**ILLINOIS RURAL HEALTHNET**


**Federal Communications Commission**
**Rural Health Care Pilot Program**

**IRHN RFP 03**


**REQUEST FOR PROPOSALS**

**LAST MILE/MIDDLE MILE WIRELESS OR WIRELINE FACILITIES OR SERVICES**


**Last Mile/Middle Mile Facilities or Services; Region 1: Northern Illinois**

**Last Mile/Middle Mile Facilities or Services; Region 2: Urbana Central**

**Last Mile/Middle Mile Facilities or Services; Region 3: Southern Illinois**

**Last Mile/Middle Mile Facilities or Services; Region 4: Springfield West**

**Last Mile/Middle Mile Facilities or Services; Region 5: Bloomington Northwest**


**December 8, 2009**

*RESPONSES ARE DUE 45 DAYS FROM THE DATE THAT THE RFP IS POSTED ON THE USAC WEB SITE*

**Illinois Rural HealthNet**

**Section 1. Project Overview**

**Objective of the Request for Proposals:**

This document seeks proposals for providing Last Mile facilities or services, and in some areas Middle Mile facilities or services, within Five (5) Regions in the State of Illinois, for the Illinois Rural HealthNet, in full accordance with the guidelines issued by the Federal Communications Commission (FCC) Rural Health Care Pilot Program, and as administered by the Universal Service Administrative Company (USAC).

Vendors, and both traditional and non-traditional providers, are encouraged to provide responses to:
- An area within a Region, or
- A single one of the Regions, or
- Any group of the five Regions, or
- All five Regions.

**1.1.    Organization Mission:**

The Illinois Rural HealthNet (IRHN) was created to facilitate and assist in the deployment of high-speed networking for rural hospitals, clinics, and mental health facilities, to allow rural patients access to advanced emergency and specialized health care services.  The IRHN will connect rural health care entities to sources of specialized care, at high speeds that allow for electronically aided remote diagnostics in clinical areas such as cardiology, neurology, mammography, and mental health.

**1.2.    Geographic Service Area:**

The service area for this RFP comprises locations throughout Illinois.  The list of specific network locations is included in APPENDIX II, IRHN Hospital and Clinic Locations. There are separate sections in the RFP for each of the 5 Regions listed below.  Vendors may respond to one of these sections, or to all of the sections.  The five Regional sections are designated as follows:

- Last Mile/Middle Mile Facilities or Services; Region 1: Northern Illinois
- Last Mile/Middle Mile Facilities or Services; Region 2: Urbana Central
- Last Mile/Middle Mile Facilities or Services; Region 3: Southern Illinois
- Last Mile/Middle Mile Facilities or Services; Region 4: Springfield West
- Last Mile/Middle Mile Facilities or Services; Region 5: Bloomington Northwest

The numerical designation of Regions does not carry any scheduling implications and is merely for identification purposes.

Vendors may respond to one or more of the Regional sections. Please see Section 2 and Section 5 for Submission requirements.

## 1.3.    Project Summary:

Illinois Rural HealthNet (IRHN) will be a high-speed communications network connecting rural Illinois hospitals and medical clinics with specialists at larger facilities throughout the state and nation for the delivery of telemedicine and tele-health services.

When completed, the IRHN will transform healthcare delivery in many areas of the state where access to specialty care is currently unavailable, providing virtually instantaneous transfer of diagnostic images for treating cardiology, neurology, and oncology patients; real-time virtual consults for trauma patients; psychiatric services in real time for patients in areas with no psychiatric specialists; and improved access to patient information via electronic medical records.

In the first phase of its work, the IRHN is managing a $21,063,528 award from the Federal Communication Commission's Rural Health Care Pilot Program to construct a network connecting 85 rural communities to sources of specialized health care, and future efforts will focus on expanding network connections to other Illinois health care providers and use of the IRHN to include research collaboration, continuing medical education, research, public health data-gathering, and improved capabilities for handling medical emergencies and disaster recovery.

NOTE: Details concerning the IRHN application, including preliminary network design and preliminary detail on network and equipment costs, per location, can be found at the FCC web site [www.fcc.gov](www.fcc.gov) at the Rural Health Care Pilot Program, where copies of all funded Pilot participant applications are posted. Vendors are encouraged to look at the Illinois Rural HealthNet grant application posted at the Federal Communication Commission website, in order to get additional information on this project.

## 1.4.    Project Background:

The IRHN was initially formed in April, 2007, to participate in opportunities for funding from the FCC's Rural Health Care Pilot Program. The IRHN consortium includes behavioral and medical health service organizations, higher education, and existing health, education, and research networks. IRHN members are listed in APPENDIX I.

In November 19, 2007, the FCC issued their Order, WC Docket No. 02-60 (available at the FCC website, Rural Health Care Pilot Program), which awarded $21,063,528 to the Illinois Rural HealthNet, contingent on the IRHN securing the required 15% match.

The IRHN was incorporated as a State of Illinois Not For Profit on January 30, 2008, File No. 6594-484-7, and has been granted Federal 501(c)(3) status.

## 1.5    Desired Network Concept

Financial Overview:

The FCC's Rural Health Care Pilot Program contains a clear objective, which is that Pilot Participants utilize the Pilot Program funding for these two purposes:
- Provide improved capabilities for high speed broadband to connect rural health care providers, by creating a dedicated broadband network;
- Implement the new network in such a manner that it will continue functioning successfully after the Pilot Program funding has expired, and without the need for continuing external financial support.

In other words, the IRHN must be sustainable for the long term, such that it can continue to function with no need for financial support other than the monthly/annual recurring charges that will be paid by each of its member health care providers.

Thus, the IRHN will use the $21 million Pilot Program funding for capital expenditures, or for the equivalent of capital expenditures.  In practical terms, this means that funding will be used to pay for:
- Indefeasible Right to Use contracts for fiber or lambdas, where available and appropriate;
- Long-term contracts for services, with the majority of payments being made within the first three years of the contracts;
- Contracts for the purchasing of equipment, or for long-term leases of equipment, with the majority of payments being made within the first three years.

The intent is to have, at the end of the four-year Pilot Program, a network in place that is financially sustainable without the need for significant external funding support.

Technical Overview:

The IRHN will contract for wide-area, dedicated, broadband network services for our Members and will solicit bids, via the USAC website, from entities capable of providing these services.  The IRHN will be the entity that contracts with vendors for communications services for the IRHN network.

The IRHN application to the FCC outlined the following approach:  We envision a backbone network composed of multiple lambdas over a fiber-based system with overlay services of ten gigabits per second running through key areas of the state, with lateral connections to nearby hospitals running, ideally, at one gigabit per second.  If a one-gigabit connection to individual hospitals is not achievable or cost efficient, the objective is for connections to individual hospitals to meet a standard of at least 100Mbps, upstream as well as downstream.

The IRHN issued an RFP for Fiber-Based Facilities or Services, which was posted on the USAC website, with the intent of procuring long-term use of fiber-based facilities or services to serve as a backbone for the IRHN. The RFP also sought to explore the availability of fiber facilities or services to link individual health care entities to the IRHN backbone.

This **RFP 03, for Last Mile/Middle Mile Facilities or Services**, seeks to identify the availability and pricing of wireless or wireline facilities or services to connect the individual 85 hospital and clinic locations to IRHN network hubs/access points in each of the 5 Regions. For purposes of responding to this RFP, vendors may assume the existence of the following IRHN network hubs/access points (sorted by Region):

Region 1, Northern Illinois:
- Galena
- Dubuque
- Rockford
- Belvidere
- DeKalb
- Freeport
- Sterling
- Rochelle
- Dixon

Region 2, Urbana Central:
- Urbana
- Kankakee
- Paxton
- Robinson

Region 3, Southern Illinois:
- Lawrenceville
- Flora
- Fairfield
- Eldorado
- McLeansoro
- Benton
- Carbondale
- Metropolis
- Cairo
- DuQuoin
- Centralia
- Salem
- Sparta
- Belleville

Region 4, Springfield West:
- Springfield
- Litchfield
- Staunton
- Rushville
- Jacksonville
- Quincy

Region 5, Bloomington Northwest:
- Bloomington
- Princeton
- Galesburg
- Moline
- Aledo

(**NOTE TO VENDORS:** Vendors are not required to use the hub locations listed above. Vendors may choose to use alternate hub locations. What is required, however, is that proposals for Last Mile/Middle Mile connectivity must link the end user hospital/clinic location to a corresponding Regional hub location. The level of service and the pricing for these connections is what is being sought via this RFP. Vendors are encouraged to develop and submit responses that are appropriate for the vendor's capabilities.)

To complement the fiber optic backbone connectivity, this RFP seeks the components to connect each of the individual IRHN hospitals and clinics to the IRHN backbone, utilizing the designated (or alternate) hubs as access points and backhaul for the Middle Mile and Last Mile links.

This wireless/wireline Last Mile/Middle Mile network will be established as a trunk and tributary system. The trunk section of the wireless/wireline Last Mile/Middle Mile network will, ideally, connect directly to the local interface on the fiber optic network at a speed of one gigabit per second. The services used in the trunk system should be capable of transporting voice, video and data traffic at a minimum of two hundred megabits per second using a full duplex type of connection (an aggregate speed of four hundred megabits per second). The tributary links will connect local facilities at a speed of one hundred megabits per second using a full duplex type of connections (an aggregate speed of two hundred megabits per second).

This system will transport services between each of the participants of the Consortium in a manner that best meets their technical and business needs. The system will also provide each organization with access to the Internet and the resources and technology of Internet 2.

There are 85 locations that have been identified as network locations, where users of the network are situated. These 85 locations are listed in Appendix II.

### 1.6 Vendor Conference (optional)

Optional Pre-Proposal Conference:  A pre-proposal conference will be held approximately 30 calendar days after the RFP posting, in Springfield, Illinois.  Details of the exact time and location will be posted on the IRHN website: www.illinoisruralhealthnet.org
The purpose of this conference is to answer questions and provide further clarification as may be appropriate.  Attendance by prospective Vendors is optional.

