



The Indiana Telehealth Network

REQUEST FOR PROPOSAL HCF-08

Fiber Optic Based Internet Services Network SECTION ONE

GENERAL INFORMATION AND REQUESTED PRODUCTS/SERVICES

1. INTRODUCTION

The Indiana Rural Health Association (IRHA) is a 501c3 association which provides oversight for the actions of the Indiana Telehealth Network (ITN). In its capacity as the governing body for the ITN, the IRHA requires bids for leased facilities and/or construction and operation of a High Speed Fiber Optic (or equivalent) Based Internet Service for the healthcare participants listed in Attachment A. It is the intent of IRHA to solicit responses to this Request for Proposals (RFP) in accordance with the statement of work, proposal preparation section, and specifications contained in this document. This RFP is being posted to the USAC website:

<http://www.usac.org/rhc/healthcare-connect/tools/search-posted-services.aspx> and the IRHA website: <http://www.indianaruralhealth.org/> for downloading. A nominal fee will be charged for providing hard copies. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

This RFP HCF-08 continues the work initiated under the FCC Rural Health Care Pilot Program.

1.1. DEFINITIONS AND ABBREVIATIONS

Following are explanations of terms and abbreviations appearing throughout this RFP. Other special terms may be used in the RFP, but they are more localized and defined where they appear, rather than in the following list.

Implementation	The successful implementation of a high speed Fiber Optic (or equivalent) based Internet Service.
Installation	The delivery and physical setup of products or services requested in this RFP.
Respondent	Any vendor who submits a RFP response.
Services	Work to be performed as specified in this RFP.
State	The State of Indiana.
Vendor	Any successful Respondent(s) selected as a result of the procurement process to deliver the products or services requested by this RFP.
Master Contract	Universal contract developed by the ITN to be used by all vendors for all Health Care Participants (HCPs) participating



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in the HCF. A copy of this document is on the Indiana Rural Health Association's website at <http://www.indianaruralhealth.org> under Services, Indiana Telehealth Network, ITN Request for Proposal.

1.2. PURPOSE OF THE RFP

The purpose of this RFP is to select a vendor that can satisfy the IRHA's need for High Speed Fiber Optic (or equivalent) Based Internet Service. It is the intent of the IRHA to contract with one or more vendor(s) that provides quality High Speed Fiber Optic (or equivalent) Based Internet Service.

1.3. SUMMARY SCOPE OF WORK

The Indiana Rural Health Association and its member institutions are collaborating in this effort. Funding for this network will be provided through a subsidy of up to 65% for eligible services through the Healthcare Connect Fund which is administered by the Universal Service Administrative Company (USAC) and the remaining percentage subsidy from the consortium members and/or local and state sources.

This RFP seeks to serve the advanced communications needs of the healthcare participants listed in Attachment A. Bidders are encouraged to read the Healthcare Connect Fund Order which is accessible USAC's website:

http://www.usac.org/_res/documents/rhc/pdf/fcc/13.02.25_Linked_Order.pdf

Bidders are also encouraged to read the Frequently Asked Questions available on USAC's website:

http://www.usac.org/_res/documents/rhc/pdf/fcc/FCC-HCF-FAQs.pdf

This Request for Proposal (RFP) provides interested respondents with sufficient information to prepare and submit proposals for consideration with the intent of IRHA to contract with one or more vendors to provide access to high speed secure Internet services for the participating members of the ITN listed on Attachment A of this RFP.

To ensure this initiative is sustainable and all partners are invested in and dedicated to its success the remaining percentage not covered by HCF funding will be shared appropriately among eligible sources as outlined in the FCC 12-150. Eligible sources of the participants the remaining percentage include the applicant or eligible HCP participants; state grants, funding or appropriations; federal funding, grants, or appropriations except for other federal universal



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service funding; Tribal government funding; and other grant funding, including private grants. Ineligible sources include in-kind or implied contributions; a local exchange carrier (LEC) or other telecom carrier, utility, contract or, consultant, or other service provider; and for-profit participants. In addition, no portion of the remaining percentage contribution may come from the existing any other USAC Rural Healthcare support mechanisms.

This RFP is requesting price quotations and detailed explanations of services offered from the respondent in Phase 1: leasing facilities and/or building fiber optic or equivalent connections or equivalent to each of the subject healthcare participants, monthly recurring costs associated with providing quality 5 megabits to 100 megabits broadband service (or equivalent), and monthly recurring costs associated with connecting the listed healthcare participants to the Indiana Telehealth Network Common Platform, as described in Section 2.5 of this RFP. In some instances, healthcare participants are also requesting bids for dedicated transport between healthcare participant sites. In some instances, healthcare participants are also requesting bids for Phase 2: dedicated transport back to the ITN's common platform. Individual bid requests are listed in Attachment B.

