

General Information

HCP or Consortium: 44002 - Rural Health Services Consortium, Inc
Application Number: RHC46100022998
FCC Registration Number: 0014075139
Address: 4966 HIGHWAY 11W , ROGERSVILLE, TN 37857
Application Nickname: Year 2027
Funding Year: 2027
Funding Priority: Priority 3

Consortium Participating Sites

HCP Number	Name	LOA Expiry
16410	Limestone Medical Center	
13544	Sneedville Medical Center	
16407	Bulls Gap Medical Center	
16409	Hawkins Medical Center	
34893	Rural Health Services Consortium, Inc. - Rogersville Medical C omplex	
16408	Dry Creek Medical Center	
16411	Roan Mountain Medical Center	
13543	Mountain City Medical Center	
13541	Rural Health Services Consortium-Baileyton Medical Center	
34849	Kingsport Medical Center	
34846	Bluff City Medical Center	

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		500	500	500	500	Mbps	Yes
Data		1000	1000	1000	1000	Mbps	Yes

Dates and Timing

What is the HCP's desired service contract length?: Equal to 3 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?: 28 Day(s)
What is the HCP's expected bid evaluation period after the public posting?: 14 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	40
Other	Prior Experience with the vendor, including technical excellence	40	40
Other	Prices for ineligible services, products, fees, and reliability	20	20

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Cody Jones	Rural Health Services Consortium, Inc		423-921-1627	jonesc@rhsctn.com	4307 Highway 66S 4307 Highway 66S, Rogersville, TN 37857

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

RHC - RFP and Network Plan 2026.docx

Summary of the HCP's requested services. :

The Rural Health Services Consortium, on behalf of 11 rural clinic members of the consortium, is seeking 36 month bids for telecommunication services under the FCC's Healthcare Connect Fund. The Rural Health Services Consortium is a consortium of 11 healthcare facilities covering 8 counties in East Tennessee. It is the vision of Rural Health Services Consortium to provide a community health center network to provide accessible, patient centered health care to East Tennessee with a focus on continued quality improvement. This RFP addresses the telecommunications and any network hardware required to connect the 11 rural health clinics in the consortium that are seeking enhanced or continued services. Rural Health Services Consortium has existing network architecture and routing to provide health care to each of its 11 sites located in East Tennessee and any services proposed will need to provide an Ethernet connection at all sites. Sites addressed by services provided in the RFP will be able to immediately utilize Rural Health Services Consortiums existing I.T. systems. Rural Health Services Consortium, Inc. is a private, non-profit corporation, which consists of 11 rural health care clinics separated by distances sometimes exceeding 100 miles. It provides services to its members, including: an Electronic Medical Record system, diagnostic testing, email access, network printing, network security, anti-virus security, file storage, billing, centralized referrals, and accounting. The connectivity provided will continue to build member capacity to electronically exchange health information and improve their ability to provide accessible, patient centered health care efficiently. Rural Health Services Consortium is requesting replacement services that can provide adequate telecommunications capacity to handle facility demands.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2027.docx	9/16/2026 2:17 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:	Linda Buck
Email:	buckl@rhsctn.com
Phone:	(423) 272-9163
Employer:	Rural Health Services Consortium, INC.
Title:	CEO
Employer's FCC RN:	0014075139
Certifier's Full Name:	Linda Buck
Digital Signature:	Linda Buck
Date and time:	10/15/2026 11:34 AM EDT