General Information

HCP or Consortium: 101255 - Pineland Behavioral Health
Application Number: RHC46100022759
FCC Registration Number: 0029465986
Address: 5 W ALTMAN ST , STATESBORO, GA 30458
Application Nickname: FY27 Pineland
Funding Year: 2027
Funding Priority: Priority 7

Consortium Participating Sites

HCP Number	Name	LOA Expiry
98100	Pineland BHDD- Data Center 2	
113057	Pineland BHDD - Alma Data Center	
97469	Pineland BHDD - Data 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
Data		10	1000	10	1000	Mbps	No
Equipment							

Dates and Timing

What is the HCP's desired service contract length?: Up to 1 Year(s)
Will the HCP consider bids with contract extension language?: No
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?: 5 Day(s)

Bid Evaluation

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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		35	
Leverage existing resources		25	utilize existing resources to minimize downtime
Bandwidth		15	vendor's ability to meet the bandwidth needs
Other	prior experience including past performance	25	positive past performance

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

Disqualifying factors: no bids for satellite services will be considered

Main Contact

Name	Organization	Title	Phone	Email	Address
Christa Proper	Pineland Behavioral Health	CEO	4139975500	christaproper@yahoo.com	668 Columbia Tpke , East Greenbush, NY 12061

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. :

month to month services

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Pineland Network Plan_.pdf	8/4/2026 12:18 PM EDT

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Christa Proper	Consultant	CEO	Proper Connections	Consultant	christaproper@yahoo.com	(413) 997-5500

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:	Christa Proper
Email:	christaproper@yahoo.com
Phone:	4139975500
Employer:	Proper Connections
Title:	CEO
Employer's FCC RN:	0021900261
Certifier's Full Name:	Christa Proper
Digital Signature:	Christa Proper
Date and time:	8/4/2026 12:19 PM EDT