

General Information

HCP or Consortium: 17264 - Utah Telehealth Network
Application Number: RHC46100022761
FCC Registration Number: 0013761549
Address: 101 WASATCH DR RM 215 , SALT LAKE CITY, UT 84112
Application Nickname: UTN FY27 WAN RFP
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
24053	Health West North Logan	12/31/2029
40789	Health West Evanston	12/31/2029
24042	Health West Garden City	12/31/2029
25929	Moab Regional Hospital	12/31/2029
11673	Beaver Valley Hospital	12/31/2029
10474	Milford Valley Memorial Hospital	12/31/2029
27200	Parowan Medical Clinic	12/31/2029
24057	Central Utah Public Health Department Manti Office	12/31/2029
11648	Central Utah Public Health Department	12/31/2029
13331	Wayne Community Health Center	12/31/2031
35090	Kazan Ivan W Memorial Clinic	12/31/2031
11651	Tri-County Health Department	12/31/2029
24041	Fountain Green Medical Clinic	12/31/2029
11650	Central Valley Medical Center	12/31/2029
16202	Southeastern Utah Health Department - Moab	12/31/2029
13805	Southeastern Utah Health Department - Price	12/31/2029
11649	Kane County Hospital	12/31/2027
24079	Summit County Public Health Dept - Park City	12/31/2031
24046	Summit County Health Dept - Kamas	12/31/2031
13789	Summit County Health Dept - Coalville	12/31/2031
11678	Gunnison Valley Hospital	12/31/2029
13788	Southwest Utah Public Health Dept - Kanab	12/31/2029
16201	Southwest Utah Public Health Dept - Cedar City	12/31/2029
24077	Southwest Utah Public Health Dept - Panguitch	12/31/2029
24111	Southwest Utah Public Health Dept - St George	12/31/2029
24017	Southwest Utah Public Health Dept - Beaver	12/31/2029
24014	Altamont Medical Center	12/31/2031
24034	Duchesne Valley Medical Center	12/31/2031
24112	Tabiona Medical Center	12/31/2031
16200	Basin Clinic	12/31/2031
12573	Uintah Basin Medical Center	12/31/2031
13864	The Helper Clinic	12/31/2030
13229	Carbon Medical Service	12/31/2030

24019	Blue Mountain Hospital	12/31/2029
11646	Montezuma Creek Community Health Center	12/31/2029
48644	Blanding Datacenter	12/31/2029
11645	Monument Valley Community Health Center	12/31/2029
13256	Enterprise Valley Medical Clinic	12/31/2029
17003	Navajo Mountain Community Health Center	12/31/2029
48798	Heath West - Montpelier	12/31/2029
49551	Eccles Broadcast Center	
24093	Wasatch Homeless Health Care	12/31/2030
50235	San Juan Family Dental	12/31/2029
28263	Tri-County Health Department-Roosevelt	12/31/2029
60683	Santaquin Clinic	12/31/2029
60696	Health West Rock Springs	12/31/2029
60692	Health West Brigham City	12/31/2029
65996	Blanding Family Practice Community Health Center	12/31/2029
101197	Salina Family Medicine	12/31/2029
102310	Carbon Medical Service - Price	12/31/2030
102409	Main Street Family Clinic	12/31/2029
24088	Bear River Health Department Randolph Office	12/31/2031
103776	Bear River Health Department Garden City Office	12/31/2031
24023	Bear River Health Department Brigham Office	12/31/2031
24065	Bear River Health Department Env Health Bld	12/31/2031
103774	Bear River Health Department Tremonton Office	12/31/2031
13803	Bear River Health Department Main Office	12/31/2031
112470	Uintah Basin Health EMS Office	12/31/2031
16572	Health West, Inc. - American Falls	12/31/2029
16573	Health West, Inc. - Lava Hot Springs	12/31/2029
16571	Health West, Inc. - Aberdeen	12/31/2029
43531	Health West, Inc. Preston Community Health Center	12/31/2029
116678	Health West Inc. - City Center	12/31/2029
70908	Health West Family Medicine Clinic	12/31/2029
70909	Health West Pediatrics and OBGYN Clinic	12/31/2029
16414	Health West, Inc. - Downey	12/31/2029
70907	Health West Pocatello Clinic	12/31/2029
70905	Health West Chubbuck Clinic	12/31/2029
116680	Flexistential Data Denter	12/31/2029
117266	Uintah Basin Health Wellness Center	12/31/2031
24032	Central Utah Public Health Department - Delta (West Milard)	12/31/2029
121058	Central Utah Public Health Department - Junction (Piute)	12/31/2029
24051	Central Utah Public Health Department - Loa (Wayne)	12/31/2029
24039	Central Utah Public Health Department - Fillmore	12/31/2029
24064	Central Utah Public Health Department	12/31/2029
133533	Wasatch Homeless Health Care - Magnolia	12/31/2030
133486	Carbon Medical Service Association - Ready for Release/R4R	12/31/2030
133535	Fourth Street Clinic - MVP	12/31/2030
133442	Southeast Utah HD - Castle Dale	12/31/2030
135645	Moab Free Health Clinic	12/31/2031