**Section 2: Scope of Work**

**NOTE to Vendors:** Do not respond *in this section* to the items in the Scope of Work.

**Vendor responses are required in Section 2.1, beginning on Page XX.**

**Vendors should include their adherence to the items in the Scope of Work, as part of their responses to the numbered Sections, 2.8 and 2.9, beginning on Page XX.**

**Items in the Scope of Work that pertain to Cost and Pricing should be addressed, as appropriate, in Vendors' responses to Section 4, Vendor Proposed Pricing.**

2.0.1 Purpose:
 The Illinois Rural HealthNet (IRHN) is requesting proposals to enable the provisioning of a high-speed network, which will be used to support advanced communication services for multiple healthcare communities in Illinois. This Request for Proposals (RFP) specifies the instructions for submitting these proposals, the procedure and criteria by which a vendor may be selected, and some of the contractual terms by which the IRHN intends to govern the relationship between it and the selected Vendors.

2.0.2 Definition of Parties:
 The Illinois Rural HealthNet will hereinafter be referred to as the "IRHN."  Vendors responding to the RFP shall be referred to as "Vendor."  Vendors can include both traditional and non-traditional providers.

2.0.3 Background:
 IRHN is a high-performance network connecting rural Illinois hospitals with other communities at other organizations throughout the state and nation.  Where fiber-based facilities and services are not available cost effectively, the IRHN intends to fill in the gaps in the network with wireless or wireline facilities or services.  When completed, IRHN will transform healthcare delivery in many areas of the state where access to specialty care is currently unavailable.  IRHN is comprised of healthcare, academic, research, and government agency member organizations.  The IRHN infrastructure is being designed to interconnect these organizations to allow for advanced communication services that are not otherwise possible.  The network will primarily transport telemedicine, telehealth, research, and education traffic related to healthcare, but it is also intended to allow healthcare, government agencies and other member organizations to form partnerships and collaborations to create specialized services for their healthcare constituencies.  This RFP is intended to allow the IRHN to successfully undertake a fair and comprehensive evaluation of the wireless and/or wireline solutions proposed by all potential providers who have responded.  From among the responses, the IRHN intends to analyze and select the best option(s) for completion of stated objectives.

2.0.4 Scope:

The IRHN will approach the Provider community as a single entity on behalf of its organizational members.

- In the previous RFP 02, Fiber-Based Facilities and Services, the IRHN objective was to identify cost-effective long-term access to dark-fiber and/or lambdas and/or fiber-based services throughout multiple Illinois regions.

- Via this RFP 03, Last Mile/Middle Mile Wireless or Wireline Facilities or Services, the IRHN intends to identify cost-effective paths to complete the requirements for network connectivity to the 85 locations listed in Appendix II. Vendors are welcome to propose services delivered via wireless, wireline copper, fiber, or combinations thereof.

- The minimum requirement for Last Mile connectivity is 100Mbps synchronous transmission.

- For purposes of designing their response, vendors may assume the existence of network hubs in the following locations:

Region 1, Northern Illinois:
- Galena
- Dubuque
- Rockford
- Belvidere
- DeKalb
- Freeport
- Sterling
- Rochelle
- Dixon

Region 2, Urbana Central:
- Urbana
- Kankakee
- Paxton
- Robinson

Region 3, Southern Illinois:
- Lawrenceville
- Flora
- Fairfield
- Eldorado
- McLeansoro
- Benton
- Carbondale
- Metropolis
- Cairo

- o DuQuoin
- o Centralia
- o Salem
- o Sparta
- o Belleville

Region 4, Springfield West:
- o Springfield
- o Litchfield
- o Staunton
- o Rushville
- o Jacksonville
- o Quincy

Region 5, Bloomington Northwest:
- o Bloomington
- o Princeton
- o Galesburg
- o Moline
- o Aledo

(NOTE TO VENDORS: Vendors are not required to use the hub locations listed above. Vendors may choose to use alternate hub locations. What is required, however, is that proposals for Last Mile/Middle Mile connectivity must link the end user hospital/clinic location to a corresponding Regional hub location. The level of service and the pricing for these connections is what is being sought via this RFP. Vendors are encouraged to develop and submit responses that are appropriate for the vendor's capabilities.)

- Vendors may partner with other Vendors in order to provide a unified program within a Region, across an entire Region, several Regions, or all Regions, or Vendors may choose to respond only to those sections of this RFP as they see fit.

- The IRHN may select multiple Vendors, as may prove beneficial to the IRHN.

- In the case that a multi-Vendor solution is selected, straightforward interconnection procedures become critically important evaluation criteria.

- The IRHN will evaluate the response to this RFP with consideration for both one-time costs and operating costs through the term. The IRHN will analyze options based on 10, 15, and 20-year cost scenarios, and will seek the solution that provides the most cost effective solution per FCC requirements as well as the greatest flexibility during these periods.

- The IRHN is asking Vendors to provide price-protection on additional facilities or services, beyond what is called for in this RFP, throughout the IRHN footprint (as

relevant for each Vendor) for 10 years. In addition, offering the option of obtaining additional co-location space throughout the IRHN area for 10 years, with price-protection, will be viewed as highly favorable.

- The IRHN is interested primarily in IRU-type pricing, with a greater up-front payment and a lesser annual maintenance cost. It is anticipated that proposals will contain an initial cost for deployment of facilities or services, with annual maintenance costs. In order to comply with IRHN's plan for network sustainability, *the great majority of cost for the entire term of the contract must be able to be invoiced and paid within the initial four years of the contract*. While we understand this may not be typical for some Vendors, the FCC Rural Health Care Pilot Program requires that the funding be used primarily for the equivalent of capital spending, to implement the network in such a manner that the ongoing costs, after the initial four years, will be sustainable without the need for further outside funding. Hence the need for front-loaded contracts. The IRHN will use IRU-type or front-loaded pricing, combined with ongoing maintenance costs, for overall cost comparisons.

- The IRHN actively seeks Vendors willing to build out their network where necessary to reach IRHN facilities, in a way that is mutually beneficial to both parties. The IRHN also welcomes Vendor partnerships with other companies for connectivity from a Vendor's existing facilities to IRHN-related facilities.

- Vendors should include detailed technical information in the RFP response.

2.0.5 Underlying IRHN Rationale:

The IRHN has a requirement to build an advanced health care network that can provide a wide range of specialized service. IRHN members may purchase additional services, such as IP services, local loops, and support services

2.0.6 Partial Proposals and Provider Partnerships:

The IRHN understands that many Vendors may not have a solution that fully addresses all of the sites the IRHN intends to connect. The IRHN encourages traditional and non-traditional providers with significant owned facilities to submit proposals that identify what locations they can serve.

2.0.7 Support Services and Integrated Solutions:
The IRHN's intention in issuing this RFP is to secure connectivity to the 85 locations listed in Appendix II. It is anticipated that contracts with multiple vendors may result from RFP 02, Fiber-Based Services, and from RFP 03, Last Mile/Middle Mile Wireless or Wireline Facilities or Services. The use of industry standards-based specifications will be important in order to integrate the multiple components of the network into a smoothly operating whole.

2.0.8 Requirements:

2.0.8.1 General Overview of Connectivity Requirements:

Last Mile connection to the 85 locations listed in Appendix II must provide a minimum speed of one hundred megabits per second using a full duplex synchronous connection. 100Mbps per location upstream and downstream at each location must be guaranteed at all times. The handoff should be 100BaseTX or 1000BaseTX.

2.0.8.2 Cross Connect:

The IRHN is seeking to avoid cross connection prices. Any pricing for cross connects should be included in the RFP response and include both recurring and non-recurring costs for the initial IRHN network described. It is possible that after the initial build, the IRHN will require additional cross-connects to the IRHN as additional health care entities join the network. At locations where these options are available, the Vendor is asked to describe any cross-connect policies and all related cross-connect non-recurring and recurring costs in its RFP response.

Ideally, Vendors should build cross-connect costs into the initial purchase arrangement and reduce recurring long-term cross-connect costs.

## SECTION 2.1 – VENDOR RESPONSE SECTION

The IRHN seeks Vendors to enter into long-term contracts to provide high speed connectivity to the locations listed in Appendix II.

This RFP is focused on these objectives and asks Vendors to provide their availability to provide these types of services in Region 1 through Region 5, or in as many of the Regions as the Vendor may choose.

Connectivity Minimum Requirements

The minimum desired capacity for Last Mile facilities or services is 100Mbps synchronous connection between the individual locations listed in Appendix II and the network hub as chosen in the vendor's response for network access for the individual end location(s).

All work must comply with all NEC, EIA/TIA, NFPA, OSHA, State of Illinois and Federal Codes and Regulations.

NOTE:
AFTER THE COMPLETION OF THE EVALUATION PROCESS, THE IRHN WILL ISSUE ADDITIONAL RFPs, AS NEEDED, FOR EQUIPMENT AND INSTALLATION.

**Section 2.2  Backbone Services**

If vendors have the capability of offering robust backbone connectivity, and connection to multiple IRHN locations of at least 100Mbps synchronous to each location you choose to address, please provide the locations, and list the locations by Region in your response to Section 2.8.

In your responses within Regions (as applicable), please address the following items:

a. TECHNOLOGIES:  Describe the technology to be used.
b. NETWORK DESIGN:  Describe the network elements, physical media, switching and routing architecture, interfaces, topology, reliability, fault tolerance, and operations and maintenance.
c. NETWORK EQUIPMENT:  Describe the type of equipment that is proposed, and reasons for its selection.
d. INTERCONNECTION AND INTEROPERABILITY:  Describe the network interconnection, interoperability, and conformance to published standards.
e. SCHEMATIC:  Provide a schematic view of how the networking equipment is proposed to be interconnected and integrated to create a regional network.
f. DATA TRANSPORT PERFORMANCE CHARACTERISTICS:  Characterize the anticipated performance of the proposed network design for data transport.  At a minimum, describe the following attributes:
  - Throughput:  Describe the anticipated peak, mean, and minimum throughput for data transport (specified in Megabits per second);
  - Latency:  Describe the anticipated mean, minimum, and maximum latency for data transport between any two nodes on your proposed network (specified in microseconds) (if relevant).

