

ILLINOIS RURAL HEALTHNET

Federal Communications Commission
Rural Health Care Pilot Program

IRHN RFP 04

REQUEST FOR PROPOSALS

SELECTED SITES PRICING

April 16, 2010

***RESPONSES ARE DUE 30 DAYS FROM THE DATE THAT THE RFP IS POSTED
ON THE USAC WEB SITE***

Illinois Rural HealthNet

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Section 1. Project Overview

Objective of the Request for Proposals:

This document follows RFP 02, Fiber-Based Facilities or Services, and RFP 03, Last Mile/Middle Mile Facilities or Services.

NOTE: IF YOUR COMPANY SUBMITTED A RESPONSE TO RFP 02, AND/OR RFP 03, THOSE RESPONSES ARE STILL BEING ACTIVELY CONSIDERED. RESPONSES TO RFP 02 AND RFP 03 ARE STILL VIABLE RESPONSES.

PURPOSE OF THIS RFP 04 FOR SELECTED SITES PRICING:

As the IRHN reviewed the responses to RFP 02 and RFP 03, additional questions arose for selected end-user health care locations. The IRHN is trying to identify the most cost-effective approach to bringing the full network into existence, combining high speed and reliability within the constraints of available funding.

For that reason, the IRHN felt the need to provide vendors with an additional opportunity to offer connectivity and pricing for the locations included in this RFP 04. We anticipate that many of the responses may involve wireless applications.

Additionally, with the work that has already been undertaken, some node locations have been more firmly established. Where possible, this RFP provides specifics on node locations.

So, via this RFP 04, the IRHN seeks proposals for providing Last Mile facilities, equipment, or services to selected locations within 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:

- A single location
- Multiple locations

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 selected locations throughout Illinois. The list of the selected network locations for this RFP is included in APPENDIX I, Selected IRHN Hospital and Clinic Locations.

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.

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 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:

- Contracts for the purchasing of equipment and/or facilities, whether wireless or fiber.
- Contracts for long-term leases of equipment, with the majority of payments being made within the first three years.
- 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.

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. Use of some wireless applications is expected.

The IRHN issued RFP 02 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, and to explore the availability of fiber facilities or services to link individual health care entities to the IRHN backbone. The IRHN issued RFP 03, for Last Mile/Middle Mile Facilities or Services, 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.

With this **RFP 04, Selected Sites Pricing**, the IRHN is seeking to identify more cost-efficient pricing for the selected end-user health care locations listed in Appendix I, Selected IRHN Hospital and Clinic Locations, whether via wireless or landline.

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.

The IRHN issued RFP 02 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.

The IRHN issued RFP 03, for Last Mile/Middle Mile Facilities or Services, 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.

With this **RFP 04, Selected Sites Pricing**, the IRHN is seeking to identify more cost-efficient pricing for the selected locations listed in Appendix I, Selected IRHN Hospital and Clinic Locations.

- 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 interested primarily in IRU-type pricing, or equipment 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, equipment, 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 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 selected locations listed in Appendix I. It is anticipated that contracts with multiple vendors may result from RFP 02, Fiber-Based Services, from RFP 03, Last Mile/Middle Mile Wireless or Wireline Facilities or Services, and from this RFP 04. 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 selected locations listed in Appendix I 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 I.

Connectivity Minimum Requirements

The minimum desired capacity for Last Mile facilities or services is 100Mbps synchronous connection between the individual locations listed in Appendix I 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.

Section 2.2 Backbone Services (optional)

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

In your responses, 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 2.3: Last Mile (and Middle Mile) Services

If vendors have the capability of offering connection to one or more IRHN end-user health care locations, of at least 100Mbps synchronous to each location you choose to address, please provide the locations in your response to Section 2.9.

NOTE: For either wireless or wireline 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, 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 Section 4, Vendors are asked to describe their pricing for the facilities, equipment, or services they are willing to make available, at which locations, via a long-term contract.

