General Information

HCP or Consortium: 39261 - Kentucky Telehealth Consortium
Application Number: RHC46100022773
FCC Registration Number: 0023785058
Address: 41 PLEASANT ST , BANGOR, ME 04401
Application Nickname: KTC-RFP-3481; Lake Cumberland
Funding Year: 2027
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
12936	Commonwealth of Kentucky/Adair County	02/06/2027
12933	Commonwealth of Kentucky/Cumberland County	02/06/2027
12934	Commonwealth of Kentucky/Clinton County	02/06/2027
94760	Lake Cumberland District Health Department/Casey County	02/06/2027
13705	Lake Cumberland District Health Department/District Office	02/06/2027
12932	Commonwealth of Kentucky/Green County	02/06/2027
12929	Commonwealth of Kentucky/Russell County	02/06/2027
12930	Commonwealth of Kentucky/Pulaski County	02/06/2027
12928	Commonwealth of Kentucky/Taylor County	02/06/2027
12927	Commonwealth of Kentucky/Wayne County	02/06/2027
12931	Commonwealth of Kentucky/McCreary County	02/06/2027

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
Construction							
Data		.768	40000	.768	40000	Mbps	Yes
Equipment							
Installation							
Network Management Services							

Dates and Timing

What is the HCP's desired service contract length?: Up to 10 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?: 7 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		20	20
Other	Compliance with HCF Payment Process	20	20
Other	Ease of Implementation	20	20
Other	Experience with Vendor	20	20
Other	Technical Merit of Proposal	20	20

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

Disqualifying factors: Proposals will be disqualified if an electronic copy, in either Microsoft Word or Portable Document Format (preferred), is not received prior to the Allowable Contract Selection Date (ACSD) listed on USAC's website, unless no other proposals are received.

Main Contact

Name	Organization	Title	Phone	Email	Address
Bill Jenkins	Kentucky Telehealth Consortium		2079224120	billjenkins@healthconnectnetworks.com	145 Exchange Street Suite 4, Bangor, ME 04401

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

KTC - RFP3481 Lake Cumberland Services 07-01-2026.pdf

Summary of the HCP's requested services. :

Internet Services

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		KTC - Network Plan-Final v.20160607-4.pdf	8/7/2026 11:40 AM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Taylor Whalen	Consultant	Accounting Assistant	HealthConnect Networks	Consultant	taylorwhalen@healthconnectnetworks.com	(207) 922-4120
Taylor Whalen	Consultant	Accounting Process Manager	HealthConnect Networks	Consultant	taylorwhalen@healthconnectnetworks.com	(207) 922-4120
Chris Gelo	Consultant	Senior Network Engineer	HealthConnect Networks	Consultant	chrisgelo@healthconnectnetworks.com	(207) 922-4120
Bill Jenkins	Consultant	Senior Project Manager	HealthConnect Networks	Consultant	rfp@healthconnectnetworks.com	(207) 922-4120

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:	Taylor Whalen
Email:	taylorwhalen@healthconnectnetworks.com
Phone:	207-9224120
Employer:	HealthConnect Networks
Title:	Accounting Assistant
Employer’s FCC RN:	0023785058
Certifier’s Full Name:	Taylor Whalen
Digital Signature:	Taylor Whalen
Date and time:	8/7/2026 11:42 AM EDT