Section 2.2.1: Co-Location Space

The IRHN requests that Vendors provide options for co-location space in controlled environment equipment rooms, vaults, or other similar equipment huts for installation and maintenance of electronic components such as optical amplifiers.

Section 2.2.2: Physical Diversity

This RFP is organized around the 5 IRHN Regions.  For physical network diversity, the IRHN seeks pathways for the backbone that can connect each Region to at least 2 other Regions.

For Last Mile and Middle Mile connectivity, while physical network diversity is desired, it likely will not be able to be fully achieved, due to cost and other considerations.

**Section 2.3: Last Mile (and Middle Mile) Services**

If vendors have the capability of offering connection to one or more IRHN locations, of at least 100Mbps synchronous to each location you choose to address, please provide the locations, and list the locations by Region in your response to Section 2.9.

**NOTE:  For either wireline or wireless proposals, please provide a description of the path between each end user hospital/clinic location and the network hub/access point to which you propose to connect them.  If elements of your proposal are wireless, please provide the anticipated tower locations or elevation points as part of your proposal.**

In your responses within Regions (as applicable), please address the following items:

a. TECHNOLOGIES:  Describe the technology to be used.
b. NETWORK DESIGN:  Describe the network elements, physical media, switching and routing architecture, interfaces, topology, reliability, fault tolerance, and operations and maintenance.  Make sure the response clearly identifies:
  - Last Mile location being connected;
  - Hub location to which the Last Mile is being connected;
  - Individual price for each such connection.
c. NETWORK EQUIPMENT:  Describe the type of equipment that is proposed, and reasons for its selection.
d. INTERCONNECTION AND INTEROPERABILITY:  Describe the network interconnection, interoperability, and conformance to published standards.
e. SCHEMATIC:  Provide a schematic view of how the networking equipment is proposed to be interconnected and integrated to create a regional network.
f. DATA TRANSPORT PERFORMANCE CHARACTERISTICS:  Characterize the anticipated performance of the proposed network design for data transport.  At a minimum, describe the following attributes:
  - Throughput:  Describe the anticipated peak, mean, and minimum throughput for data transport (specified in Megabits per second);
  - Latency:  Describe the anticipated mean, minimum, and maximum latency for data transport between any two nodes on your proposed network (specified in microseconds) (as relevant).

In Sections 2.9.1 through 2.9.5, Vendors are asked to describe the services they are willing to make available, at which locations, via a long-term contract.

In Section 4, Vendors are asked to describe their pricing for the services they are willing to make available, at which locations, via a long-term contract.

**THE FOLLOWING SECTIONS APPLY TO BOTH BACKBONE AND LAST MILE/MIDDLE MILE SERVICES:**

## Section 2.4: Maintenance and Support Capabilities

The IRHN seeks Vendors with capabilities for maintenance and support. Items that the IRHN will expect to be addressed include the following:

- Services provider acknowledges outage report from IRHN or IRHN Member
- Services provider has repair crew on site
- Services provider updates the IRHN on status of repairs
- Repair is completed and service restored
- Services provider gives summary of outage and resolution to IRHN
- Service provider provides notification of planned outages in advance

### Section 2.4.1 Monitoring and Alarming System

The IRHN is interested in evaluating capabilities of those Vendors that can provide for network monitoring and alarming. This could include installing and integrating hardware, software, and communications connections required for 24/7 monitoring and alarming for the network and optical components.

### Section 2.4.2: Network Operation Center Capabilities

Vendors are asked to describe the Network Operations Centers relevant to the Services that they intend to offer to the IRHN, including:
- Location of NOC serving the facilities devoted to the IRHN.
- In-sourced and outsourced NOC operations. If outsourced, indicate which services are outsourced and to what company the NOC services are outsourced. Explain how the terms and conditions of the Vendor's contract with the IRHN would be translated to and enforced with the outsourced NOC provider.
- Minimum help desk/repair staffing levels and average staffing levels. If levels vary by time of day or day of week, please explain.
- Proactive monitoring tools and practices.


## Section 2.5: Billing and Administration

The Vendor is expected to operate and maintain a billing and payment function capable of interfacing with the IRHN and with USAC. The Vendor may need to establish a unique Billing Account Number for the IRHN, to comply with USAC needs.

The Vendor agrees that upon successful testing of new facilities, the IRHN will advise the Vendor that service has been accepted. The IRHN and the Vendor will mutually agree on a process to constitute the acceptance of service definition. Billing for new service must begin only after the IRHN provides the Vendor with the acceptance of service notice.

**Section 2.6: Managed Services Specifications (optional)**

The IRHN will seek Vendors to provide some level of Managed Services for the network services and facilities. These Services may be procured via this RFP or the IRHN may issue separate RFPs for this purpose.

If Vendors are interested in being considered for such services, please be prepared to respond to the following:

Optional Service Structure

The IRHN envisions that services and pricing for the network could be organized in categories similar to what is described below, Items A through E. The charges for these categories will either be one-time, i.e., non-recurring, or fixed monthly charges.

Vendor is asked to describe the overall approach, identifying the distinct value of Vendor in providing these types of services. Expand the model as needed to accurately reflect service offerings and corresponding organization.

A. **Network Equipment Installation, Non-Recurring**

Includes, but is not limited to, activities such as:

- o Equipment installation, testing and turn-up to include IRHN POP locations and providers' controlled environment vaults.
- o Provision the connections across the network.
- o Documentation of the network.

B. **Set-Up and Initialization of Remote Monitoring Services, Non-Recurring**

Includes, but is not limited to, activities such as:

- o Establish all required communications links to/from Vendor's network and the IRHN network.
- o Provide and install all required monitoring hardware and software.
- o Create customer reference guide that documents practices and procedures, site contacts, third party Vendor contacts, etc.

C. **Remote Management Services, Fixed Monthly Charge**

Includes, but is not limited to, activities such as:

- o Provide network monitoring and alarming for the network and optical components.
- o 24 x 7 x 365 network operations center services.
- o Make provisioning changes across the network as needed.
- o Direct and coordinate the work of provider(s) and other third parties to resolve outages as needed.

**D. On-Site Technical Response, Fixed Monthly Charge**

Includes, but is not limited to, activities such as:

- o Conduct both emergency and non-emergency equipment repair and re-configuration to include IRHN POP locations and providers' controlled environment vaults.
- o Perform routine equipment maintenance, etc. to include IRHN POP locations and providers' controlled environment vaults.

**E. Network Expansion**

Includes, but is not limited to, activities such as:

- o Install equipment.
- o Add to remote monitoring service.
- o Add to on-site technical response, if applicable.
- o Update network documentation and related network monitoring model.

## Section 2.7: Testing and Acceptance

Prior to the IRHN finalizing the purchase of services, the Vendor will test the links to certify acceptance.

Vendors must describe the process for conducting the tests and the types of results produced.

## Section 2.8:  Backbone Network

For purposes of network connectivity, vendors responding to this RFP may assume the following network hub/access point locations, for purposes of connecting to Last Mile locations, and providing the pricing for such connections:

Region 1, Northern Illinois:
- Galena
- Dubuque
- Rockford
- Belvidere
- DeKalb
- Freeport
- Sterling
- Rochelle
- Dixon

Region 2, Urbana Central:
- Urbana

- Kankakee
- Paxton
- Robinson

Region 3, Southern Illinois:
- Lawrenceville
- Flora
- Fairfield
- Eldorado
- McLeansoro
- Benton
- Carbondale
- Metropolis
- Cairo
- DuQuoin
- Centralia
- Salem
- Sparta
- Belleville

Region 4, Springfield West:
- Springfield
- Litchfield
- Staunton
- Rushville
- Jacksonville
- Quincy

Region 5, Bloomington Northwest:
- Bloomington
- Princeton
- Galesburg
- Moline
- Aledo

**NOTE TO VENDORS**: Vendors are not required to use the hub locations listed above. Vendors may choose to use alternate hub locations. What is required, however, is that proposals for Last Mile/Middle Mile connectivity must link the end user hospital/clinic location to a corresponding Regional hub location. The level of service and the pricing for these connections is what is being sought via this RFP. Vendors are encouraged to develop and submit responses that are appropriate for the vendor's capabilities.

To complement the fiber optic backbone connectivity, this RFP seeks the components to connect each of the individual IRHN hospitals and clinics to the IRHN backbone,

utilizing the designated (or Vendor-proposed alternate) hubs as access points and backhaul for the Middle Mile and Last Mile links.

The IRHN objective is to obtain high speed services to the 85 locations of Health Care Providers, listed in Appendix II. Vendors are encouraged to propose solutions that meet the Financial and Technical Objectives of the IRHN.

Section 2.8.1. Vendor Proposed Backbone Solution

If Vendors are proposing a comprehensive Backbone Solution, please respond to this Section 2.8.1, and label your response as Response 2.8.1.

Vendors interesting in proposing a comprehensive Backbone Solution are encouraged to also propose network hubs/ access points in each of the 5 Regions. The locations of the network hubs can be as described above, in Section 2.8, or Vendors may choose to propose alternate network hub locations.

Response 2.8.1 (optional)


## Section 2.9 Vendors' Responses for Region 1 through Region 5

In this Section 2.9 of the RFP, the IRHN seeks proposals for facilities or services in the five Regions of Illinois, to connect to the locations listed in **Appendix II, IRHN Hospital and Clinic Locations.**

To reiterate our objective, the IRHN seeks high speed connectivity to each individual health care provider location, and seeks backbone connectivity to provide sufficient bandwidth for the network as a whole.
The IRHN expects to develop contracts with multiple entities to provide the services that will be required to implement the Illinois Rural HealthNet.

