General Information

HCP or Consortium:	33832 - Kansas Health-e Broadband Consortium
Application Number:	RHC46100022570
FCC Registration Number:	0023047590
Address:	215 SE 8TH AVE , TOPEKA, KS 66603
Application Nickname:	St. Lukes FY2027
Funding Year:	2027
Funding Priority:	Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
10401	Wright Memorial Hospital	06/30/2031
11151	Anderson County Hospital	06/30/2031
11322	Hedrick Medical Center	06/30/2031
18538	Saint Lukes Medical - Clinton	06/30/2031
25125	St Luke's Hospital of Kansas City	06/30/2031
35946	Anderson County Hospital Colony Outreach Clinic	06/30/2031
41921	SLCC, Inc - Warrensburg	06/30/2031
46122	Saint Luke's Mercer County Clinic	06/30/2031
46729	Saint Luke's Multispecialty Clinic-Platte City	06/30/2031
47639	Saint Luke's Cancer Specialists - Butler	06/30/2031
63524	Saint Luke's Physician Group, Inc - Warrensburg, MO	06/30/2031
65475	Saint Luke's South Hospital	06/30/2031
66005	Saint Luke's North Hospital - Smithville Campus	06/30/2031
66006	Saint Luke's North Hospital - Barry Road Campus	06/30/2031
66008	Saint Luke's East Hospital	06/30/2031
66297	Saint Luke's Health System - Off Site Admin Offices	06/30/2031
66300	Saint Luke's Health System - Off Site Admin Offices II	06/30/2031
66302	Saint Luke's Data Center - Lee's Summit	06/30/2031
70115	Saint Luke?s Community Hospital - Leawood	06/30/2031
70116	Saint Luke?s Community Hospital - Overland Park	06/30/2031
70119	Saint Luke?s Community Hospital - Kansas City	06/30/2031
70120	Saint Luke?s Community Hospital - Roeland Park	06/30/2031
70123	Saint Luke?s Community Hospital - Olathe	06/30/2031
70125	Saint Luke?s Community Hospital - Shawnee	06/30/2031
70126	Saint Luke?s Community Hospital - Overland Park II	06/30/2031
93735	St. Luke's - Bishop Spencer Place	06/30/2031
134322	St. Lukes/BJC, Equinix, VA, DC	06/30/2031
134323	St. Lukes/BJC, Equinix, IL, DC	06/30/2031
66271	Saint Luke's Hospital of Kansas City's Crittenton Children's Center	06/30/2031

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		1.544	40000	1.544	40000	Mbps	Yes
Construction							
Equipment							
Installation							
Network Management Services							
Other	Professional Services					Mbps	Yes

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, This is preferred
Will the HCP consider bids for month-to-month contracts?:	Yes, This is preferred
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	
Other	Prior experience, including past per formance	25	At least 3 comparable references
Reliability of service		25	99.99% availablility
Leverage existing resources		20	Compatible with existing services an d equipment

Does the HCP have any disqualifying factors that will remove bids or bidders from consideration?:	Yes
Disqualifying factors:	Failure to comply with the terms within the RFP may result in disqualification.

Main Contact

Name	Organization	Title	Phone	Email	Address
Thao Nguyen	Kansas Health-e Broad band Consortium		7202382192	thaonguyen@fedf unding.net	PO Box 3154 , Evergreen, CO 80437

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?:	No
Will the HCP be including an RFP with this application?:	Yes

St.LUKES RFP FY2027_RHC46100022570.pdf

Summary of the HCP's requested services. :

THE PURPOSE IS TO PROVIDE SOLUTIONS THAT PROVIDE ACCESS AND SUPPORT TO CONDUCT ACTIVITIES SUCH AS USE OF EMR, TELEMEDICINE AND TRANSMISSION OF RADIOLOGY IMAGES FOR THE PURPOSE OF HEALTHCARE DELIVERY

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		KHA HealthWorks Network Plan 2027.pdf	7/1/2026 12:14 AM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Tracy Hines	Consultant	Partner	Federal Funding Group	Consultant	tracyhines@fedfunding.net	(720) 394-7845

Certifications

- ✓ I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or c onsortium.
- ✓ I certify under penalty of perjury that I have examined this request and all attachments, and to the best of my knowle dge, 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 stat e, Tribal, or local procurement rules.
- ✓ I certify under penalty of perjury that all requested RHC Program support will be used solely for purposes reasonabl y related to the provision of health care service or instruction that the health care provider is legally authorized to pr ovide 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 Service s (FCC Form 461), any bids/contracts resulting from the FCC Form 461 posting, scoring sheet, and other informatio n that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 C FR § 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 a s 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 o r any other thing of value.

Signature

Name:	Tracy Hines
Email:	tracyhines@fedfunding.net
Phone:	(720) 394-7845
Employer:	Federal Funding Group
Title:	Partner
Employer's FCC RN:	0023047590
Certifier's Full Name:	Tracy Hines
Digital Signature:	Tracy Hines
Date and time:	7/1/2026 12:15 AM EDT