Section 2.4: Maintenance and Support Capabilities (optional)

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:

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

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

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

- Establish all required communications links to/from Vendor's network and the IRHN network.
- Provide and install all required monitoring hardware and software.
- 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:

- Provide network monitoring and alarming for the network and optical components.
- 24 x 7 x 365 network operations center services.
- Make provisioning changes across the network as needed.
- 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:

- Conduct both emergency and non-emergency equipment repair and re-configuration to include IRHN POP locations and providers' controlled environment vaults.
- 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:

- Install equipment.
- Add to remote monitoring service.
- Add to on-site technical response, if applicable.
- 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:

- 900 North Second, Rochelle, 61068
- 910 Technology Parkway, Rochelle, 61068
- NIU Rockford, 8500 E. State Street, Rockford 61108
- 1625 S. State, Belvidere, 61008
- 1045 W. Stephenson, Freeport, 61032
- 100 E. LeFevre, Sterling, 61081
- 1109 Industrial Park Road, Rock Falls, 61071
- East 1st Street and Crawford Avenue, Dixon, 61021
- 600 South 13th Street, Pekin, 61554
- 506 S. Mathews Avenue, Urbana, 61801
- 503 N. Maple St., Effingham, 62401
- 800 E. Carpenter, Springfield, 62702
- 1600 W. Walnut, Jacksonville, 62650
- 1215 Franciscan Drive, Litchfield, 62056
- 205 Munster St., Germantown, 62245
- 1201 Ricker Road, Salem, 62881

If Vendors choose to respond to multiple locations within this RFP 04, and choose to offer a backbone solution to connect such locations, this backbone response should be numbered Section 2.8, Backbone Network Proposal. (NOTE: Response to Section 2.8 is optional, as the Vendor may choose)

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 must link the end user hospital/clinic location(s) to one or more of the above hub locations, for connection to the IRHN, as appropriate for the vendor's response.

Vendors are encouraged to develop and submit responses that are appropriate for the vendor's capabilities.

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

Section 2.9 Vendors' Responses for End-User Health Care Locations

In this Section 2.9 of the RFP, the IRHN seeks proposals for facilities, equipment, or services to connect to the locations listed in **Appendix I, Selected IRHN Hospital and Clinic Locations**. **The IRHN welcomes proposals offering wireless, fiber, or other approaches to connectivity.**

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 I is 100Mbps upstream and 100Mbps downstream for each location.

Vendors are requested to look at the list of locations in Appendix I, 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:

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 I, for the purposes of achieving cost effective and high speed broadband capabilities for the IRHN.

For each location they choose to address, Vendors are asked to provide their solutions, and to provide their responses to a series of items.

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 hub/access point to which the Hospital would be connected;*
- *Indicate the path between each end user Hospital and the hub/access point;*
- *Indicate the price in the Pricing Section.*

Vendors may choose the hub/access point that works best for their capabilities. Vendors may propose alternate hub/access point locations.

Section 2.9.1: Response to Locations:

Please look at the list of locations in **Appendix I**, which is also provided below.

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

Health Care Facility	City	Address	ZIP
Swedish American Medical Group	Byron	220 W. Blackhawk	61010
Swedish American Medical Group	Davis Junction	5665 N. Junction Way	61020
Freeport Healthcare Center	Freeport	3001 Highland View	61934
Sinnissippi Rochelle	Rochelle	1321 N. 7th St	61068
Sinnissippi Mt Carroll	Mt Carroll	1122 Healthcare Dr	61053
Mendota Community Hospital	Mendota	1315 Memorial Drive	61342
Delnor Community Hospital	Geneva	300 Randall Road	61034
Swedish American Medical Group	Belvidere	1700 Henry Luckow	61108
FHN Family Health Care	Stockton	109 N. Main St	61085
FHN Family Health Care	Lena	160 W. Main St	61048
FHN Family Health Care	Warren	606 Tisdell Ave	61087
Morrison Community Hospital	Morrison	303 N. Jackson St	61270
Mercy Harvard Hospital	Harvard	901 Grant St	60033
FHN Family Health Care	Forreston	803 First Ave	61030
FHN HealthCare	Pecatonica	1301 Main St	61063
FHN Family Health Care	Orangeville	101 W. Main St	61060
FHN Family Health Care	Mt. Carroll	1120 Healthcare Dr	61053
FHN Family Health Care	Lanark	602 W. Olympic Dr	61046
FHN Family Health Care	Savanna	333 Chicago Ave	61074
Sinnissippi Center Dixon	Dixon	325 Illinois Route 2	61021
Sinnissippi Center Oregon	Oregon	125 S. 4th St	61061
Sinnissippi Center Amboy	Amboy	37 S. East Ave	61310
Sinnissippi Rochelle	Rochelle	1321 N. 7th Street	61068
Sinnissippi Sterling	Sterling	2611 Woodlawn Rd	61081
Sinnissippi Morrison	Morrison	100 East Knox St	61270
Mercer County Hospital	Aledo	409 NW 9th Ave	61231
Community Medical Center of Western	Monmouth	1000 West Harlem Ave	61462

