Universal Service Administrative Co.

FCC Form 465

General Information

HCP:	38233 - Upper Great Lakes Family Health Center-Calumet Family Health Center
FCC Registration Number:	0023658552
Address:	56720 CALUMET AVE , CALUMET, MI 49913-1967
Application Nickname:	2027FY VG x 3
Funding Year:	2027
Application Number:	RHC46500002750
Funding Priority:	Priority 2

Main Contact

Who is the main contact for this request?	primary - Donald Simila
First Name:	Donald
Middle Initial (Optional):	
Last Name:	Simila
Organization Name:	Upper Great Lakes Family Health Center-Calumet Family Health Center
Title:	President and CEO
Phone:	(906) 483-1055
Extension (Optional):	
Fax (Optional):	
Email:	donald.simila@uglhealth.org
Address Line 1:	506 Campus Drive
Address Line 2:	
City:	Hancock
State:	MI
Zip Code:	49931

Requested Services

Type of Services	Description for Other	Min Download Speed	Max Download Speed	Min Upload Speed	Max Upload Speed	Speed Unit	Number of Lines	Allow Bids for Similar Services
Other	Voice Grade Copper Pots QTy 63	56	56	56	56	Kbps	3	Yes
Other	Installation					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 agreements?	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

Criteria	Description	Evaluation Weight (%)	Minimum Requirement
Price		60	
Other	Prior Experience	40	3 references for like services in the same region

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

Describe the disqualifying factors:

HCP will not accept bids from resellers, wholesalers or agents.

RFP & Summary

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

Please provide a summary of the HCP's requested services. If an RFP is attached above, summarize that document:

Voice Grade Copper Pots. No VOIP and SIP.

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Additional Documentation

Description	Document	Uploaded On
TPA with attachment A	2026-2029 TPA With Attachment A.pdf	8/19/2026 12:42 PM EDT

Declaration of Assistance

Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aid in the preparation of the FCC Form 465, RFP, bid evaluation or network plan?	Yes

Name	Title	Employer	Nature of Relationship	State	Email	Telephone
Elizabeth Boggs-Goodknight	COO	USF Healthcare	consultant	KY	egoodknight@uasave.com	(505) 222-1907

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Certifications

- ✓ I certify under penalty of perjury that I am authorized to submit this request on behalf of the applicant.
- ✓ I certify under penalty of perjury that the applicant has complied with all 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 applicant 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 is a nonprofit or public entity that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR §54.600, or the applicant seeking supported services has received conditional approval of eligibility pursuant to 47 CFR § 54.601(c) and expects to qualify as a nonprofit or public entity health care provider that falls within one of the categories set forth in the definition of health care provider listed in 47 CFR §54.600, before the end of the funding year for which the supported services are requested.
- ✓ I certify under penalty of perjury that the applicant seeking supported services is physically located in a rural area as defined in 47 CFR § 54.600 or is a member of a consortium that satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607, or the applicant seeking supported services has received conditional approval of eligibility pursuant to 47 CFR § 54.601(c), and the applicant (i) expects to be physically located in a rural area as defined in 47 CFR § 54.600 before the end of the funding year for which the supported services are requested, or (ii) plans to be a member of a consortium which satisfies the majority-rural composition requirements set forth in 47 CFR § 54.607 before the end of the funding year for which the supported services are requested.
- ✓ If applying for conditional approval of eligibility, I certify under penalty of perjury that the applicant seeking supported services has provided a written notification to potential bidders that the entity's eligibility is conditional and specify the estimated eligibility date pursuant to § 54.601 (c)(2).
- ✓ I certify under penalty of perjury that the applicant has reviewed and will comply with all applicable RHC Program requirements.
- ✓ 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 supported services will not be sold, resold, or transferred in consideration for money or any other thing of value.
- ✓ I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act and applicable Commission rules.
- ✓ I understand that all documentation associated with this request 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.

Signature

Certifier's Full Name:	Elizabeth Boggs-Goodknight
Digital Signature:	Elizabeth Boggs-Goodknight
Date:	08/19/2026