

ILLINOIS RURAL HEALTHNET

Federal Communications Commission
Rural Health Care Pilot Program

IRHN RFP 11
Multiple Locations – Best Available Connections

REQUEST FOR PROPOSALS

February 28, 2012

Illinois Rural HealthNet - RFP 11

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Appendices: The Appendices listed below shows the locations for the categories addressed in this RFP 11 **List onPage 22**

- Appendix I – Multiple Health Care Locations
- Appendix II – Fiber Laterals, Last-mile construction, and Network termination.

In Appendix III, there is an Approximate Depiction of IRHN with Estimated Growth in 4 Years.

Section 1. Project Overview

Objective of the Request for Proposals:

This document seeks proposals for addressing a number of separate and distinct items 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). Please see Section 2.2, Organization of the RFP, for a description of the different items. In general, the RFP seeks vendors to address:

- Multiple health care locations which are not included in existing contracts.
- Multiple locations where fiber laterals, last mile connections, or network terminations are not included in existing contracts.

CRITICAL NOTE ON TIMING:

The Illinois Rural HealthNet is required, as are all FCC Rural Health Care Pilot Program Participants, to submit any additional contract packages to USAC by June 30, 2012. The contract package includes:

- Contract signed by IRHN and vendor
- List of locations for each contract
- Contractual cost for each location in each contract
- Related USAC documents (prepared by IRHN)

In order to meet IRHN's USAC requirements, contracts between vendors and the IRHN will need to be completed and signed by both parties by early June, 2012.

While the contracts need to be submitted by June 30th, the construction and/or implementation of the contracts can take place over the following 24 to 30 months. However, the funding for each contract has to be encumbered by June 30th.

NOTE ON FUNDING: The IRHN is currently assigning its existing funds to multiple projects. There may not be sufficient funds to connect to all locations included in this RFP. Please contact info@illinoisruralhealthnet.org prior to preparing your response, and we can provide an update for the sake of efficiency.

Vendors, both traditional and non-traditional, 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 Appendices listed below show the locations for the following categories addressed in this RFP 11:

- Multiple health care locations which are not included in existing contracts are listed in Appendix I.
- Multiple locations where fiber laterals, last mile connections, or network terminations are not included in existing contracts are listed in Appendix II.

For background information, in Appendix III, there is an Approximate Depiction of IRHN with Estimated Growth in 3 Years.

It is the intention of the Illinois Rural HealthNet to grow this network further over time, and we seek to contract with vendors willing to continue working with us in the future.

1.3. General Project Summary:

Illinois Rural HealthNet (IRHN) is 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 fully 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, network equipment, and NOC services. Most of the previous RFPs have focused on the first two years of network implementation. This RFP 11 will focus on the second through fourth years of network implementation.

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;
- For specific locations, if no good options exist for long-term contracts for services, the IRHN may choose the best available option for connectivity, based on the RHCPP objectives.
- 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 has contracted for wide-area, dedicated, broadband network services for our Members and has solicited bids, via the USAC website, from entities capable of providing these services.

The IRHN application to the FCC outlined the following approach: 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 at speeds ranging from 100Mbps to 1Gbps.

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 are being established where Gigabit Ethernet connections can provide service to the Last Mile network. This wireless or services-based Last Mile network is being 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.

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 including Illinois Century Network (ICN), Paetec, TriLightNet, NIUnet, IMBCA, and Mediacom. The network will also include both fiber and wireless transmission equipment owned and/or controlled by the IRHN. Responses to this RFP 11 from traditional and non-traditional providers are welcome and encouraged.

The network components are being 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 has contracted with INOC to provide Network Operations Center (NOC) services.

The vendors chosen in response to this RFP 11 will be expected to supply the relevant information to the NOC in order that the network configuration be suitably documented.

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

Section 2.2 - Organization of the RFP:

This document seeks proposals for addressing a number of separate and distinct items for the Illinois Rural HealthNet. In general, the RFP seeks vendors to address:

- Multiple health care locations which are not included in existing contracts are listed in Appendix I.
- Multiple locations where fiber laterals, last mile connections, or network terminations are not included in existing contracts are listed in Appendix II.

Vendors, both traditional and non-traditional, are encouraged to provide responses to this RFP.

NOTE TO PROSPECTIVE VENDORS: Any and all contracts that result from this RFP must be able to be completed and signed by early June, 2012. For contracts to be funded by the FCC's Rural Health Care Pilot Program, they must be submitted by the IRHN to USAC in completed form, along with other required documentation, by June 30, 2012. The work itself does not have to be started, but the legal commitment to complete the work at the agreed-upon locations must be included in the contracts to be submitted.

RELATED NOTE: While this June deadline is real, we also have the capability, thanks to the FCC and USAC, to modify planning and growth of the IRHN even after June 30th. The IRHN will continue to market the network to rural hospitals and clinics, and fully anticipates continued growth of the IRHN in the coming years. As a result, additional sites may be required in the future, and the winning respondents are asked to acknowledge whether they would be able to offer services to additional sites, and to indicate generally in what regions within Illinois where services in the future would be able to be offered.

