902
16074	Four County Counseling Center - Miami County Satellite 1000 N. Broadway Peru, IN 46970
49409	Four County Counseling Center - Tipton 1060 S. Main Street Tipton, IN 46072
16075	Four County Counseling Center - Winamac 2418 Curtis Drive Winamac, IN 46996
18420	Greene County General Hospital 1185 N 100 W Linton, IN 47441
92557	Greene County General Hospital Team Ortho Clinic 1043 N 1000 W Linton, IN 47441
37371	GCGH My Bloomfield Clinic 55 N JUDGE ST Bloomfield, IN 47424
37379	GCGH My Linton Clinic 1210 N. 1000 W. Linton, IN 47441
44590	GCGH My Westgate Clinic 1985 E. Freedom Drive Newberry, IN 47449

37292	GCGH My Worthington Clinic 102 E. Main Street Worthington, IN 47471
17809	Harrison County Hospital 1141 Hospital Drive NW Corydon, IN 47112
35114	Harrison Crawford Healthcare 368 W. Old SR 62 Leavenworth, IN 47137
52626	Hartung Group Home (Aspire) 3115 Brown Street Anderson, IN 46016
25762	HealthLink (Henry) 798 N 16th St New Castle, IN 47326
11333	Henry Memorial Hospital 1000 N 16th St New Castle, IN 47362
38183	Henry - Middletown Family Healthcare Partners 602 N. 5th St. Middletown, IN 47356
25770	Henry County Memorial Hospital - New Castle Family Physicians 2200 Forest Ridge Pkwy New Castle, IN 47362
52309	Henry Community Health - Northfield Park 152 Wittenbraker Avenue New Castle, IN 47362

26255	Hope Family Health Center (Windrose) 163 Butner Drive Hope, IN 47246
52622	Hudson House Group Home (Aspire) 1715 Main Street Anderson, IN 46016
135475	IHC Bedford 2415 Mitchell Road, Suite C Bedford, IN 47421
34312	Indiana Health Centers, Inc. 8003 Castleway Dr. Indianapolis, IN 46250
34202	IHC Marion (Indiana Health Centers) 3710 S. Western Ave Marion, IN 46953
64439	IHC Owen County (Indiana Health Centers) 35 Bob Babbs Dr, Spencer, IN 47460
60927	Marram Health Center - Hebron (Porter-Starke Services) 704 S. State Rd. 2 Hebron, IN 46341
49134	Meridian Health Services - 8th Street 1944 W. 8th Street Muncie, IN 47304
49135	Meridian Health Services - Connersville 707 W. 3rd Street Connersville, IN 47331

49136	Meridian Health Services - Indianapolis 4755 Kingsway Drive, Suite 105 Indianapolis, IN 46205
49141	Meridian Health Services - New Castle 930 N. 14th Street New Castle, IN 47362
49059	Meridian Health Services - Portland 931 W. Water Street Portland, IN 47371
49139	Meridian Health Services - Richmond 2300 Chester Boulevard Richmond, IN 47374
49142	Meridian Health Services - Rushville 509 Conrad Harcourt Way Rushville, IN 46173
49138	Meridian Health Services - Tillotson 240 N. Tillotson Avenue Muncie, IN 47304
49140	Meridian Health Services - White River 3620 W. White River Boulevard Muncie, IN 47304
35112	New Salisbury Family Medicine (Harrison Co. Hospital) 1601 E. Whiskey Run Road Northeast New Salisbury, IN 47161
37296	North Putnam Family Healthcare (Putnam) 440 E US Highway 36 Bainbridge, IN 46105

112793	Open Door Health Services - Anderson Family Practice 2101 Jackson Street, Suite 8 Anderson, IN 46016
26259	Open Door Health Services, Inc - Madison St. Clinic 333 S. Madison Street Muncie, IN 47305
93640	Open Door Health Services Urgent Care 1651 E. 29th St. Muncie, IN 47302
112792	Open Door Health Services - White River 2600 W. White River Boulevard Muncie, IN 47303
26264	Porter Starke Services - 601 Wall 601 Wall St Valparaiso, IN 46383
26267	Porter Starke Services - Knox 1001 Edgewater, Suite 1 Knox, IN 46534
120879	Porter-Starke Services - La Porte 1230 W. State Rd. 2, Suite B La Porte, IN 46350
26266	Porter Starke Services - Portage 3176 Lancer St Portage, IN 46368
16765	Putnam County Hospital 1542 S Bloomington St Greencastle, IN 46135

