ILLINOIS RURAL HEALTHNET

Federal Communications Commission
Rural Health Care Pilot Program

IRHN RFP 07
Network Operations Center Services and Network Management Services

REQUEST FOR PROPOSALS

November 22, 2010

Illinois Rural HealthNet - RFP 07

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Section 1. Project Overview

Objective of the Request for Proposals:

This document seeks proposals for providing Network Operations Center (NOC) services and network management services 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 NOC and network management services providers, are encouraged to provide responses to this RFP.

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 scattered locations throughout Illinois. The list of specific network locations likely to be connected by the end of the second year of the project is included in APPENDIX II, IRHN Projected Locations. In APPENDIX III, there is an Approximate Depiction of IRHN with Estimated Growth in 4 Years.

1.3. General 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 organization 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 subsequently was granted Federal 501(c)(3) status.

Previous Requests for Proposal have been issued for fiber backbone and last mile facilities, last mile facilities and/or services, and network equipment. Most of the previous RFPs have focused on the first two years of network implementation. Additional RFPs will be issued from time to time as further needs are finalized, and as new health care providers join the IRHN. All RFPs will be posted for a minimum of 28 days on the USAC web site.

1.5 Summary of 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:

- Indefeasible Right to Use contracts for fiber or lambdas;
- Long-term contracts for services, with the significant upfront costs for vendors being addressed in the near term;
- Long-term leases of equipment, if involved, must be cost effective.

- ***This will include a contract for NOC Services and Network Management Services, which is the subject of this RFP.***

- 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 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.

To complement the fiber optic system, a wireless or services-based network will provide "Last Mile" service to those healthcare organizations that are not along the fiber optic path. At key points along the fiber path, access points will be established where Gigabit Ethernet connections can provide service to the Last Mile network. This wireless or services-based Last Mile network will be established as a trunk and tributary system.

The trunk section of the wireless/services Last Mile network will connect directly to the local interface on the fiber optic network at a speed of one gigabit per second. The radios or services used in the trunk system will 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). Each local link(s) will connect from the local point-of-presence to each of the local facilities that are participating in the Consortium.

The IRHN will outsource the NOC Services and Network Management Services to a single vendor or service provider, in order to have a single entity responsible for the overall monitoring and day-to-day operating management of the network.

Section 2: Scope of Work

Section 2.1 - Overview

The IRHN network is a data transmission system designed to support high speed, 10 Gigabit DWDM backbone transmission and 1Gbps or 100Mbps wireless data services, to critical care and other client healthcare facilities across Illinois. The closed, high speed network will facilitate connectivity between on-network nodes, connectivity between on-network nodes and other attached hospital groups, and connectivity through other gateway facilities to provide clients with ISP services.

The data network will be comprised of fiber and network assets from several vendors likely to include Illinois Century Network (ICN), Paetec, TriLightNet, NIUnet and IMBCA. The network will also include both fiber and wireless transmission equipment owned and/or controlled by the IRHN consortium.

The network components will be assembled into a contiguous network system that will support high capacity network access for client locations to hospital, radiology and psychiatric services in Springfield, Chicago, St. Louis, and other locations in Illinois. The IRHN system will also provide hospitals with Internet based access to any institution outside of the IRHN network.

The IRHN system will require the services of a Network Operations Center (NOC) to be contracted with to:

1. Establish a network management overlay to monitor, manage, escalate, communicate and facilitate resolution of degraded or outage conditions across multiple IRHN partner vendors. Definition of individual vendor equipment and Management Information Base (MIBs) will be established during contract negotiations.

2. Monitor active network and electronic components and escalate resolution of alarm conditions.

3. Provide call center services with personnel, resources, hardware, and tools to support and sustain client call logging, call management, call escalation, call resolution, and status communication capabilities.

4. Provide a centralized repository for network logical and physical configuration detail to include fiber and cross connect assignments, equipment location, power assignments and status, equipment configuration files and equipment failure status. The IRHN prefers that information be provided in a standardized electronic format.

Network Monitoring
The IRHN will require that all active network electronics be monitored. This includes hardware installed and maintained by IRHN equipment suppliers, and also equipment on partner networks that are supplying bandwidth, lambdas, and/or data services (where the vendor authorizes access). The monitoring must be provided on a 24 hour a day, 365 day a year basis. The monitoring shall be facilitated by a network management system(s), including data processing hardware, applications, and network access to all network sites through the central system gateway.

