

General Information

HCP or Consortium: 50589 - Sutter Health
Application Number: RHC46100023370
FCC Registration Number: 0013110234
Address: 3707 Schriever Ave , Mather, CA 95655
Application Nickname: FY2027
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
49903	CPMC Mission Bernal Campus	
49922	Memorial Medical Center	
49935	Sutter Roseville Medical Center	
49902	Alta Bates Summit Medical Center - Alta Bates Campus	
49915	Sutter Tracy Community Hospital	
49898	Eden Medical Center	
49916	Mills Peninsula Medical Center	
49929	Alta Bates Summit Medical Center	
49907	Sutter Auburn Faith Hospital	
49927	Sutter Santa Rosa Regional Hospital	
49924	Sutter Davis Hospital	
49931	Sutter Delta Medical Center	
49923	Novato Community Hospital	
49882	Sutter Lakeside Community Clinic	
53055	SHSS Data Center	
55595	Sutter Coast Community Center	
56197	Sutter Medical Center, Sacramento	
55594	Dr. Gary S. Shi, Medical Oncology	
55585	Lassen Medical Clinic	
55603	Sutter Health Karen Pantazis M.D. Pain Management	
55289	Sutter Health Communications Department	
55288	S3-Shared Services Administration	
49949	Sutter Medical Plaza Winters	
55291	Sutter Maternity and Surgery Center	
16167	Sutter Pioneer Health Center	
16168	Sutter Plymouth Health Center	
16166	Patterson Care Center	
16165	Sutter Medical Plaza Brownsville	
16162	Sutter Lakeside Hospital	
16161	Sutter Amador Hospital	
55582	Sutter Medical Plaza Dixon	
55583	Crescent City Internal Medicine	
49892	Sutter Coast Walk-In Clinic	

55663	Sutter Family Medicine - Jackson
49896	Sutter Coast Health Center at Brookings - Harbor
55745	Silicon Valley SV1 IBX Data Center
55751	Sutter Health Plus
55749	CPMC Foundation
16121	Sutter Coast Hospital
55755	Lake Park Business Center
55763	Sutter Health IT
49884	Sutter Amador Surgery Center
49883	Sutter Medical Plaza Jackson
64521	CPMC Van Ness Campus
64503	Sutter Lakeside Medical Practice
64470	Jordan Research and Education Institute
64518	Sutter Institute for Medical Research
64489	Sutter Care at Home Corporate Office
64523	CPMC Research Institute
64524	Mills Health Center
67751	Switch Tahoe Reno
68596	Alta Bates Summit Medical - Summit Campus
68822	Sutter/PAMF Education and Support Center
69442	CPMC Davies Campus
55744	Lumen West Sacramento Data Center
93729	Seattle Data Center
114040	Sutter Health Bay Area HQ
121269	Sutter Health Data Center - Las Vegas
131459	Sutter Health Data Center - San Francisco
49928	Sutter Solano Medical Center
49933	Memorial Hospital - Los Banos
135979	Sutter Lakeside Hidden Valley Rural Clinic
135976	Sutter Health Plumas Lake Center
135977	Village Lane Care Center
135978	Viborg Road Care Center
49932	Sutter Surgical Hospital North Valley
55584	Alta Bates Summit Medical Center - Herrick Campus
55758	Sutter Center for Psychiatry

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	100000	1.544	100000	Mbps	Yes
Network Management Services							
Equipment							

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:

Bidder must be the service provider of record and hold the 498 ID/SPIN under which the service will be billed. Brokers, commissioned agents, and third parties bidding another provider's services for compensation are disqualified. Bidder must be represented directly.

Main Contact

Name	Organization	Title	Phone	Email	Address
Gabriel Thrasher	Sutter Health	Director	877-236-7918	g.thrasher@ahao-sp.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

Sutter Health FY2027 - RFP RHC46100023370.pdf

Updated RFP 3145549-Sutter Health FY2027 - RFP RHC46100023370.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		Sutter Health Consortium Network Plan.pdf	10/13/2026 9:55 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@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:	10/13/2026 9:56 PM EDT