General Information

HCP or Consortium: 70397 - Pullman Regional Consortium
Application Number: RHC46100023473
FCC Registration Number: 0022538821
Address: 835 SE Bishop Blvd , Pullman, WA 99163
Application Nickname: FY2027 461
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
15110	Pullman Regional Hospital	
112341	Pullman Regional Hospital - Administration	
94061	Pullman Regional Hospital - Palouse Health Center	

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 list 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		30	
Other	Prior Experience	30	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
Chris Jenson	Pullman Regional Consortium	IT Manager	(509) 332-2541	chris.jenson@pullmanregional.org	835 SE Bishop Blvd , Pullman , WA 99163

RFP and Summary

Is the HCP likely to request more than $100 000 in program support from this request for services?: No

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?: No

Summary of the HCP's requested services. :

HCP 15110 Pullman Regional Hospital 835 SE Bishop Blvd, Pullman WA 99163 Service Terminating Address PRI 1 GIG-5 GIG Internet 1 GIG-5 GIG Internet 100 Meg-1 GIG 1205 SE Profesionsal 100 Meg-1 GIG 915 NE Valley Road Pullman 100 Meg-1 GIG 588 SE Bishop Blvd 100 Meg-1 GIG 23403 E Mission Ave. 100 Meg-1 GIG 422 Riverside Suite 1504 1 GIG Internet 5 Meg Voip with router Internet/Phone 50 Meg-1 GIG 405 NE Stadium 100 Meg-1 GIG 2500 W. A St Moscow, ID 100 Meg-1 GIG 405 NE Stadium 100 Meg to 1 GIG 1230 SE Bishop Ave 100 Meg to 1 GIG 690 Bishop Blvd 100 Meg - 1 Gig 1420 S Blain St 112341 Admin 840 SE Bishop Blvd, Pullman WA 99163 Service Terminating Address 100 Meg-1 GIG 835 SE Bishop Blvd 94061 Palouse Health Center 235 E. Main; Palouse, WA Service Terminating Address 100 Meg-1 GIG 835 SE Bishop Blvd 500 Meg Internet

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Pullman Network Plan 2027.docx	10/26/2026 11:46 AM EDT
Other	list of services	List of services for 2027 application .xlsx	10/26/2026 11:46 AM EDT

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:	10/26/2026 11:48 AM EDT