FCC Form **461**

OMB Approved 3060-0804
Estimated Time Per Response: 1 hour

Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Request for Services Form

USAC Internal Use Only	
FCC Form 461 Application Number: 100027779	FCC Form 460 Number: 35645-00004
Posting Start Date: 05/14/2018	Posting End Date: 06/11/2018
Allowable Contract Selection Date (ACSD): 06/12/2018	Form 461 Friendly Name: RFP 3 - FLCH & FLACRA

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information

1 Funding Year 2018	2 HCP Number 35645	
3 Site Name/Consortium Name NY Community Broadband Partnership		
4 Address Line 1 14 Maiden Lane		
5 Address Line 2 PO Box 423	6 County	
7 City Penn Yan	8 State NY	9 Zip Code 14527
Geolocation		

Block 2: Individual HCP Site Request for Services

10 ☐ Applicant has prepared and is submitting an RFP with this form.
☐ Applicant has not and will not prepare an RFP.

10a Requested contract period

10b Expected bid evaluation period

11 Number of days USAC should post: _____ Posting end date: _____

12 Category of Expense Requested (check all applicable):

☐ Network Equipment
☐ Leased/Tariffed Facilities or Services

Identify Anticipated Application(s) and Use(s) of the Supported Connection

The Fund only provides support for costs associated with broadband connectivity. The additional expenses associated with specific applications (e.g., exchange of electronic health records) are not eligible for support under the Healthcare Connect Fund.

(Select all that apply. Describe usage level and usage period for all selected.)

Capability	Usage Level	Usage Period
Category: Interactive		
☐ Distance learning/training		
☐ Real-time remote examination, consultation, and/or monitoring		
☐ Video conferencing		
☐ Voice service		
☐ Other (describe): _____		
Category: Transactional		
☐ Distance learning/training		
☐ Electronic patient billing		
☐ Exchange of electronic health records		
☐ Internet access		

☐ Transmission of large files (e.g., X-ray images, MRI, etc.)		
☐ Other (describe): _____		
Category: Bulk		
☐ Electronic patient billing		
☐ Exchange of electronic health records		
☐ Transmission of large files (e.g., X-ray images, MRI, etc.)		
☐ Transmission of store and forward consultations		
☐ Other (describe): _____		
Category: Miscellaneous		
☐ Backup/redundant connectivity		
☐ Other (describe): _____		

12b Applicant requesting services for an off-site data center: ○ Yes ○ No
If yes, provide HCP Number(s):

12c Applicant requesting services for an off-site administrative office ○ Yes ○ No
If yes, provide HCP Number(s):

13 Contact for Request for Services:
○ Same as HCP Physical Location Contact ○ Same as HCP Primary Account Holder ○ Other

13a If other, provide full contact information:

Contact Name	Organization Name	
Contact Name Title	Email	
Phone Ext.	Fax	
Address Line 1		
Address Line 2		
City	State	Zip Code

Block 3: Consortium Request for Services

14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):
(18) HCPs attached

15 Indicate whether the Consortium plans to utilize an RFP:
☒ Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a.
☐ Applicant has not and will not prepare an RFP.
Uploaded document: NY CBP Draft RFP_April 2018_FLMHCP FLACRA.pdf

15a Applicant is submitting an RFP because:
☐ It is seeking more than $100,000 in program support
☒ It is seeking support for infrastructure
☐ Of state, Tribal, or local procurement rules
☐ The applicant has elected to use an RFP

15b Requested contract period 3 and 5 years

15c Expected bid evaluation period 30

16 Number of Days Posted:
Number of days USAC should post: 28 Posting end date: 28 days after posting

17 Category of Expense Requested:
☐ Network Design
☒ Network Equipment
☒ Infrastructure/Outside Plant
☒ Leased/Tariffed Facilities or Services
☐ Network Management/Maintenance/Operations Cost (not captured elsewhere)

17a If requesting only Infrastructure/Outside Plant, enter FCC Form 461 Application Number in which the Consortium previously requested Leased/Tariffed Facilities or Services.
FCC Form 461 Application Number:
☐ I certify that the prior FCC Form 461 resulted in no responsive bids.

