General Information

HCP or Consortium: 50264 - Compass Behavioral Health Regional Consortium
Application Number: RHC46100023567
FCC Registration Number: 0011652294
Address: 1111 E SPRUCE ST , GARDEN CITY, KS 67846
Application Nickname: FY2027 461 RFP#1
Funding Year: 2027
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
13717	Area Mental Health Center - Garden City (E Spruce St)	
14675	Area Mental Health Center - Dodge City	
14676	Area Mental Health Center - Dodge City (N 14th Ave)	
14677	Area Mental Health Center - Ulysses	
93103	Compass Behavioral Health - Ulysses	
93927	Compass Behavioral Health - Garden City Community Support Services	
132753	Compass Behavioral Health Centers -Scott City	
134240	Compass Behavioral Health - Admin	
134239	Compass Behavioral Health	

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
Other	see uploaded RFP for details					Mbps	Yes
Equipment Installation							

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?: 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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		35	
Other	Prior Experience	25	Three healthcare references from same region for like services
Leverage existing resources		20	To work with existing equipment
One vendor solution		20	

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

Disqualifying factors: HCP will not accept bids from agents, re-sellers, or wholesalers.

Main Contact

Name	Organization	Title	Phone	Email	Address
Jamie Warren	Compass Behavioral Health Regional Consortium	Director of FM	6202750625	jwarren@compassbh.org	531 Campus View ST , Garden City, KS 67846

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

2027 RFP.docx

Summary of the HCP's requested services. :

SD Wan Network HCP # Equivalent Equipment/Service with Internet Speed 1 HCP 13717 Cloud Firewall - Fortigate VM-00-UTM Bundle License for Firewall 2 HCP 13717 VeloCloud SD-Wan -- Edge 640 500MB 3 HCP 14675 VeloCloud SD-Wan -- Edge 640 350Mb With CradlePoint E100 LTE Modem/ LTE Service 4 HCP 14676 VeloCloud SD-Wan -- Edge 640 350Mb 5 HCP 14677 VeloCloud SD-Wan -- Edge 640 350Mb With CradlePoint E100 LTE Modemw/ LTE Service 6 HCP 132753 VeloCloud SD-Wan -- Edge 640 350Mb With CradlePoint E100 LTE Modemw/ LTE Service 7 HCP 93103 VeloCloud SD-Wan -- Edge 640 350Mb With CradlePoint E100 LTE Modemw/ LTE Service 8 HCP 93927 VeloCloud SD-Wan -- Edge 640 350Mb With CradlePoint E100 LTE Modemw/ LTE Service 7 HCP 134240 VeloCloud SD-Wan -- Edge 640 500Mb With CradlePoint E100 LTE Modemw/ LTE Service 8 HCP 134239 VeloCloud SD-Wan -- Edge 640 500Mb With CradlePoint E100 LTE Modemw/ LTE Service Internet Services 14675 Area- Dodge City 506 Internet 300 Meg -1 GIG 14676 Area-Dodge City 3000 N 14th Internet 300 Meg -1 GIG 93927 Compass- 531 Campus View Internet 100 x 20 Meg up to -1 GIG 13717 Compass Behavorial Health - Garden City Internet 300 Meg -1 GIG 134240 804 Fulton St Internet 300 Meg -1 GIG 134239 2102 E Spruce St Internet 300 Meg -1 GIG

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Compass- Network Plan 2027.docx	11/2/2026 9:33 AM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Krista Froedge	Consultant	Consultant	USF Healthcare Consulting Inc	Consultant	kristaf@uasave.com	(502) 228-1907
Geoff Boggs	Consultant	CEO	USF Healthcare Consulting, Inc.	Consultant	gboggs@uasave.com	(502) 228-1907
Elizabeth Boggs-Goodknight	Consultant	COO	USF Healthcare Consulting, Inc.	Consultant	egoodknight@uasave.com	(502) 228-1907

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:	Krista Froedge
Email:	kristaf@uasave.com
Phone:	5022281907
Employer:	USF Healthcare Consulting Inc
Title:	Consultant
Employer's FCC RN:	0018694075
Certifier's Full Name:	Krista Froedge
Digital Signature:	Krista Froedge
Date and time:	11/2/2026 9:36 AM EST