Section 2.9.A: Connectivity Requirements

The minimum desired capacity for individual locations as listed in Appendix II is 100Mbps upstream and 100Mbps downstream for each location.

Vendors are requested to look at the list of locations in Appendix II, and to submit proposals for connectivity to any or all of the locations, as Vendors feel appropriate for their capabilities.


## Section 2.9.B: INSTRUCTIONS FOR RESPONSE TO SPECIFIC REGIONS:

Vendors are strongly encouraged to respond to any or all of the 5 Regions:

- Vendors with capabilities in Region 1, Northern Illinois, should respond to Section 2.9.1: Region 1 – Northern Illinois
- Vendors with capabilities in Region 2, Urbana Central, should respond to Section 2.9.2: Region 2 – Urbana Central
- Vendors with capabilities in Region 3, Southern Illinois, should respond to Section 2.9.3: Region 3 – Southern Illinois
- Vendors with capabilities in Region 4, Springfield West, should respond to Section 2.9.4: Region 4 – Springfield West
- Vendors with capabilities in Region 5, Bloomington Northwest, should respond to Section 2.9.5: Region 5 – Bloomington Northwest

VENDORS ARE WELCOME TO RESPOND TO ONE OR MORE LOCATIONS, IN ONE OR MORE OF THE REGIONS, OR TO ALL OF THE REGIONS.

**NOTE ON PROCUREMENT PROCESS:**

The IRHN, via this RFP, seeks to contract with traditional and/or non-traditional service providers, in order to provide connectivity between the geographic locations listed in Appendix II, for the purposes of achieving cost effective and high speed broadband capabilities for the IRHN.

Section 2.9.C:  Instructions for Response Within Each Region

Within each Region, Vendors are asked to provide their solutions, and to provide their responses to a series of items.  The items referred to within each Region are the same items presented in Section 2.2 through Section 2.7.

**Within each Region that vendors choose to address, vendors are asked to provide their proposed solution and pricing to connect hospital and clinic locations to the Regional hubs/access points.**

**For either wireline or wireless proposals, please provide a description of the path between each end user hospital/clinic location and the network hub/access point to which you propose to connect them.  If elements of your proposal are wireless, please provide the anticipated tower locations or elevation points as part of your proposal.**

**Vendors are asked to propose as described in the following sample:**
*Name the Hospital location; indicate the level and type of service connecting the Hospital; indicate the Regional hub to which the Hospital would be connected; indicate the path between each end user Hospital and the Regional hub; indicate the price in the Pricing Section.  Vendors may choose the Regional hub that works best for their capabilities.  Vendors may propose alternate Regional hub locations.*

**Section 2.9.D: Instructions for Specifying Regional Hub Locations for Purposes of Connectivity Design and Pricing**

In order to meet the FCC/USAC guidelines, it is important that the IRHN be provided pricing to connect a specific level of service to each location. Responses to this RFP must make clear the price that is being proposed to connect each individual hospital/clinic location to the Regional hub/access point the Vendor chooses to utilize.

In order to accomplish this, two things must be delineated:
- Exact location of the end user hospital location; this is provided in Appendix II.
- Estimated location of the Regional network hub to which the individual end user hospital/clinic is being connected.

This will allow Vendors to provide defined levels of service for each link, with a defined price for such link.


**Information on Regional Hubs/Access Points:**

1. In each Region, and each corresponding part of Section 2.9, a list of network hubs/access points is provided in this RFP. Vendors may choose to use these network hubs/access points as the backbone/backhaul connection for their proposed Last Mile/Middle Mile links to individual end user IRHN locations.

*Vendors choosing to use these network hubs/access points should assume that the location of the network hub/access point lies within a one-mile diameter at the center of the city or town that is listed. Pricing for the connection to the individual end user IRHN location should thus be based on connecting from the network hub/access point in the center of the city or town, to the individual end user IRHN location.*

2. If the Vendor chooses to utilize other locations for Regional network hubs, for the purpose of designing and pricing their Last Mile/Middle Mile links to end user hospital locations, Vendors may do so.

*In this approach, the Vendor must include, as part of their proposal, the location of their proposed Regional network hub(s) to which their proposed Last Mile/Middle Mile links will connect, and for which the service level and specific pricing will be provided. Vendors are welcome to designate as confidential the locations of their proposed Regional network hubs.*

***In either approach, Vendors must provide the IRHN with specific pricing for the specific level of service that is being proposed, to connect specific Regional network hub/access point locations to the specific end user IRHN hospital/clinic locations which your proposal chooses to address.***

Vendors should use whichever of these approaches as they may choose, inserting the technical information in answer to Section 2.9.1 through Section 2.9.5, as appropriate for each Vendor, and inserting the pricing information in Section 4.

### Section 2.9.1:  Region 1 – Northern Illinois

Please look at the Northern Illinois list of locations in **Appendix II.**

If Vendors propose to offer connectivity to any number of the locations in this Region, please complete the appropriate sections of this Section 2.9.1.

Vendors may assume the following list of network hubs for Region 1:

Region 1, Northern Illinois:
- Galena
- Dubuque
- Rockford
- Belvidere
- DeKalb
- Freeport
- Sterling
- Rochelle
- Dixon

For Last Mile/Middle Mile connection and pricing, vendors should provide their proposed solution for specific hospital and clinic locations, connecting the location to the Regional network hub appropriate for your proposal.  As stated above, Vendors may use some or all of the listed network hubs, or Vendors may propose their own network hub locations, as described in detail in Section 2.9.D.

Section 2.9.1.1 Regional Backbone

If the Vendor has a proposed solution for Backbone connectivity within this Region, please provide that information here.

- Response 2.9.1.1

Section 2.9.1.2 Connection to Locations

If the Vendor can provide "Last Mile/Middle Mile" solutions to any or all of the Locations within this Region, please list the locations, along with the proposed solution for each location here.  For each end user Hospital location, please list the Regional network hub location to which it will be connected.

- Response 2.9.1.2

### Section 2.9.1.3 Co-Location Space

If the Vendor can offer Co-Location space in this Region, please list the locations here.

- Response 2.9.1.3

### Section 2.9.1.4 Physical Diversity

If the Vendor can offer Physical Diversity as defined in Section 2.2.3, please describe the capability here, as relates to connecting the Region to at least 2 other Regions.

- Response 2.9.1.4

### Section 2.9.1.5 Maintenance and Support

Vendors are asked to provide their minimum levels of support, and also to provide, as they may choose, their more thorough levels of maintenance and support, as outlined in Section 2.4, here.

- Response 2.9.1.5

### Section 2.9.1.6 Billing and Administration

Vendors are asked to provide their capabilities and their response to Section 2.5 as relates to this Region here.

- Response 2.9.1.6

### Section 2.9.1.7 Managed Services Specifications (optional)

Vendors, to the extent they may choose, are asked to provide their proposals for Managed Services, as outlined in Section 2.6, as relates to this Region here.

- Response 2.9.1.7

### Section 2.9.1.8 Testing and Acceptance

Vendors shall describe their proposed Testing and Acceptance procedures for this Region here.

- Response 2.9.1.8


**Section 2.9.2:  Region 2 – Urbana Central**

Please look at the Urbana Central list of locations in **Appendix II.**

If Vendors propose to offer connectivity to any number of the locations in this Region, please complete the appropriate sections of this Section 2.9.2.

Vendors may assume the following list of network hubs for Region 2:

Region 2, Urbana Central:
- Urbana
- Kankakee
- Paxton
- Robinson

For Last Mile/Middle Mile connection and pricing, vendors should provide their proposed solution for specific hospital and clinic locations, connecting the location to the Regional network hub appropriate for your proposal.  As stated above, Vendors may use some or all of the listed network hubs, or Vendors may propose their own network hub locations, as described in detail in Section 2.9.D.

Section 2.9.2.1 Regional Backbone

If the Vendor has a proposed solution for Backbone connectivity within this Region, please provide that information here.

- Response 2.9.2.1


Section 2.9.2.2 Connection to Locations

If the Vendor can provide "Last Mile/Middle Mile" solutions to any or all of the Locations within this Region, please list the locations, along with the proposed solution for each location here.  For each end user Hospital location, please list the Regional network hub location to which it will be connected.

- Response 2.9.2.2

Section 2.9.2.3 Co-Location Space

If the Vendor can offer Co-Location space in this Region, please list the locations here.

- Response 2.9.2.3

Section 2.9.2.4 Physical Diversity

If the Vendor can offer Physical Diversity as defined in Section 2.2.3, please describe the capability here, as relates to connecting the Region to at least 2 other Regions.

- Response 2.9.2.4

Section 2.9.2.5 Maintenance and Support

Vendors are asked to provide their minimum levels of support, and also to provide, as they may choose, their more thorough levels of maintenance and support, as outlined in Section 2.4, here.

- Response 2.9.2.5

Section 2.9.2.6 Billing and Administration

Vendors are asked to provide their capabilities and their response to Section 2.5 as relates to this Region here.

- Response 2.9.2.6

Section 2.9.2.7 Managed Services Specifications (optional)

Vendors, to the extent they may choose, are asked to provide their proposals for Managed Services, as outlined in Section 2.6, as relates to this Region here.

- Response 2.9.2.7

Section 2.9.2.8 Testing and Acceptance

Vendors shall describe their proposed Testing and Acceptance procedures for this Region here.

- Response 2.9.2.8

**Section 2.9.3:  Region 3 – Southern Illinois**

Please look at the Southern Illinois list of locations in **Appendix II.**

If Vendors propose to offer connectivity to any number of the locations in this Region, please complete the appropriate sections of this Section 2.9.3.

Vendors may assume the following list of network hubs for Region 3:

Region 3, Southern Illinois:
- Lawrenceville
- Flora
- Fairfield
- Eldorado
- McLeansboro
- Benton
- Carbondale
- Metropolis
- Cairo
- DuQuoin
- Centralia
- Salem
- Sparta
- Belleville

For Last Mile/Middle Mile connection and pricing, vendors should provide their proposed solution for specific hospital and clinic locations, connecting the location to the Regional network hub appropriate for your proposal.  As stated above, Vendors may use some or all of the listed network hubs, or Vendors may propose their own network hub locations, as described in detail in Section 2.9.D.

