General Information

HCP or Consortium: 65502 - Cape Fear Valley Health
Application Number: RHC46100023711
FCC Registration Number: 0013424437
Address: 1638 OWEN DR , FAYETTEVILLE, NC 28304
Application Nickname: 2027-C
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
114002	CAPE - Primary Care Robeson Family	
11521	CFV Bladen County Hospital	
121130	Harnett Health Internal Medicine	
132331	Cape Fear Valley Huff Orthopedics & Sports Medicine	
132500	Cape Fear Valley Podiatry	
133211	CAPE - Cape Fear Valley Primary Care - Buffalo Lakes	
15159	HNHS - Betsy Johnson Hospital	
31024	SERM - Southeastern Medical Clinic Clarkton	
60432	CAPE - Primary Care - Vineland Family Medicine	
65487	CFV Podiatry Harnett	
65488	Cape Fear Valley Medical Center	
65489	CFV Hoke County Hospital	
65490	CFV Highsmith Rainey Speciality Hospital	
65491	CFV BDH Elizabethtown	
65493	CFV Primary Care Erwin	
65494	CFV Clinton Primary Care	
65495	CFV BCH Clarkton	
65496	CFV BCH Dublin	
65497	CFV BCH Bladenboro	
65499	CFV Three Rivers Clinic	
65606	CFV - Harnett Surgical	
66277	CFV BCH White Lake	
69602	HNHS - Central Harnett Hospital	
69609	HNHS - Coats Medical Clinic	
69610	HNHS - Lillington Medical	
69622	HNHS - Harnett Health Premier Pediatrics	
69623	HNHS - OB/GYN	
69798	HNHS - Benson Rehab	
70246	HNHS - Lillington Rehabilitation	
71811	CAPE - Cancer Center	
73995	HNHS - Lillington Medical	

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	999999	1	999999	Mbps	Yes
Construction							
Equipment							
Installation							
Network Management Services							

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?:	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?:	2 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		25	
Leverage existing resources		25	Must be compatible with existing network
Other	Prior experience, including past performance	25	No Minimum
One vendor solution		25	No Minimum

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

Disqualifying factors: - If a posted bid pricing matrix is returned stating "No Bid" for a particular listed service, at a specified HCP, the bid will be disqualified for that service at that location. - Failure to comply with the RFP will also result in disqualification

Main Contact

Name	Organization	Title	Phone	Email	Address
Kerri Heidkamp	Cape Fear Valley Health	Administrative Assistant	(203) 437-6546	kerri@pemfilings.com	50 Waterbury Rd , Prospect, CT 06712

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

Cape Fear Valley Health Circuit RFP 2027D.pdf

Summary of the HCP's requested services. :

Please refer to attached document 'Bid Pricing Spreadsheet Instructions' for all further instructions. Email all questions regarding posting to info@pemfilings.com

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Other	Bid Pricing Spreadsheet Instructions	!!! NEW.MUST REVIEW!!! Bid Pricing Spreadsheet Instructions.pdf	11/3/2026 7:54 PM EST
Other	Bidder Compliance Acknowledgement	PEMFilings Bidder Compliance Acknowledgement.pdf	11/3/2026 7:54 PM EST
Other	Bid Pricing Spreadsheet	Bid Pricing Spreadsheet-65502-2027D-46100023711.xlsx	11/3/2026 7:54 PM EST
Network Plan		Cape Fear Valley Health Network Plan.pdf	11/3/2026 7:55 PM EST

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Taylor Heidkamp	Consultant	Administrative Assistant, LLC -Consultant	PEM Filings	Consultant	taylor@pemfilings.com	(203) 437-6546
Kerri Heidkamp	Consultant	Director of Operations	PEM Filings, LLC	Consultant	kerri@pemfilings.com	(203) 802-6223
Tom Hurt	Consultant	Vice President, Rural Health Care Program	SpectraCorp Technologies Group, Inc.	Consultant	thurt@spectracorp.com	(972) 671-1700
Lisa Medina	Consultant	Director of Operations - Assisted in data collection	SpectraCorp Technologies Group, Inc.	Consultant	lmedina@spectracorp.com	(469) 329-1378
Luis Ocampo	Consultant	Project Coordinator	PEM Filings, LLC	Consultant	luis@pemfilings.com	(203) 802-6223
Kameron Heidkamp	Consultant	Technical Manager	PEM Filings, LLC	Consultant	kameron@pemfilings.com	(203) 802-6223
Jessica Moritz	Consultant	Compliance Manager	PEM Filings, LLC	Consultant	jessica@pemfilings.com	(203) 802-6223

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:	Taylor Heidkamp
Email:	taylor@pemfilings.com
Phone:	(203) 437-6546
Employer:	PEM Filings, LLC
Title:	Administrative Assistant-Consultant
Employer's FCC RN:	0017572314
Certifier's Full Name:	Taylor Heidkamp
Digital Signature:	Taylor Heidkamp
Date and time:	11/3/2026 7:57 PM EST