This RFP requests that bids include any number of the listed healthcare participants that the respondent desires to serve on an individual basis. The respondent must provide at least 5 megabits broadband service scalable to 100 megabits service (or equivalent) to a demarcation point on the premise of the subject healthcare participant at a network interface device. Through the competitive bidding process conducted under RFP #00, the Indiana Fiber Network won the bid to provide the aggregation facility and associated ongoing support and network maintenance for the Indiana Telehealth Network. In this RFP HCF-08, respondents are allowed to bid on leasing of facilities and/or construction of fiber optics (or equivalents) and Internet services (or equivalent), and/or dedicated transport to the aggregation facility/common platform described in Section 2.5 and/or dedicated transport to other healthcare participant locations as listed in Attachments B. No customer application hardware, software, billing services, technical and customer support may be provided by this project; however, the healthcare participant may fund these services through other methods.

In our first RFP in the FCC Rural Health Care Pilot Program (RFP #00), respondents were allowed to bid on any or all of the following: Phase 1, Phase 2, the aggregation facility and associated ongoing support, and/or Network Maintenance. This RFP will continue to follow this model, though equivalent services may also be bid.

The IHRA will develop a master contract for all winning vendors. Individual service orders and SLA agreements will be signed between individual healthcare participants and their winning vendor(s) in addition to the master contract. Funding for this project will be available in accordance with the funding calendar set by USAC. Successful respondents will



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have 180 days from the receipt of their Funding Commitment Letter from USAC to complete any leasing of facilities or proposed construction.

It is worth noting that successful respondents will also be required to participate in the ITN's invoicing process for the subsidies to be released from the FCC. This will require sending copies of invoices, proof of payment, and an invoicing spreadsheet (which will be provided by the ITN) to the ITN on a quarterly basis as follows:

October through December documentation is due by January 31.

January through March documentation is due by April 30.

April through June documentation is due by July 31.

July through September documentation is due by October 31.

Successful respondents may choose to invoice any HCPs to which they provide service on their own schedule (monthly, quarterly, etc.), but documentation for reimbursement must be provided to the ITN on the schedule described above. The ITN is also subject to the USAC invoicing process, which includes an invoicing deadline, which is 6 months after the end of the commitment period.

Additionally, the ITN may institute site and service substitutions over time as long as the site being added is eligible under the HCF; the substitution does not violate the current contract; the substitution is within the scope of the controlling request for services, including any applicable request for proposal used in the competitive bidding process; and (if it qualifies) does not cause the total amount of support under the funding commitment to increase. The HCF site and substitution rules can be found in the HCF Order 47 CFR sections §54.646: 746 Appendix D, 47 CFR §54.646. The ITN Master Contract also contains these requirements.

1.4. RFP OUTLINE

The outline of this RFP document is described below:

Section	Description
Section One – General Information and Requested Products or Services	This section provides an overview of the RFP, general timelines for the process, and a summary of the products/services being solicited by the IRHA via this RFP
Section Two – Proposal Preparation Instruction	This section provides instructions on the format and content of the RFP including a Cover Letter, Business Proposal, Technical Proposal, and a Cost Proposal
Section Three – Proposal Evaluation Criteria	This section discusses the evaluation criteria to be used to evaluate respondents' proposals



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Attachment A	List of Healthcare Participants
Attachment B	Excel Pricing Spreadsheet Template

1.5. QUESTION/INQUIRY PROCESS

All questions/inquiries regarding this RFP must be submitted in writing by the deadline of **3:00 p.m. Eastern Time** according to the RFP timeline established in Section 1.21. Questions/Inquiries should be emailed to Ally Orwig at aorwig@indianarha.org and must be received by IRHA by the time and date indicated above.

Following the question/inquiry due date, IRHA will compile a list of the questions/inquiries submitted by all Respondents. The responses will be posted to the IRHA website at www.indianaruralhealth.org according to the RFP timetable established in Section 1.21. The question/inquiry and answer link will become active after responses to all questions have been compiled. Only answers posted on the IRHA website will be considered official and valid by the IRHA. No respondent shall rely upon, take any action, or make any decision based upon any verbal communication.

If it becomes necessary to revise any part of this RFP, or if additional information is necessary for a clearer interpretation of provisions of this RFP prior to the due date for proposals, an addendum will be posted on www.indianaruralhealth.org. If such addenda issuance is necessary, the IRHA may extend the due date and time after notifying USAC and the subsequent posting of the modification to USAC's website.

1.6. DUE DATE FOR PROPOSALS

All proposals must be received at the address below by the IRHA no later than **3:00 p.m. Eastern Time** according to the RFP timeline established in Section 1.21. Each Respondent must submit **one original hard-copy** (marked "Original") and **one original CD-ROM (marked "Original")**, including the Cover Letter and other related documentation as required in this RFP. The **original** CD-ROM will be considered the official response in evaluating responses for scoring and protest resolution. Each copy of the proposal must follow the format indicated in Section Two of this document. Unnecessarily elaborate brochures or other presentations, beyond those necessary to present a complete and effective proposal, are not desired. All proposals must be addressed to:

Ally Orwig, Project Coordinator
Indiana Rural Health Association
2901 Ohio Blvd, Suite 240
Terre Haute, IN 47803



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All proposal packages must be clearly marked with the RFP number, due date, and time due. Any proposal received by the IRHA after the due date and time will not be considered. Any late proposals will be returned, unopened, to the Respondent upon request. All rejected proposals not claimed within 30 days of the proposal due date will be destroyed.

No more than one proposal per Respondent may be submitted per location.

The IRHA accepts no obligations for costs incurred by Respondents in anticipation of being awarded a contract.