Section 2.9.3.1 Regional Backbone

If the Vendor has a proposed solution for Backbone connectivity within this Region, please provide that information here.

- Response 2.9.3.1


Section 2.9.3.2 Connection to Locations

If the Vendor can provide "Last Mile/Middle Mile" solutions to any or all of the Locations within this Region, please list the locations, along with the proposed solution

for each location here. For each end user Hospital location, please list the Regional network hub location to which it will be connected.

- Response 2.9.3.2


Section 2.9.3.3 Co-Location Space

If the Vendor can offer Co-Location space in this Region, please list the locations here.

- Response 2.9.3.3


Section 2.9.3.4 Physical Diversity

If the Vendor can offer Physical Diversity as defined in Section 2.2.3, please describe the capability here, as relates to connecting the Region to at least 2 other Regions.

- Response 2.9.3.4


Section 2.9.3.5 Maintenance and Support

Vendors are asked to provide their minimum levels of support, and also to provide, as they may choose, their more thorough levels of maintenance and support, as outlined in Section 2.4, here.

- Response 2.9.3.5


Section 2.9.3.6 Billing and Administration

Vendors are asked to provide their capabilities and their response to Section 2.5 as relates to this Region here.

- Response 2.9.3.6


Section 2.9.3.7 Managed Services Specifications (optional)

Vendors, to the extent they may choose, are asked to provide their proposals for Managed Services, as outlined in Section 2.6, as relates to this Region here.

- Response 2.9.3.7

Section 2.9.3.8 Testing and Acceptance

Vendors shall describe their proposed Testing and Acceptance procedures for this Region here.

- Response 2.9.3.8

**Section 2.9.4:  Region 4 – Springfield West**

Please look at the Springfield West list of locations in **Appendix II.**

If Vendors propose to offer connectivity to any number of the locations in this Region, please complete the appropriate sections of this Section 2.9.4.

Vendors may assume the following list of network hubs for Region 4:

Region 4, Springfield West:
- Springfield
- Litchfield
- Staunton
- Rushville
- Jacksonville
- Quincy

For Last Mile/Middle Mile connection and pricing, vendors should provide their proposed solution for specific hospital and clinic locations, connecting the location to the Regional network hub appropriate for your proposal.  As stated above, Vendors may use some or all of the listed network hubs, or Vendors may propose their own network hub locations, as described in detail in Section 2.9.D.

Section 2.9.4.1 Regional Backbone

If the Vendor has a proposed solution for Backbone connectivity within this Region, please provide that information here.

- Response 2.9.4.1


Section 2.9.4.2 Connection to Locations

If the Vendor can provide "Last Mile/Middle Mile" solutions to any or all of the Locations within this Region, please list the locations, along with the proposed solution for each location here.  For each end user Hospital location, please list the Regional network hub location to which it will be connected.

- Response 2.9.4.2


Section 2.9.4.3 Co-Location Space

If the Vendor can offer Co-Location space in this Region, please list the locations here.

- Response 2.9.4.3

Section 2.9.4.4 Physical Diversity

If the Vendor can offer Physical Diversity as defined in Section 2.2.3, please describe the capability here, as relates to connecting the Region to at least 2 other Regions.

- Response 2.9.4.4

Section 2.9.4.5 Maintenance and Support

Vendors are asked to provide their minimum levels of support, and also to provide, as they may choose, their more thorough levels of maintenance and support, as outlined in Section 2.4, here.

- Response 2.9.4.5

Section 2.9.4.6 Billing and Administration

Vendors are asked to provide their capabilities and their response to Section 2.5 as relates to this Region here.

- Response 2.9.4.6

Section 2.9.4.7 Managed Services Specifications (optional)

Vendors, to the extent they may choose, are asked to provide their proposals for Managed Services, as outlined in Section 2.6, as relates to this Region here.

- Response 2.9.4.7

Section 2.9.4.8 Testing and Acceptance

Vendors shall describe their proposed Testing and Acceptance procedures for this Region here.

- Response 2.9.4.8

**Section 2.9.5:  Region 5 – Bloomington Northwest**

Please look at the Bloomington Northwest list of locations in **Appendix II.**

If Vendors propose to offer connectivity to any number of the locations in this Region, please complete the appropriate sections of this Section 2.9.4.

Vendors may assume the following list of network hubs for Region 5:

Region 5; Bloomington Northwest
- Bloomington
- Princeton
- Galesburg
- Moline
- Aledo

For Last Mile/Middle Mile connection and pricing, vendors should provide their proposed solution for specific hospital and clinic locations, connecting the location to the Regional network hub appropriate for your proposal.  As stated above, Vendors may use some or all of the listed network hubs, or Vendors may propose their own network hub locations, as described in detail in Section 2.9.D.

Section 2.9.5.1 Regional Backbone

If the Vendor has a proposed solution for Backbone connectivity within this Region, please provide that information here.

- Response 2.9.5.1


Section 2.9.5.2 Connection to Locations

If the Vendor can provide "Last Mile/Middle Mile" solutions to any or all of the Locations within this Region, please list the locations, along with the proposed solution for each location here.  For each end user Hospital location, please list the Regional network hub location to which it will be connected.

- Response 2.9.5.2


Section 2.9.5.3 Co-Location Space

If the Vendor can offer Co-Location space in this Region, please list the locations here.

- Response 2.9.5.3

Section 2.9.5.4 Physical Diversity

If the Vendor can offer Physical Diversity as defined in Section 2.2.3, please describe the capability here, as relates to connecting the Region to at least 2 other Regions.

- Response 2.9.5.4

Section 2.9.5.5 Maintenance and Support

Vendors are asked to provide their minimum levels of support, and also to provide, as they may choose, their more thorough levels of maintenance and support, as outlined in Section 2.4, here.

- Response 2.9.5.5

Section 2.9.5.6 Billing and Administration

Vendors are asked to provide their capabilities and their response to Section 2.5 as relates to this Region here.

- Response 2.9.5.6

Section 2.9.5.7 Managed Services Specifications (optional)

Vendors, to the extent they may choose, are asked to provide their proposals for Managed Services, as outlined in Section 2.6, as relates to this Region here.

- Response 2.9.5.7

Section 2.9.5.8 Testing and Acceptance

Vendors shall describe their proposed Testing and Acceptance procedures for this Region here.

- Response 2.9.5.8

### Section 3.  Vendor Experience

Vendors must provide brief answers to the following to demonstrate their experience.

Section 3.1 Vendor Experience

Please summarize your experience related to the following:
- Number of years experience providing the proposed level(s) of service.
- Provide evidence of employee certifications.
- Vendors must have a current Service Provider Identification Number (SPIN).
- Vendors must have a track record of successful deployment and delivery of services.  Please describe.
- Please include at least 2 references for which the Vendor provided similar levels of service as described in this RFP.

**Section 4.  Vendor Proposed Pricing**

The FCC's Rural Health Care Pilot Program contains a clear objective, which is that Pilot Participants utilize the Pilot Program funding for these two purposes:
- Provide improved capabilities for high speed broadband to connect rural health care providers, by creating a dedicated broadband network;
- Implement the new network in such a manner that it will continue functioning successfully after the Pilot Program funding has expired, and <u>without the need for continuing external financial support.</u>

In the IRHN application for Pilot Program funding, one of the required elements was to "Indicate to what extent the network can be self-sustaining once established."  (Excerpt from Paragraph 17 of FCC Order released September 29, 2006, establishing the Rural Health Care Pilot Program.)

The IRHN must be sustainable for the long term, such that it can continue to function with no need for financial support other than the monthly/annual recurring charges that will be paid by each of its member health care providers.

Thus, the IRHN will use the $21 million Pilot Program funding for capital expenditures, or for the equivalent of capital expenditures.  In practical terms, this means that funding will be used to pay for:
- Long-term contracts for services, with the majority of payments being made within the first three years of the contracts;
- Contracts for the purchasing of equipment, or for long-term leases of equipment, with the majority of payments being made within the first three years.

The intent is to have, at the end of the four-year Pilot Program, a network in place that is financially sustainable without the need for significant external funding support.

**Desired Approach to Pricing:**

The IRHN seeks Vendors who can offer cost-effective services in a contractual manner that includes the following:

- Contract is for facilities or services for a minimum 10-year period, and 15-year and 20-year periods are strongly preferred.
- Other than low-cost maintenance charges, all costs associated with the IRHN's use of the facilities or services must be front-loaded within the contract, to be paid within the first 4 years of the long term contract.

**FCC Definition of "Cost-Effective"**

In the FCC Order (WC Docket No. 02-60) announcing funding awards for the Rural Health Care Pilot Program, "Cost-effective" was defined in Paragraphs 78 and 79:

Paragraph 78:

> The Commission has defined "cost-effective" for purposes of the existing RHC support mechanism as "the method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to…choosing a method of providing the required health care services." In selecting the most cost-effective bid, in addition to price, we require participants to consider non-cost evaluation factors that include prior experience, including past performance; personnel qualifications, including technical excellence; management……………The non-cost factors may form a reasonable basis on which to evaluate whether a bid is cost effective. Because designing and constructing a new network represents a substantial undertaking and requires technical expertise, training, and skills of a different level than those services supported by the existing RHC support mechanism, we make consideration of these factors mandatory for Pilot participants.

> 79. The existing RHC support mechanism, unlike E-Rate, does not require participants to consider price as the primary factor in selecting service providers. The FCC has stated that RHC applicants should not be required to use the lowest-cost technology, because of telemedicine needs for reliability and quality. Participants need not select the lowest bid, and need not consider price the sole primary factor in selecting bids for network construction and services. The needs for telemedicine, complex design, infrastructure planning and construction, technical excellence, personnel qualifications are particularly relevant. Requiring least-cost bids could result in Pilot participants being relegated to using obsolete or soon-to-be-retired technology. Initially higher-cost options may prove to be lower cost in the long run, by providing useful benefits to telemedicine in terms of future medical and technological developments and maintenance. Thus, we do not require participants to make price the sole primary factor in bid selection, but it must be a primary factor.

