

**Rural Health Care (RHC) Universal Service
Request for Services Form**

USAC Internal Use Only	
FCC Form 461 Application Number: 100054173	FCC Form 460 Number: 76314-00001
Posting Start Date: 02/14/2022	Posting End Date: 03/14/2022
Allowable Contract Selection Date (ACSD): 03/15/2022	Form 461 Friendly Name: 2022 Hardware

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

Block 1: General Information		Program Type: Healthcare Connect Fund	
1 Funding Year 2022	2 HCP Number 76314		
3 Site Name/Consortium Name Jackson Hospital			
4 Address Line 1 4250 Hospital Dr			
5 Address Line 2	6 County		
7 City Marianna	8 State FL	9 Zip Code 32446	
Geolocation			

Block 2: Individual HCP Site Request for Services		
10 <input type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. <input type="checkbox"/> 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): <input type="checkbox"/> Network Equipment <input type="checkbox"/> Leased/Tariffed Facilities or Services		
Identify Anticipated Application(s) and Use(s) of the Supported Connection (Select all that apply. Describe usage level and usage period for all selected.)		
Capability	Usage Level	Usage Period
<u>Category: Interactive</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Real-time remote examination, consultation, and/or monitoring		
<input type="checkbox"/> Video conferencing		
<input type="checkbox"/> Voice service		
<input type="checkbox"/> Other (describe): _____		
<u>Category: Transactional</u>		
<input type="checkbox"/> Distance learning/training		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Internet access		

18 Description of Services Requested (Required to provide a summary of RFP if submitting one):
 Telecommunication hardware for healthcare purposes

19 Contact for Request for Services:
 Same as Project Coordinator Same as Assistant Project Coordinator Other

If other, provide full contact information:

Contact Name David Wagner	Organization Name PEM Filings LLC
Contact Name Title Managing Member	Email support@pemfilings.com
Phone (203) 802-6223 Ext.	Fax
Address Line 1 3109 Grand Ave #449	
Address Line 2	
City Miami	State FL Zip Code 33133

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. [See attached](#)

a. Name	b. Organization Type	
c. Title/Role	d. Employer	
e. Address Line 1		
f. Address Line 2		
g. City	h. State	i. Zip Code
Phone	Ext.	Email
Nature of Relationship		

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	Minimum Requirement
a. Cost	34	See attached for more information
b. Prior experience, including past performance	33	
c. Other (Leverage Existing Resources)	33	
d.		
e.		
f.		
g.		
h.		

- Applicant has no disqualification factors that will be used to remove bids or bidders from further consideration.

Disqualification Factors

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: Jackson Hospital Network Plan 2022.pdf
b.	
c.	
d.	
e.	

Block 7: Certifications

- 24 I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
- 25 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.
- 26 I certify under penalty of perjury that the applicant seeking supported services has complied with any applicable state, Tribal, or local procurement rules.
- 27 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.
- 28 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.
- 29 I certify under penalty of perjury that the applicant seeking support has reviewed and is compliant with all applicable RHC Program requirements.
- 30 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.

<input type="checkbox"/>	I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with all applicable Connected Care Pilot Program rules, requirements and procedures, including the requirement to pay 15% of the costs for supported items from eligible sources, and all applicable federal and state laws, including the Americans with Disabilities Act, the Rehabilitation Act, the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law.
<input type="checkbox"/>	I certify and acknowledge, under penalty of perjury, that the applicant or consortium will comply with the applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws.
<input type="checkbox"/>	I certify, under penalty of perjury, to the best of my knowledge, that the applicant or consortium is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services and/or equipment eligible for support under the Connected Care Pilot Program.
<input type="checkbox"/>	I certify and acknowledge, under penalty of perjury, that all requested equipment and services funded under the Connected Care Pilot Program will be used for their intended purposes.
31 Signature	32 Date Mon Jan 31 12:59:39 EST 2022
33 Printed Name of Authorized Person	Taylor T. Heidkamp
34 Title/Position of Authorized Person	Administrative Assistant-Consultant
35 Phone (203) 437-6546 Ext.	36 Email taylor@pemfilings.com
37 Employer PEM Filings, LLC	38 Employer's FCC RN 0017572314

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 you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

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

Request For Services (cont.)

