

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

USAC Internal Use Only	
FCC Form 461 Application Number: 100055540	FCC Form 460 Number: 17234-00007
Posting Start Date: 08/15/2025	Posting End Date: 09/17/2025
Allowable Contract Selection Date (ACSD): 09/18/2025	Form 461 Friendly Name: NETC-RFP-3308 CCPP - MaineHealth

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

Block 1: General Information		Program Type: Connected Care Pilot Program	
1 Funding Year 2025	2 HCP Number 17234		
3 Site Name/Consortium Name New England Telehealth Consortium			
4 Address Line 1 41 PLEASANT ST			
5 Address Line 2	6 County Penobscot		
7 City BANGOR	8 State ME	9 Zip Code 04401	
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		

<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Other (describe): _____		
<b>Category: Bulk</b>		
<input type="checkbox"/> Electronic patient billing		
<input type="checkbox"/> Exchange of electronic health records		
<input type="checkbox"/> Transmission of large files (e.g., X-ray images, MRI, etc.)		
<input type="checkbox"/> Transmission of store and forward consultations		
<input type="checkbox"/> Other (describe): _____		
<b>Category: Miscellaneous</b>		
<input type="checkbox"/> Backup/redundant connectivity		
<input type="checkbox"/> Other (describe): _____		
12b Applicant requesting services for an off-site data center:	<input type="radio"/> Yes	<input type="radio"/> No
If yes, provide HCP Number(s):		
12c Applicant requesting services for an off-site administrative office	<input type="radio"/> Yes	<input type="radio"/> No
If yes, provide HCP Number(s):		
13 Contact for Request for Services:		
<input type="radio"/> Same as HCP Physical Location Contact <input type="radio"/> Same as HCP Primary Account Holder <input type="radio"/> 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
<b>Block 3: Consortium Request for Services</b>		
14 Participating Entities (list all sites, eligible and ineligible, participating in this request for services):		
<a href="#">(92) HCPs attached</a>		
15 Indicate whether the Consortium plans to utilize an RFP:		
<input checked="" type="checkbox"/> Applicant has prepared and is submitting an RFP with this form. If selected, complete 15a.		
<input type="checkbox"/> Applicant has not and will not prepare an RFP. <a href="#">Uploaded document: NETC-RFP3308 CCPP - MaineHealth.pdf</a>		
15a Applicant is submitting an RFP because:		
<input type="checkbox"/> It is seeking more than \$100,000 in program support <input type="checkbox"/> Of state, Tribal, or local procurement rules		
<input type="checkbox"/> It is seeking support for infrastructure <input checked="" type="checkbox"/> The applicant has elected to use an RFP		
15b Requested contract period <b>36</b>		
15c Expected bid evaluation period <b>7</b>		
16 Number of Days Posted:		
Number of days USAC should post: <b>33</b> Posting end date: <a href="#">33 days after posting</a>		
17 Category of Expense Requested:		
<input type="checkbox"/> Network Design <input checked="" type="checkbox"/> Leased/Tariffed Facilities or Services		
<input checked="" type="checkbox"/> Network Equipment <input checked="" type="checkbox"/> Network Management/Maintenance/Operations Cost (not captured elsewhere)		
<input type="checkbox"/> Infrastructure/Outside Plant		
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:		
<input type="checkbox"/> 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):  
**Services and Equipment**

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

If other, provide full contact information:

Contact Name <b>Bill Jenkins</b>	Organization Name <b>HealthConnect Networks</b>
Contact Name Title <b>Project Manager</b>	Email <b>rfp@healthconnectnetworks.com</b>
Phone <b>(207) 922-4120</b> Ext.	Fax
Address Line 1 <b>145 Exchange Street, Suite 4</b>	
Address Line 2	
City <b>Bangor</b>	State <b>ME</b> Zip Code <b>04401</b>

**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. <b>Cost</b>	20	See attached for more information
b. <b>Other (Compliance with HCF Payment Process)</b>	20	
c. <b>Other (Ease of Implementation)</b>	20	
d. <b>Other (Experience with Vendor)</b>	20	
e. <b>Other (Technical Merit of Proposal)</b>	20	
f.		
g.		
h.		

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

Disqualification Factors

Proposals will be disqualified if an electronic copy, in either Microsoft Word or Portable Document Format (preferred), is not received prior to the Allowable Contract Selection Date (ACSD) listed on USAC's website; unless no other proposals are received.

**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: NETC - Network Plan v160606.02.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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 <b>Fri Jul 18 08:22:50 EDT 2025</b>
33 Printed Name of Authorized Person <b>Brian E. Thibeau</b>	
34 Title/Position of Authorized Person <b>President</b>	
35 Phone <b>(207) 941-1040</b> Ext.	36 Email <b>bthibeau@outlook.com</b>
37 Employer <b>New England Telehealth Consortium</b>	38 Employer's FCC RN <b>0017720897</b>

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](mailto: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**