## Section 4.1: Vendor's Proposed Approach to Long Term Contract

Alternatives for satisfying the FCC requirement for sustainable Pilot Program networks could include:

- Proposals to build facilities and either transfer ownership to IRHN or to lease use of such facilities long term to IRHN, with payments made up front.
- Proposals to provide IRU-like contracts for the use of bandwidth, with payments made up front.
- Proposals for long-term services-based contracts, with the great majority of "recurring" costs paid within a concentrated period at the beginning of the contract (front loaded payment).

Vendors are welcome to offer creative approaches to meet the Pilot Program's needs.

*Vendors are alerted, however, that proposing services strictly on the basis of recurring monthly charges will be considered inconsistent with the needs of the FCC Pilot Program. At the end of Pilot Program implementation (4 years), the IRHN must be able to sustain its continued operation with the only requirement for ongoing funding residing in reasonable monthly costs for network maintenance.*

## Section 4.1.1 Vendor's Proposed Approach for Long Term Contractual Terms

Vendors are asked to provide here their proposed approach(s) to address this requirement of the IRHN and the Pilot Program for long term sustainability.

Vendors are welcome to suggest alternate approaches, are encouraged to be creative, and are encouraged to insert language (such as IRU agreement terms and conditions) as part of their response.

- Response 4.1.1

**Section 4.2 Vendor Pricing Proposal**

**In this Section, Vendors are asked to list the IRHN locations, sorted by Region, where the Vendor proposes to provide facilities or services.**

For Last Mile/Middle Mile pricing, vendors should provide their proposed price for specific hospital and clinic locations, connecting the location to the Regional network hub appropriate for your proposal. Vendors may use some or all of the listed network hubs, or Vendors may propose their own network hub locations, as described in detail in Section 2.9.D.

For each "Last Mile/Middle Mile" connection, please list the location(s), along with the proposed price for each location. For each end user hospital/clinic location, please list the Regional network hub location to which it will be connected.

**For each IRHN location, please describe clearly the service offered (or the types of services, if more than one), and the pricing for each service at each location.**

*To be evaluated, Vendors must provide the IRHN with specific pricing for the specific level of service that is being proposed, to connect specific Regional network hub/access point locations to the specific end user IRHN hospital/clinic locations which your proposal chooses to address.*

**Unless otherwise indicated, the IRHN will assume your proposal includes bringing the specified service inside the building.**

**To be considered, Pricing must be offered for a minimum of 10 years, with 15 years or 20 years strongly preferred, and with the equivalent of "capital costs" capable of being invoiced to the IRHN within the initial 4 years of the contract (front loaded payment schedule).**

- Response 4.2

Please sort response by Region, for example Region 3, Southern Illinois.
List each IRHN Location in the Region you propose to serve, along with the proposed service, and the proposed terms and conditions for such proposal, for each location, and the price for each location.

## Section 5. Evaluation of Vendors' Responses

The following criteria will be used to evaluate vendors' responses to this RFP:

1. Vendor experience in providing similar services as those proposed.
2. Vendor's ability to provide high-speed connectivity.
3. Vendor's ability to maintain acceptable levels of service.
4. Vendor's ability to achieve the "cost-effectiveness" objective of the Pilot Program.
5. Price for proposed service for a minimum of 10 years; with options to extend term to 15 years and to 20 years preferred.

Evaluation Criteria: Proposals will be evaluated on many criteria deemed to be in the IRHN's best interests, including, but not limited to completeness of the solution, presence in primary sites, co-location readiness and availability, site access policies, openness of cross-connect policy, bandwidth characteristics, interconnection procedures, all non-recurring and recurring costs, delivery timeline, financial stability and viability, and references.

## Section 6. Submission Requirements and Vendor Questions

***Responses to this posting are due no later than 45 days from the date that this document is posted to the USAC web site.***

Vendors shall provide their responses to Sections 2.8 and 2.9, as they may choose and as noted in those sections.  Please provide responses in the order in which the items are presented herein.

Vendors shall provide their experience in response to Section 3.1.

Vendors shall provide their proposal to Section 4.1.1, and shall provide their pricing responses to Section 4.2, sorting the responses by Region and Location within Region.

Submissions shall be submitted to:
Pat Schou
Member, Executive Committee, Illinois Rural HealthNet
245 Backbone Road East
Princeton, IL 61356
info@illinoisruralhealthnet.org
815-875-2999

**Please provide your Responses per the following:**
- **Four hard copies of Proposal, not including the pricing**
- **Four hard copies of Price Proposal, in a separate envelope within the same container**
- **One CD containing the Proposal, including the pricing**
- **Each vendor shall also submit (via email) an electronic copy of the Response to the Proposal, including the Pricing Proposal, to: info@illinoisruralhealthnet.org**

**Hard copy Responses shall be submitted to Pat Schou at the above street and email address.  Email Responses must be submitted electronically no later than 45 days from the date that this document is posted to the USAC Pilot Program web site. Mailed Responses must be postmarked no later than 45 days from the date that this document is posted to the USAC Pilot Program web site.**

VENDOR QUESTIONS

Questions from Vendors must be submitted within 30 days of the RFP posting on the USAC Pilot Program web site.  Submit questions to: info@illinoisruralhealthnet.org

Questions and Answers will be posted on the www.illinoisruralhealthnet.org web site.

## Section 7. Terms and Conditions

7.1.1 Communication with the IRHN: It is the responsibility of the Provider to inquire about any requirement of this RFP that is not understood.  Responses to questions will be posted on the IRHN website.  The IRHN will not be bound by oral responses to inquiries or written responses other than postings to the IRHN website.
Inquiries must be made to:
info@illinoisruralhealthnet.org

If for any reason the IRHN web site is not functioning, please contact Alan Kraus at:
815-753-8945
akraus@niu.edu

7.1.2 Award of Proposal: The IRHN reserves the right to cancel this RFP or reject any or all proposals in whole or in part, and is not necessarily bound to accept the lowest cost proposal if that proposal is contrary to the best interests of the IRHN.

7.1.3 Implementation of Contract:  The IRHN is acting on behalf of multiple health care providers, seeking to establish a high speed network.  Until such time as the IRHN evaluates responses to the RFPs for network and equipment, the IRHN is not able to define a final cost to the health care providers for connection to the IRHN network. When sufficient contracts, or pending contracts, are in place, the IRHN will be able to define the final cost to the health care providers, and at that point will be able to determine how many of the health care providers will connect to the network.  Therefore, Vendors are hereby notified that actual deployment of the network will depend, ultimately, on the active participation of sufficient health care providers to render the project feasible.

7.1.4 Confidentiality: The information contained in proposals submitted for the IRHN's consideration will be held in confidence until all evaluations are concluded and an award has been made. At that time, the winning proposal will be available for public inspection. Pricing and other information that is an integral part of the offer cannot be considered confidential after an award has been made. The IRHN will honor requests for confidentiality for information of a proprietary nature to the extent allowed by law. Clearly mark any information considered proprietary.

7.1.5 Costs of Preparation: Provider assumes all costs of preparation of the proposal.

7.1.6 Debarment: Submission of a signed proposal in response to this solicitation is certification that the Provider firm (or any sub-contractor) is not currently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any State or Federal department or agency. Submission is also agreement that the IRHN will be notified of any change in this status.

7.1.7 Proposal Understanding: By submitting a proposal, the Provider agrees and assures that the specifications are adequate, and the Provider accepts the terms and conditions herein. Any exceptions should be noted in the response.

7.1.8 Proposal Validity: Unless specified otherwise, all proposals shall be valid for 180 days from the due date of the proposal.

7.1.9 Optional Pre-Proposal Conference:
A pre-proposal conference will be held approximately 30 calendar days after the RFP posting, in Springfield, Illinois. Details of the exact time and location will be posted on the IRHN website:
www.illinoisruralhealthnet.org
The purpose of this conference is to answer questions and provide further clarification as may be appropriate. Attendance by prospective Vendors is optional.

7.2.0 (CONTRACT) GENERAL TERMS AND CONDITIONS:
The IRHN anticipates that there could be multiple contract frameworks that result from this RFP process. Elements could include the following:
- IRHN and the Vendor may enter into a 10 Year contract for services, with payments front-loaded during the first 3 years, for high-speed services among designated sites.
- IRHN and the Vendor may enter into a 5 Year maintenance and/or co-location agreement with three (3) five-year renewals.

7.2.1 Contract Documents: Draft contract documents should be included with the RFP response.

7.2.2 Contract Modification and Amendment: The parties may adjust the specific terms of the contract (except for pricing) where circumstances beyond the control of either party require modification or amendment. Any agreed-upon modification or amendment must be in writing and signed by both parties.

7.2.3 Contract Validity: In the event one or more clauses of the contract are declared invalid, void, unenforceable or illegal, that shall not affect the validity of the remaining portions of the contract.

7.2.4 Cancellation/Termination: If the Vendor defaults in its agreement to provide personnel or equipment, or in any other way fails to provide service in accordance with the contract terms, the IRHN shall promptly notify the Vendor of such default and if adequate correction is not made within a reasonable timeframe, the IRHN may take whatever action it deems necessary to provide alternate services and may, at its option, immediately cancel the Contract with written notice. Cancellation does not release the Vendor from its obligation to provide goods or services per the terms of the contract during the notification period.

7.2.5 Assignment: Neither party of the contract shall assign the contract without the prior written consent of the other, nor shall the Vendor assign any money due or to become due without the prior written consent of the IRHN.

7.2.6 Equal Opportunity: In the execution of the contract, the Vendor and all sub-contractors agree not to discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status or gender expression, national origin or citizenship status, age, disability or veteran status and to provide reasonable accommodations to qualified individuals with disabilities upon request.