Identify services for which the applicant is requesting bids. Select all that apply. If appropriate, enter a bandwidth range for each service the applicant is requesting.

Services	Minimum Download Bandwidth (Mbps)	Maximum Download Bandwidth (Mbps)	Minimum Upload Bandwidth (Mbps)	Maximum Upload Bandwidth (Mbps)	The applicant is seeking bids for similar services if appropriate.
Equipment					X
Network Management Services					X
Construction					X
Installation					X

Block 4: Declaration of Assistance (cont.)

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 David Wagner		b. Organization Type CONSULTANT		
c. Title/Role Managing Member		d. Employer PEM Filings, LLC		
e. Address Line 1 3109 Grand Ave #449				
f. Address Line 2				
g. City Miami		h. State FL	i. Zip Code 33133	
Phone (203) 802-6223		Ext.		Email david@pemfilings.com

Nature of Relationship
[Consultant](#)

a. Name Lisa Medina		b. Organization Type CONSULTANT		
c. Title/Role Director Of Operations - Assisted in data c		d. Employer SpectraCorp Technologies Group, Inc.		
e. Address Line 1 8131 LBJ Freeway				
f. Address Line 2 Suite 360				
g. City Dallas		h. State TX	i. Zip Code 75251	
Phone (469) 329-1378		Ext.		Email lmedina@spectracorp.com

Nature of Relationship
[Consultant](#)

a. Name Kerri Heidkamp		b. Organization Type CONSULTANT		
c. Title/Role Director Of Operations		d. Employer PEM Filings, LLC		
e. Address Line 1 3109 Grand Ave #449				
f. Address Line 2				
g. City Miami		h. State FL	i. Zip Code 33133	
Phone (203) 802-6223		Ext.		Email kerri@pemfilings.com

Nature of Relationship
[Consultant](#)

a. Name Taylor Heidkamp		b. Organization Type CONSULTANT		
c. Title/Role Provisioning Manager		d. Employer PEM Filings, LLC		
e. Address Line 1 3109 Grand Ave #449				
f. Address Line 2				
g. City Miami		h. State FL	i. Zip Code 33133	
Phone (203) 802-6223		Ext.		Email taylor@pemfilings.com

Nature of Relationship
[Consultant](#)

Block 4: Declaration of Assistance (cont.)

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	Kameron Heidkamp	b. Organization Type	CONSULTANT
c. Title/Role	Technical Assistant	d. Employer	PEM Filings, LLC
e. Address Line 1	3109 Grand Ave #449		
f. Address Line 2			
g. City	Miami	h. State	FL
		i. Zip Code	33133
Phone	(203) 802-6223	Ext.	
Email	kameron@pemfilings.com		

Nature of Relationship
Consultant

a. Name		b. Organization Type	
c. Title/Role		d. Employer	
e. Address Line 1			
f. Address Line 2			
g. City		h. State	
		i. Zip Code	
Phone		Ext.	
Email			

Nature of Relationship

a. Name		b. Organization Type	
c. Title/Role		d. Employer	
e. Address Line 1			
f. Address Line 2			
g. City		h. State	
		i. Zip Code	
Phone		Ext.	
Email			

Nature of Relationship

a. Name		b. Organization Type	
c. Title/Role		d. Employer	
e. Address Line 1			
f. Address Line 2			
g. City		h. State	
		i. Zip Code	
Phone		Ext.	
Email			

Nature of Relationship

Block 5: Bid Evaluation (cont.)

Criteria: **Cost**

Minimum Requirement:

Criteria: **Prior experience, including past performance**

Minimum Requirement:

No Minimum

Criteria: **Other (Leverage Existing Resources)**

Minimum Requirement:

Must be compatible with existing network

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement: