

Telecommunications RFP 01

for

Adirondack – Champlain Telemedicine Information Network (ACTION)

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1. Project Overview

The Adirondack – Champlain Telemedicine Information Network (ACTION) is seeking proposals for a long term leased fiber/Ethernet service that provides the engineering, materials, construction, implementation, maintenance, and sustaining network support for a dedicated, managed switch/firewall service over a secure fiber/Ethernet broadband (private Intranet) network. The service will provide 100 Mbps or 1 Gbps fiber/Ethernet connections to the participating entities of ACTION. Public Internet service is also being sought as part of the managed broadband service. ACTION is seeking proposals that will use the funds in our Rural Healthcare Pilot Program (RHCPP) award to pay for the non-recurring costs (NRC) associated with provisioning the leased service while leaving enough of the RHCPP award to pay for four (4) years of monthly recurring costs (MRC) for all of the ACTION locations.

The Adirondack – Champlain Telemedicine Information Network is a regional initiative to create a fiber optic telecommunications/telemedicine network that will connect participating ACTION entities located at sites operating in Clinton, Essex, Franklin, Rensselaer, Saratoga, St. Lawrence, Warren and Washington Counties in New York.

The purpose of this RFP is to solicit proposals from Offerors who wish to provide leased broadband/Intranet services and public Internet services to support the participants of ACTION. Offerors must bid on both services (broadband: managed switch/firewall service over a secure fiber/Ethernet broadband network, and public Internet) in order to be considered for this RFP. Offerors who are not able to provide both services may team with other providers in order to submit a complete proposal.

Offerors shall agree to abide by the excess capacity provisions outlined in [Attachment 1](#), “Excess Bandwidth and Excess Capacity Scenarios,” paying close attention to the concerns outlined in scenarios 6 and 7 regarding “fair share” and “excess capacity.” ACTION is not requesting any excess capacity and offerors are not authorized to add additional capacity on segments connecting ACTION locations that will be funded by this award. ACTION will only pay for a leased service that supports the amount of bandwidth requested in this RFP.

Proposal Submission Process

Proposals shall be submitted to:

NAME:	Michael Simpson
TITLE:	Director, Office of Sponsored Research & Programs
ORGANIZATION:	SUNY Plattsburgh
ADDRESS:	101 Broad Street, KEHOE 815 Plattsburgh, NY 12901

TELEPHONE NO.: 518-564-2155
FAX NO.: 518-564-2157
EMAIL ADDRESS: michael.simpson@plattsburgh.edu

- Closing date for submitting the proposal is **5:00 PM on the 30th day after the posting of the RFP**. Proposals received after the specified closing date and time will not be accepted.
- **Number of copies required = 7**
- Format for the Proposal:

- **Bids are to be submitted in printed and electronic form. The electronic copy must be searchable.** Electronic bids shall be in either Microsoft Word or Adobe PDF file format.
- **Offeror proposals will include the following sections:**
 - Cover Letter
 - Executive Summary
 - Description of Proposed Managed Firewall/Switch Leased Broadband Service
 - Description of Proposed Public Internet Service
 - Description of Proposed Hardware and Software
 - Project Management Description
 - Status/Usage Reports
 - Qualifications and References of Offerors and All Subcontractors
 - Schedule/Timeline
 - Pricing Section
 - Contact Information

- **Questions about the RFP should be submitted to:**

NAME: Michael Simpson
TITLE: Director, Office of Sponsored Research & Programs
ORGANIZATION: SUNY Plattsburgh
ADDRESS: 101 Broad Street, KEHOE 815
Plattsburgh, NY 12901
TELEPHONE NO.: 518-564-2155
FAX NO.: 518-564-2157
EMAIL ADDRESS: michael.simpson@plattsburgh.edu

- **Questions regarding the RFP can be submitted for the first 5 business days from the posting of the RFP.**
- **ACTION will post answers to all questions received within 4 days, following the initial 5 business day period, to the following location:**
<http://web.plattsburgh.edu/offices/admin/sponsoredresearch/telemedicine-rfp-faqs.php>
- **Offerors will be notified within 7 days after the end of the RFP posting period (30 days) as to which Offeror has been selected for a contract award.**

- All materials submitted in response to the RFP become the property of the Adirondack – Champlain Telemedicine Information Network.
- Proposals and supporting materials will not be returned to Offerors.
- Offerors are advised that:
 - Pricing will be considered as part of the proposal evaluation process.
 - The award of the contract will not necessarily go to the proposal with the lowest bid.
 - The Adirondack – Champlain Telemedicine Information Network reserves the right to reject any or all proposals.

Participating Sites

- The participating ACTION members are located at 50 sites and include primary care clinics, rural hospitals, urban hospitals, dialysis and rehabilitation clinics and an imaging center.