7.2.7 Indemnification: The Vendor agrees to be responsible for, and to protect, save harmless, and indemnify the IRHN and its members from and against all loss, damage, cost and expense (including attorney's fees) suffered or sustained by the IRHN or for which the IRHN may be held or become liable by reason of injury (including death) to persons or property or other causes whatsoever, in connection with the operations of the Vendor or any subVendor under this agreement.

7.2.8 Business Profile:
7.2.8.1 Financial – If requested, Vendors need only supply one copy of the following.
Public Companies:
-annual reports for the last three years
-history and description of the company
-recent reports from securities analysts
-published reports about the company
Private Companies:
-audited financial statements or tax forms from three years
-history and description of the company
-published reports about the company, if any
7.2.8.2 If requested, Credit rating/report, letter from bank, suppliers.
7.2.8.3 If requested, References: A list of three references your firm has done business with in the past two years on projects with a similar scope to the services you are offering.

7.2.9 Co-location Costs: Co-location costs should include power fees, installation and ongoing fees for adding supplementary amperage to existing power feeds, cross connect costs, rack installation and ongoing rental fees and, where specified, meet-me area or entrance charges.

7.2.10 Security/Risk Management: If Vendors are chosen for contract, they must provide a description of all Security/Risk Management measures in place to protect both the Vendor's facilities and the IRHN's equipment located in the Vendor's facilities.

7.2.11 Liability Insurance:  If chosen for contract, Vendors must provide a description of all liability and property insurances that Vendors will have in place relative to the contract as outlined in this RFP.

**Appendix I**

**Members of the Illinois Rural HealthNet**

*Current Members:*

- Northern Illinois University
- Illinois Critical Access Hospital Network (ICAHN – 52 rural hospitals)
- TriRivers Health Partners (19 health care centers, mostly rural)
- Metropolitan Research and Education Network (MREN)
- Illinois State University (ISU)
- Janet Wattles Center
- Ben Gordon Center
- Sinnissippi Center (7 rural mental health locations)
- Delnor Hospital
- University of Illinois Urbana-Champaign College of Medicine
- Carle Foundation Hospital
- Southern Illinois University School of Medicine – Telehealth Networks and Programs

**Appendix II**

**IRHN Hospital and Clinic Locations**

PLEASE SEE THE ACCOMPANYING EXCEL SPREADSHEET:
 **"Appendix 2 - IRHN 85 Locations by Region"**

This spreadsheet includes the 85 separate locations of the IRHN Members, sorted by the 5 Regions.  These locations are the focus of this RFP.

Listed below are the same 85 locations, sorted by organization affiliation:

LOCATIONS TO BE CONNECTED IN INITIAL CONFIGURATION OF THE ILLINOIS RURAL HEALTHNET

**ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK (ICAHN)**

| | | | |
|---|---|---|---|
| 1. | Thomas H. Boyd Memorial Hospital | 800 School St. | Carrollton |
| 2. | John and Mary E. Kirby Hospital | 1111 N. State | Monticello |
| 3. | Galena-Stauss Hospital | 215 Summit St. | Galena |
| 4. | Dr. John Warner Hospital | 422 W. White St. | Clinton |
| 5. | Mercer County Hospital | 409 NW 9th Ave. | Aledo |
| 6. | Community Memorial Hospital | 400 Caldwell | Staunton |
| 7. | Memorial Hospital | 402 S. Adams St. | Carthage |
| 8. | Pinckneyville Community Hospital | 101 N. Walnut St. | Pinckneyville |
| 9. | Washington County Hospital | 705 S. Grand St. | Nashville |
| 10. | Eureka Community Hospital | 101 S. Major St. | Eureka |
| 11. | Mendota Community Hospital | 1315 Memorial Dr. | Mendota |
| 12. | Fairfield Community Hospital | 303 NW 11th St. | Fairfield |
| 13. | Rochelle Community Hospital | 900 N. 2nd St. | Rochelle |
| 14. | Mason District Hospital | 615 N. Promenade | Havana |
| 15. | Illini Community Hospital | 640 W. Washington | Pittsfield |
| 17. | Hoopeston Community Hospital | 701 E. Orange St. | Hoopeston |
| 18. | Gibson Area Hosp & Health Services | 1120 N. Melvin St. | Gibson City |
| 19. | Comm. Med Center of Western IL | 1000 W. Harlem Ave. | Monmouth |
| 20. | Hammond-Henry Hospital | 600 N. College Ave. | Geneseo |
| 21. | Paris Community Hospital | 721 E. Court St. | Paris |
| 22. | Franklin Hospital | 201 Bailey Lane | Benton |
| 23. | Massac Memorial Hospital (pending) | 28 Chick St. | Metropolis |
| 24. | Abraham Lincoln Memorial Hospital | 315 8th St. | Lincoln |
| 25. | Ferrell Hospital | 1201 Pine St. | Eldorado |
| 26. | Kewanee Hospital | 719 Elliott St. | Kewanee |
| 27. | Hamilton Memorial Hospital District | 611 S. Marshall Ave. | McLeansboro |
| 28. | Wabash General Hospital | 1418 College Drive | Mt. Carmel |
| 29. | Hardin Cty General Hospital (pndg) | 6 Ferrell Rd. | Rosiclare |
| 30. | Morrison Community Hospital | 303 N. Jackson St. | Morrison |
| 31. | Hopedale Medical Complex | 107 Tremont St. | Hopedale |
| 32. | Marshall Browning Hospital | 900 N. Washington | Du Quoin |
| 33. | Hillsboro Area Hospital | 1200 E. Tremont | Hillsboro |
| 34. | Sarah D. Culbertson Mem. Hospital | 238 S. Congress | Rushville |
| 35. | St. Joseph Memorial Hospital | 2 S. Hospital Dr. | Murphysboro |

| | | | |
|---|---|---|---|
| 36. | St. Joseph's Hospital | 1515 Main St. | Highland |
| 37. | Mercy Harvard Hospital | 901 Grant St. | Harvard |
| 38. | Perry Memorial Hospital | 530 Park Ave. East | Princeton |
| 39. | Memorial Hospital | 1900 State St. | Chester |
| 40. | St. Vincent Memorial Hospital | 201 E. Pleasant St. | Taylorville |
| 41. | Valley West Hospital | 11 E. Pleasant Ave. | Sandwich |
| 42. | Pana Community Hospital | 101 E. 9th St. | Pana |
| 43. | Union County Hospital District (pndg) | 517 N. Main St. | Anna |
| 44. | Crawford Memorial Hospital | 1001 N. Allen St. | Robinson |
| 45. | Lawrence County Hospital | 2200 W. State St. | Lawrenceville |
| 46. | Salem Township Hospital | 1201 Ricker Rd. | Salem |
| 47. | Fayette County Hospital | 650 W. Taylor St. | Vandalia |
| 48. | Carlinville Area Hospital | 1001 E. Morgan St. | Carlinville |
| 49. | Red Bud Regional Hospital | 325 Spring St. | Red Bud |
| 50. | Sparta Community Hospital | 818 E. Broadway | Sparta |
| 51. | St. Francis Hospital | 1215 Franciscan Dr. | Litchfield |
| 52. | Clay County Hospital | 699 N. Stanford Ave. | Flora |

**TRI-RIVERS HEALTH PARTNERS**

| | | | |
|---|---|---|---|
| 1. | Swedish American Hospital | 1401 E. State St. | Rockford |
| 2. | Freeport Memorial Hospital | 1045 W. Stephanson | Freeport |
| 3. | Swedish American Med. Group | 220 W. Blackhawk | Byron |
| 4. | Swedish American Med. Group | 5665 N. Junction Way | Davis Junction |
| 5. | Swedish American Hospital Belvidere | 1625 S. State St. | Belvidere |
| 6. | Swedish American Med. Group | 1700 Henry Luckow | Belvidere |
| 7. | Swedish American Med. Group | 5005 Hononegah Rd. | Roscoe |
| 8. | Freeport Healthcare Center | 3001 Highland View | Freeport |
| 9. | Burchard Hills Clinic | 1010 W. Fairway Dr. | Freeport |
| 10. | FHN Family Healthcare Ctr. | 803 First Ave. | Forreston |
| 11. | FHN Family Healthcare Ctr. | 1301 Main St. | Pecatonica |
| 12. | FHN Family Healthcare Ctr. | 101 W. Main St. | Orangeville |
| 13. | FHN Family Healthcare Ctr. | 09 N. Main St. | Stockton |
| 14. | FHN Family Healthcare Ctr. | 160 W. Main St. | Lena |
| 15. | FHN Family Healthcare Ctr. | 606 Tisdell Ave. | Warren |
| 16. | FHN Family Healthcare Ctr. | 1120 Healthcare Dr. | Mt. Carroll |
| 17. | FHN Family Healthcare Ctr. | 602 W. Olympic Dr. | Lannark |
| 18. | FHN Family Healthcare Ctr. | 2107 Chicago Ave. | Savanna |
| 19. | FHN Family Healthcare Ctr. | 300 Summit St. | Galena |

**SINNISSIPPI CENTERS (MENTAL HEALTH)**

| | | | |
|---|---|---|---|
| 1. | Sinnissippi Ctr. – Dixon | 325 Illinois Rt. 2 | Dixon |
| 2. | Sinnissippi Ctr. – Mt. Carroll | 1122 Healthcare Dr. | Mt. Carroll |
| 3. | Sinnissippi Ctr. – Oregon | 125 S. 4th St. | Oregon |
| 4. | Sinnissippi Ctr. – Rochelle | 1321 N. 7th St. | Rochelle |
| 5. | Sinnissippi Ctr. – Sterling | 2611 Woodlawn Rd. | Sterling |
| 6. | Sinnissippi Ctr. – Amboy | 37 S. East Ave. | Amboy |
| 7. | Sinnissippi Ctr. – Morrison | 100 E. Knox St. | Morrison |

