Universal Service Administrative Co.

FCC Form 465

General Information

HCP:	54318 - Wayne Woodlands Manor
FCC Registration Number:	0015305832
Address:	37 WOODLANDS DR , WAYMART, PA 18472-9366
Application Nickname:	2027
Funding Year:	2027
Application Number:	RHC46500003590
Funding Priority:	Priority 1

Main Contact

Who is the main contact for this request?	tertiary - Whittney Walker
First Name:	Whittney
Middle Initial (Optional):	
Last Name:	Walker
Organization Name:	Wayne Woodlands Manor
Title:	VP, Telecom Services
Phone:	9729431226
Extension (Optional):	
Fax (Optional):	
Email:	wwalker@communityhospitalcorp.com
Address Line 1:	7950 Legacy Dr
Address Line 2:	Suite 1000
City:	Plano
State:	TX
Zip Code:	75024

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
Voice							50	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

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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		25	
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 465 form details

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

Describe the 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.

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:

-Leased/Tariffed Facilities or Services, Network Equipment and Installation. -For Service Providers submitting a bid for individual telephone lines, please provide pricing for 1 - 50 telephone lines. 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.

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Additional Documentation

Description	Document	Uploaded On

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
Whittney Walker	VP of Telecom Services	Community Hospital Corporation	Consultant	TX	wwalker@communityhospitalcorp.com	(972) 943-1226
Jennifer Bonner	Telecom Analyst	Community Hospital Corporation	Consultant	TX	jbonner@chc.com	(972) 943-1422

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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: Jennifer Bonner
Digital Signature: Jennifer Bonner
Date: 10/14/2026