1.7. MODIFICATION OR WITHDRAWAL OF OFFERS

Modifications to responses to this RFP may only be made in the manner and format described in Section 1.6 and clearly identified as a modification.

The Respondent's authorized representative may withdraw the proposal, prior to the due date. Proper documentation and identification will be required before the IRHA will release the withdrawn proposal. The authorized representative will be required to sign a receipt for the withdrawn proposal.

Modification to, or withdrawal of, a proposal received by the IRHA after the exact hour and date specified for receipt of proposals will not be considered.

1.8. PRICING

Pricing on this RFP must be firm and remain open for a period of not less than 120 business days from the proposal due date.

Please refer to the Cost Proposal sub-section under Section 2 for a detailed discussion of the proposal pricing format and requirements.

1.9. PROPOSAL CLARIFICATIONS AND DISCUSSIONS, AND CONTRACT DISCUSSIONS

The IRHA reserves the right to request clarifications on proposals submitted to the IRHA. The IRHA also reserves the right to conduct proposal discussions, either oral or written, with Respondents. These discussions could include request for additional information, request for cost or technical proposal revision, etc. Additionally, in conducting discussions, the IRHA may use information derived from proposals submitted by competing respondents only if the identity of the respondent providing the information is not disclosed to others. The IRHA will



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provide equivalent information to all respondents which have been chosen for discussions. Discussions along with negotiations with responsible respondents may be conducted for any appropriate purpose.

The IRHA will schedule all discussions. Any information gathered through oral discussions must be confirmed in writing.

1.10. BEST AND FINAL OFFER

The IRHA may request best and final offers from those Respondents determined by the IRHA to be reasonably viable for contract award. However, the IRHA reserves the right to award a contract on the basis of initial proposals received. Therefore, each proposal should contain the Respondent's best terms from a price and technical standpoint.

Following evaluation of the best and final offers, the IRHA may select for final contract negotiations/execution the offers that are most advantageous to the IRHA, considering cost and the evaluation criteria in this RFP.

1.11. HEALTHCARE PARTICIPANT SITE VISITS

Respondent site visits, if the respondent chooses to perform them, will be coordinated by the IRHA in conjunction with the finalists, according to the RFP timeline established in Section 1.21 of this RFP. Site visits will allow for visual inspection of the HCP which may result in more accurate bid proposals. Site visits are not required, and no preference or penalty will be assessed for visiting or not visiting the potential HCPs.

1.12. TYPE AND TERM OF CONTRACT

As Consortium Leader for ITN, the IRHA intends to administer the objective scoring process and select one or more Respondent(s), who will be asked to sign a Master Contract (developed by the ITN and available on the IRHA website) with the IRHA and individual Service Order and SLA agreements with the individual healthcare participants listed in Attachment A in order to fulfill the requirements in this RFP.

The term of the contract shall be for a period of three (3) years from the date of contract execution. There must be the opportunity for automatic renewal. Renewals will be determined by each location.

1.13. CONFIDENTIAL INFORMATION



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IRHA confidentiality rules will be applied to documents associated with the submitted proposals.

1.14. RFP AWARD IS NOT A CONTRACT

This RFP is not an offer of contract. Acceptance of a proposal neither commits IRHA to award a contract to any vendor, even if all requirements stated in this proposal have been met. The IRHA will negotiate to meet the best interest of the goals stated in this RFP based on positive impact and cost effectiveness.

1.15. BID EXPENSES

Expenses incurred in the preparation of proposals in response to this RFP are the vendor's responsibility.

1.16. OUT OF SCOPE WORK

No work performed by the selected vendor that is out of the scope as defined by the vendor's proposal and IRHA's contract will be reimbursed unless specifically authorized by IRHA in writing.

1.17. PERMITS

This project will require the selected vendor to obtain certain permits as required, and the costs for these permits are the vendor's responsibility.

1.18. RESELL OF SERVICES

IRHA and the listed healthcare participants agree not to provide or resell any of the vendor's provided services under this RFP.

1.19. PROJECT COMPLETION

The Project is considered complete when the fiber (or equivalent) is terminated and services are tested successfully for each Phase by IRHA and/or the served healthcare participant. While Phase 1 and Phase 2 of the project stand independently, each healthcare participant may choose to participate in either/or both Phase 1 and Phase 2.

1.20. LOCATION CONTRACTS

Successful vendors will be required to sign a Master Contract with the ITN Consortium



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written contract prior to initiating services with any of the healthcare participants.

1.21. SUMMARY OF TIMELINE

The following timeline is only an illustration of the RFP process. The dates associated with each step are not to be considered binding. Due to the unpredictable nature of the evaluation period, these dates are commonly subject to change. At the conclusion of the evaluation process, all Respondents will be informed of the evaluation team's findings.

NOTE: Please refer to the IRHA website at <http://www.indianaruralhealth.org> under Programs/Indiana Telehealth Network/ITN Request for Proposal for the official timeline of activities.

