General Information

HCP or Consortium: 46624 - Fairfax Medical Facilities, Inc.
Application Number: RHC46100022845
FCC Registration Number: 0023138423
Address: 212 N. Main St. , Fairfax, OK 74637
Application Nickname: FY27 Funding RFP
Funding Year: 2027
Funding Priority: Priority 3

Consortium Participating Sites

HCP Number	Name	LOA Expiry
34368	Fairfax Medical Facilities, Inc. - Newkirk Family Health Center	
34139	Fairfax Medical Facilities - Robert Clark Family Health Center	
34360	Fairfax Medical Facilities, Inc. - Hominy Family Health Center	
135419	Ponca City Family Health 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		100	1000	100	1000	Mbps	Yes

Dates and Timing

What is the HCP's desired service contract length?: Up to 3 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?: No
What is the HCP's desired time to publicly post this request for services?: 30 Day(s)
What is the HCP's expected bid evaluation period after the public posting?: 20 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		25	20
Other	Prior Experience, including past performance	15	12
Bandwidth		15	12
Other	Implementation Timeline	10	8
Contract modification provisions		10	5
Other	Compliance with OUSF and FCC Requirements	10	10
Personnel qualifications, including technical excellence		15	10

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

Main Contact

Name	Organization	Title	Phone	Email	Address
Tammy Leeper	Fairfax Medical Facilities, Inc.	CEO	9186423100	tleeper@fairfaxclinic.com	212 N Main Street , Fairfax, OK 74637

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

RFP-FY 2027.pdf

Summary of the HCP's requested services. :

Requesting network design, leased/tariffed facilities or services, network equipment and management and operation costs as outlined in the RFP. Carrier facilitates upgrades requested where necessary.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Network Plan 2027.pdf	8/11/2026 9:51 AM 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:	Tammy Leeper
Email:	tleeper@fairfaxclinic.com
Phone:	9186423100
Employer:	Fairfax Medical Facilities, Inc.
Title:	CEO
Employer's FCC RN:	0023138423
Certifier's Full Name:	Tammy Leeper
Digital Signature:	Tammy Leeper
Date and time:	8/11/2026 9:52 AM EDT