General Information

HCP or Consortium: 17501 - LMAS MACKINAC
Application Number: RHC46100022639
FCC Registration Number: 0017827437
Address: 749 HOMBACH ST , SAINT IGNACE, MI 49781-1735
Application Nickname: Mackinac
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
Equipment							
Data		100	100	100	100	Mbps	Yes
Other	New Laptops are needed to replace old ones and to get new laptops for new employees.					Mbps	Yes
Other	M365 Business Premium, Upgrades you to the version needed to properly migrate to Azure and better s Keeper Enterprise A strong recommendation for managing passwords centrally. SIEM Agent This is a service on each computer that monitors the security logs on local systems, and correlates them with various services. A 24/7 team monitors and escalates suspicious activity. PROJECT LABOR Azure Migration Project. ecurity.					Mbps	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 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?:	5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	
Technical support		20	Include in service level agreement
Reliability of service		20	include in service level agreement
Bandwidth		20	include in service level agreement

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?: No

Main Contact

Name	Organization	Title	Phone	Email	Address
Courtney Korenich	LMAS MACKINAC	Admin Assistant	9062935107	ckorenich@lmasdhd.org	14150 Hamilton Lake RD , Newberry, MI 49868

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. :

Services can't be split-apart It's important to understand that while these are spread out across the various locations, the Managed Services and Project labor portion of the quotes can't be split. For example, you couldn't decide to use the SOC SIEM agent across 2 locations, but not across the rest. Managed Services are Annual Totals The prices on the quotes for the Managed Services are Annual Totals, so a grant could cover them. At the end of the year, we could evaluate another year, or they would change into monthly reoccurring. LAPTOPS There are 40 laptops total across the various quotes. You can add additional warranties and docking stations, if desired (unselected for now) MANAGED SERVICES ANNUAL M365 Business Premium This upgrades you to the version need to properly migrate to Azure/Entra and better security. Keeper Enterprise A strong recommendation for managing passwords centrally. SIEM Agent This is a service on each computer that monitors the security logs on local systems, and correlates them with various services. A 24/7 team monitors and escalates suspicious activity. PROJECT LABOR Azure Migration Project This has been an ongoing discussion. This no longer includes moving your email and files, because you would stick with Google email/drive for now, but it includes getting Microsoft and Google to tie into each other for an easier experience. Keeper Password Manager Setup Time for configuring this SIEM Setup Time for configuring this Laptop Setup, etc. Time for configuring laptops, installing, migrating etc. EHR Pataongia for all charting needs for our Personal Family Health Clinic and harm reduction across all locations

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan Internet.docx	7/8/2026 12:29 PM EDT
Other	St.ignace	Mackinac and schoolcraft broken Down bills.pdf	7/8/2026 12:29 PM EDT
Other	Letter	SO LMA 09 HP 100M FINAL.pdf	7/8/2026 12:30 PM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Michael Clayton	Consultant	IT	DS Tech	IT with LMAS	mclayton@dstech.net	(906) 786-4084

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:	Courtney Korenich
Email:	ckorenich@lmasdhd.org
Phone:	9062935107
Employer:	LMAS District Health Department
Title:	Admin Assistant
Employer's FCC RN:	0017827437
Certifier's Full Name:	Courtney Korenich
Digital Signature:	Courtney Korenich
Date and time:	7/8/2026 12:34 PM EDT