Adirondack - Champlain Telemedicine Information Network 50 Participating Entities							
Site	Organization	Address	County	City	Zip Code	Bandwidth Option 1	Bandwidth Option 2
1	Adirondack Medical Center	2233 State Route 86	Franklin	Saranac Lake	12983	1 Gbps	100 Mbps
2	Lake Placid Health Center	29 Church Street	Essex	Lake Placid	12946	100 Mbps	100 Mbps
3	AMC Uihlein Skilled Nursing Facility	185 Old Military Road	Essex	Lake Placid	12946	100 Mbps	100 Mbps
4	Mountain Health Center	2841 State Route 73	Essex	Keene	12942	100 Mbps	100 Mbps
5	Tupper Lake Health Center	7 Stetson Road	Franklin	Tupper Lake	12986	100 Mbps	100 Mbps
6	Renal Dialysis and Sports Medicine & Rehabilitation	114 Wawbeek Avenue	Franklin	Tupper Lake	12986	100 Mbps	100 Mbps
7	Elizabethtown Community Hospital	75 Park Street	Essex	Elizabethtown	12932	1 Gbps	100 Mbps
8	Elizabethtown Community Health Center (EHC)	66 Park Street	Essex	Elizabethtown	12932	1 Gbps	100 Mbps
9	Westport Health Center (WHC)	6097 NYS Route 9N	Essex	Westport	12993	100 Mbps	100 Mbps
10	High Peaks Health Center (HPHC)	7 Community Circle	Essex	Wilmington	12967	100 Mbps	100 Mbps
11	Alice Hyde Medical Center	133 Park Street	Franklin	Malone	12953	1 Gbps	100 Mbps
12	Bessette Health Center	6087 State Route 11	Franklin	Chateaugay	12920	100 Mbps	100 Mbps
13	Dwyer Health Center	969 Route 11	Franklin	Moira	12957	100 Mbps	100 Mbps
14	Salmon River Health Center	577 County Route 1	Franklin	Fort Covington	12937	100 Mbps	100 Mbps
15	Tower Health Center	North Main Street	Franklin	St. Regis Falls	12980	100 Mbps	100 Mbps
16	CVPH Medical Center	75 Beekman Street	Clinton	Plattsburgh	12901	1 Gbps	100 Mbps
17	CVPH Ambulatory Surgery Center	77 Plaza Boulevard	Clinton	Plattsburgh	12901	100 Mbps	100 Mbps
18	CVPH Sports Med and Rehab Center at PARC	295 New York Road	Clinton	Plattsburgh	12903	100 Mbps	100 Mbps
19	CVPH Dialysis Satellite at ECH	75 Park Street	Essex	Elizabethtown	12932	100 Mbps	100 Mbps
20	CVPH Medical Center Rehabilitation Services	179 Tom Miller Road	Clinton	Plattsburgh	12901	100 Mbps	100 Mbps
21	Massena Memorial Hospital	One Hospital Drive	St. Lawrence	Massena	13662	1 Gbps	100 Mbps
22	Brasher Falls Family Health Center	3 Cudlipp Drive	St. Lawrence	Brasher Falls	13613	100 Mbps	100 Mbps
23	Norfolk Family Health Center	42 West Main Street	St. Lawrence	Norfolk	13667	100 Mbps	100 Mbps
24	Massena Memorial Hospital Dialysis Center	290 Main Street	St. Lawrence	Massena	13662	100 Mbps	100 Mbps
25	Inter-Lakes Health	1019 Wicker Street	Essex	Ticonderoga	12883	1 Gbps	100 Mbps
26	St. Regis Mohawk Tribe Health Services	412 State Route 37	Franklin	Akwesasne	13655	100 Mbps	100 Mbps
27	Glens Falls Hospital	100 Park Street	Warren	Glens Falls	12801	1 Gbps	100 Mbps
28	Advanced Imaging at Baybrook	22 Willowbrook Road	Warren	Queensbury	12804	100 Mbps	100 Mbps
29	Evergreen Health Center-Radiology Ext. Clinic	Evergreen Plaza, 13 Palmer Avenue	Saratoga	Corinth	12822	100 Mbps	100 Mbps
30	Glens Falls Hospital Broad Street Campus	2 Broad Street	Warren	Glens Falls	12801	100 Mbps	100 Mbps
31	Behavioral Health Services/Ridge Commons	1 Lawrence Street	Warren	Glens Falls	12801	100 Mbps	100 Mbps
32	Fort Edward Family Medicine	327 Broadway	Washington	Fort Edward	12828	100 Mbps	100 Mbps
33	Granville Health Center	79 North Street	Washington	Granville	12832	100 Mbps	100 Mbps
34	Cambridge Family Health Center	35 Gilbert Street	Washington	Cambridge	12816	100 Mbps	100 Mbps
35	GFH Outpatient Renal Dialysis Center	3 Broad Street	Warren	Glens Falls	12801	100 Mbps	100 Mbps
36	Greenwich Family Health Center	1112 County Route 29	Washington	Greenwich	12834	100 Mbps	100 Mbps
37	Center for Recovery	101 Ridge Street	Warren	Glens Falls	12801	100 Mbps	100 Mbps
38	GFH Sleep Lab	92 Broad Street	Warren	Glens Falls	12801	100 Mbps	100 Mbps
39	Hill Condy Family Practice	19 West Avenue	Saratoga	Saratoga Springs	12866	100 Mbps	100 Mbps
40	Hoosick Falls Family Health Center	16 Danforth Street	Rensselaer	Hoosick Falls	12090	100 Mbps	100 Mbps
41	Moreau Health Center	10154 Territorial Park	Washington	Fort Edward	12828	100 Mbps	100 Mbps
42	Pinewood Professional Park						
43	The Medical Center at Wilton	123 North Road	Saratoga	Gansevoort	12831	100 Mbps	100 Mbps
44	Hudson Falls Internal Medicine	325 Main Street	Washington	Hudson Falls	12839	100 Mbps	100 Mbps
45	Salem Family Health Center	213 Main Street	Washington	Salem	12865	100 Mbps	100 Mbps
46	The Rehab Center & The Hearing Center	25 Willowbrook Road	Warren	Queensbury	12804	100 Mbps	100 Mbps
47	Main Street Physical Therapy	17 Main Street	Warren	Glens Falls	12801	100 Mbps	100 Mbps
48	Saratoga Physician's Practice	1 West Medical Plaza	Saratoga	Saratoga Springs	12866	100 Mbps	100 Mbps
49	Whitehall Health Center	65 Poultney Street	Washington	Whitehall	12887	100 Mbps	100 Mbps
50	The Center for Recovery	340 Main Street	Washington	Hudson Falls	12839	100 Mbps	100 Mbps
	Wilton Health Services	11 Carpenter Lane	Saratoga	Wilton	12866	100 Mbps	100 Mbps

1-1 ACTION Site Locations

2. Project Administration

A. Background

The Research Foundation of the State University of New York will be the legal entity to administer the contract awarded to the Offeror.

The lead eligible health care provider and the fiscal administrator are two separate entities from within the ACTION consortium. CVPH Medical Center is the lead eligible provider for the FCC Rural Health Care Pilot Project and the Research Foundation of State University of New York (SUNY) serves as the fiscal administrator.

The involvement of the State University of New York at Plattsburgh, an eligible healthcare educational entity, is the link to the Research Foundation of SUNY. The Research Foundation is a private, nonprofit educational corporation that administers externally funded contracts and grants for and on behalf of the State University of New York (SUNY) campuses.

The ACTION consortium is currently functioning as an advisory board for the project. Eventually, ACTION is expected to become its own 501(c)(3) entity that will assume control of the project. Such actions will not significantly alter the parameters of the project or the participants that will benefit from the network and will require the approval and guidance of USAC and the FCC. The Research Foundation will continue to serve in its fiscal agent role until it is no longer necessary.

B. Vision and Mission

The mission of ACTION was developed to fulfill the tasks set before it and to reach the vision for North Country healthcare held by the leadership of the organization.

1. Vision Statement

Transform our current healthcare delivery system into a healthcare delivery model that partners regional hospitals and clinics to augment their respective primary care capability with specialty care and inpatient services.

2. Mission Statement

The mission of ACTION is to ensure that our rural health care facilities have high quality, affordable digital connectivity in order to share telemedicine and telehealth services that will provide residents of northeastern New York State with the best health care possible.

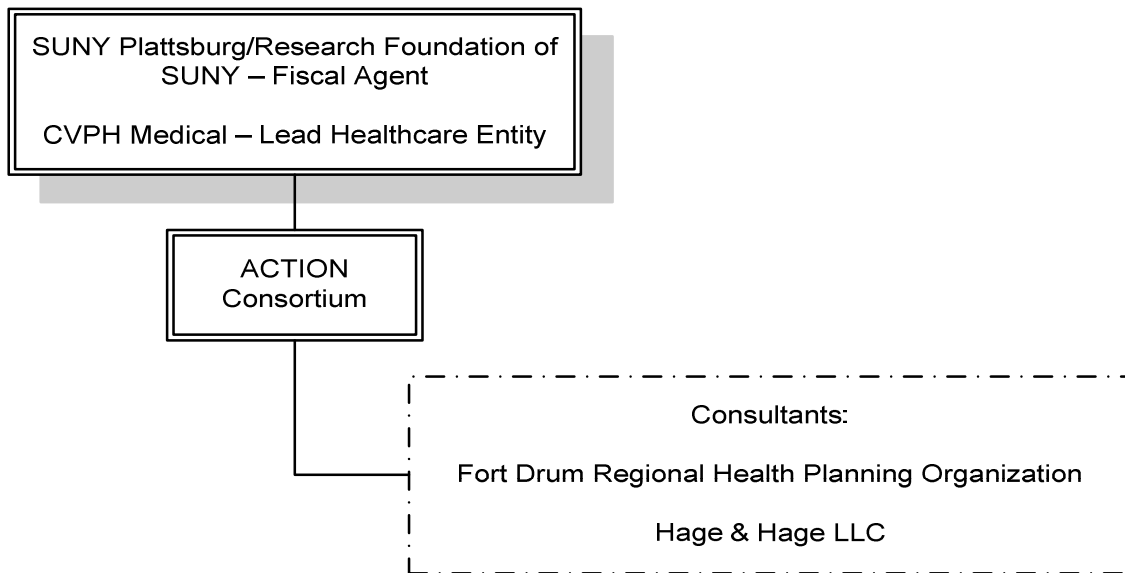
3. Goals

Assist regional health care providers to increase access to an information system that will be fully utilized to:

- a. Improve *patient safety* (alert for medication errors, drug allergies, and emergency response);
- b. Improve *healthcare quality* (make available complete electronic medical records, test results and x-rays at the point of care, integrate health information from multiple sources and providers, incorporate the use of decision support tools with guidelines and research results, etc); and,
- c. Create a health information system for the purpose of sharing common patient medical information among ACTION members to improve quality of care and maximize cost efficiencies.