Fiber and Wireless Network
In support of IRHN network operations, the NOC service will monitor active equipment alarms and manage, as granted by primary equipment owner, set points, data points, and trap points available in the active equipment MIB.

The equipment set to be monitored (managed) will include:

- Fiber optic DWDM equipment expected to include: Ciena, and/or other vendor equipment.

- Wireless equipment sets expected to include: Ceragon and Dragonwave.

- Network switch equipment expected to include: Ciena, Cisco, Force10, and/or other vendor equipment.

Client Management
The NOC will be the primary call center for the IRHN client locations. The client location count is estimated at 42 sites for end of year one, 85 sites at end of year two, and may increase to 160 by the end of year three. The NOC will provide primary call management for all IRHN clients. The NOC will provide call logging and call escalation procedure to include:

1. Client management and client call escalation procedures.
2. Client reporting and call ticket update procedures.
3. Management of the equipment and/or fiber vendor response
4. Management of spare/repair fielding
5. Call closure and notification procedures.
6. Call tabulation and monthly/periodic reporting procedures.

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

The IRHN prefers that reporting procedures be supplied in standardized electronic format.

Section 2.2 - Organization of the RFP:

The IRHN, via this RFP 07, is seeking proposals and pricing for two levels of NOC Services and Network Management Services:

Tier 1 Services can be generally defined as NOC and network management services that focus on keeping the network operating successfully.

Tier 2 Services can be generally defined as including all the Tier 1 Services, *but with the added components* required to not just keep the network running, but to make operational changes, such as changing network configurations to allow for users to obtain a higher or changed degree of service.

- Tier 2 Service does *not* include the actual installation of equipment, which would be carried out by the relevant equipment vendor or network participant vendor (such as the ICN, Paetec, etc.).

- Tier 2 Service *would* include, however, the capability to direct that such activities take place, upon authorization to the Tier 2 Service provider from the IRHN.

Thus, Tier 2 Service would function not just as NOC staffing and services, but also as network daily operating staffing and services.

Section 2.3 – Vendor Response Section:

Vendors choosing to respond to this RFP are asked to respond to ***each of the items and sub-items listed below in Tier 1 Services and Tier 2 Services***, as appropriate for the Vendor's capabilities.

Tier 1 Services:

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. Please describe your approach.

Network Operation Center Capabilities:

Vendors are asked to describe the Network Operations Centers, 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.
- Reporting procedures. In what format are reports provided to the IRHN? The IRHN prefers standardized electronic formats.
- Procedures that are used to monitor and interface with multiple separate entities which are components of an integrated network.
- Trouble Ticket Procedures:
    - Please describe the Trouble Ticket procedure.
    - If you have a web-based customer portal, please describe the services offered via the portal.
        - Does it offer "Customer can initiate a new trouble ticket;"
        - Can Customer update an existing trouble ticket?
        - Can Customer view the NOC postings for an existing ticket?
        - What are the security procedures for the customer portal? For example, are trouble tickets only accessible by the reporting customer? Is an access code assigned per ticket?

<u>Set-Up and Initialization of Remote Monitoring Services:</u>

Please describe your approach to activities such as:

- Establishing all required communications links to/from Vendor's network and the IRHN network.
- Providing and installing all required monitoring hardware and software.
- Creating customer reference guide that documents practices and procedures, site contacts, third party Vendor contacts, etc.

<u>Remote Management Services:</u>

Please describe your capabilities to:

- Provide network monitoring and alarming for the network and optical components.
- Direct and coordinate the work of provider(s) and other third parties to resolve outages as needed.

<u>User Training:</u>

- While the IRHN will be utilizing the chosen Vendor as the NOC provider, the IRHN will also have an interest in monitoring network activities and uptime. Please describe your approach to providing user training for IRHN staff, and the cost parameters that might come into play.

Disaster Recovery and Resumption of Business:

- Please describe your entity's capabilities to manage the IRHN in the event that your primary NOC location is negatively impacted in some manner.

Tier 2 Services:

Managed Services Specifications:

The IRHN is likely to desire that Vendors provide a more active level of network management for the IRHN services and facilities, via a Tier 2 Service contract.

In addition to the items listed under Tier 1 Service, the Tier 2 Service vendor would:

- Make provisioning and configuration changes across the network as authorized.
- Direct and coordinate the work of equipment and network participant providers to activate provisioning and configuration changes across the network as authorized.
    - This could include coordinating the installation of equipment on the network, at node or user locations, but the specific equipment vendor would perform the actual installation of equipment.
- Add to remote monitoring service, as appropriate and authorized.
- Update network documentation and related network monitoring model, as appropriate and authorized.

