General Information

HCP or Consortium:	18491 - Jacksonville Memorial Hospital
Application Number:	RHC46100023383
FCC Registration Number:	0016521650
Address:	1600 W WALNUT ST , JACKSONVILLE, IL 62650
Application Nickname:	Fy27
Funding Year:	2027
Funding Priority:	Priority 5

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		10	1000	10	1000	Mbps	No
Equipment Installation							

Will the selected service(s) support an off-site data center?:	No
Will the selected service(s) support an off-site administrative office?:	No

Dates and Timing

What is the HCP's desired service contract length?:	Up to 5 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?:	1 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	Contracts need upgrade language
Bandwidth		15	Service must meet current compatibility and start date must be July 1, 2027
Other	Circuit type	10	Must be correct type pt to pt
Reliability of service		15	99.99%
Technical support		10	24/7/365 on site within an hour
Quality of transmission		10	Less than 30ms jitter; less than 0.05 % packet loss
One vendor solution		10	Must be able to service all HCPs and sites in the Memorial Health system
Other	past performance and prior experience	10	5 years with system

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

Disqualifying factors: Vendors in violation of Federal Communications Commission FCC 19-121 which bands using any elements from Huawei or ZTE, and others and their subsidiaries. Vendors must follow all RHC Program rules and FCC orders Agents, resellers or wholesalers may not be considered. Any contracts should have site and substitution language. Service provider must register with the state procurement office Service provider must have a Service Provider Identification Number (SPIN) also known as the service provider's 498 ID Service provider must have a CORES ID Service provider must be bonded Vendor understand that this is for the 2027 fund year beginning July 1, 2027. All bids and any contracts must specifically state that services start July 1, 2027. Consideration of "Early Termination Fees" include in pricing proposal

Main Contact

Name	Organization	Title	Phone	Email	Address
Stacey Bilsland	Jacksonville Memorial Hospital	Consultant	(815) 464-5248	sbilsland@savitagroup.com	7601 Bayfield , Tinley Park, IL 60487

RFP and Summary

Is the HCP likely to request more than $100 000 in program support from this request for services?:	No
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

Summary of the HCP's requested services. :

A mix of WAN, Ethernet, fiber , Internet or similar circuits and voice. Please contact The Savita Group for more information

Additional Documentation

Document Type	Description for Other	Document	Uploaded On

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Stacey Bilsland	Consultant	Consultant	The Savita Group	Consultant	sbilsland@savitagroup.com	(815) 464-5248

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 Requests 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:	Stacey Bilsland
Email:	sbilsland@savitagroup.com
Phone:	(815) 464-5248
Employer:	The Savita Group
Title:	Consultant
Employer’s FCC RN:	0015144686
Certifier’s Full Name:	Stacey Bilsland
Digital Signature:	Stacey Bilsland
Date and time:	10/14/2026 3:47 PM EDT