Technical responses to the Scope of Work are to be provided in this section. Pricing for responses are to be provided in Section 4 of the RFP.

Section 2.3 – Multiple Health Care Locations which are not included in existing contracts – Vendor Response

In the time that has elapsed since the original plan for the IRHN was designed, a number of health care providers that were not included in the original plan have expressed interest in being connected, and have signed Letters of Agreement to that effect. Additionally, there are a number of health care locations which have yet to be included in existing contracts. This Section 2.3 addresses these locations.

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 2.3.1.

Responses to RFP 11 could include any of the following approaches:

- 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;
- For specific locations, if no good options exist for long-term contracts for services, the IRHN may choose the best available option for connectivity, based on the RHCPP objectives.
- 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.

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. 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.

2.3.A: IRHN Network Hubs

For purposes of network connectivity, vendors responding to any section of 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
- Swedish American Center, 1358 4th Avenue, Rockford
- 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
- 602 W. University 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.

In this Section 2.3 of the RFP, the IRHN seeks proposals for facilities, equipment, or services to connect to the locations listed in **Appendix I**. The IRHN welcomes proposals offering fiber, wireline, or wireless approaches to connectivity.

The IRHN has developed contracts with multiple entities to provide the services that are required to implement the Illinois Rural HealthNet, and that process continues with this RFP 11.

Section 2.3.B: 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 2.3.C: 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/Clinic 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 4.*

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

Section 2.3.1: Vendor Response to New Locations:

Please look at the list of locations in **Appendix I**.

If Vendors propose to offer connectivity to any number of the locations in Appendix I, please complete the appropriate sections of this Section 2.3.1.

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 2.3.1.1 Connection to Locations

If the Vendor can provide 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.

- Response for Locations 2.3.1.1 – **Provide information here:**

Section 2.3.1.2 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 here.

- Response 2.3.1.2

Section 2.3.1.3 Billing and Administration

Vendors are asked to provide their capabilities here.

- Response 2.3.1.3

Section 2.3.1.4 Managed Services Specifications (optional)

Vendors, to the extent they may choose, are asked to provide their proposals for Managed Services here.

- Response 2.3.1.4

Section 2.3.1.5 Testing and Acceptance

Vendors shall describe their proposed Testing and Acceptance procedures here.

- Response 2.3.1.5

Section 2.4 – Fiber laterals, Last mile connections, or Network terminations not included in existing contracts – Vendor Response

The IRHN has developed contracts for the fiber backbone, but in certain areas, a fiber lateral, last-mile construction, and/or network termination will be needed to connect last-mile locations to the backbone, or to interconnect backbone segments together.

Please look at the locations in **Appendix II**.

If Vendors propose to offer connectivity to any number of the locations in Appendix II, please complete the appropriate sections of this Section 2.4.1.

Section 2.4.1.1 Connection to End Point Locations

For each location, please provide the following:

- Describe the elements that will be used to determine the cost. This could include cost per foot for urban directional boring, cost for rural directional boring, cost per building entrance and penetration, and cost for network termination. In your response to Section 4.2 Vendor Pricing Proposal, please provide these same elements and related cost factors.
- **Response for Locations 2.4.1.1 – Provide information here:**

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, 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.)

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;
- For specific locations, if no good options exist for long-term contracts for services, the IRHN may choose the best available option for connectivity, based on the RHCPP objectives.
- 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.

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 3-year period, with contracts for 5-year and 10-year periods strongly preferred. Exceptions may be made for last-mile construction and network termination.
- 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 2 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 Pricing Proposal

Please provide the locations that you are addressing in your response. Please provide the Section number, and provide the locations your response is addressing, including both ends of the connection.

Vendor’s Proposed Approach

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).
- Proposals for mid-term services-based contracts, with the majority of costs paid in the first two years.

Section 4.2 Vendor Pricing Proposal

In this Section, Vendors are asked to list the IRHN locations from Appendix I and Appendix II where the Vendor proposes to provide facilities, services, or equipment.

- For Appendix I, 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.

For Appendix II, Fiber lateral connections, Last-mile construction, and Network termination, Vendors should provide their proposed pricing elements.

- A description of the lateral route that will be used to connect the two end points. If this description of the lateral route can be provided in your response, please provide the cost of this lateral route in your response. Please list each route separately with the related cost.
- Describe the elements that will be used to determine the cost. This could include cost per foot for urban directional boring, cost for rural directional boring, cost per building entrance and penetration, and cost for network termination. In your response to this Section 4.2 Vendor Pricing Proposal, please provide these same elements and their related cost factors.

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

Unless otherwise indicated, the IRHN will assume your proposal includes bringing the specified service inside the building (if relevant).

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 maintain acceptable levels of service.
3. Vendor's ability to achieve the "cost-effectiveness" objective of the Pilot Program.
4. 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 30 days from the date that this document is posted to the USAC web site.

Vendors shall provide their responses to the Vendor Response Sections, 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:

- **One hard copy 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 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 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.