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.
- Experience in providing NOC Services for networks which are comprised of multiple network components (multiple vendors and technologies, fiber, copper, and wireless, and multiple types of switching equipment)
- Experience in providing Network Management Services for networks which are comprised of multiple network components (multiple vendors and technologies, fiber, copper, and wireless, and multiple types of switching equipment)
- 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 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;
- 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 for this RFP:

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

- Contract is for services for a minimum 5-year period, with options to extend it to a 10-year period.
- Other than low-cost maintenance charges, most of the costs associated with the IRHN's use of the services should be front-loaded within the contract, to be paid within the first 3 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

Because the IRHN will be an evolving entity, especially in the first few years, the IRHN will look for Vendor proposals that provide a pricing plan that allows for incremental costs for incremental growth of the network, using scalable pricing components for the number of connected locations.

The IRHN location count (health care providers) is estimated at 42 sites for end of year one, 85 sites at end of year two, and may increase to 160 by the end of year three. Locations in the first year will range from northern and northwestern Illinois to central Illinois and as far south as East St. Louis, and Macoupin and Montgomery Counties. By the second year, the locations will extend to far western Illinois and far southern Illinois.

Section 4.2 Vendor Pricing Proposal

Please provide Tier 1 and Tier 2 pricing for the following scenarios:

Year 1 – 42 end user locations
Year 2 – 85 end user locations
Year 3 – 160 end user locations

Please describe the scalable pricing components that will be used to ramp up costs as the number of locations increases.

Please address in your Pricing Proposal the following:

- Contract is for services for a minimum 5-year period, with options to extend it to a 10-year period.
- Other than low-cost maintenance charges, most of the costs associated with the IRHN's use of the services should be front-loaded within the contract, to be paid within the first 3 years of the long term contract.

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 NOC Services (Tier 1) as those proposed, for overseeing, monitoring, and managing integrated networks which have been assembled with disparate network and equipment elements.
2. Vendor's ability in providing similar Network Management Services (Tier 2) as those proposed, for overseeing, monitoring, and managing integrated networks which have been assembled with disparate network and equipment elements.
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 5 years; with options to extend term to 10 years.

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 region, Vendor's readiness and availability, 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 35 days from the date that this document is posted to the USAC web site.

Vendors shall provide their responses to Section 2.3, as they may choose and as noted in the section. 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 also provide their SPIN number.

Vendors shall provide their pricing response 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, 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 40 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 inquiries, if they change or clarify the RFP in a substantial manner, will be posted on the IRHN website.

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 5 Year or a 10 Year contract for services, with payments front-loaded during the first 3 years.

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 customer-provided fiber 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

Illinois Rural HealthNet

Current Member Organizations:

- Northern Illinois University
- Illinois Critical Access Hospital Network (ICAHN – 51 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
- Carle Foundation Hospital
- Southern Illinois University School of Medicine – Telehealth Networks and Programs

Note:

Appendix 1 shows the entities that originally came together to form the Illinois Rural HealthNet organization. These organizations support the concept of the IRHN, but that does not mean that all of them will be connected to the IRHN. The universities have medical schools, nursing schools, etc., but are not scheduled to be connected. The Illinois Critical Access Hospital Network is the umbrella organization for the ICAHN hospitals in Illinois. It is the hospitals that will be connected, not the umbrella organization. MREN is a non-profit education broadband network that will not be connected to the IRHN, but MREN will provide IRHN's connection to Internet2, as the IRHN outlined in the grant application. Janet Wattles, Ben Gordon, and Sinnissippi are all mental health clinics. The only locations that will be connected are those that are eligible and have submitted Letters of Agency, and that are included on 465 Attachments, NCWs, etc.

Appendix II
IRHN Projected Locations – End of Year 2

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 for convenience of review.

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

ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK (ICAHN) (51 sites)

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 (19 sites)

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.	109 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) (7 sites)

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 (2 sites)

Carle Hospital	611 W. Park St.	Urbana
Carle Clinic	301 E. Southline Rd.	Tuscola

ILLINOIS STATE UNIVERSITY

Illinois State University	Campus Box 3500	Normal

BEN GORDON CENTER (3 sites)

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

JANET WATTLES CENTER (2 sites)

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

Appendix III – Approximate Depiction of IRHN with Estimated Growth in 4 Years