132260	Putnam – YMCA Health Center 1111 S. Calbert Way Greencastle, IN 46135
44903	Regional Mental Health Center - Hammond 4016 Hohman Avenue Hammond, IN 46321
44902	Regional Mental Health Center - Highland 2600 Highway Avenue Highland, IN 46322
26268	Regional Mental Health Center - Stark Center 3903 Indianapolis Boulevard East Chicago, IN 46312
116723	Team Ortho Foot & Ankle Center (GCGH) 1206 N 1000 W, Suite B Linton, IN 47441-5294
93829	Windrose Health Network - Business Center 1052 Greenwood springs Blvd. #H Greenwood, IN 46143
49504	Windrose Health Network - Epler Parke 5550 S. East Street, Suite C Indianapolis, IN 46227
45489	Windrose Health Network - Franklin 55 N. Milford Drive Franklin, IN 46131

The Indiana Telehealth Network

REQUEST FOR PROPOSAL HCF-16

Fiber Optic Based

Internet Services Network

Attachment B
Pricing Spreadsheet

Below is a sample of the pricing spreadsheet.
An Excel template with three (3) tabs will be posted on the IRHA website at:
http://www.indianaruralhealth.org under Services,
Indiana Telehealth Network, ITN Request for Proposal.
All pricing information must be submitted in the Excel template.

Non-Recurring Facility Upgrade/Implementation Expense

Respondent Name	HCP Site Number	Healthcare Participant Name	Regular Installation of Leased Services	Single Path - Total Construction Costs	Single Path - Total Number of Miles of Construction	Optional Redundant Path - Total Construction Costs for Redundant Ring Path	Optional Redundant Path - Total Number of Miles of Construction	Description of any Equipment Required to light the service	Cost of any Equipment Required to light the service	Cost of owning and/or leasing the requested infrastructure (including indefeasible rights of use), if any.
		HCP Name								

Internet Services

Respondent Name	HCP Site Number	Healthcare Participant Name	Minimum Requested Speed/Service 4hr monthly	Minimum Requested Speed/Service 4hr NRC	Additional Speeds/Services 4hr monthly	Additional Speeds/Services 4hr NRC	Any Tax/Surcharge Rate	Equivalent Services not Listed Previously or Any other cost prerequisite
		HCP Name						

Respondent Name	HCP Site Number	Healthcare Participant Name	Minimum Requested Speed/Service 2hr monthly	Minimum Requested Speed/Service 2hr NRC	Additional Speeds/Services 2hr monthly	Additional Speeds/Service s 2hr NRC	Any Tax/Surcharge Rate	Equivalent Services not Listed Previously or Any other cost prerequisite
		HCP Name						

Dedicated Transport

Respondent Name	From Location	To Location	HCP Site Number	Healthcare Participant Name	Minimum Requested Speed/Service 4hr monthly	Minimum Requested Speed/Service 4hr NRC	Additional Speeds/Services 4hr monthly	Additional Speeds/Services 4hr NRC	Any Tax/Surcharge Rate	Equivalent Services not Listed Previously or Any other cost prerequisite
	Healthcare Participant site #1	ITN Common Meet Point/ Shared Platform or Other Designated Site(s)		HCP Name						

Respondent Name	From Location	To Location	HCP Site Number	Healthcare Participant Name	Minimum Requested Speed/Service 2hr monthly	Minimum Requested Speed/Service 2hr NRC	Additional Speeds/Services 2hr monthly	Additional Speeds/Services 2hr NRC	Any Tax/Surcharge Rate	Equivalent Services not Listed Previously or Any other cost prerequisite
	Healthcare Participant site #1	ITN Common Meet Point/Shared Platform or Other Designated Site(s)		HCP Name						