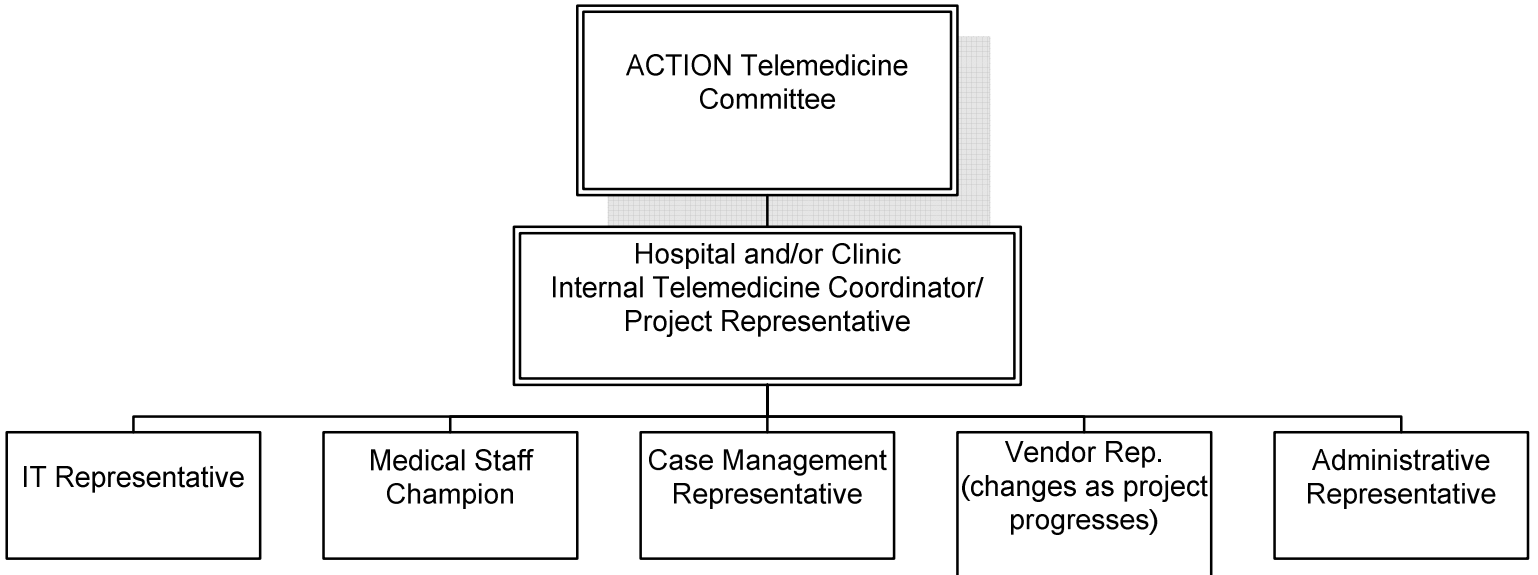
C. ACTION Organization

The Adirondack Champlain Telemedicine Network Organization Chart is shown below:



1-2 ACTION Organizational Chart

ACTION Partner Internal Organization for Telemedicine Project



1-3 ACTION Organizational Chart for Telemedicine Project

3. Technical Requirements

Offerors shall provide a **detailed description** of the proposed leased broadband (fiber/Ethernet) private Intranet and public Internet service, which addresses the following items:

Offerors ARE required to provide bids for both the broadband (fiber/Ethernet) private Intranet and the public Internet services. ACTION members (listed in [Chart 1-1](#)) must be able to access the public Internet connection via the broadband private Intranet backbone. Offerors who do not typically offer both services (private backbone Intranet and public Internet) may team with other providers in order to submit a complete solution. Offerors who team with other providers will be viewed by ACTION as having entered into a “Prime contractor/sub-contractor” relationship. Only the Prime Contractor can submit a fully completed bid in response to this RFP. The Prime Contractor will be responsible for providing ACTION with a single bill for both services (broadband private Intranet and public Internet) as they apply to non-recurring charges (NRC) and monthly recurring charges (MRC). The Prime Contractor will also be the initial point of contact for all issues relating to the operation and maintenance of the leased network and the leased network services. Please keep in mind that ACTION is seeking proposals that will use the funds in our Rural Healthcare Pilot Program (RHCPP) award to pay for the non-recurring costs (NRC) associated with provisioning the leased service while leaving enough of the RHCPP award to pay for four (4) years of monthly recurring costs (MRC) for all of the ACTION locations.

- a. Construction, installation, implementation, and delivery of full-duplex 100 Mbps and 1 Gbps managed switch/firewall broadband fiber/Ethernet private Intranet leased service to the facility telecommunications demarcation point at the 50 ACTION sites as stipulated in [Chart 1-1](#). This managed service must also bundle public Internet services which will be available to all 50 ACTION sites as stipulated in [Chart 1-1](#). The broadband infrastructure (private Intranet) connection rate and for each ACTION site is listed in [Chart 1-1](#), Bandwidth Options 1 and 2.
- b. Offeror’s shall provide connectivity to the St. Regis Mohawk Tribe Health Services facility. Offeror’s can either build out a circuit from their provider network to the St. Regis Mohawk Tribe Health Service facility in the same manner as the other 49 ACTION locations (as described in the previous bullet) or they can present an alternate plan that will allow this facility to connect to the proposed private intranet ACTION locations and the public Internet.
 - 1) Offeror’s who choose to present an alternate plan for the St. Regis Mohawk Tribe Health Services facility connection to the other ACTION member sites and the public Internet shall provide all non-recurring cost (NRC) and monthly recurring costs (MRC), as detailed in [Section 6](#), on a separate pricing document.
 - 2) The alternate plan **MUST** allow the St. Regis Mohawk Tribe Health Services facility to connect to all of the other ACTION member sites and the public Internet.