Key RFP Dates:

Activity	Date
Issue of RFP	Date posted on USAC website
Deadline to Submit Letter of Intent	15 business days after RFP posting by 3:00p.m. Eastern
Deadline to Submit Written Questions	20 business days after RFP posting by 3:00p.m. Eastern
Conference Call to Discuss Written Questions – details to be provided via email to those who have submitted written questions	22 business days after RFP posting
Response to Written Questions/RFP Amendments	25 business days after RFP posting
Deadline for Submission of Proposals	28 business days after RFP posting by 3:00p.m. Eastern



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<i>The dates for the following activities are targets only. These activities may be completed earlier than the date shown.</i>	
Proposal Evaluation/Clarifications if Necessary/Notify Finalists of Opportunity to Conduct Site Visits	32 business days after RFP posting or sooner
Completion of Site Visits and Submission of Best and Final Offers	40 business days after RFP posting or sooner
Notification of Contract Award(s)	42 business days after RFP posting or sooner
All countersigned contracts due to IRHA	50 business days after RFP posting by 3 p.m. Eastern or sooner

SECTION TWO

PROPOSAL PREPARATION INSTRUCTIONS

2. GENERAL

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is described in this section. All Respondents are required to format their proposals in a manner consistent with the guidelines described below:

- Each item must be addressed in the Respondent's proposal.
- The Cover Letter must be in the form of a letter. The business and technical proposals must be organized under the specific section titles as listed below.

2.1. COVER LETTER

The Cover Letter must address the following topics except those specifically identified as "optional."

2.1.1. Agreement with Requirements listed in Section One

The Respondent must explicitly acknowledge understanding of the general information presented in Section One and agreement with any requirements/conditions listed in Section One.



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2.1.2. Summary of Ability and Desire to Supply the Required Products or Services

The Cover Letter must briefly summarize the respondent's ability to supply the requested products and/or services that meet the requirements defined in Sections 2.4 and 2.5 of this RFP. The letter must also contain a statement indicating the Respondent's willingness to provide the requested products and/or services (or equivalent) subject to the terms and conditions set forth in the RFP and compliance with the FCC rules and regulations for the Healthcare Connect Fund.

2.1.3. Signature of Authorized Representative

A person authorized to commit the Respondent to its representations and who can certify that the information offered in the proposal meets all general conditions including the information requested in Section 2.2.4, must sign the Cover Letter.

In the Cover Letter, please indicate the principal contact for the proposal along with an address, telephone and fax number as well as an e-mail address, if that contact is different than the individual authorized for signature.

2.1.4. Respondent Notification

Unless otherwise indicated in the Cover Letter, Respondents will be contacted via e-mail.

It is the Respondent's obligation to notify the IRHA of any changes in any address that may have occurred since the origination of this solicitation. The IRHA will not be held responsible for incorrect respondent/contractor addresses.

2.1.5. Other Information

This item is optional. Any other information the Respondent may wish to briefly summarize will be acceptable.

2.2. BUSINESS PROPOSAL

The Business Proposal must address the following topics except those specifically identified as "optional."

2.2.1. General (optional)



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This section of the business proposal may be used to introduce or summarize any information the Respondent deems relevant or important to the IRHA's successful acquisition of the products and/or services requested in this RFP.

2.2.2. Respondent's Company Structure

The legal form of the Respondent's business organization, the state in which formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization are to be included in this section. If the organization includes more than one product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization.

2.2.3. Company Financial Information

This section must include the Respondent's audited financial statement, including an income statement and balance sheet, for each of the two most recently completed fiscal years. The financial statements must demonstrate the Respondent's financial stability. If the financial statements being provided by the Respondent are those of a parent or holding company, additional financial information should be provided for the entity/organization directly responding to this RFP.

2.2.4. Integrity of Company Structure and Financial Reporting

This section must include a statement indicating that the CEO and/or CFO has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the IRHA in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services.

The Sarbanes Oxley Act of 2002, H.R. 3763, is NOT directly applicable to this procurement; however, its goals and objectives may be used as a guide in the determination of corporate responsibility for financial reports.

2.2.5. Contract Terms/Clauses

In your Cover Letter please indicate acceptance of the following mandatory Master Contract and terms.



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The mandatory terms are as follows:

- Authority to Bind Contractor
- Duties of Contractor, Rate of Pay, and Term of Contract
- Compliance with Laws
- Drug-free Workplace Provision and Certification
- Indemnification
- Governing Laws
- Non-discrimination clause
- Payments
- Service Level Agreement, including availability requirements
- Penalties/Interest/Attorney's Fees
- Non-collusion and Acceptance
- Service Level Credits

A Master Contract will be signed with the winning respondent(s) prior to receiving a Funding Commitment Letter (FCL) from USAC. If, for any reason, a contract is denied by USAC, the IRHA reserves the right to re-contract contingent upon the receipt of a FCL from USAC.

A copy of the Master Contract created by the ITN is available for viewing on the IRHA website at <http://www.indianaruralhealth.org> under Services, Indiana Telehealth Network, ITN Request for Proposal.

2.2.6. References

The Respondent must include a list of at least 3 clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP. Information provided should include the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information.

2.2.7. Authorizing Document

Respondent personnel signing the Cover Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement.

2.2.8. Subcontractors



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The Respondent is responsible for the performance of any obligations that may result from this RFP, and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products or services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience.

