General Information

HCP or Consortium: 48624 - Baptist Memorial Health Care Corporation Consortium
Application Number: RHC46100022944
FCC Registration Number: 0025271750
Address: 350 N HUMPHREYS BLVD , MEMPHIS, TN 38120
Application Nickname: FY2027
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
46706	Baptist Memorial Hospital-Huntingdon	
46704	NEA Baptist Memorial Hospital	
46703	Baptist Memorial Hospital for Women	
48727	Boston Baskin Cancer Foundation, Inc.	
46683	Baptist Memorial Hospital-Union City	
48609	Baptist Memorial Health Care Corporation - Admin Office	
46696	Baptist Memorial Hospital-Collierville	
46707	Baptist Memorial Hospital - Golden Triangle	
10450	BMH-North Mississippi Oxford	
48593	BMG The Woman's Clinic	
10415	BMH-Booneville Hospital	
46697	Baptist Memorial Hospital-DeSoto	
46705	Baptist Memorial Hospital-Memphis	
46684	Baptist Memorial Hospital-Tipton	
48592	Baptist Cancer Center Physicians Foundation, Inc.	
10451	BMH -- New Albany	
51684	Atoka Pediatrics	
51681	The Doctors' Clinic	
51680	New Albany Surgical Associates	
51685	Advanced Ear, Nose & Throat	
53733	Baptist College of Health Sciences	
53790	Baptist College of Health Sciences-Division of Nursing	
57473	Huntingdon General Surgery	
14665	Baptist Cancer Center Physicians Foundation, Inc	
53706	Baptist Cancer Center Physicians Foundation, Inc - Forrest City	
57466	Baptist Memorial Rehabilitation Hospital	
57469	Baptist Memorial Medical Group Inc	
64574	Baptist Memorial Hospital - Crittenden	
50177	Baptist Memorial Hospital - Mississippi Baptist Medical Center	
66936	Baptist Memorial Hospital - Calhoun	
47631	Mississippi Baptist Health Systems, Inc. - Data Center	
45353	Baptist Memorial Hospital - Leake	

17703	Mississippi Baptist Health System - Baptist Medical Clinic Waln ut Grove
12786	Baptist Medical Center - Attala
12785	Baptist Medical Center Yazoo
116557	Baptist Sleep Disorders Center
116556	Baptist Rehabilitation and Sports Medicine - McKenzie
116555	Baptist Medical Group - Jernigan Surgery Clinic
116554	Baptist Medical Group - New Albany Medical Group
116552	Women's Health Center of Martin
118117	BMHCC - Ashburn Data Center
118118	BMHCC - Chicago Data Center
85883	Anderson Regional Medical Center
120150	Baptist Anderson Regional Medical Center South
134133	Baptist Cancer Center- Dyersburg
33750	NEA Baptist Clinic - Cherokee Village Clinic
33751	NEA Baptist Clinic - Osceola Clinic
38242	Newport Clinic
108612	NEAB - Trumann Clinic
10792	Oktibbeha County Hospital
134137	Baptist Memorial Medical Group - Paris
134135	Anderson Family Medical Center - Enterprise
134132	Baptist Cancer Center- Wynne
134131	Baptist Urgent Care - Batesville
134134	BMG Northeast Mississippi Internal Medicine
134136	OCH Regional - Parson Family Medical Clinic
134138	Baptist Anderson Family Medical Center - Airpark
10765	Arkansas Methodist Hospital
135667	Baptist Arlington Medical Campus

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	20000	1.544	20000	Mbps	Yes
Equipment							
Network Management Services							

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
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?:	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	
Other	Prior experience, including past performance	20	Current service or previous service is considered or provide 3 references with similar scope as HCP in same state
Management capability, including solicitation compliance		20	Ability to follow posting directions
Leverage existing resources		20	Compatibility with existing resources
One vendor solution		15	

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

Disqualifying factors: No agents or resellers.

Main Contact

Name	Organization	Title	Phone	Email	Address
Gabriel Thrasher	Baptist Memorial Health Care Corporation Consortium	Director	877-236-7918	g.thrasher@ahaosp.com	4007 McCullough Ave Ste. 193, San Antonio, TX 78212

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

FY2027_BMHCC_RFP ID# RHC46100022944.pdf

Summary of the HCP's requested services. :

Requesting internet and data connectivity along with supporting equipment/nms.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		BMHCC Consortium Network Plan.pdf	9/2/2026 7:31 PM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Gabriel Thrasher	Consultant	Director	American Health Association, LLC	Consultant	g.thrasher@ahaosp.com	(877) 236-7918

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:	Gabriel Thrasher
Email:	g.thrasher@ahaosp.com
Phone:	877-236-7918
Employer:	American Health Association, LLC
Title:	Director
Employer's FCC RN:	0026831230
Certifier's Full Name:	Gabriel Thrasher
Digital Signature:	Gabriel Thrasher
Date and time:	9/2/2026 7:31 PM EDT