

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

USAC Internal Use Only	
FCC Form 461 Application Number: 100021854	FCC Form 460 Number: 52752-00001
Posting Start Date: 05/11/2017	Posting End Date: 06/08/2017
Allowable Contract Selection Date (ACSD): 06/09/2017	Form 461 Friendly Name: BJC Consortium

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

Block 1: General Information		
1 Funding Year 2017	2 HCP Number 52752	
3 Site Name/Consortium Name BJC Health Care		
4 Address Line 1 4353 Clayton Ave		
5 Address Line 2	6 County	
7 City St Louis	8 State MO	9 Zip Code 63110
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		
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
<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): _____		
Category: Bulk		
<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): _____		
Category: Miscellaneous		
<input type="checkbox"/> Backup/redundant connectivity		
<input type="checkbox"/> 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):
(21) 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: 52752-RFP01-Requests For Proposals.pdf](#)

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

15b Requested contract period 3 years 2 one year extensions

15c Expected bid evaluation period 3

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 ☒ Leased/Tariffed Facilities or Services
☐ Network Equipment ☐ Network Management/Maintenance/Operations Cost (not captured elsewhere)
☐ 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: _____
☐ 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 to support consortium HCP network

19 Contact for Request for Services:

☐ Same as Project Coordinator ☐ Same as Assistant Project Coordinator ☒ Other

If other, provide full contact information:

Contact Name Karon Lysne	Organization Name BRE Consulting
Contact Name Title President	Email breconsulting@comcast.net
Phone (651) 905-3830 Ext.	Fax
Address Line 1 1115 Elway Street, # 306	
Address Line 2	
City SAINT PAUL	State MN Zip Code 55116

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 Karon Lysne	b. Organization Type CONSULTANT
c. Title/Role President	d. Employer BRE Consulting
e. Address Line 1 1115 Elway Street, # 306	
f. Address Line 2	
g. City SAINT PAUL	h. State MN i. Zip Code 55116
Phone (651) 905-3830 Ext. 651	Email breconsulting@comcast.net

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	40
b. Prior experience, including past performance	30
c. Reliability of Service	30
d.	
e.	
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: 52752-RFP01-Network Plan.pdf
b.
c.
d.
e.

Block 7: Certifications

24	<input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the health care provider or consortium.
25	<input checked="" type="checkbox"/>	I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.
26	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant has followed any applicable state, Tribal, or local procurement rules.
27	<input checked="" type="checkbox"/>	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 health care 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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	I certify under penalty of perjury that the applicant has reviewed all applicable requirements for the program and will comply with those requirements.
30	<input checked="" type="checkbox"/>	I understand that all documentation associated with this form, including a copy of the signed 461, any bids/ contracts resulting from the 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. .R. § 54.648, or as otherwise prescribed by the Commission's rules.
31	Signature	
32	Date Tue May 02 12:21:12 EDT 2017	
33	Printed Name of Authorized Person Karon M. Lysne	
34	Title/Position of Authorized Person President	
35	Phone 6519053830 Ext.	36 Email breconsulting@comcast.net
37	Employer BRE Consulting Incorporated	38 Employer's FCC RN 0015239825

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 FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information is to determine your eligibility for certification as a health care provide . The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE 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 PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPEWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 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
16623	Parkland Health Care
16621	Cuba Medical Clinic
50993	BJC- Sullivan Clinic
27908	Memorial Hospital Belleville
16622	Missouri Baptist Hospital
49913	BJC Boone Medical Group
25124	St Louis Children's Hospital
50416	BJC - Mexico Summit
53109	Christian Hospital
53107	Progress West Hospital
53093	Boone Medical Group - Glasgow
52754	Missouri Baptist Sports Fitness
53106	Memorial East Hospital
16658	Bourbon Clinic
53108	Barnes Jewish St Peters Hospital
53104	Alton Memorial Hospital
47459	BJC Medical Group Centralia
48538	BJC Medical Group - Moberly
16619	Barnes Jewish Health Care - Steelville
30714	MISSOURI BAPTIST HOSPITAL OF SULLIVAN
53098	Boone Medical Group - Convenience Care