The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the IRHA's evaluation. The Respondent must provide information to the IRHA as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the IRHA. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate IRHA officials, and such relationships must meet with the approval of the IRHA.

The Respondent must list any subcontractor's name, address and state in which the subcontract was formed, that are now being proposed to be used in providing the required products or services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, the subcontractor's form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal.

2.2.9. Redundancy

If requested by the HCP, provide details on any redundancy capabilities from the demarcation of each location to the Internet point of presence.

2.2.10. FCC and USAC Requirements

Respondents must meet all FCC and USAC requirements regardless of whether they are fully discussed in this RFP. Please provide your Service Provider Identification Number



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(SPIN) with your response. For information on how to obtain a SPIN, please visit:

<http://www.usac.org/sp/about/498/default.aspx>.

For information on the Healthcare Connect Fund please visit:

<http://www.usac.org/rhc/healthcare-connect/default.aspx>.

2.3. TECHNICAL PROPOSAL

The Technical Proposal must be divided into 2 Phases, as outlined in the sections described below. Every point made in each section must be addressed in the order given. The same outline numbers must be used in the response. RFP language should not be repeated within the response. Where appropriate, supporting documentation may be referenced by a page and paragraph number.

However, when this is done, the body of the technical proposal must contain a meaningful summary of the referenced material. The referenced document must be included as an appendix to the technical proposal with referenced sections clearly marked. If there are multiple references or multiple documents, these must be listed and organized for ease of use by the IRHA.

Additionally, please include a clearly labeled Google Earth Map and/or a Network Diagram for all sites where the vendor states that it will need to upgrade its facilities in order to provide the broadband services being requested.

2.4. Provide/Improve/Upgrade Connectivity to Indiana Healthcare Participants

This phase of the project is to ensure that each of the healthcare participants listed in Attachment A have broadband connectivity of 5/10/50/100 megabits (or equivalent) or higher to the Internet and/or other ITN providers as described in Attachment B. All expenses for the service(s) being bid must be included in the Respondents response.

- 2.4.1. Respondents may utilize qualified subcontractors to perform the work, but the selected respondent will be responsible for all work.
- 2.4.2. This RFP identifies the requirements that are to be provided to each of the healthcare participants. Notwithstanding any of the specific details described within this RFP, it will be the obligation of the selected respondent to adhere to accepted industry standard methods and practices.
- 2.4.3. The requirements of this proposal are to obtain pricing, responsiveness, availability and a commitment to perform work in a timely manner on an individual healthcare participant basis.



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- 2.4.4. Basic Internet (or equivalent) service capabilities need to be available from the respondent if required by the healthcare participant. This includes DNS services, basic email services, Internet content filtering, security/intrusion protection and firewall protection.
- 2.4.5. Management reporting capabilities online to report on Internet availability and bandwidth utilization. Reports should be updated, at a minimum, on a weekly basis.
- 2.4.6. Service level requirements that include proactive monitoring by a 24/7/365 operations center to determine outages and provide corrective actions and estimated time to repair. Respondents are required to have capability to provide 4 hour or less, mean time to restore service.

Due to the critical nature of maintaining uptime at each of these facilities, please include a proposal for enhanced service levels that will provide a mean time to restore of 2 hours. Include in your proposal how you will achieve that goal, as well as your ability to measure it and provide compensation when you don't.

- 2.4.7. Completion of fiber optic cable (or equivalent) installation within 180 days of vendor's receipt of a Funding Commitment Letter from USAC.
- 2.4.8. All fiber optic cable (or equivalent) must be buried when deployed on any property owned or leased by the listed healthcare participant.
- 2.4.9. All fiber (or equivalent) must be tested and certified after installation by the vendor.
- 2.4.10. Each proposal must include cost from the respondent or sub-contracted quote for any construction cost related to any necessary conduit requirements, providing entrance facilities from the property line (telco pedestal) to the demarcation or minimum point of entry to each healthcare participant. Total cost of laying conduit, core drilling or restoration of any asphalt or concrete to original landscape.
- 2.4.11. While respondents are allowed flexibility in the methods and equipment used to create these fiber (or equivalent) connections, IRHA requires that these are disclosed in their responses to this RFP.



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2.4.12. Individual site invoicing based on the Master Contract for each healthcare participant for services.

2.5. Transport to the Indiana Telehealth Network Common Platform

The goal of Phase 2 is to facilitate broadband (or equivalent) connectivity between the healthcare participants listed in Attachment A or from a rural participant to any other healthcare participant on the Indiana Telehealth Network. By means of this network each of the healthcare participants will be able to utilize resources that may not be available to them.

As detailed in Section 1.3, the Indiana Fiber Network, LLC (IFN) was selected as the winning vendor for the network aggregation, maintenance and support of the Indiana Telehealth Network through the competitive bidding process conducted under FCC Rural Health Care Pilot Program RFP #00. The common platform for the Indiana Telehealth Network is housed at 701 West Henry Street, Indianapolis, IN.

The following are the minimum requirements for the Indiana Telehealth Network.