- 3) The alternate plan can include scenarios that allow the St. Regis Mohawk community to connect to the provider's closest central office (CO) using Ethernet circuits owned or leased by the St. Regis Mohawk community. The connection from the provider's CO to the St. Regis Mohawk Tribe Health Services facility will be the responsibility of the St. Regis Mohawk community. The offeror will not be responsible for SLA requirements on the connection between the offeror's CO and the St. Regis Mohawk Tribe Health Service facility, but the offeror will make every effort to baseline the connection to meet or exceed the [SLA](#) requirements defined for all other ACTION member locations.
- c. Describe the broadband infrastructure (private Intranet) and architecture, including network diagrams for how the private broadband network will connect to regional and national systems and how users will access the local service to support technologies for broadband communication of data, voice and video. Include a network diagram that shows physical and virtual connections from each ACTION site to the provider's network (private broadband connections and public Internet connections).
 - d. Every site connected to the network will have the capability of having secure virtual circuit connections to every other site on the network. This shall include support for layer 2 virtual local area networks (VLANs), which shall be the default service connection between ACTION locations, on the managed switch/firewall. Virtual private networks (VPNs), SSL and IPsec, shall also be supported by the managed switch/firewall. VLAN support shall be the default service.
 - e. Describe the maximum number of VLANs that may be configured on each type of managed switch/firewall that is bid. The number of VLANs provided to each ACTION site, at no additional charge, will be as follows:
 - 1) 10 Mbps sites get 1 default VLAN and 2 additional VLANs
 - 2) 100 Mbps sites get 1 default VLAN and 10 additional VLANs
 - 3) 1 Gbps sites get 1 default VLAN and 20 additional VLANs
 - f. Every site connected to the network will have the capability of accessing the public Internet. Offeror's shall provide a minimum of 300 Mb of full-duplex public Internet access which shall be shared by all of the ACTION member locations. Offeror's shall provide pricing for 300 Mb, 500 Mb, 750 Mb and 1000 Mb of total public Internet access (full-duplex) that will be shared by all of the ACTION member locations. Offeror's can provide a single full-duplex connection (pipe) to the public Internet or, for the purpose of redundancy, they can provide 2 or more full-duplex connections (pipes) whose aggregate bandwidth meets the total public Internet connection requirement (300 Mb, 500 Mb, 750 Mb or 1000 Mb). Offeror's who provide multiple full-duplex public Internet connections should ensure that each of the full-duplex public Internet connections has a different upstream provider.

- g. Offeror's shall devise a plan to allow all of the ACTION member's access to the public Internet bandwidth. All ACTION member hospital locations must have a minimum committed information rate (CIR) of 50 Mbps of full-duplex bandwidth to the public Internet with the ability to burst above the CIR to take advantage of unused public Internet bandwidth. All other locations must have a minimum CIR of 10 Mbps of full-duplex bandwidth to the public Internet with the ability to burst above the CIR to take advantage of unused public Internet bandwidth. There will be no additional fees for bursting above the CIR. (The Offeror may wish to consider adding a layer 3 device at the egress/ingress to the public Internet connection(s) and provide separate VLANs back to each ACTION member location as a means of sharing, monitoring and provisioning the public Internet bandwidth among the ACTION member locations.) The proposed public Internet connection may be oversubscribed but in the event 100% of the available public Internet bandwidth is in use the offer must be able to prioritize the traffic and drop packets based on ACTIONs recommendations of which locations require higher precedence over other locations (the prioritization order will be determined after contract award).
- h. Every site connected to the network will be provided with a managed firewall service. The firewall must be able to analyze traffic up to layer 3 of the OSI model and must forward packets at the line rate of the private Intranet connection as listed in [Chart 1-1](#) for Bandwidth Options 1 and 2. The managed firewall may be part of the managed switch or it can be a stand-alone device.
- i. The managed firewall must support 3DES and AES encryption. Encrypted traffic is also required to be forwarded at the line rate of the private Intranet connection as listed in [Chart 1-1](#) for Bandwidth Options 1 and 2.
- j. ACTION members must be able to originate and terminate virtual private network (VPN) connections on their own equipment located behind or parallel to the offerors managed firewall. ACTION members must be able to configure these types of VPN connections (i.e.: those that originate and terminated behind or parallel to the offerors managed firewall) at will and without the assistance or permission of the offeror.
- k. ACTION would be interested in seeing solutions that include an intrusion detection system (at a minimum) and/or an intrusion prevention system (preferred). Offerors who provide either or both of these systems should list them as an enhanced service offering (managed switch/firewall/IDS/IPS) in the pricing presented to ACTION. This is further explained in [Section 6](#). This is not mandatory but those offerors who include this in their leased service offering will be awarded additional points during the scoring of the RFP responses.
- l. ACTION would like the proposed public Internet service to include a public block of static IP addresses, at no additional charge, as part of an enhanced Internet service offering for each ACTION location. This is not mandatory but those offerors who include this in their public Internet service offering will be awarded additional points during the scoring of the RFP responses.

- m. Any public IP address block given to ACTION will have at least 1 IP address assigned to the managed switch/firewall appliance used to terminate the leased fiber/Ethernet private broadband service. ACTION member locations may want additional IP address for their internal mail server, file servers or web servers. Describe how the addressing could be modified in the future to support IPv6.
- n. Offerors who include public IP addresses/block will get the addresses/block from the American Registry for Internet Numbers (ARIN) and will confirm that none of the addresses have been blacklisted.
- o. Describe how the proposed service will meet the specified broadband connectivity requirements of the project.
- p. List the industry technical standards that the Offeror will use for this project. Describe how the equipment could support IPv6 when that becomes a defacto standard.
- q. Describe how the broadband service (private Intranet, fiber/Ethernet) will connect to the specific customers identified in the RFP. Clearly describe the steps ACTION members will need to take in order to connect their LAN equipment to the offeror's managed switch/firewall equipment.
- r. ACTION members may have VPN connections in their current network environment (SSL and IPsec). Describe how the offeror will help the ACTION members at each ACTION site to migrate their current VPN assignments from their current network to the offerors proposed network. Provide a management plan that describes this process and include a timeline (i.e.: how long will it take to migrate 1-25 VPNs, 26-50 VPNs, 51-100 VPNs, more than 101 VPNs).
- s. All private broadband (fiber/Ethernet) Intranet traffic between ACTION member sites must stay on the private Intranet without connecting through the public Internet. Describe how traffic will traverse through the network for:
 - 1) Traffic originating at 1 ACTION member location and terminating at a different ACTION member location.
 - 2) Traffic originating at 1 ACTION location and terminating at a non-ACTION member location via the public Internet.
- t. Include the terms under which a third party service provider would interconnect to the Offeror's facilities to offer their own broadband services.
- u. Describe the scalability of the proposed broadband service:
 - 1) How the service can be extended to new customers who may wish to sign up for the service at a later date.

- 2) How level of service can be upgraded to provide a higher level of service to the customers who have already signed up for the service. This should be accomplished without purchasing new equipment (i.e., no “fork-lift” upgrades). ACTIONs preference is the ability to increase bandwidth via a change to the software configuration without having to install any new hardware modules. This is not a requirement but more points will be awarded for this type of configuration.
- v. Describe the redundancy (if any) of the proposed vendor hardware. Additionally, the proposed offeror CPE equipment shall include an option for redundant AC or DC power (as applicable). (Note: The offeror should make recommendations for UPS and battery back-up requirements to support the proposed equipment.)
 - w. Describe the redundancy (if any) of the proposed vendor connection to the ACTION member location.
 - x. Describe how all data, voice, and video traffic transmitted within the network and between the network, the Internet, and other external networks can be encrypted using 3DES and AES.
 - y. The offeror will be providing a managed firewall service as part of the leased offering. The offeror shall describe what contractual safeguards will be provided to ACTION members to protect them from problems that arise due to accidental or intentional issues that may occur and could harm an ACTION members local area network (i.e.: improperly configured firewall rules that allow unauthorized access to the ACTION members network).
 - z. The network must have the capability of interfacing with Internet2, and other public, statewide, regional, and national healthcare networks.
 - aa. This request for proposals is for network construction and four years of network services delivery (based on funding availability), allowing participating entities the option to continue services at the same pricing, or less, for an additional eight years.
 - bb. Include a timeline for how the requested network will be completed and ready for testing and deployment within 8-12 months of contract award (weather permitting and assuming timely approval of permits and 3rd party permitting/approval; also dependant on award of Rural Healthcare Pilot Program (RHCPP) funding commitment letter (FCL)).
 - cc. Include a timeline and description of how the Offeror will conduct network testing and certification of all fiber transmission media in accordance with industry-standard practices. The Offeror will be required to produce a report that documents the results of network testing and certification.

