

General Information

HCP or Consortium: 17268 - Western New York Rural Area Health Education Center, Inc.
Application Number: RHC46100023453
FCC Registration Number: 0017512393
Address: 20 DUNCAN ST , WARSAW, NY 14569-1017
Application Nickname: RBHN HCF FY2027-02
Funding Year: 2027
Funding Priority: Priority 4

Consortium Participating Sites

HCP Number	Name	LOA Expiry
131462	Allegany County - County Office Building	12/31/2028
25931	Auburn Community Hospital	12/31/2028
117707	Lockport Memorial Hospital	12/31/2028
45147	Victory Technology Center	12/31/2028
28360	Mercy Ambulatory Care Center	12/31/2028
28356	Kenmore Mercy Hospital	12/31/2028
28357	Mercy Hospital of Buffalo	12/31/2028
28358	Sisters of Charity Hospital	12/31/2028
28359	Sisters of Charity Hospital, St Josephs Campus	12/31/2028
45149	Catholic Health Administrative and Regional Training Center	12/31/2028
23843	Mount St. Mary's Hospital and Health Center	12/31/2028
34358	ARA Wyoming Arcade Satellite	12/31/2028
77977	Duffy Health Center	12/31/2028
135924	Duffy Health Center - Falmouth Satellite	12/31/2030
135923	Duffy Health Center - South Dennis Satellite	12/31/2030
135922	Duffy Health Center - Sandwich Micro-Clinic	12/31/2030
55247	Orchard Park Family Recovery Center	12/31/2028
55253	Health Management Group	12/31/2028
55216	Bailey Lasalle Recovery Center	12/31/2028
55252	Hertel Elmwood Recovery Center	12/31/2028
55243	Boulevard Recovery Center	12/31/2028
55242	Broadway Recovery Center	12/31/2028
55244	East Amherst Family Recovery Center	12/31/2028
55365	Union Losson	12/31/2028
55251	Tonawanda Recovery Center	12/31/2028
55292	Batavia Recovery Center	12/31/2028
55245	Lockport Recovery Center	12/31/2028
57458	Delta Village - Horizon Village	12/31/2028
55383	Horizon Village, Inc.	12/31/2028
55248	Pine Avenue Recovery Center	12/31/2028
56822	Terrace House Horizon Village	12/31/2028
52691	Jewish Home of Rochester	07/01/2027
117642	The Summit at Brighton	07/01/2027

69107	Neighborhood Health Center Mattina	12/31/2028
69109	Neighborhood Health Center Blasdel	12/31/2028
106749	Neighborhood Health Center Riverway	12/31/2028
118477	Neighborhood Health Center Bridgeview	12/31/2028
69105	Neighborhood Health Center Northwest	12/31/2028
69110	Neighborhood Health Center Southtowns	12/31/2028
23821	United Memorial Medical Center	12/31/2028
45152	Bergen Family Medicine	12/31/2028
45167	Tonawanda Seneca Family Care	12/31/2028
94384	Medina Family Medicine	12/31/2028
45151	The Jerome Center	12/31/2028
45164	LeRoy Medical Campus	12/31/2028
45155	Summit Physical and Occupational Therapy Center	12/31/2028
86521	St. Lawrence - Cottage Street Data Center	12/31/2028
58378	Unity Hospital	12/31/2028
131463	TCC - Elmira	12/31/2028
135856	The Chautauqua Center - Olean Allergy & Immunology	12/31/2029
69820	The Friendly Home	12/31/2028
70652	Cloverwood Senior Living	12/31/2028
135480	The Friendly Home - The Maplewood	12/31/2029
132038	Allegany County - Office for the Aging	12/31/2028
28362	Mercy Diagnostic Center	12/31/2028
113833	RRH - Exchange Blvd Data Center	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
Data		1	200000	1	200000	Mbps	Yes
Network Management Services							
Installation							

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 contracts?:	Yes
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?:	14 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	
Other	Vendor Support and Technical Assistance	25	Minimum Score of 12
Leverage existing resources		30	Minimum Score of 12
Other	Adequacy of Proposal	15	Minimum Score of 7

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

Disqualifying factors:

Please see RFP Document for disqualification factors.

Main Contact

Name	Organization	Title	Phone	Email	Address
Peter Appleton	Western New York Rural Area Health Education Center, Inc.	Program Manager	(585) 786-6275	pappleton@r-ahec.org	20 Duncan Street , Warsaw, NY 14569

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

RBHN HCF RFP FY2027-02.pdf

RFP-FY2027-02-Locations-for-Vendors.xlsx

Summary of the HCP's requested services. :

Recurring and nonrecurring costs associated with broadband and dark fiber (or equivalent) services, equipment, and the installation & provisioning thereof.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan FY2027 (1).pdf	10/22/2026 1:12 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:	Peter Appleton
Email:	pappleton@r-ahec.org
Phone:	(585) 786-6275
Employer:	Western New York Rural Area Health Education Center, Inc.
Title:	Program Manager
Employer's FCC RN:	0017512393
Certifier's Full Name:	Peter Appleton
Digital Signature:	Peter Appleton
Date and time:	10/22/2026 1:12 PM EDT