

General Information

HCP or Consortium: 17224 - Indiana Telehealth Network
Application Number: RHC46100023244
FCC Registration Number: 0018361972
Address: 2901 OHIO BLVD STE 240 , TERRE HAUTE, IN 47803-2245
Application Nickname: HCF-16TX RFP
Funding Year: 2027
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
135860	CHC of South Central Texas WIC Center	12/31/2028
72190	Healing Hands Ministries	12/31/2028
135774	HHM Health Arlington	12/31/2029
94833	HHM Health Mesquite	12/31/2028
133305	HHM Health at South Dallas	12/31/2028
135746	HHM Little Elm	12/31/2029
135747	HHM Lone Star Pediatrics	12/31/2029
135745	HHM Pediatric Health Specialists	12/31/2029
133311	HHM Vickrey Family Health Center	12/31/2028
133308	HHM Woodhill Pediatric Health Center	12/31/2028
83245	MEHOP Wharton	12/31/2028

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
Construction							
Data		200	1000	200	1000	Mbps	Yes
Equipment							
Installation							
Network Management Services							

Dates and Timing

What is the HCP's desired service contract length?: Equal to 3 Year(s)
Will the HCP consider bids with contract extension language?: Yes, This is preferred
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?: 35 Day(s)
What is the HCP's expected bid evaluation period after the public posting?: 45 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		35	Scoring Rubric Attached
Other	Submission of Proposal Guidelines	15	Scoring Rubric Attached
Other	Business Proposal	25	Scoring Rubric Attached
Other	Technical Proposal	25	Scoring Rubric Attached

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?: Yes

Disqualifying factors:

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.

Main Contact

Name	Organization	Title	Phone	Email	Address
Allison Orwig	Indiana Telehealth Network	Senior Director	(812) 478-3919	aorwig@indianarha.org	2901 Ohio Blvd Ste 240, Terre Haute, IN 47803

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?: No

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

ITN HCF-16TX RFP.pdf

Summary of the HCP's requested services. :

The Indiana Telehealth Network (ITN) is accepting bids for leased facilities and/or construction and/or operation of a High Speed Fiber Optic Based Internet Services for the healthcare participants within the ITN network.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		ITN HCF-16 Network Plan.pdf	9/30/2026 2:20 PM EDT
Other	Attachment A	HCF-16TX Attachment A.xlsx	9/30/2026 2:21 PM EDT
Other	Attachment B	HCF-16TX Attachment B.xlsx	9/30/2026 2:21 PM EDT
Other	Master Services Agreement	HCF-16 ITN Master Services Agreement.docx	9/30/2026 2:21 PM EDT
Other	Scoring Rubric	HCF-16 Scoring Rubric.xlsx	9/30/2026 2:21 PM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
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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:	Allison Orwig
Email:	aorwig@indianarha.org
Phone:	(812) 478-3919
Employer:	Indiana Rural Health Association
Title:	Senior Director
Employer's FCC RN:	0018361972
Certifier's Full Name:	Allison Orwig
Digital Signature:	Allison Orwig
Date and time:	9/30/2026 2:21 PM EDT