dd. Provide a detailed description of how the Offeror will provide Network Management Services for Monitoring and Alerting network status. Additionally, the offeror shall provide online reports that can be accessed via the public Internet. On-line reports should include the following information for each ACTION location:

- 1) Daily/5 minute average
- 2) Weekly/30 minute average
- 3) Monthly/2 hour average
- 4) Yearly/1 day average
- 5) Differentiate between private Intranet bandwidth usage and public Internet bandwidth usage

Failure to demonstrate the ability to meet the following requirements will result in rejection of the Offerors proposal:

- Service Level Agreement (SLA) Requirements
- Service Response Times Listed in the SLA Table

Service-Level Agreement

The leased service shall include a Service Level Agreement (SLA) specifying basic service levels, trouble-management response times, circuit availability and latency. The Offeror must submit a representative SLA with the proposal response. The submitted SLA shall reference the following minimal elements and corresponding requirements:

SLA Element	ACTION Requirements
Service Availability Objective (per month)	99.999%
Network Monitoring & Alerts	24 x 7
Mean Time to Respond	30 Minutes
Mean Time to Respond Updates	2 Hours
Mean Time to Repair	4 Hours
Latency Within ACTION Network	<10 Milliseconds Port-to- Port
Management Reports	On-line, weekly and upon request

1-4 ACTION Service Level Agreements

The offeror shall include the terms of the SLA in any contract agreement with ACTION.

4. Project Management Requirements

Offerors shall include a Detailed Project Management Plan for implementing the private broadband Intranet and the public Internet Services project. The Detailed Project Management Plan shall include narrative information and detailed project milestone and schedule information presented in Microsoft Project file format. The Offeror shall include an estimated start time and completion date for the project.

Offerors shall outline their implementation plan for the project described in the RFP.

The plan should include timetables that address the following issues:

Project Management: Provide a description of the Offeror's management team for this project. List all key personnel and their qualifications.

Project Schedule: Provide an implementation schedule for the proposed service, including delivery dates, implementation milestones, task relationships and dependencies, and a timeline.

Broadband System (private Intranet) and public Internet Services System Architecture and Development: Provide descriptions of how the service(s) will be designed, including details of customer testing and final implementation, the extent to which broadband (private Intranet) and public Internet connectivity to participating ACTION entities will be guaranteed; how the private Intranet and public Internet service will deliver differentiated levels of service depending on the different bandwidth needs; quality of service (QoS) requirements of the ACTION users.

Ongoing Service Maintenance and Assistance: Offerors shall provide details of all maintenance activities and how assistance will be provided to ACTION users.

This data shall include, but not be limited to:

- How 24/7 maintenance support will be provided.
- The response times for major and minor problems.
- How the service will be monitored on a continuous basis for any problems and what proactive steps will be taken to ensure the quality of the service.
- How reports will be made available to ACTION management on-line via the public Internet or through the newly created private Intranet.
- Description of what software will be used to generate reports containing the following minimum information:
 - Circuit Bandwidth Utilization (private intranet and public Internet)
 - Peak Bandwidth Analysis (private intranet and public Internet)
 - Circuit Up-time (private intranet and public Internet)
 - Circuit Down-time (private intranet and public Internet)

5. Offeror Qualifications and References

Offerors shall demonstrate their ability and competency to complete the project by providing the information below.

A brief description of the Offeror Company and services offered, including:

- Full legal company name
- Year business was established
- Number of people currently employed
- Most recent annual report, if a public company
- A description of the qualifications, experience, capability and/or capacity of the Offeror to successfully provide the broadband service and complete the project in a timely manner.
- A description of the qualifications of the members of the proposed project team that will be assigned to the project.
- Information on current broadband clients including:
 - Total number of current clients
 - A list of broadband services provided to similar communities
 - Evidence of successful completion of a project of a similar size and complexity
- References: Contact information for three references from projects similar in size, application and scope and a brief description of their broadband installations.
- Evidence of Offerors financial bonding status.
- The Offeror will be required to provide to the Research Foundation SUNY Plattsburgh a Performance Bond for the full amount of the contract within 10 days of notification of acceptance of the Offeror's bid by the responsible ACTION entity. No contract will be executed without a Performance Bond in place. The Adirondack – Champlain Telemedicine Information Network will be designated the "Owner" of the performance bond.

6. Budget and Pricing

Costing

Offerors shall provide a **Detailed Breakdown and Summary of Costs** to provide broadband/private Intranet and public Internet as described in this RFP.

Offerors shall provide a cost breakdown of the proposed **Service(s)** as follows:

- Installation/Non-Recurring Charges (NRC) should be broken down as follows:
 - Infrastructure – outside Plant Construction charge
 - Equipment and Installation charge
 - Regional facilities, engineering and design charge
 - Network engineering, construction, management/maintenance and testing charge
 - Cross-connect fees (if applicable)
 - Each NRC cost for private broadband (fiber/Ethernet) Intranet costs and public Internet costs should be listed separately.
- Monthly Recurring Charges (MRC) for Service Delivery/Sustaining Maintenance Support. The private broadband (fiber/Ethernet) connection (private Intranet) MRC and the public Internet MRC should be listed separately.
- Provide ACTION with pricing options as follows:
 - a. Provide NRC/MRC pricing for all locations listed in [Chart 1-1](#) at the connection rate specified in the chart for “Bandwidth Option 1.”
 - b. Provide NRC/MRC pricing only for the first 26 locations listed in [Chart 1-1](#) at the connection rate specified in the chart for “Bandwidth Option 1.”
 - c. Provide NRC/MRC pricing for all locations listed in [Chart 1-1](#) at the connection rate specified in the chart for “Bandwidth Option 2.”
 - d. Provide NRC/MRC pricing only for the first 26 locations listed in [Chart 1-1](#) at the connection rate specified in the chart for “Bandwidth Option 2.”
 - e. The total amount of public Internet bandwidth available to all of the ACTION members shall be priced in 4 increments:
 - 300 Mb
 - 500 Mb
 - 750 Mb
 - 1000 Mb

Each of the pricing options listed above (6a – 6d) shall include pricing for all 4 public Internet bandwidth options.
 - f. Those offerors who include IDS and/or IPS solutions shall provide all of the pricing described in Section 6a through 6d. They shall also provide an additional “Enhanced Managed Switch/Firewall/IDS/IPS” pricing that includes all of the locations and requirements for Sections

6a-6d plus the additional cost to support IDS and/or IPS equipment and services.

