

General Information

HCP or Consortium: 50585 - Franciscan Missionaries of Our Lady Health System
Application Number: RHC46100022947
FCC Registration Number: 0025994674
Address: 6955 PERKINS RD , BATON ROUGE, LA 70808
Application Nickname: FY2027
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
50791	Franciscan Missionaries-Our Lady of Lourdes	
50786	Dr. Dana Dicharry	
50787	John Sulie Thibodeaux MD	
50784	Our Lady of the Angels Pediatric Clinic	
50785	Our Lady of the Angels Clinic	
51000	LOL Riverside	
50729	Our Lady of Lourdes Sleep Disorder Center-Crowley	
50793	Franciscan Missionaries- Business Office	
50870	Dr. Diedre Stelly	
50871	Assumption Rural Health Clinic	
24909	Our Lady of The Angels Hospital	
51858	The Heart Hospital of Lafayette	
51162	St Elizabeth's Physicans Clinic	
24928	Our Lady of the Lake Data Center	
15705	Our Lady of the Angels Eye Clinic	
24932	St. Elizabeth Hospital	
24933	St. Francis Medical Center	
50781	St. Francis Pulmonary Clinic	
50780	Assumption Community Hospital	
50783	Our Lady of the Angels Clinic	
50782	Our Lady of the Lake Physicians Group of New Road	
50872	FMOL Health System Admin office	
50779	Our Lady of the Angels IT Office	
55205	Our Lady of the Lake Physician Group - Picayune	
59082	FMOLHS O'Sullivan Business Office	
69556	SDJM - Memorial Hospital	
46182	St. Dominic Cleveland Telehealth Clinic at Bolivar Medical Center	
48915	St. Dominic Telehealth Clinic- Brookhaven, MS	
46101	St. Dominic-Family Practice Associates of Raleigh	
49659	St. Dominic Outpatient Clinic -Magee	
92883	FMOL - Childrens Hospital	
112696	Our Lady of Lourdes Women's and Children's Hospital	

116676	Our Lady of the Angels Primary Care Clinic
116674	St. Francis Medical Group Cardiology - Farmerville
116672	Our Lady of the Lake Children's Health Pediatrics at St Francis ville
116673	Our Lady of the Lake Physician Group Roberts
131368	Our Lady of Lourdes Physician Group Family Medicine at Breau x Bridge
47632	Baptist Yazoo Family Healthcare
131814	FMOLHS Equinix Data Center - Ashburn
131815	FMOLHS Equinix Data Center - Dallas
131816	FMOLHS - Data Center - Baton Rouge
135693	Our Lady of the Lake Children's Health Pediatrics at Zachary
51859	Lourdes Urgent Care Clinics
135700	St Francis Primary Care Clinic-Calhoun
135701	Our Lady of the Angels Family Medicine Avenue B
135702	St Dominic's Family Medicine-Pelahatchie

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 S ervices							

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	Franciscan Missionaries of Our Lady Health System	Director	877-236-7918	g.thrasher@ahasp.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

FMOLHS RFP ID RHC46100022947.pdf

Summary of the HCP's requested services. :

Requesting internet/data connectivity and supporting equipment/nms.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		FMOLHS Consortium Network Plan .pdf	9/2/2026 9:45 PM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Gabriel Thrasher	Consultant	Director	American H ealth Associ ation, LLC	Consultant	g.thrasher@ahao sp.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 9:46 PM EDT