- 2.5.1. Respondents are asked to bid transport from the various healthcare participants to IFN's cross-connect, located at 733 West Henry Street, Indianapolis, IN. IFN will carry the traffic from their cross-connect to the Indiana Telehealth Network's common meet point where any participating healthcare participant can gain secured access to any other healthcare participant on the Indiana Telehealth Network.
- 2.5.2. The critical nature of this network encourages a level of redundancy, so as to mitigate risk of failure or extended outages. A solution that allows for a redundant path within the local loop should be presented.
- 2.5.3. Secured/Encryption for each healthcare participant to transmit patient information and meet HIPAA requirements will take place on the participant's side of the demarcation point and be the responsibility of the individual healthcare participant.
- 2.5.4. IFN will provide an entry point to the Public Internet at the meet point, allowing for bandwidth sharing and burstable access.
- 2.5.5. IFN will provide a 24/7/365 support that will oversee and maintain the Indiana Telehealth Network. Day 2 support from the Ethernet or equivalent hand off at the cross connect, the entire meet point(s) operation and Internet drainage/capacity is provided. Management will be limited to health care services only and the connectivity between each healthcare participant.



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- 2.5.6. Respondents will commit to Service Level Agreements that represent their ability to maintain uptime and respond to issues in a timely manner. Service level credits should be included for non-compliance. Include an enhanced service level that will provide for a 2 hour mean time to restore, as well as your ability to measure it and compensate for non-compliance.

2.6. COST PROPOSAL

2.6.1. General instructions on preparing cost proposals

The cost proposal should be with the written proposal. The proposal will be scored using a standard quantitative calculation where the most points will be awarded to the proposal with the lowest cost. Various costing methodologies and models are available to analyze the cost information submitted to determine the lowest costs to the IRHA. IRHA will select one method and use it consistently throughout its analysis. Please note that any HCPs seeking services or equipment that includes ineligible components will require pricing for comparable services and/or equipment that includes only eligible components.

2.6.2. Format for submitting cost proposals

All costs proposals must be submitted using the Excel spreadsheets included as Attachment B, and should include the following information:

Lease of Existing Facilities

Construction Costs

- Single path - total construction costs
- Single path - total number of miles of construction
- Optional redundant path - total construction costs for redundant ring path
- Total optional redundant path number of miles of construction
- Description of any included customer premise equipment
- Cost of any included customer premise equipment

Internet Services

- 5 megabits (4 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 10 megabits (4 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge



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- 50 megabits (4 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 100 megabits (4 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 5 megabits (2 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 10 megabits (2 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 50 megabits (2 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 100 megabits (2 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- Equivalent Services not Listed Previously

The Excel template that should be used is available on the IRHA website at <http://www.indianaruralhealth.org> under Services, Indiana Telehealth Network, ITN Request for Proposal. Please complete a row in the spreadsheet for each site being proposed. Clearly indicate if the proposed pricing includes discounting from normal rates.

The pricing below will be based on the following contract terms:

- The term of the contract shall be for a period of three (3) years from the date of contract execution.
- There must be the opportunity for automatic renewal.
 - Renewals will be determined by each location.
- Dedicated transport to the Meet Point/Common Platform and/or other location as listed in the spreadsheet.

- 5 megabits (4 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 10 megabits (4 hour SLA)
 - Non recurring installation charge
 - Monthly recurring charge
- 50 megabits (4 hour SLA)



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Non recurring installation charge
Monthly recurring charge
100 megabits (4 hour SLA)
Non recurring installation charge
Monthly recurring charge
5 megabits (2 hour SLA)
Non recurring installation charge
Monthly recurring charge
10 megabits (2 hour SLA)
Non recurring installation charge
Monthly recurring charge
50 megabits (2 hour SLA)
Non recurring installation charge
Monthly recurring charge
100 megabits (2 hour SLA)
Non recurring installation charge
Monthly recurring charge
Equivalent Services not Listed Previously

SECTION THREE

PROPOSAL EVALUATION

3. PROPOSAL EVALUATION PROCEDURE

All evaluation personnel will use the evaluation criteria stated in Section 3.5. The Executive Director of the IRHA or his designee will, in the exercise of his sole discretion, determine which proposal(s) offer the best means of servicing the interests of the IRHA. The exercise of this discretion will be final.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

- 3.1. Each proposal will be evaluated for adherence to requirements on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements may be eliminated from consideration.
- 3.2. Each proposal will be evaluated on the basis of the categories included in Sections 3.5. A point score has been established for each category.
- 3.3. Based on the results of this evaluation, the qualifying proposal determined to be the most cost-effective for the IRHA, taking into account all of the evaluation factors, may be



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selected by the IRHA for further action, such as contract negotiations. If, however, the IRHA decides that no proposal is sufficiently cost-effective for them, they may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the Respondent, the IRHA may begin contract preparation with the next qualified Respondent or determine that no such alternate proposal exists.

EVALUATION CRITERIA

3.4. Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFP in a cost-effective manner. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category. The points associated with each category are indicated following the category name (total maximum points = 100).