Hammond-Henry Hospital	Geneseo	600 North College Ave	61254
Kewanee Hospital	Kewanee	719 Elliott St	61443
Perry Memorial Hospital	Princeton	530 Park Avenue East	61356
Hopedale Medical Complex	Hopedale	Tremont St and Grove St	61747
Thomas H. Boyd Memorial Hospital	Carrollton	800 School St	62016
Memorial Hospital Carthage	Carthage	402 South Adams St	62321
Mason District Hospital	Havana	615 North Promenade	62644
Illini Community Hospital	Pittsfield	640 West Washington St	62363
Sarah D. Culbertson	Rushville	238 South Congress St	62681
Fayette County Hospital	Vandalia	650 West Taylor St	62471
Community Memorial Hospital	Staunton	400 Caldwell	62088
St. Francis Hospital	Litchfield	1215 Franciscan Dr	62056
Hillsboro Area Hospital	Hillsboro	1200 East Tremont St	62049
Carlinville Area Hospital	Carlinville	1001 East Morgan St	62626
Dr. John Warner Hospital	Clinton	422 West White St	61727
Taylorville Memorial Hospital	Taylorville	201 East Pleasant St	62568
Pana Community Hospital	Pana	101 East Ninth St	62557
Gibson Area Hospital and HS	Gibson City	1120 N. Melvin St	60936
Crawford Memorial Hospital	Robinson	1001 North Allen St	62454
John and Mary Kirby Hospital	Monticello	1111 North State St	61856
Hoopeston Community Hospital	Hoopeston	701 East Orange st	60942
Salem Township Hospital	Salem	1201 Ricker Rd	62881
Pinckneyville Community Hospital	Pinckneyville	101 N. Walnut St	62274
Fairfield Memorial Hospital	Fairfield	1411 W. Main	62837
Franklin Hospital	Benton	201 Bailey Lane	62812
Massac Memorial Hospital	Metropolis	28 Chick St	62960
Ferrell Hospital	Eldorado	1201 Pine St	62930
Hamilton Memorial Hospital	McCleansboro	611 S. Marshall Ave	62859
Wabash General Hospital	Mt. Carmel	1418 College Dr	62863
Hardin County General Hospital	Rosiclare	6 Ferrell Rd	62982
Marshall Browning Hospital	DuQuoin	900 N. Washington St	62832
St. Joseph Memorial Hospital	Murphysboro	2 South Hospital Dr	62966
Memorial Hospital – Chester	Chester	1900 State St	62233
Union County Hospital District	Anna	517 N. Main St	62906
Lawrence County Hospital	Lawrenceville	2200 West State St	62439
Red Bud Emergency Department	Red Bud	Spring St and West South Second St	62278
Sparta Community Hospital	Sparta	818 E. Broadway	62286
Clay County Hospital	Flora	699 N. Stanford Ave	62839
Washington County Hospital	Nashville	700 South Grand St	62263
St. Joseph Hospital	Highland	1515 Main St	62249
Midwest Medical Center	Galena	1 Medical Center Drive	61036
Eureka Community Hospital	Eureka	101 S. Major St	61530

For purposes of network connectivity, vendors responding to this RFP may assume the following network hub/access point locations. Please provide your proposed solution for locations listed above (and in Appendix I), connecting them to one or more of the network hub/access points listed below:

- 900 North Second, Rochelle, 61068
- 910 Technology Parkway, Rochelle, 61068
- NIU Rockford, 8500 E. State Street, Rockford 61108
- 1625 S. State, Belvidere, 61008
- 1045 W. Stephenson, Freeport, 61032
- 100 E. LeFevre, Sterling, 61081
- 1109 Industrial Park Road, Rock Falls, 61071
- East 1st Street and Crawford Avenue, Dixon, 61021
- 600 South 13th Street, Pekin, 61554
- 506 S. Mathews Avenue, Urbana, 61801
- 503 N. Maple St., Effingham, 62401
- 800 E. Carpenter, Springfield, 62702
- 1600 W. Walnut, Jacksonville, 62650
- 1215 Franciscan Drive, Litchfield, 62056
- 205 Munster St., Germantown, 62245
- 1201 Ricker Road, Salem, 62881

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 must link the end user hospital/clinic location(s) to one or more of the above hub locations, for connection to the IRHN, as appropriate for the vendor's response. Vendors are encouraged to develop and submit responses that are appropriate for the vendor's capabilities.

