General Information

HCP or Consortium: 93415 - Arkansas Hospital Association Connectivity Consortium
Application Number: RHC46100022900
FCC Registration Number: 0004253217
Address: 419 NATURAL RESOURCES DR , LITTLE ROCK, AR 72205
Application Nickname: 27-Regional One 461
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
82334	Regional One Health	06/30/2032
118748	Expedient Data Center	06/30/2032
118811	Rehabilitation Hospital	06/30/2032

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	10000	1	10000	Mbps	Yes
Equipment							
Network Management Services							
Installation							
Construction							
Other	Professional Services					Mbps	Yes

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, This is preferred
Will the HCP consider bids for month-to-month contracts?: Yes, This is preferred
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?: 1 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		30	N/A
Other	Prior experience, including past performance	25	At least 3 comparable references
Reliability of service		25	99.99% availability
Leverage existing resources		20	Compatibility with existing services and equipment

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

Disqualifying factors: Failure to comply with the terms within the RFP may result in disqualification.

Main Contact

Name	Organization	Title	Phone	Email	Address
Laura Hill	Arkansas Hospital Association Connectivity Consortium		6313552199	laurahill@fedfunding.net	PO Box 3154 , Evergreen, CO 80437

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

AHA - Regional One FY27 RFP.pdf

Summary of the HCP's requested services. :

To provide access and support to conduct healthcare-related activities such as use of EMR, telemedicine, and transmission of radiology images.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Other	Vendor pricing template	Vendor Pricing Template.xlsx	8/24/2026 9:10 AM EDT
Network Plan		AHA-CC Network Plan 2027.pdf	8/24/2026 9:11 AM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Laura Hill	Consultant			Consultant	laurahill@fedfunding.net	(631) 355-2199

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:	Laura Hill
Email:	laurahill@fedfunding.net
Phone:	6313552199
Employer:	
Title:	
Employer's FCC RN:	
Certifier's Full Name:	Laura Hill
Digital Signature:	Laura Hill
Date and time:	8/24/2026 9:11 AM EDT