General Information

HCP or Consortium: 120846 - Glens Falls Hospital Consortium
Application Number: RHC46100023436
FCC Registration Number: 0003453040
Address: 100 Park St , Glens Falls, NY 12801
Application Nickname: FY27 36-month Glens Falls
Funding Year: 2027
Funding Priority: Priority 8

Consortium Participating Sites

HCP Number	Name	LOA Expiry
26580	Salem Family Health Center	
26582	Main Street Physical Therapy	
26578	The Medical Center at Wilton	
26579	Hudson Falls Internal Medicine	
26584	Whitehall Health Center	
26565	Evergreen Health Center	
26563	Glens Falls Hospital	
26569	Granville Health Center	
26570	Cambridge Family Health Center	
26572	Greenwich Family 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
Data		100	10000	100	10000	Mbps	Yes

Dates and Timing

What is the HCP's desired service contract length?: Up to 3 Year(s)
Will the HCP consider bids with contract extension language?: No
Will the HCP consider bids for month-to-month contracts?: No
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	cost of vendor's proposed solution
Other	prior experience	30	prior positive experience with vendo r
Leverage existing resources		25	utilize existing resources
Bandwidth		10	meet minimum bandwidth requirem ents

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

Disqualifying factors: bids must meet requested terms

Main Contact

Name	Organization	Title	Phone	Email	Address
Christa Proper	Glens Falls Hospital Co nsortium	CEO	4139975500	christaproper@ya hoo.com	668 Columbia Tpke , East Gre enbush, NY 12061

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

120846 - RFP - FY27 36 Month.pdf

3177801-3160075-120846 - RFP - FY27 36 Month v2.pdf

Summary of the HCP's requested services. :

36 month data services

Additional Documentation

Document Type	Description for Other	Document	Uploaded On
Network Plan		Glens Falls Hospital Network Plan.pdf	10/21/2026 10:03 AM 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:	10/21/2026 10:03 AM EDT