**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
66304	MaineHealth/Maine Medical Partners Otolaryngology (55 Main Street)
66339	MaineHealth/Western Maine Primary Care, Family Medicine
66321	MaineHealth/SMHC Pediatrics
66290	MaineHealth/Lincoln Medical Partners- Family Medicine
65859	MaineHealth/Maine Behavioral Healthcare (11 Medical Center Drive)
66299	MaineHealth/Lincolville Regional Health Center
66301	MaineHealth/Maine Medical Partners MaineHealth Cardiology
66335	MaineHealth/WCMP Neurology
23457	MaineHealth/Memorial Hospital
13829	Penobscot Bay Medical Center
61809	MaineHealth/Southern Maine HealthCare/Waterboro
65600	MaineHealth/MMP Administration (300 Southborough)
65863	MaineHealth/Maine Behavioral Healthcare (66 Baribeau Drive)
66283	MaineHealth/Donald S Walker Health Center
66336	MaineHealth/WCPM Arthur Jewell Community Health Center
66331	MaineHealth/Waldo County Family Practice
65865	MaineHealth/Maine Behavioral Healthcare- Counseling and Mental Health
65568	MaineHealth/Saint Joseph's Rehabilitation and Residence
65861	MaineHealth/Maine Behavioral Healthcare (236 Gannett Drive)
66327	MaineHealth/Southern Maine Health Care- Family Medicine
66806	MaineHealth/Southern Maine Health Care (1137 Main St B101)
66310	MaineHealth/Pen Bay Nephrology
66315	MaineHealth/Sanford Peer Support Center
65574	MaineHealth/St Andrews Village Assisted Living
66307	MaineHealth/Pen Bay Diabetes and Nutrition Care Center

**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
13834	MaineHealth/Pen Bay Physicians & Associates
66309	MaineHealth/Pen Bay Family Medicine
65553	MaineHealth/Franklin Health Primary Care
65857	MaineHealth/Franklin Health Behavioral Services
66319	MaineHealth/SMHC Occupational Health/Workwell
13480	MaineHealth/Franklin Memorial Hospital
66801	MaineHealth/Western Maine Mountain Clinic
66312	MaineHealth/Pen Bay Rheumatology
66314	MaineHealth/Penobscot Bay YMCA
65587	MaineHealth/MaineHealth Administration Offices
66296	MaineHealth/Lincoln Medical Partners Ophthalmology
66288	MaineHealth/Knapp Family Practice
15027	MaineHealth/St. Andrews Hospital
16134	Waldo County General Hospital/Belfast
66292	MaineHealth/Lincoln Medical Partners- Family Practice
66286	MaineHealth/Health Connections
66800	MaineHealth/Pen Bay Women's Health Center
65862	MaineHealth/Maine Behavioral Healthcare (31 Beach Street)
66323	MaineHealth/SMHC Sports Performance Center Sanford-Springvale
66341	MaineHealth/Maine Behavioral Healthcare (78 Atlantic Place)
66329	MaineHealth/Stockton Springs Regional Health Center
66334	MaineHealth/Waldoboro Family Medicine
66294	MaineHealth/Lincoln Medical Partners General Surgery
51297	MaineHealth/Maine Behavioral Healthcare (474 Main Street)
65596	MaineHealth/MMP Administration (190 Riverside Street)

**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
65860	MaineHealth/Maine Behavioral Healthcare (165 Lancaster Street)
66345	MaineHealth/Arrowsmith Data Center
66316	MaineHealth/SMHC ElderCare - The Newton Center
61811	MaineHealth/Data Center
66328	MaineHealth/Stephens Memorial Specialty Clinic
65560	MaineHealth/Maine Medical Center McGeachey Hall
66284	MaineHealth/Franklin Health Urology
26409	MaineHealth/Midcoast Mental Health
23712	MaineHealth/MMC - Brighton Campus
93804	MaineHealth/MMP Cardiology Rockport
93801	MaineHealth/Lincoln Medical Partners - Pediatrics
23710	MaineHealth/Maine Behavioral Healthcare (576 St. John Street)
23458	MaineHealth/Stephens Memorial Hospital
23567	Southern Maine Medical Center/1 Medical Center Drive
23609	MaineHealth/Miles Memorial Hospital
66340	MaineHealth/Wiscasset Family Health
65576	MaineHealth/Surgical Skin Associates
93806	MaineHealth/SMHC Internal Medicine
23736	MaineHealth/Cancer Care Center of York County
26824	Penobscot Bay Medical Center/Central Data Center
93808	MaineHealth/WCMP Physical & Integrative Medicine
51300	MaineHealth/Maine Behavioral Healthcare, Biddeford
66330	MaineHealth/Three Rivers Orthopaedics
93805	MaineHealth/Quarry Hill
66313	MaineHealth/Pen Bay Skin Center



**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.
Construction					X
Data	0.768	100000.0	0.768	100000.0	X
Equipment					X
Installation					X
Network Management Services					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 <b>Chris Gelo</b>		b. Organization Type <b>CONSULTANT</b>	
c. Title/Role <b>Network Engineer</b>		d. Employer <b>HealthConnect Networks</b>	
e. Address Line 1 <b>145 Exchange Street, Suite 4</b>			
f. Address Line 2			
g. City <b>Bangor</b>		h. State <b>ME</b>	i. Zip Code <b>04401</b>
Phone <b>(207) 922-4120</b>		Ext.	
		Email <b>Chrisgelo@healthconnectnetworks.com</b>	

Nature of Relationship  
**Consultant**

a. Name <b>Bill Jenkins</b>		b. Organization Type <b>CONSULTANT</b>	
c. Title/Role <b>Project Manager</b>		d. Employer <b>HealthConnect Networks</b>	
e. Address Line 1 <b>145 Exchange Street, Suite 4</b>			
f. Address Line 2			
g. City <b>Bangor</b>		h. State <b>ME</b>	i. Zip Code <b>04401</b>
Phone <b>(207) 922-4120</b>		Ext.	
		Email <b>rfp@healthconnectnetworks.com</b>	

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

**Block 5: Bid Evaluation (cont.)**

Criteria: **Cost**

Minimum Requirement:

Criteria: **Other (Compliance with HCF Payment Process)**

Minimum Requirement:

20

Criteria: **Other (Ease of Implementation)**

Minimum Requirement:

20

Criteria: **Other (Experience with Vendor)**

Minimum Requirement:

20

Criteria: **Other (Technical Merit of Proposal)**

Minimum Requirement:

20

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement:

Criteria:

Minimum Requirement: