General Information

HCP or Consortium: 48320 - Summit Healthcare - Snowflake Medical Center
Application Number: RHC46100023505
FCC Registration Number: 0020867453
Address: 590 S MAIN ST , SNOWFLAKE, AZ 85937-5228
Application Nickname: 2027 461
Funding Year: 2027
Funding Priority: Priority 2

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	2	1	2	Gbps	Yes
Other	Internet	1	2	1	2	Gbps	Yes

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?: 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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		40	
Leverage existing resources		30	Looking for a service provider to leverage HCP's existing resources
Other	Prior experience as well as past performance	30	3 References in the same state for the same service

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

Disqualifying factors: HCP's will not work with agents, resellers or wholesalers who do not own their own network.

Main Contact

Name	Organization	Title	Phone	Email	Address
David Boggs	Summit Healthcare - Snowflake Medical Center	Consultant	(615) 472-8896	david.boggs@theusfgroup.com	p.o. box 680001 , Franklin, TN 37068

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. :

Requesting Ethernet plus data to communicate with other HCP's.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Robert Harris	Consultant		The USF Group, INC	Consultant	robert.harris@theusfgroup.com	(615) 472-8896
David Boggs	Consultant	President	The USF Group	Consultant	david.boggs@theusfgroup.com	(615) 456-4954

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:	Robert Harris
Email:	robert.harris@theusfgroup.com
Phone:	(615) 472-8896
Employer:	The USF Group, INC
Title:	
Employer's FCC RN:	
Certifier's Full Name:	Robert Harris
Digital Signature:	Robert Harris
Date and time:	10/27/2026 1:10 PM EDT