**KISHWAUKEE**

| | | |
|---|---|---|
| Kishwaukee Community Hospital | 626 Bethany Dr. | DeKalb |

**CARLE**

| | | |
|---|---|---|
| Carle Clinic | 301 E. Southline Rd. | Tuscola |

**ILLINOIS STATE UNIVERSITY**

| | | |
|---|---|---|
| Illinois State University | Campus Box 3500 | Normal |

**BEN GORDON CENTER**

| | | |
|---|---|---|
| Ben Gordon Center | 12 Health Services Dr. | DeKalb |
| Sandwich Satellite | 100 S. Latham, Ste 294 | Sandwich |
| Reality House | 631 S. First St. | DeKalb |

**UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN COLLEGE OF MEDICINE**

| | |
|---|---|
| UIUC College of Medicine | 196 Medical Science Building |
| | 506 S. Mathews |

**JANET WATTLES CENTER**

| | | |
|---|---|---|
| Janet Wattles Center | 526 W. State St. | Rockford |
| Janet Wattles Center | 475 Southtown Dr. | Belvidere |

## Springfield-West

| Facility Name | Address | City | Zip | State |
|---|---|---|---|---|
| Abraham Lincoln Memorial Hosp | 315 8th Street | Lincoln | 62656 | IL |
| Carlinville Area Hospital | 1001 East Morgan Street | Carlinville | 62626 | IL |
| Community Memorial Hospital | 400 Caldwell | Staunton | 62088 | IL |
| Dr John Warner Hospital | 422 West White Street | Clinton | 61727 | IL |
| Fayette County Hospital & LTC | 650 West Taylor Street | Vandalia | 62471 | IL |
| Hillsboro Area Hospital | 1200 East Tremont Street | Hillsboro | 62049 | IL |
| Illini Community Hospital | 640 West Washington Street | Pittsfield | 62363 | IL |
| Mason District Hospital | 615 North Promenade | Havana | 62644 | IL |
| Memorial Hospital | 402 South Adams Street | Carthage | 62321 | IL |
| Pana Community Hospital | 101 East Ninth Street | Pana | 62557 | IL |
| Sarah D Culbertson Mem Hosp | 238 South Congress Street | Rushville | 62681 | IL |
| St Francis Hospital | 1215 Franciscan Drive | Litchfield | 62056 | IL |
| St Vincent Memorial Hospital | 201 East Pleasant Street | Taylorville | 62568 | IL |
| Thomas H Boyd Memorial Hospital | 800 School Street | Carrollton | 62016 | IL |

Total Count     14

## Bloomington-Northwest

| Facility Name | Address | City | Zip | State |
|---|---|---|---|---|
| Eureka Community Hospital | 101 South Major Street | Eureka | 61530 | IL |
| Community Medical Center | 1000 West Harlem Avenue | Monmouth | 61462 | IL |
| Hammond-Henry Hospital | 600 North College Avenue | Geneseo | 61254 | IL |
| Hopedale Medical Complex | Tremont St & Grove St | Hopedale | 61747 | IL |
| Illinois State University | Information Technology Services | Normal | 61790 | IL |
| Kewanee Hospital | 719 Elliott Street | Kewanee | 61443 | IL |
| Mercer County Hospital | 409 NW 9th Avenue | Aledo | 61231 | IL |
| Perry Memorial Hospital | 530 Park Avenue East | Princeton | 61356 | IL |

**Total Count**     **8**

## Southern-Illinois

| Facility Name | Address | City | Zip | State |
|---|---|---|---|---|
| CCH Medical Clinic | 699 N Stanford Ave | Flora | 62839 | IL |
| Ferrell Hospital | 1201 Pine Street | Eldorado | 62930 | IL |
| Franklin Hospital | 201 Bailey Lane | Benton | 62812 | IL |
| Hamilton Memorial Hosp District | 611 South Marshall Avenue | McLeansboro | 62859 | IL |
| Hardin County General Hospital | 6 Ferrell Rd | Rosiclaire | 62982 | IL |
| Lawrence County Memorial Hosp | 2200 West State Street | Lawrenceville | 62439 | IL |
| Marshall Browning Hospital | 900 North Washington Street | DuQuoin | 62832 | IL |
| Medical Services Unlimited-Westport Plaza | 1411 W. Main | Fairfield | 62837 | IL |
| Memorial Hospital | 1900 State Street | Chester | 62233 | IL |
| Pinckneyville Community Hosp | 101 North Walnut Street | Pinckneyville | 62274 | IL |
| Red Bud Regional Hospital | Spring St & W S Second St | Red Bud | 62278 | IL |
| Salem Township Hospital | 1201 Ricker Road | Salem | 62881 | IL |
| Sparta Community Hospital | 818 E. Broadway | Sparta | 62286 | IL |
| St Joseph's Hospital | 1515 Main Street | Highland | 62249 | IL |
| St. Joseph Memorial Hospital | 2 South Hospital Drive | Murphysboro | 62966 | IL |
| Union County Hosptial | 517 N. Main St | Anna | 62906 | IL |
| Wabash General Hosp District | 1418 College Drive | Mount Carmel | 62863 | IL |
| Washington County Hospital | 705 South Grand Street | Nashville | 62263 | IL |

**Total Count**     **18**

## Urbana-Central

| Facility Name | Address | City | Zip | State |
|---|---|---|---|---|
| Carle Clinic - Tuscola | 301 E. Southline Road | Tuscola | 61953 | IL |
| Crawford Memorial Hospital | 1001 North Allen Street | Robinson | 62454 | IL |
| Gibson Area Hosp & Health Services | 1120 North Melvin Street | Gibson City | 60936 | IL |
| Hoopeston Community Mem Hosp | 701 East Orange Street | Hoopeston | 60942 | IL |
| John and Mary E Kirby Hospital | 1111 North State Street | Monticello | 61856 | IL |
| Paris Community Hospital | 721 East Court Street | Paris | 61944 | IL |
| UIUC College of Medicine | 196 Medical Science Bldg | Urbana | 61801 | IL |

**Total Count**     7

## Northern Illinois

| Facility Name | Address | City | Zip | State |
|---|---|---|---|---|
| Ben Gorden Center | 100 S. Latham Ste 294 | Sandwich | 60548 | IL |
| Ben Gordon Center | 12 Health Services Dr. | DeKalb | 60115 | IL |
| Delnor Community Hospital | 300 Randall Rd. | Geneva | 61034 | IL |
| Family Care Clinic | 333 Chicago Avenue | Savanna | 61074 | IL |
| FHN Family Healthcare Ctr. | 1120 Healthcare Dr. | Mt. Carroll | 61053 | IL |
| FHN Family Healthcare Ctr. | 602 W. Olympic Dr. | Lannark | 61046 | IL |
| FHN Family Healthcare Ctr. | 803 First Ave. | Forreston | 61030 | IL |
| FHN Family Healthcare Ctr. | 101 W. Main St. | Orangeville | 61060 | IL |
| FHN Family Healthcare Ctr. | 1301 Main St. | Pecatonica | 61063 | IL |
| FHN Family Healthcare Ctr. | 160 W. Main St. | Lena | 61048 | IL |
| FHN Family Healthcare Ctr. | 109 N. Main St. | Stockton | 61085 | IL |
| FHN Family Healthcare Ctr. | 606 Tisdell Ave. | Warren | 61087 | IL |
| FHN Family Healthcare Ctr. | 300 Summit St. | Galena | 61036 | IL |
| FHN Memorial Hospital | 1045 West Stephenson Street | Freeport | 61032 | IL |
| Freeport Healthcare Center | 3001 Highland View | Freeport | 61934 | IL |
| Freeport OT and Chriractic | 1842A S. West Ave. | Freeport | 61934 | IL |
| Galena-Strauss Hosp & HC Ctr | 215 Summit Street | Galena | 61036 | IL |
| Janet Wattles Center | 475 Southtown Dr. | Belvidere | 61008 | IL |
| Janet Wattles Center | 526 W. State St. | Rockford | 61101 | IL |
| Kishwaukee Community Hospital | 626 Bethany Road | DeKalb | 60115 | IL |
| Mendota Community Hospital | 1315 Memorial Drive | Mendota | 61342 | IL |
| Mercy Harvard Hospital | 901 Grant Street | Harvard | 60033 | IL |
| Morrison Comm. Hosp. Family Care Clinic | 303 N. Jackson Street | Morrison | 61270 | IL |
| Reality House | 631 S. First St. | DeKalb | 60115 | IL |
| Rochelle Community Hospital | 900 North Second | Rochelle | 61068 | IL |
| Sinnissippi Center - Dixon | 325 Illinois Rt 2 | Dixon | 61021 | IL |
| Sinnissippi Center - Morrison | 100E. Knox St. | Morrison | 61270 | IL |
| Sinnissippi Center - Mt. Carroll | 1122 Healthcare Dr. | Mt Carroll | 61053 | IL |
| Sinnissippi Center - Sterling | 2611 Woodlawn. Rd | Sterling | 61081 | IL |
| Sinnissippi Ctr. – Amboy | 37 S. East Ave. | Amboy | 61310 | IL |
| Sinnissippi Ctr. – Oregon | 125 S. 4th St. | Oregon | 61061 | IL |
| Sinsissippi Center - Rochelle | 1321 N. 7th St. | Rochelle | 61068 | IL |
| Swedish American Hospital | 1401 E. State St. | Rockford | 61104 | IL |
| Swedish American Med. Group | 220 W. Blackhawk | Byron | 61010 | IL |
| Swedish American Med. Group | 5665 N. Junction Way | Davis Junction | 61020 | IL |
| Swedish American Medical Group | 1700 Henry Luckow | Belvidere | 61108 | IL |
| SwedishAmerican Hospital | 1358 4th Street Street | Rockford | 61104 | IL |
| Valley West Community Hospital | 11 East Pleasant Avenue | Sandwich | 60548 | IL |

**Total Count**     38