RFP 11 APPENDICES

The service area for this RFP comprises scattered locations throughout Illinois. The Appendix listed below shows the locations for the following categories addressed in this RFP 11:

- Multiple health care locations which are not included in existing contracts are listed in Appendix I.
- Multiple locations where fiber laterals, last mile connections, or network terminations are not included in existing contracts are listed in Appendix II.

For background information, in Appendix III, there is an Approximate Depiction of IRHN with Estimated Growth in 4 Years.

Appendix I: IRHN Multiple Locations

- Thomas H. Boyd Hospital
 - 800 School Street
 - Carrollton IL 62016
- Midwest Medical Center
 - One Medical Center Drive
 - Galena IL 61036
- Pinckneyville Community Hospital
 - 101 N. Walnut Street
 - Pinckneyville IL 62274
- Washington County Hospital
 - 705 S. Grand Street
 - Nashville IL 62263
- Eureka Community Hospital
 - 101 S. Major Street
 - Eureka IL 61530
- Fairfield Memorial Hospital
 - 303 N. W. 11th Street
 - Fairfield IL 62837
- Mason District Hospital
 - 615 N. Promenade
 - Havana IL 62644
- Hoopeston Community Hospital
 - 701 E. Orange
 - Hoopeston IL 60942
- Franklin Hospital
 - 201 Bailey Lane
 - Benton IL 62812
- Ferrell Hospital
 - 1201 Pine Street
 - Eldorado IL 62930
- Kewanee Hospital
 - 1051 W. South Street
 - Kewanee IL 61443
- Hamilton Memorial Hospital District
 - 611 S. Marshall Ave.
 - McLeansboro IL 62859
- Wabash General Hospital
 - 1418 College Drive
 - Mt. Carmel IL 62863
- Marshall Browning Hospital
 - 900 N. Washington
 - DuQuoin IL 62832
- St. Joseph Memorial Hospital
 - 2 S. Hospital Drive
 - Murphysboro IL 62966
- Memorial Hospital – Chester
 - 1900 State Street
 - Chester IL 62233

- Salem Township Hospital
 - 1201 Ricker Road
 - Salem IL 62881
- Fayette County Hospital
 - 650 W. Taylor St.
 - Vandalia IL 62471
- Carlinville Area Hospital
 - 1001 E. Morgan St.
 - Carlinville IL 62626
- Sparta Community Hospital
 - 818 E. Broadway
 - Sparta IL 62286
- Clay County Hospital
 - 911 Stacy Burk Drive
 - Flora IL 62839
- Kishwaukee Community Hospital
 - 1 Kish Hospital Drive
 - DeKalb IL 60115
- Morrison Community Hospital
 - 303 N. Jackson Street
 - Morrison IL 61270
- Mendota Community Hospital
 - 1401 East 12th Street
 - Mendota IL 61342
- Swedish American Medical Group – Byron
 - 220 W. Blackhawk Dr.
 - Byron IL 61010
- Swedish American Medical Group – Davis Junction
 - 5665 N. Junction Way
 - Davis Junction IL 61020
- Memorial Medical Center
 - 701 N. First St.
 - Springfield IL
- Abraham Lincoln Memorial Hospital
 - 200 Stahlhut Drive
 - Lincoln IL 62656
- Taylorville Memorial Hospital
 - 201 E. Pleasant St.
 - Taylorville IL 62568
- Paris Community Hospital
 - 721 E. Court St.
 - Paris IL 61944
- Chrisman Family Clinic
 - 112 W. Madison Ave.
 - Chrisman IL
- Kansas Family Clinic
 - 104 E. Buena Vista Ave.
 - Kansas IL 61933

- Rosecrance Berry Campus
 - 8616 Northern Avenue
 - Rockford IL 61107
- Rosecrance Harrison Campus
 - 3815 Harrison
 - Rockford IL 61108
- Rosecrance Health Network
 - 1021 North Mulford
 - Rockford IL 61107
- Rosecrance Ware Center
 - 526 West State Street
 - Rockford IL 61101
- Springfield Clinic
 - 1025 South 6th Street
 - Springfield IL 62703
- Rosecrance Griffin Williamson
 - 1601 University Drive
 - Rockford IL 61107

Appendix II – Fiber Laterals, Last-Mile Construction, and Network Termination

- Paris Community Hospital
 - Paris Hospital to ICN site at Edgar County Sheriff's Dept. at 228 N Central Ave, Paris, IL 61944 or a splice point at the intersection of Highways 16 & 150 in Paris, IL
- McDonough District Hospital
 - McDonough District Hospital in Macomb to Western Illinois Univ. Sherman Hall (POP) at 1 University Circle or an ICN splice point closer to the hospital along Jackson St.
- Blessing Hospital
 - From the Paetec splice at the intersection of 48th Street and State Street, to:
 - John Wood Community College, 1301 South 48th Street, Quincy IL 62305

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

(please see next page)

Illinois Rural HealthNet Logical Network Map

