General Information

HCP or Consortium: 16478 - Clay County Hospital
Application Number: RHC46100023507
FCC Registration Number: 0013253514
Address: 83825 Hwy 9 , Ashland, AL 36251
Application Nickname: FY2027 461
Funding Year: 2027
Funding Priority: Priority 1

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
Other	PTP to 83745 Hwy 9	500	500	500	500	Mbps	Yes
Data		700	1000	700	1000	Mbps	Yes
Other Equipment Installation	with VOIP	1	1	1	1	Gbps	Yes

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?: No
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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		60	
Other	Prior Experience	40	Three references from same region for like services

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

Disqualifying factors: HCP will not accept bids from agents, re-sellers, or wholesalers.

Main Contact

Name	Organization	Title	Phone	Email	Address
Geoff Boggs	Clay County Hospital	CEO	(502) 228-1907	gboggs@uasave.com	PO Box 326 , Prospect, KY 40059

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. :

500M PTP to 83745 Hwy 9; 700M to 1G; 1G with VOIP

Additional Documentation

Document Type	Description for Other	Document	Uploaded On

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Krista Froedge	Consultant	Consultant	USF Healthcare Consulting Inc	Consultant	kristaf@uasave.com	(502) 228-1907
Geoff Boggs	Consultant	CEO	USF Healthcare Consulting, Inc.	Consultant	gboggs@uasave.com	(502) 228-1907
Elizabeth Boggs-Goodknight	Consultant	COO	USF Healthcare Consulting, Inc.	Consultant	egoodknight@uasave.com	(502) 228-1907

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:	Krista Froedge
Email:	kristaf@uasave.com
Phone:	5022281907
Employer:	USF Healthcare Consulting Inc
Title:	Consultant
Employer's FCC RN:	0018694075
Certifier's Full Name:	Krista Froedge
Digital Signature:	Krista Froedge
Date and time:	10/27/2026 2:12 PM EDT