

General Information

HCP or Consortium: 93415 - Arkansas Hospital Association Connectivity Consortium
Application Number: RHC46100023053
FCC Registration Number: 0004253217
Address: 419 NATURAL RESOURCES DR , LITTLE ROCK, AR 72205
Application Nickname: 27-AHA RFP
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
118748	Expedient Data Center	06/30/2032
107197	AR Hospice Batesville	06/30/2032
107203	AR Hospice Administration	06/30/2032
117487	Arkansas Hospice-Conway Office	06/30/2032
117488	Arkansas Hospice-Hot Springs Office	06/30/2032
117489	Arkansas Hospice-Pine Bluff Office	06/30/2032
117491	Arkansas Hospice-Russellville Office	06/30/2032
117492	Arkansas Hospice-Searcy Office	06/30/2032
117477	Arkansas Hospice-El Dorado Office-403 W Oak St	06/30/2032
117459	Arkansas Hospice-Monticello Office-Westgate Dr	06/30/2032
117450	Arkansas Hospice-Berryville Office	06/30/2032
37216	Delta Health Services	06/30/2032
135487	Delta Health Services Community	06/30/2032
16367	Delta Memorial Hospital	06/30/2032
135571	Delta Memorial Hospital Home Health	06/30/2032
41820	North Arkansas Family Clinic	06/30/2027
133032	Fulton County Hospital Ambulance Quarters	06/30/2027
16303	Fulton County Hospital	06/30/2027
133825	Johnson County Surgery Clinic	06/30/2032
14651	Johnson Regional Medical Center	06/30/2032
16307	Little River Memorial Hospital	06/30/2032
116637	Little River Memorial Hospital Professional Building	06/30/2032
47623	Little River - Memorial Medical Clinic	06/30/2032
55858	Little River Nursing & Rehab	06/30/2032
94718	McGehee Family Clinic	06/30/2032
12635	McGehee-Desha County Hospital	06/30/2032
70784	CHI St. Vincent Heart Clinic Arkansas - Cardiology and Medicine Clinic, McGehee	06/30/2032
10250	Ozark Health Medical Center	06/30/2032
52004	Ozark Medical Clinic - Clinton	06/30/2032
50512	Ozark Health-Fairfield Bay Clinic	06/30/2032
108173	OCH Administrative Offices	06/30/2032
108172	OCH Business Park, Administration	06/30/2032

108133	OCH Jasper County Clinic-Carthage Campus	06/30/2032
108153	OCH Goodman Family Clinic	06/30/2032
108154	OCH Wellpointe Family Medical Clinic	06/30/2032
108156	OCH Lawrence County Clinic	06/30/2032
108157	OCH Newton County Clinic	06/30/2032
108159	OCH McDonald County Clinic	06/30/2032
108132	OCH Anderson Rural Health Clinic	06/30/2032
22160	Ozarks Community Hospital	06/30/2032
117479	Pineville Clinic	06/30/2032
114206	Primary Care Clinic-Neosho	06/30/2032
108162	OCH Webster County Clinic	06/30/2032
108165	OCH Southwest City Community Clinic	06/30/2032
108166	OCH Sparta Clinic	06/30/2032
110211	OH WEBB CITY DATA CENTER	06/30/2032
133988	Piggott Home Health - Corning Admin	06/30/2032
133993	Piggott Home Health - Admin	06/30/2032
133995	Southeast Missouri Home Health - Kennett	06/30/2032
32745	Piggott Community Hospital - Campbell Medical Clinic	06/30/2032
32744	Piggott Community Hospity - Family Care Clinic of Rector	06/30/2032
10766	Piggott Community Hospital	06/30/2032
32742	Piggott Community Hospital - Piggott Speciality Clinic	06/30/2032
110975	Family Counseling Centers Inc - Campbell Thrive	06/30/2032
82334	Regional One Health	06/30/2032
118811	Rehabilitation Hospital	06/30/2032
114451	Sevier County Medical Center	06/30/2032
112087	McGehee Outpatient Clinic	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		1.544	10000	1.544	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	Compatible 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 of the RFP may result in disqualification.

Main Contact

Name	Organization	Title	Phone	Email	Address
Laura Hill	Arkansas Hospital Association Connectivity Consortium		6313552199	laurahill@fedfund.org.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?: Yes

Will the HCP be including an RFP with this application?: Yes

AHA FY2027 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	9/22/2026 10:11 AM EDT
Network Plan		AHA-CC Network Plan 2027.pdf	9/22/2026 10:11 AM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Laura Hill	Consultant			Consultant	laurahill@fedfund ing.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:	9/28/2026 9:30 AM EDT