- g. All pricing must be broken down into non-recurring charges (NRC) and monthly recurring charges (MRC). All NCR and MRC pricing must differentiate between private Intranet costs and public Internet costs. The pricing shall also include the total cost of the solution (NRC and MRC) over four (4) years. This pricing shall be good for a period of four (4) years.
 - h. Offeror's who present an alternate connection scenario for the St. Regis Mohawk Tribe Health Services facility shall provide separate pricing for this location when responding to Sections 6a through 6g.
- ACTION would like to see pricing from all Offerors for both the 26 site solutions and the 50 site solutions however, Offerors who provide pricing for the 26 site solutions **MUST** provide pricing for the 50 site solutions. Offerors who provide pricing for the 50 site solutions **do not** have to provide pricing for the 26 site solutions. Keep in mind that ACTION is seeking proposals that will use the funds in our Rural Healthcare Pilot Program (RHCPP) award to pay for the non-recurring costs (NRC) associated with provisioning the leased service while leaving enough of the RHCPP award to pay for four (4) years of monthly recurring costs (MRC) for all of the ACTION locations.
 - While Offerors who provide pricing for the 50 site solutions do not have to provide pricing for the 26 site solutions, ACTION would prefer to see pricing for both solutions. This will give us more options when picking a winning bid and increases the offerors chances of being selected as the winning bidder.
 - ACTION's preference is to select a vendor who will connect all 50 sites using the funds in the RHCPP award to pay for the non-recurring costs associated with provisioning the leased service and leave enough money in our RHCPP award to cover the cost of MRC payments for 4 years. In the event we do not receive any bids that meet this criteria our fallback position is to select a bid that connects the 26 core locations while leaving enough money in our RHCPP award to cover the cost of MRC payments for 4 years. No bids will be considered that do not leave enough funds in the RHCPP award to cover 4 years of MRC payments (85% of MRC costs are paid for through the RHCPP award and the remaining 15% is paid for by the ACTION member sites).
 - ACTION will accept only complete solutions for the following **Service** from a Prime Offeror: leased managed switch/firewall broadband/private Intranet and public Internet. ACTION has the right to reject any offer that exceeds their expected funding commitment from the Rural Healthcare Pilot Program.

For those offerors using sub-prime(s) contractors, the prime Offeror shall assume responsibility for all work and will be the primary contact for all services provided by the primer offeror and any sub-prime offerors.

The ACTION will provide a Payment Schedule and Terms that links payments to deliverables.

ACTION is seeking proposals that will use the funds in our Rural Healthcare Pilot Program (RHCPP) award to pay for the non-recurring costs (NRC) associated with provisioning the leased service while leaving enough of the RHCPP award to pay for four (4) years of monthly recurring costs (MRC) for all of the ACTION locations.

Once source selection is made, a contract will be negotiated with the contractor, or prime contractor, including payment schedule for work.

Pricing shall be good for a minimum of four (4) years from the date of contract with ACTION. The offeror shall provide an option to extend the contract for an additional eight (8) years at the same pricing, or lower, if all the concerned parties agree to the new terms. Sites will negotiate a rate of speed for services (100 Mbps or 1 Gbps) for a period of time in the initial contract. At the end of the initial contract sites have the right to reduce or increase bandwidth as needed in a new contract.

March 17, 2009

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Excess Bandwidth and Excess Capacity Scenarios

Scenario 1: *Participant Owns 100% of Dedicated Network; No-Excess Bandwidth or Excess Capacity for Use by Other Network Members or Non-Network Members*

The participant contracts with vendor to construct dedicated network capacity for current eligible HCP members¹, with the participant getting ownership of the fiber or an IRU. The participant owns 100% of the fiber, or an IRU. The participant pays not less than 15% of the eligible costs for the IRU, and universal service funds pay for not more than 85% of such eligible costs.

An IRU is for the specified bandwidth/number of fibers only, and excess capacity is not likely to be an issue. Any capacity paid for by universal service funds belong to the participant.

In the case of an IRU, the participant does not control how much additional capacity the vendor builds on its own, because the price paid by the participant for the IRU is set by competitive bidding.² However, in reviewing bids, a participant should receive sufficient information to determine whether it is paying construction costs. See Scenario 7. If the price is based on construction costs and the participant is paying more than a fair share of construction costs, an IRU would not be appropriate, and the participant should obtain ownership (possibly joint ownership) of what is being constructed.

The participant must certify selection of the most cost-effective bid and USAC will verify that cost was a primary factor in selection.

¹ The term “eligible health care providers” (eligible HCPs) is defined in section 254(h)(7)(b) of the Communications Acts of 1934, as amended, 47 U.S.C. § 254(h)(2)(A); see *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 22 FCC Rcd 20360, at 20395-96, para. 71 (2007) (*2007 RHC PP Selection Order*).

² See *2007 RHC PP Selection Order*, at 20412-20415, paras. 100-104 (discussing competitive bidding requirements).

Attachment 1 – USAC Excess Bandwidth and Excess Capacity Scenarios, Con’t.

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Scenario 2: *Participant Owns 100% of Dedicated Network; Excess Bandwidth is owned by Participant for Current or Future Use by Other Network Members*⁽³⁾

Same as Scenario 1 above, except the participant requests that the vendor construct excess bandwidth for dedicated network growth.⁽⁴⁾ Such excess bandwidth (or an IRU for such excess bandwidth) may be covered by universal service funds and will be owned by the participant. The participant pays not less than 15% of the eligible costs for the dedicated network (including excess bandwidth) and universal service funds pay for not more than 85% of such eligible costs (including excess bandwidth). Future network members may be either eligible HCPs or other network members.

Subject to an agreement with the participant and so long as it is consistent with the 2007 RHC PP Selection Order, an eligible HCP: (i) may join and use the dedicated network; and (ii) may become a part owner of the dedicated network facilities. Such eligible HCPs may be required by the participant to: (i) pay a fair share of ongoing costs; and/or (ii) pay an equitable portion of the participant’s minimum 15 percent match contribution.

Other network members may join the dedicated network if they pay fair share to join and use the dedicated network (ensuring that universal service funds are not used to benefit other network members).⁽⁵⁾ Such other network members may not gain an ownership interest in the dedicated network facilities. Both the eligible HCPs and other network members must use the dedicated network for health-related purposes as set forth in participant’s application and as permitted by the 2006 Pilot Program Order and the 2007 RHCPP Selection Order.⁽⁶⁾

Arrangements for use of excess capacity by non-network members must be arm’s length. All revenues the participant receives from such future network members (other network members or eligible HCPs) must be used for the sustainability of the dedicated

³ See Letter from Dana Shaffer, Chief, Wireline Competition Bureau, to Scott Barash, Acting Chief Executive Officer, Universal Service Administrative Company, WC Docket No. 02-60 (dated Oct. 24, 2008) (*October 24 Letter*), at 3 (“mixed used” discussion).

⁴ For purposes of these scenarios, the term “excess bandwidth” refers to excess fiber (or other facilities) to be used for the dedicated network by eligible HCPs and other network members, and the term “excess capacity” refers to excess fiber (or other facilities) that will be used by non-network members.

⁵ Participants have the obligation to document how fair share was determined. *October 24 Letter* at 3.

⁶ *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order, 21 FCC Rcd 11111 (2006) (2006 Pilot Program Order); 2007 RHC PP Selection Order.

Attachment 1 – USAC Excess Bandwidth and Excess Capacity Scenarios, Con’t.

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network. Network costs may include administration, equipment, software, telecommunications, legal fees, or other costs not covered by the Pilot Program, as long as they are relevant to sustaining the network.

In this scenario there is no excess capacity available for use by non-network members.