3.5. *Summary of Evaluation Criteria:*

Criteria	Points
1. Correct Submission of Proposal (as detailed in Section 2.1) <ul style="list-style-type: none">2.1.1 Agreement with Requirements – 1 point2.1.2 Summary of Ability and Desire to Supply the Required Products or Services – 1 point2.1.3 Signature of Authorized Representative – 1 point2.1.4 Respondent Notification – 1 point2.1.5 Other Information – 1 point	5 Points
2. Business Proposal (as detailed in Section 2.2) <ul style="list-style-type: none">2.2.1 General – 1 point2.2.2 Respondent's Company Structure – 1 point2.2.3 Company Financial Information – 5 points2.2.4 Integrity of Company Structure and Financial Reporting – 1 point2.2.5 Contract Terms/Clauses – 5 points2.2.6 References – 5 points2.2.7 Authorizing Document – 2 points2.2.8 Subcontractors – 4 points2.2.9 Redundancy – 4 points2.2.10 FCC and USAC Requirements – 2 points	30 Points



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<p>4. Technical Proposal (as detailed in Section 2.3 – 2.5)</p> <ul style="list-style-type: none"> • Phase 1 – Total of 15 points <ul style="list-style-type: none"> ○ 2.4.1 – 1 point ○ 2.4.2 – 1 point ○ 2.4.3 – 1 point ○ 2.4.4 – 1 point ○ 2.4.5 – 1 point ○ 2.4.6 – 3 points ○ 2.4.7 – 2 points ○ 2.4.8 – 1 point ○ 2.4.9 – 1 point ○ 2.4.10 – 1 point ○ 2.4.11 – 1 point ○ 2.4.12 – 1 point • Phase 2 – Total of 15 points <ul style="list-style-type: none"> ○ 2.5.1 – 3 points ○ 2.5.2 – 3 points ○ 2.5.6 – 6 points ○ 2.5.7 – 3 points 	30 Point
<p>5. Cost Proposal (as detailed in Section 2.6)</p> <ul style="list-style-type: none"> • Dedicated Services (or equivalent) 4 Hour SLA – 4 points • Dedicated Services (or equivalent) 2 Hour SLA – 4 points • Redundant Facilities – 3 points • Internet Services (or equivalent) 4 Hour SLA – 4 points • Internet Services (or equivalent) 2 Hour SLA – 4 points • Dedicated Services (or equivalent) Pricing – 4 points • Internet Services (or equivalent) Pricing – 4 points • Construction <ul style="list-style-type: none"> ○ Single Path Pricing – 4 points ○ Redundant Path Pricing – 4 points <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> ○ Currently Leased Facilities Pricing – 8 points 	35 Points
Total	100 Points

All proposals will be evaluated using the following approach:

Proposals will be scored based on Criteria 1, 2, 3, and 4. This scoring will have a maximum possible score of 100 points. All proposals will be ranked on the basis of their combined scores for Criteria 1, 2, 3, and 4. This ranking will be used to create a “Finalist List.” Any Respondent not making the “Finalist List” will not be considered for any further evaluation.



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Respondents will be disqualified if their bid does not meet the minimum required services/equipment for the healthcare facilities on which they are bidding. The minimum required speed is 5 mbps. There may be one or more rounds of proposal discussions focused on cost and other proposal elements.

If the IRHA conducts additional rounds of discussions and a Best and Final Offer round which lead to changes in either the technical or cost proposal for the “Finalist List” of Respondents, their scores will be recomputed.

The Executive Director of the IRHA or his designee will, in the exercise of his sole discretion, determine which proposal(s) best meet the FCC’s definition of cost-effectiveness and offers the best means of servicing the interests of the healthcare participants. The exercise of this discretion will be final.



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Indiana Telehealth Network RFP HCF-08 Attachment A List of Healthcare Participants

HCP#	Health Care Participant (parent organization, if not included in the HCP name)
64370	Barrington Health Center (HealthNet)
	3401 E. Raymond St.
	Indianapolis, IN 46203
64376	The Care Center at the Tower (HealthNet)
	1633 N. Capitol Ave., Suite 500
	Indianapolis, IN 46202
34198	Cass County Community Health Center (Indiana Health Centers)
	1700 Dividend Dr.
	Logansport, IN 46947
34207	Community Health Center of Jackson County (Indiana Health Centers)
	113 N. Chestnut St.
	Seymour, IN 47274
44112	CHCJC Annex (Indiana Health Centers)
	120 Saint Louis Ave.
	Seymour, IN 47274
34204	Community Health Center of Miami County (Indiana Health Centers)
	661 E. Main St.
	Peru, IN 46970



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64402	Decatur County Women's Care
	731 N. Lincoln St.
	Greensburg, IN 47240
26251	Edinburgh Family Health Center (Windrose)
	911 E. Main Cross Street
	Edinburgh, IN 46124
34313	n Frame aka Expedient Data Centers
	701 Congressional Blvd.
	Carmel, IN 46032
64457	Fairmount Medical Associates (Marion General Hospital)
	157 W. Eighth St.
	Fairmount, IN 46928
13934	Family Health Clinic of Carroll County (Purdue)
	901 Prince William Road
	Delphi, IN 46923
64366	Family Health Clinic of Monon (Purdue)
	692 E. Broadway Street
	Monon, IN 47959
64458	Family Medicine Center - Converse (Marion General Hospital)
	308 N. Jefferson St.
	Converse, IN 46919
37298	Family Medicine of Cloverdale (Putnam)
	51 E Market St
	Cloverdale, IN 46120
17304	Gibson General Hospital
	1808 Sherman Drive
	Princeton, IN 47670