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 hub/access point 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.

Section 2.9.1.1 Connection to Locations

If the Vendor can provide “Last Mile/Middle Mile” solutions to any or all of the Locations listed in Appendix I, please list the locations, along with the proposed solution for each location, here. For each end-user health care location, please list the hub/access point location to which it will be connected.

- Response for Locations 2.9.1.1 – Provide information here

Section 2.9.1.2 Maintenance and Support (optional)

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 2.9.1.2

Section 2.9.1.3 Billing and Administration

Vendors are asked to provide their capabilities and their response to Section 2.5 here.

- Response 2.9.1.3

Section 2.9.1.4 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 2.9.1.4

Section 2.9.1.5 Testing and Acceptance

Vendors shall describe their proposed Testing and Acceptance procedures here.

- Response 2.9.1.5

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 without the need for continuing external financial support.

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:

- 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.
- Long-term contracts for services, with the majority of payments being made within the first three years of the contracts;

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 facilities, equipment, or services in a contractual manner that includes the following:

- Contract is for facilities, equipment, 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, equipment, 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 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 from Appendix I 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 hub/access point appropriate for your proposal. Vendors may use some or all of the listed network hubs/access points, or Vendors may propose their own network hub locations, as described in detail in Section 2.9.1.

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 hub/access point 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.

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).

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 30 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.

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**
- **NOTE: 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 30 days from the date that this document is posted to the USAC Pilot Program web site. Mailed Responses must be postmarked no later than 30 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 15 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.

7.2.0 (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

Selected IRHN Hospital and Clinic Locations

Hospital/Clinic	City	Address	ZIP
Swedish American Medical Group	Byron	220 W. Blackhawk	61010
Swedish American Medical Group	Davis Junction	5665 N. Junction Way	61020
Freeport Healthcare Center	Freeport	3001 Highland View	61934
Sinnissippi Rochelle	Rochelle	1321 N. 7th St	61068
Sinnissippi Mt Carroll	Mt Carroll	1122 Healthcare Dr	61053
Mendota Community Hospital	Mendota	1315 Memorial Drive	61342
Delnor Community Hospital	Geneva	300 Randall Road	61034
Swedish American Medical Group	Belvidere	1700 Henry Luckow	61108
FHN Family Health Care	Stockton	109 N. Main St	61085
FHN Family Health Care	Lena	160 W. Main St	61048
FHN Family Health Care	Warren	606 Tisdell Ave	61087
Morrison Community Hospital	Morrison	303 N. Jackson St	61270
Mercy Harvard Hospital	Harvard	901 Grant St	60033
FHN Family Health Care	Forreston	803 First Ave	61030
FHN HealthCare	Pecatonica	1301 Main St	61063
FHN Family Health Care	Orangeville	101 W. Main St	61060
FHN Family Health Care	Mt. Carroll	1120 Healthcare Dr	61053
FHN Family Health Care	Lanark	602 W. Olympic Dr	61046
FHN Family Health Care	Savanna	333 Chicago Ave	61074
Sinnissippi Center Dixon	Dixon	325 Illinois Route 2	61021
Sinnissippi Center Oregon	Oregon	125 S. 4th St	61061
Sinnissippi Center Amboy	Amboy	37 S. East Ave	61310
Sinnissippi Rochelle	Rochelle	1321 N. 7th Street	61068
Sinnissippi Sterling	Sterling	2611 Woodlawn Rd	61081
Sinnissippi Morrison	Morrison	100 East Knox St	61270
Mercer County Hospital	Aledo	409 NW 9th Ave	61231
Community Medical Center of Western	Monmouth	1000 West Harlem Ave	61462
Hammond-Henry Hospital	Geneseo	600 North College Ave	61254
Kewanee Hospital	Kewanee	719 Elliott St	61443
Perry Memorial Hospital	Princeton	530 Park Avenue East	61356
Hopedale Medical Complex	Hopedale	Tremont St and Grove St	61747
Thomas H. Boyd Memorial Hospital	Carrollton	800 School St	62016
Memorial Hospital Carthage	Carthage	402 South Adams St	62321
Mason District Hospital	Havana	615 North Promenade	62644
Illini Community Hospital	Pittsfield	640 West Washington St	62363
Sarah D. Culbertson	Rushville	238 South Congress St	62681
Fayette County Hospital	Vandalia	650 West Taylor St	62471
Community Memorial Hospital	Staunton	400 Caldwell	62088

