General Information

HCP or Consortium:	32216 - Cass Regional Medical Center
Application Number:	RHC46100023416
FCC Registration Number:	0022515415
Address:	2800 E ROCK HAVEN RD , HARRISONVILLE, MO 64701
Application Nickname:	FY27
Funding Year:	2027
Funding Priority:	Priority 6

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		30	1000	30	1000	Mbps	No
Other	PRI, SIP ISDN	1.544	100	1.544	100	Mbps	Yes
Other	Redundant or back up circuits	30	1000	30	1000	Mbps	Yes
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		30	start July 1, 2027
Bandwidth		20	Contracts need upgrade language 100/100
Environmental objectives		10	Business/Enterprise-grade Dedicated Internet Access preferred; clearly identify whether service is dedicated or shared
Management capability, including solicitation compliance		10	Minimum 99.8% uptime SLA; preference given to 99.99%. As well as provider equipment must support remote monitoring, diagnostics, and remote reboot/power-cycle capability without requiring clinic staff intervention. Define response time for Priority 1/service-down events; target 15–30 minute acknowledgment
One vendor solution		10	Must service all of Cass Regional HCPs
Other	prior experience and past performance	5	Circuit must pass bandwidth, latency, packet loss, jitter, and failover/availability testing prior to acceptance
Quality of transmission		5	Must reliably support VoIP, Microsoft Teams/video conferencing, cloud applications, VPN, EMR access, and large medical-image transfers
Technical support		10	24/7/365 U.S.-based NOC/help desk preferred, with telephone escalation

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?:	Yes
Disqualifying factors:	• Include requested block of public static IPv4 addresses; specify additional cost • Provider must describe network security controls, DDoS protections, and incident-notification processes • Scheduled maintenance requires advance notification, preferably 5–7 business days, except emergency maintenance • Provide pricing for 12-, 36-, and 60-month terms if available • Quote optional secondary circuit using a physically diverse carrier/path/entrance, including optional 5G/LTE if available 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	Cass Regional Medical Center	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. :

Mix of DIA, Ethernet and ISDN

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 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:	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:	10/19/2026 12:14 PM EDT