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64380	Homeless Initiative (HealthNet)
	1835 N. Meridian St.
	Indianapolis, IN 46202
44109	Indiana Health Centers Bendix
	1010 N. Bendix Dr.
	South Bend, IN 46628
34312	Indiana Health Centers, Inc.
	8003 Castleway Dr.
	Indianapolis, IN 46250
34199	IHC Kokomo (Indiana Health Centers)
	3118 S. Lafountain St.
	Kokomo, IN 46902
34202	IHC Marion (Indiana Health Centers)
	925 S. Nebraska St.
	Marion, IN 46953
64439	IHC- Owen County (Indiana Health Centers)
	35 Bob Babbs Dr,
	Spencer, IN 47460
34205	IHC Project Homecoming (Indiana Health Centers)
	701 S. Main St.
	South Bend, IN 46601
34206	IHC South Bend (Indiana Health Centers)
	1901 #B Western Ave.
	South Bend, IN 46619
64444	Marion General Hospital
	441 N. Wabash Ave.
	Marion, IN 46952



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64374	Martindale-Brightwood Health Center (HealthNet)
	2855 N. Keystone Ave, Suite 100
	Indianapolis, IN 46218
64367	North Central Nursing Clinics Administration Building (Purdue)
	651 Armory Rd.
	Delphi, IN 46923
64379	Northeast Health Center (HealthNet)
	3908 Meadows Dr.
	Indianapolis, IN 46205
37296	North Putnam Family Healthcare
	440 E US Highway 36
	Bainbridge, IN 46105
64375	People's Health Center (HealthNet)
	2340 E. 10th St.
	Indianapolis, IN 46201
16765	Putnam County Hospital
	1542 S Bloomington St
	Greencastle, IN 46135
64372	Southeast Health Center (HealthNet)
	901 Shelby St.
	Indianapolis, IN 46203
64373	Southwest Health Center (HealthNet)
	1522 W. Morris St.
	Indianapolis, IN 46221
33516	Upland Health & Diagnostics (Marion General Hospital)
	1809 S. Main St.
	Upland, IN 46989



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64378	West Health Center (HealthNet)
	6029 W. 10th St.
	Indianapolis, IN 46224
64401	Westport Clinic (Decatur County Memorial Hospital)
	308 E. Mulberry St.
	Westport, IN 47283
64368	Windrose Health Network - Whiteland
	8 N. US Highway 31
	Whiteland, IN 46184



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Fiber Optic Based

Internet Services Network

Attachment B Pricing Spreadsheet

Below is a sample of the pricing spreadsheet.
 An Excel template with three (3) tabs will be posted on the IRHA website at:
<http://www.indianaruralhealth.org> under Services,
 Indiana Telehealth Network, ITN Request for Proposal.
 All pricing information must be submitted in the Excel template.

Non-Recurring Facility Upgrade Expense

Vendor Name	HCP Site Number	Healthcare Participant Name	Regular Installation of Leased Services	Single Path - Total Construction Costs	Single Path - Total Number of Miles of Construction	Optional Redundant Path - Total Construction Costs for Redundant Ring Path	Optional Redundant Path - Total Number of Miles of Construction	Description of any Equipment Required to light the service	Cost of any Equipment Required to light the service	Cost of owning and/or leasing the requested infrastructure (including indefeasible rights of use), if any.
		HCP Name								



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Internet Services

Vendor Name	HCP Site Number	Healthcare Participant Name	5mbps 4hr monthly	5mbps 4hr NRC	10mbps 4hr monthly	10mbps 4hr NRC	50mbps 4hr monthly	50mbps 4hr NRC	100mbps 4hr monthly	100mbps 4hr NRC	Equivalent Services not Listed Previously
		HCP Name									

Vendor Name	HCP Site Number	Healthcare Participant Name	5mbps 2hr monthly	5mbps 2hr NRC	10mbps 2hr monthly	10mbps 2hr NRC	50mbps 2hr monthly	50mbps 2hr NRC	100mbps 2hr monthly	100mbps 2hr NRC	Equivalent Services not Listed Previously
		HCP Name									

Dedicated Transport

Vendor Name	From Location	To Location	HCP Site Number	Healthcare Participant Name	Port - 5mbps 4hr monthly	Port - 5mbps 4hr NRC	Port - 10mbps 4hr monthly	Port - 10mbps 4hr NRC	Port - 50mbps 4hr monthly	Port - 50mbps 4hr NRC	Port - 100mbps 4hr monthly	Port - 100mbps 4hr NRC	Equivalent Services not Listed Previously
	Healthcare Participant site #1	ITN Common Meet Point/ Shared Platform		HCP Name									

Vendor Name	From Location	To Location	HCP Site Number	Healthcare Participant Name	Port - 5mbps 2hr monthly	Port - 5mbps 2hr NRC	Port - 10mbps 2hr monthly	Port - 10mbps 2hr NRC	Port - 50mbps 2hr monthly	Port - 50mbps 2hr NRC	Port - 100mbps 2hr monthly	Port - 100mbps 2hr NRC	Equivalent Services not Listed Previously
	Healthcare Participant site #1	ITN Common Meet Point/Shared Platform		HCP Name									