St. Francis Hospital	Litchfield	1215 Franciscan Dr	62056
Hillsboro Area Hospital	Hillsboro	1200 East Tremont St	62049
Carlinville Area Hospital	Carlinville	1001 East Morgan St	62626
Dr. John Warner Hospital	Clinton	422 West White St	61727
Taylorville Memorial Hospital	Taylorville	201 East Pleasant St	62568
Pana Community Hospital	Pana	101 East Ninth St	62557
Gibson Area Hospital and HS	Gibson City	1120 N. Melvin St	60936
Crawford Memorial Hospital	Robinson	1001 North Allen St	62454
John and Mary Kirby Hospital	Monticello	1111 North State St	61856
Hoopeston Community Hospital	Hoopeston	701 East Orange st	60942
Salem Township Hospital	Salem	1201 Ricker Rd	62881
Pinckneyville Community Hospital	Pinckneyville	101 N. Walnut St	62274
Fairfield Memorial Hospital	Fairfield	1411 W. Main	62837
Franklin Hospital	Benton	201 Bailey Lane	62812
Massac Memorial Hospital	Metropolis	28 Chick St	62960
Ferrell Hospital	Eldorado	1201 Pine St	62930
Hamilton Memorial Hospital	McCleansboro	611 S. Marshall Ave	62859
Wabash General Hospital	Mt. Carmel	1418 College Dr	62863
Hardin County General Hospital	Rosiclare	6 Ferrell Rd	62982
Marshall Browning Hospital	DuQuoin	900 N. Washington St	62832
St. Joseph Memorial Hospital	Murphysboro	2 South Hospital Dr	62966
Memorial Hospital – Chester	Chester	1900 State St	62233
Union County Hospital District	Anna	517 N. Main St	62906
Lawrence County Hospital	Lawrenceville	2200 West State St	62439
Red Bud Emergency Department	Red Bud	Spring St and West South Second St	62278
Sparta Community Hospital	Sparta	818 E. Broadway	62286
Clay County Hospital	Flora	699 N. Stanford Ave	62839
Washington County Hospital	Nashville	700 South Grand St	62263
St. Joseph Hospital	Highland	1515 Main St	62249
Midwest Medical Center	Galena	1 Medical Center Drive	61036
Eureka Community Hospital	Eureka	101 S. Major St	61530

Appendix II

IRHN Network Hubs/Access Points

Vendors responding to this RFP may assume the following network hub/access point locations. Please provide your proposed solution for locations listed in Appendix I, connecting them to one or more of the network hub/access points listed below:

- 900 North Second, Rochelle, 61068
- 910 Technology Parkway, Rochelle, 61068
- NIU Rockford, 8500 E. State Street, Rockford 61108
- 1625 S. State, Belvidere, 61008
- 1045 W. Stephenson, Freeport, 61032
- 100 E. LeFevre, Sterling, 61081
- 1109 Industrial Park Road, Rock Falls, 61071
- East 1st Street and Crawford Avenue, Dixon, 61021
- 600 South 13th Street, Pekin, 61554
- 506 S. Mathews Avenue, Urbana, 61801
- 503 N. Maple St., Effingham, 62401
- 800 E. Carpenter, Springfield, 62702
- 1600 W. Walnut, Jacksonville, 62650
- 1215 Franciscan Drive, Litchfield, 62056
- 205 Munster St., Germantown, 62245
- 1201 Ricker Road, Salem, 62881

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 must link the end user hospital/clinic location(s) to one or more of the above hub locations, for connection to the IRHN, as appropriate for the vendor's response. Vendors are encouraged to develop and submit responses that are appropriate for the vendor's capabilities.

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 hub/access point 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.