135605
50062

Summit County Health - The PEAK Center
Health West Providence

12/31/2031
12/31/2029

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	10	1	10	Gbps	Yes
Installation							
Equipment							
Construction							
Network Management Services							
Other	As needed by service provider					Gbps	Yes

Dates and Timing

What is the HCP's desired service contract length?:	Equal to 5 Year(s)
Will the HCP consider bids with contract extension language?:	No
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?:	37 Day(s)
What is the HCP's expected bid evaluation period after the public posting?:	30 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	G. Cost (See 04.02.07)
Other	Service Level Agreement	10	A. Company Service Level Agreement (SLA) (See 4.02.01)
Other	Connectivity	15	B. End Site Connectivity (See 04.02.02)
Other	Configurations	10	C. Technical Configurations (See 04.02.03)
Other	Experience	15	D. Company Experience (See 04.02.04)
Other	Compliance	10	E. Network and Technical Compliance (See 04.02.05)
Other	Scope of Work	10	F. Ability to Meet the Scope of Work (SOW) (See 04.02.06)

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

Disqualifying factors:

The University reserves the right to disqualify any proposal that includes significant deviations or exceptions to the terms, conditions and/or specifications in this RFP.

Main Contact

Name	Organization	Title	Phone	Email	Address
Kate Richards	Utah Telehealth Network		7185707280	kate@uethn.org	101 Wasatch Drive , Salt Lake City, UT 84112

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?: Yes

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

2 - UTN FY27 Fiber Based WAN RFP UU217969848.pdf

3085568-2 - REVISED UTN FY27 WAN RFP UU217969848.pdf

Summary of the HCP's requested services. :

The following RFP is for data and installation services as well as any necessary equipment and construction for 83 HCPs with 95 circuits to participate in the consortium with the Utah Telehealth Network. 82 HCPs are USAC eligible.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Other	RFP	2 - UTN FY27 RHC WAN RFP UU2 17969848.pdf	9/10/2026 6:32 PM EDT
Other	Attachment A	3 - UTN FY27 RHC Attachment A Cost Proposal Form UU217969848.pdf	9/10/2026 6:32 PM EDT
Other	Attachment F	4 - UTN FY27 RHC Attachment F RHC Terms and Conditions UU217969848.pdf	9/10/2026 6:32 PM EDT
Network Plan		5 - UTN FY27 RHC Network Plan UU217969848.pdf	9/10/2026 6:32 PM EDT
Other	Network Diagram	6 - UTN FY27 RHC Network Diagram UU217969848.pdf	9/10/2026 6:32 PM EDT
Other	Cover Letter	1 - DO NOT POST UTN FY27 RHC Cover Letter UU217969848.pdf	9/11/2026 10:46 AM EDT
Other	Attachment A - Revised	3085569-3 - REVISED UTN FY27 RHC Attachment A Cost Proposal Form UU217969848.pdf	9/18/2026 3:22 PM EDT
Other	Network Diagram - Revised	3085570-6 - REVISED UTN FY27 RHC Network Diagram UU217969848.pdf	9/18/2026 3:23 PM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
------	-------------------	-------	----------	------------------------	-------	-----------

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:	Kate Richards
Email:	kate@uetn.org
Phone:	7185707280
Employer:	
Title:	
Employer's FCC RN:	
Certifier's Full Name:	Kate Richards
Digital Signature:	Kate Richards
Date and time:	9/11/2026 12:14 PM EDT