Scenario 3. *Participant Owns 100% of Dedicated Network and Pays “Incremental Cost” for Excess Capacity*

Same as Scenario 2 above, except that during the construction phase, in addition to paying at least 15% of the cost for the dedicated network facilities, the participant pays the *incremental cost* for excess capacity facilities that will not be part of the dedicated network. The dedicated network portion of the project will be used by network members as described in Scenario 2.

The incremental cost for excess capacity facilities is not part of the participant’s minimum 15% contribution and cannot be funded by universal service funds. In addition, the inclusion of excess capacity facilities cannot increase the funded cost of the dedicated network in any way.

The participant controls the excess capacity facilities and can make such facilities available for use by non-network members at market price. The participant may not sell the excess capacity facilities. Non-network members may use the excess capacity for any purpose (i.e., it is not required to be used for health-related purposes).

All revenues to the participant from excess capacity must be used for sustainability of the network. Network costs may include administration, equipment, software, telecommunications, legal fees, or other costs not covered by the Pilot Program, as long as they are relevant to sustaining the network.

Scenario 4. *Participant Owns 100% of Dedicated Network and Pays “Fair Share” for Excess Capacity*

Same as Scenario 3 above, except that the participant pays *fair share* for excess capacity facilities that will not be part of the dedicated network.

For example, if the dedicated network facilities consist of twelve (12) fibers, and the participant has the vendor or contractor install another twelve (12) fibers for use by non-network members, the participant’s fair share of the network cost would be at least 50%. Such contribution would not be part of the participant’s minimum 15% contribution for eligible costs, so the participant would be required to pay at least 57.5% of the total project costs.

Attachment 1 – USAC Excess Bandwidth and Excess Capacity Scenarios, Con’t.

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All construction costs, including trenching costs, must be allocated; the participant must demonstrate that the eligible (funded) costs for the dedicated network have not increased as a result of the excess capacity; and the participant must identify how the fair share amount for excess capacity facilities was paid for by non-Pilot Program funds.⁷⁾

The participant has full control of the excess capacity and can sell or lease it as it determines, including to non-network members, or to a vendor. Because the participant paid *fair share* for the excess capacity, this excess capacity is outside the Pilot Program and revenues from such sale or lease of excess capacity need not be retained in the network and can be used as the participant chooses. Non-network members may use the excess capacity for any purpose (i.e., it is not required to be used for health-related purposes).

Scenario 5.

Participant Shares Ownership of Dedicated Network with Other Network Members

Same as Scenario 2 above, except that the dedicated network will be owned in part by the participant and in part by other network members. The other network members must pay their fair share for such ownership interest (including construction costs). All costs must be allocated between eligible HCPs and other network members in proportion to the ownership interest, with universal service funds paying not more than 85% of the participant's eligible costs. Pilot Program funds cannot pay for any portion of the other network members' share of costs.

Scenario 6.

At Participant's Request, Vendor Constructs Excess Capacity

Same as Scenario 1 above, except that the participant requests or requires the vendor to construct excess capacity facilities (at the vendor's expense) into each community where the participant has requested service.

If the vendor only pays *incremental costs* for excess capacity facilities, such facilities must be retained by the participant and eligible HCP entities (because the bulk of the costs are funded by universal service funds). The vendor must be able to demonstrate to USAC, an auditor, or the FCC, that costs for such excess capacity facilities did not increase the eligible costs for the dedicated network.

⁷ See October 24 Letter at 2-3.

Attachment 1 – USAC Excess Bandwidth and Excess Capacity Scenarios, Con’t.

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If the vendor pays *fair share* for such excess capacity facilities, it may retain ownership of such facilities. It may sell the excess capacity to future customers. This situation requires substantial documentation, as the vendor must be able to demonstrate to USAC, an auditor, or the FCC, that it paid fair share.

This Scenario may arise when a participant has local or state requirements that the project include economic development. It is advisable in such situations, to seek USAC and/or FCC guidance on meeting such economic development requirements.

Scenario 7. Vendor, On Its Own Initiative, Lays Down Excess Capacity

In an IRU or lease situation, the participant is paying only for the requested capacity, priced by competitive bidding. In a construction situation, the participant should ensure that the contract makes clear that ALL facilities, excess or otherwise, are owned by the participant or that the vendor is paying fair share. In short, it is imperative that universal service funds not be used to pay for the vendor’s costs or to provide assets for the vendor. The participant is charged with knowing the specifics of what is built and installed in a construction contract; in an IRU or lease situation, the participant must exercise due diligence in contracting for the dedicated network, and although pricing is established by competitive bidding, participants should be able to demonstrate to USAC, an auditor, or the FCC, that there was no misuse of universal service funds, especially in a competitive bidding situation with only one bid.

Scenario 8. Participant Uses Future Revenues from Excess Capacity as Source of 15% Match

Same as Scenario 3, except that the participant uses the future revenues from the excess capacity facilities as the source of the participant’s minimum 15% match.⁸ Same results as Scenario 3, except that for the minimum 15% contribution to be considered as having come from “eligible sources,” the following restrictions apply in addition to the competitive bidding requirements⁹:

- (i) The prepaid amount paid for use of the excess capacity facilities (IRU or lease) should be placed in an escrow account. The participant can then use this escrow account as an asset that qualifies for the minimum 15% contribution to the project.

⁸ See 2007 RHC PP Selection Order, 22 FCC Rcd at 20399-400, para. 77 (discussing eligible sources for 15% match).

⁹ For competitive bidding requirements, see 2007 RHC PP Selection Order, at 20412-20415, paras. 100-104.

Attachment 1 – USAC Excess Bandwidth and Excess Capacity Scenarios, Con’t.

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- (ii) The lease or IRU between the participant and the non-network member must be an arm’s length transaction. To ensure this is an arm’s length transaction, the participant cannot lease or grant an IRU to the vendor that installed the excess capacity facilities.
- (iii) All revenue to the participant from use of the excess capacity facilities by the non-network member must be used for sustainability of the network.

Scenario 4 is not applicable in these situations. Any participant unable to pay its minimum 15% match upfront should not take on the additional financial burden of paying fair share for excess capacity.

Scenario 9. *Participant Enters Into a Prepaid Lease*

Excess capacity is not likely to be an issue in prepaid leases. The participant must exercise due diligence in contracting for the dedicated network, and although pricing is established by competitive bidding, participants should be able to demonstrate to USAC, an auditor, or the FCC, that there was no misuse of universal service funds, especially in a competitive bidding situation with only one bid. Prepaid leases should have specific service quality provisions, and provisions to require the return of unearned lease payments by the vendor if the vendor is in breach of the lease. If the cost of the lease includes significant one-time charges (for construction of fiber, such as last mile connections), then the participant should consider a combination of owning the fiber (or an IRU on the fiber), and a prepaid lease for services.

Attachment 2 – ACTION Scoring Matrix

ACTION Bid Selection Process
for
Private Broadband and Public Internet Services

1. Basis of Award

Proposals will be evaluated on the basis of cost per quality points. An ACTION evaluation committee will choose the selected Offeror. Committee participants will review, evaluate, and score each responsive proposal received in accordance with predetermined scoring criteria. The ACTION committee will meet as a group to score the RFP responses. The selection process will be broken down into three phases.

