General Information

HCP or Consortium: 131689 - Citizens Medical Center
Application Number: RHC46100023007
FCC Registration Number: 0002321164
Address: 1525 S FRANKLIN AVE , COLBY, KS 67701-3758
Application Nickname: 2027
Funding Year: 2027
Funding Priority: Priority 4

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	.768	10000	Mbps	Yes
Equipment Installation							
Other	ISDN or SIP	1.544	10000	.768	10000	Mbps	Yes

Will the selected service(s) support an off-site data center?: No

Will the selected service(s) support an off-site administrative office?: No

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
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		25	
Other	Prior experience including past performance	18	If no experience with HCP, 3 references required
Technical support		18	24 hour support team
Other	Account Management	18	Dedicated account contact
Other	Bidding Compliance	21	See 461 for details

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

Disqualifying factors:

The determination of whether an offer is responsive, complete, and compliant with the requirements of this posting shall be made solely at the discretion of the designated evaluators, and such determinations shall be final and not subject to appeal or further review. Offers may be deemed non-responsive and disqualified, in whole or in part, for any reason identified by the evaluators, including but not limited to unsolicited, AI, or SPAM-based submissions, failure to follow required submission procedures, failure to provide requested information, certifications, or documentation, failure to submit required signed documents, material inconsistencies with CHC requirements, or submission after the stated deadline. Additionally, only bids from vendors possessing a valid USAC 498 ID (SPIN) at the time of submission will be accepted. All vendors must certify full compliance with 47 CFR § 54.9 regarding prohibitions on Universal Service Fund support for equipment or services produced by covered companies, affirm compliance with 47 CFR § 54.10 prohibiting the use of federal subsidies on communications equipment or services listed on the FCC's Covered List, and adhere strictly to all applicable USAC Rural Health Care Program rules and federal procurement standards.

Main Contact

Name	Organization	Title	Phone	Email	Address

Whittney Walker	Citizens Medical Center	VP, Telecom Services	9729431226	wwalker@communityhospitalcorp.com	7950 Legacy Dr Suite 1000, Plano, TX 75024

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. :

Leased/Tariffed Facilities or Services, Network Equipment and Installation. All questions and offers must be submitted through our competitive bidding portal at rhcbids.chc.com to ensure equal access to information for all participants. Service providers must create an account to post questions, submit bids, and review previously answered inquiries. To register, visit the site above, select the registration option, and provide your details. A verification code will be sent to the email address provided, which you must enter to confirm your account and gain access to the portal.

Additional Documentation

Document Type	Description for Other	Document	Uploaded On

Declaration of Assistance

Name	Organization Type	Title	Employer	Nature of Relationship	Email	Telephone
Jennifer Bonner	Consultant	Telecom Analyst	Community Hospital Corporation	Consultant	jbonner@chc.com	(972) 943-1422

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:	Jennifer Bonner
Email:	jbonner@chc.com
Phone:	9729431422
Employer:	Community Hospital Corporation
Title:	Telecom Analyst
Employer's FCC RN:	
Certifier's Full Name:	Jennifer Bonner
Digital Signature:	Jennifer Bonner
Date and time:	9/17/2026 12:45 PM EDT