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):
This RFP for NYCBP seeks new Internet connections at 6 sites of FLMHCP and 7 sites of FLACRA, which currently have inadequate broadband connectivity for their needs, as well as redundant Internet connections at 11 sites of FLMHCP. The services requested will provide connectivity to each site as specified in the RFP and network diagram attached. The configuration must support QoS, specifically DSCP prioritization end to end for telehealth and secure

19 Contact for Request for Services:

○ Same as Project Coordinator ◉ Same as Assistant Project Coordinator ○ Other

If other, provide full contact information:

Contact Name	Organization Name	
Contact Name Title	Email	
Phone Ext.	Fax	
Address Line 1		
Address Line 2		
City	State	Zip Code

Block 4: Declaration of Assistance

20 Have any consultants, service providers, or any other outside experts, whether paid or unpaid, aided in the preparation of the FCC Forms 460 or 461, RFP, bid evaluation, or network plan?

◉ Yes ○ No

21 List the contact information for all consultants, service providers, and outside experts that assisted in preparing any part of the FCC Forms 460, 461, RFP, bid evaluation, or network plan.

a. Name Sandeep Krishnan	b. Organization Type CONSULTANT	
c. Title/Role Owner	d. Employer MedTec Interlinx LLC	
e. Address Line 1 25 Greylock Ridge		
f. Address Line 2		
g. City Pittsford	h. State NY	i. Zip Code 14534
Phone (585) 329-1625 Ext.	Email sandeep.krishnan@medtecintl.com	

Block 5: Bid Evaluation

22 Select selection criteria (and weights assigned to each) that will be used to evaluate bids received as a result of this request for services. Attach supplemental information (if necessary).

Criteria	Weight
a. Cost	30
b. Prior experience, including past performance	20
c. Other (Implementation Time Frame)	10
d. Other (Network IP Serv-QoS,DSCP,H.323)	20
e. Other (Solution functions & features, suitability to meet project goals)	20
f.	
g.	
h.	

Block 6: Additional Documentation

23 List all supporting documentation (RFP, Network Plan, etc) that is required to be submitted with this form.

Type of Documentation	
a. NETWORKPLAN	Document: NYCBP_Network Plan - RFP 3.pdf
b. OTHER (Representations & Certifications Attachm	Document: Representations & Certifications Attachment.pdf
c.	
d.	
e.	

Block 7: Certifications		
24	X	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
25	X	I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.
26	X	I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules.
27	X	I certify under penalty of perjury that the supported connection(s) and network equipment will be used solely for purposes reasonably related to the provision of healthcare service or instruction that the healthcare provider is legally authorized to provide under the law of the state in which the connections are provided. In addition, I certify under penalty of perjury that the supported connection(s) and network equipment will not be sold, resold, or transferred in consideration for money or any other thing of value.
28	X	I certify under penalty of perjury that the applicant satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules.
29	X	I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements.
30	X	I understand that all documentation associated with this request, including a copy of the signed 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 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

31 Signature	32 Date Thu Apr 26 23:31:08 EDT 2018
33 Printed Name of Authorized Person Rachel L. Mehlenbacher	
34 Title/Position of Authorized Person Executive Assistant	
35 Phone (315) 531-9102 Ext. 2112	36 Email rachelm@flchealth.org
37 Employer Finger Lakes Migrant Health Care Pro	38 Employer's FCC RN 0014849566

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 1 hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

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THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507

Block 3: Consortium Request For Services (cont.)

14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):

HCP Number	HCP Name
44237	Penn Yan Dental
25935	Finger Lakes Migrant Health Care, Inc PennYan
15250	Sodus Community Health
60399	28 E Main St, Clifton Springs (FLACRA)
15820	Port Byron Community Health
25936	Finger Lakes Migrant Health Care, Inc Seneca
60401	Geneva Outpatient Clinic (FLACRA)
36072	Dundee Dental Center
23837	Finger Lakes Migrant Health Care, Inc. (Geneva Clinic)
25933	Finger Lakes Migrant Health Care, Inc (Bath)
60411	Watkins Glen Outpatient Clinic (FLACRA)
36099	Telehealth Data Center (Bridges)
14913	Finger Lakes Migrant Health Care Project
60400	Ontario Outpatient Clinic, Farmington (FLACRA)
60404	FLACRA Mental Health Services
60405	Newark Outpatient Clinic (FLACRA)
25934	Finger Lakes Migrant Health Care, Inc Newark
60409	Penn Yan Outpatient Clinic (FLACRA)