2. Phase I -- Offeror Qualification Assessment

To be considered responsive and to continue in the scoring process, the Offeror must:

- a. Provide all required documentation by the requested due date per the ACTION RFP, page 3, Section 1.
- b. Provide a proposal that is complete and complies with the instructions and requirements as stated herein and per the ACTION RFP.
- c. The Offeror shall demonstrate to the ACTION evaluation committee their experience in providing this type of service by providing:
 - (1) A description of the qualifications, experience, capability and/or capacity of the Offeror to successfully provide the leased managed switch/firewall Intranet (broadband) and public Internet service and complete the project in a timely manner.
 - (2) A list of broadband and public Internet services provided to similar communities.

Attachment 2 – ACTION Scoring Matrix, Cont’d.

3. Phase II

Offerors who satisfactorily meet the Phase I criteria will have their submitted proposals qualified for detailed scoring process. In this phase, the Offeror’s response will undergo intensive evaluation. The following criteria (not in priority order) will be utilized to select a “short list” of finalists:

- a. Service Features: Provisioning, implementation and delivery, as described in Section 3 of the ACTION RFP, of the following services to ACTION:
 - (1) Managed switch/firewall broadband Intranet Service (100)
 - (2) Public Internet Service (100)
 - (3) Solution that leaves enough funds in the ACTION RHCPP award to cover 4 years of MRC will be awarded additional points. (15)
 - (4) Solutions that connect all 50 locations and leave enough funds in the ACTION RHCPP award to cover 4 years of MRC will be awarded additional points. (35)
- b. Prior Experience: Qualifications, experience, capability and/or capacity of the Offeror to successfully provide the managed switch/firewall broadband Intranet and public Internet service.
- c. Qualifications & Experience of Personnel: Qualification of the members of the proposed project team that will be assigned to the project in implementing this type of network.
- d. Project Management & Timelines: Detailed Project management Plan for implementing the managed switch/firewall broadband Intranet and public Internet services.
- e. Enhanced Features & Scalability: Support for IDS and/or IPS (50); free block(s) of static public IP addresses (25); redundant hardware (5); redundant public Internet routes (5); equipment that can support higher connection rates without installing new hardware. (15)
- f. Financial Sustainability: Evidence of Offerors financial bonding status and a copy of the Offeror’s most recent annual report, if a public company.

Attachment 2 – ACTION Scoring Matrix, Cont’d.

- g. Completion of ACTION RFP: Provide a proposal that is complete and complies with the instructions and requirements as stated in the RFP.
- h. Cost: ACTION will review each Offeror’s Detailed Breakdown and Summary of Costs. An award will be based primarily, but not solely* on lowest cost per quality point ranking. ACTION also reserves the right to reject any bid that exceeds the total funds that have been budgeted for this phase of the ACTION Network.

Each Offeror will receive a total point score known as quality points.

Quality points will be assigned as follows:

Evaluation Criteria	Point System (Maximum)
Service Features	250
Prior Experience	175
Qualifications & Experience of Personnel	180
Project Management & Timelines	170
Enhanced Features & Scalability	100
Financial Sustainability	175
Completion of ACTION RFP	100
Cost	250

The total cost for each proposal will be divided by the proposal’s total quality points to determine the cost per quality point ratio. There are a maximum of 1400 quality points that may be awarded for each proposal. The cost per quality point ratio for each Offeror will be ranked in order of magnitude. The Offerors receiving the lowest cost per quality point scores will be placed on the “short list” of finalists. For example:

Attachment 2 – ACTION Scoring Matrix, Cont’d.

Telecommunications RFP - Source Selection Matrix				
Bidder	Evaluation Criteria	Point System (Maximum)	Percentage of Evaluation	Total Quality Points
Company A	Service Features	250	18%	175
	Prior Experience	175	13%	140
	Qualifications & Experience of Personnel	180	13%	110
	Project Management & Timelines	170	12%	150
	Enhanced Features & Scalability	100	7%	100
	Financial Sustainability	175	13%	160
	Completion of ACTION RFP	100	7%	100
	Cost	250	18%	250
			1400	100%
Total Bid Price:				\$1,256,395.00
Total Points (1400 Max):				1185
Total Cost Per Quality Point:				1060.25

Telecommunications RFP - Source Selection Matrix				
Bidder	Evaluation Criteria	Point System (Maximum)	Percentage of Evaluation	Total Quality Points
Company B	Service Features	250	18%	190
	Prior Experience	175	13%	150
	Qualifications & Experience of Personnel	180	13%	90
	Project Management & Timelines	170	12%	170
	Enhanced Features & Scalability	100	7%	100
	Financial Sustainability	175	13%	175
	Completion of ACTION RFP	100	7%	100
	Cost	250	18%	225
	Total Bid Price:			
Total Points (1400 Max):				1200
Total Cost Per Quality Point:				1083.84

Telecommunications RFP - Source Selection Matrix				
Bidder	Evaluation Criteria	Point System (Maximum)	Percentage of Evaluation	Total Quality Points
Company C	Service Features	250	18%	250
	Prior Experience	175	13%	165
	Qualifications & Experience of Personnel	180	13%	135
	Project Management & Timelines	170	12%	170
	Enhanced Features & Scalability	100	7%	100
	Financial Sustainability	175	13%	175
	Completion of ACTION RFP	100	7%	100
	Cost	250	18%	200
	Total Bid Price:			
Total Points (1400 Max):				1295
Total Cost Per Quality Point:				1081.55

Attachment 2 – ACTION Scoring Matrix, Cont’d.

To calculate the cost per quality point, divide the total bid price by the total quality points received:

Offeror A:	$\frac{1,256,395}{1185}$	=	1060.25
Offeror B:	$\frac{1,300,613}{1200}$	=	1083.84
Offeror C:	$\frac{1,400,613}{1295}$	=	1081.55

In this example, Offerors A and C would be finalists.

NOTE: ACTION reserves the right to pick a single finalist at the end of Phase II.

4. Phase III

At the sole discretion of ACTION, a finalist Offeror may be directly selected from the group of semi-finalists, based upon lowest cost per quality point scores. Alternatively, ACTION may elect to schedule Offeror oral presentations. Semi-finalist will be required to submit best and final pricing (BAFO) prior to the oral presentation. Semi-finalist Offeror presentations and BAFO pricing will be scored and additional quality points will be added to their totals and a new cost per quality point determination and ranking will be made. A maximum of 200 points may be awarded for oral presentations and BAFO pricing.

At the end of Phase III, a finalist Offeror will be selected, *based primarily, but not solely** on lowest cost per quality point ranking.

5. *FCC Order, Proposal Ranking and Offeror Selection

Pursuant to sections 54.603 and 54.615 of the Commission's rules, each eligible health care provider must participate in a competitive bidding process and follow any additional applicable state, local, or other procurement requirements to select the most cost-effective provider of services eligible for universal service support under the RHC support mechanism. To satisfy the competitive bidding requirements, selected participants must submit an FCC Form 465 that includes a description of the services for which the health care provider is seeking support and wait at least 28 days from the date on which this information is posted on USAC's website before making commitments with the selected

Attachment 2 – ACTION Scoring Matrix, Cont'd.

service provider. After selecting a service provider, the participant must certify that it selected the most cost-effective method of providing service. ⁽³²⁴⁾

324: The most cost-effective method of providing services is defined 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.**” 47 C.F.R § 54.603(b)(4); *see also supra* Part III.E.4.

Following evaluation of this RFP and Offeror selection, ACTION expects to negotiate a contract with the selected Offeror.