



# The Indiana Telehealth Network

## REQUEST FOR PROPOSAL #02

### Construction and Operation Of a Fiber Optic Based Internet Services Network

#### SECTION ONE

#### GENERAL INFORMATION AND REQUESTED PRODUCTS/SERVICES

##### 1. INTRODUCTION

The Indiana Rural Health Association (IRHA) requires the construction and operation of a High Speed Fiber Optic Based Internet Service for the healthcare participants listed in Attachment C. 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-pilot-program/tools/search-postings-2009.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 #02 continues the work initiated under RFP#00 and RFP#01 by proposing to add additional healthcare participants to those participants who were listed in RFP#00 and RFP#01 and who are now established Indiana Telehealth Network participants.

##### 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 Based Internet Service.
Installation	The delivery and physical setup of products or services requested in this RFP.
Respondent	The IRHA will not consider a proposal response if two or more respondents submit a joint or combined proposal. If submitting as joint or combined, one entity or individual must be clearly identified as the Respondent who will be ultimately responsible for performance of the contract.



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Services	Work to be performed as specified in this RFP.
State	The State of Indiana.
Vendor	Any successful Respondent selected as a result of the procurement process to deliver the products or services requested by this RFP.

### 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 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 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 pilot project will be provided through an 85% matching award, for eligible services, from the Universal Service Administrative Company (USAC) and a 15% match from local and state sources. The award(s) will be made in accordance with the funding calendar set by USAC. It is intended that the construction of the fiber optic facilities will be fully funded for this project.

This RFP is offered as part of the FCC Rural Health Pilot Project and seeks to serve the advanced communications needs of the healthcare participants listed in Attachment C along with the communities which they serve. The installed fiber facility will be used first to serve the high bandwidth needs of the healthcare participants as well as the needs of other members of the community. By sharing the bandwidth created by this project, the reach of commercial broadband will be made available to many previously under-served areas of the state bringing new service options to these communities. See Attachments A and B for more information on the FCC Rural Health Pilot Project.

The capacity of the connection will be a minimum of 5 megabits per second Ethernet service capacity, scalable to 100 megabits used to support the healthcare participants listed in Attachment C. As explained in 2.4.13, respondents are encouraged, at their own expense, to build out to other customers in the geographic area. Consistent quality high bandwidth will be used to support healthcare services.



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This Request for Proposal (RFP) provides interested respondents with sufficient information to prepare and submit proposals for consideration with the intent of contracting with one or more companies to provide access to native Ethernet supported high speed secure Internet service in the less populated communities that these healthcare participants serve every day. Underscoring the need to bring broadband to these communities, the winning respondents are encouraged to grow their service offerings to other customers in the geographic area.

To ensure this initiative is sustainable and all partners are invested in and dedicated to its success the 15% match requirement will be shared appropriately among eligible sources as outlined in the FCC Order 07-198. Eligible sources include but are not limited to existing state general fund revenue, other federal funding received by the state, federal funding, grants, loans, or appropriations passed through an eligible source, for profit and not for profit health care facilities, eligible funding from state agencies, foundations or other philanthropic organizations, local governments, other eligible local organizations, and health care providers that receive broadband services as a result of this grant. Ineligible sources include in-kind or implied contributions; a local exchange carrier (LEC) or other telecom carrier, utility, contractor, consultant, or other service provider; and for-profit participants. In addition, no portion of the 15% contribution may come from the existing Primary USAC Rural Health Care support mechanism.

This RFP is requesting price quotations and detailed explanations of services offered from the respondent in building fiber optic connections to each of the subject healthcare participants, monthly recurring costs associated with providing quality 5 megabits to 100 megabits Ethernet broadband service, 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. Individual bid requests are listed in Attachment C as well as in the Excel spreadsheets included as Attachment D.

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 Ethernet expandable to 100 megabits service to a demarcation point on the premise of the subject healthcare participant at a network interface device. In our first RFP (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. 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



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the Indiana Telehealth Network. In this RFP #02, as in the previous RFP#01, respondents are allowed to bid on Phase I (construction of fiber optics and Internet services), and/or Phase II (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 C and D. No customer application hardware, software, billing services, technical and customer support may be provided by this pilot project; however, the healthcare participant may fund these services through other methods.

The IHRA will oversee all contracts to be signed between individual healthcare participants and their winning vendor(s). Funding for this pilot project will be available in accordance with the funding calendar set by USAC. Successful respondents will have 120 days from the receipt of their Funding Commitment Letter from USAC to complete any proposed construction.

Successful respondents will be expected to market services, at their expense, over their built networks to other customers within the community once the needs of the healthcare participant and other eligible customers are served in order to sustain the long term viability of the connections. The names, counties, and locations of the healthcare participants are noted in Attachment C.

### 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
Attachment A	FCC Pilot Program Order
Attachment B	Letter from FCC Wireline Competition



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	Bureau concerning the Rural Health Care Pilot Program eligible costs, restrictions on resale and sustainability
Attachment C	List of Healthcare Participants
Attachment D	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 1.23. Questions/Inquiries should be emailed to Becky Sanders at [bsanders@indianarha.org](mailto:bsanders@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](http://www.indianaruralhealth.org) according to the RFP timetable established in Section 1.23. 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](http://www.indianaruralhealth.org). If such addenda issuance is necessary, the IRHA may extend the due date and time of proposals to accommodate such additional information requirements, if required.

### 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 1.23. 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,



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beyond those necessary to present a complete and effective proposal, are not desired. All proposals must be addressed to:

Becky Sanders, ITN Director  
Indiana Rural Health Association  
2901 Ohio Blvd, Suite 110  
Terre Haute, IN 47803

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, in person, 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.



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#### 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 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 required, will be coordinated by the IRHA in conjunction with the finalists, according to the RFP timeline established in Section 1.23 of this RFP.



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### 1.12. TYPE AND TERM OF CONTRACT

As lead entity for ITN, the IRHA intends to administer the objective scoring process and selecting one or more Respondent(s), who will in turn sign contracts with the individual healthcare participants listed in Attachment C in order to fulfill the requirements in this RFP.

The term of the contract shall be for a period of four (4) years from the date of contract execution. There must be the opportunity for at least six renewals of 1 year each. Renewals will be determined by each location.

### 1.13. CONFIDENTIAL INFORMATION

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

### 1.14. TAXES

Proposals should not include any tax from which the IRHA is exempt.

### 1.15. 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. IRHA reserves the right to contract with a vendor for reasons other than lowest price.

### 1.16. BID EXPENSES

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

### 1.17. 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 (*and the Universal Service Administrative Corporation*) in writing.



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### 1.18. 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.

### 1.19. 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 outside of the facility to which the vendor has delivered services.

### 1.20. PROJECT COMPLETION

The Project is considered complete when the fiber 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.

### 1.21. LOCATION CONTRACTS

Successful vendors will be required to sign a written contract with each of the healthcare participants prior to construction and funding in order to finalize their bids.

### 1.22. MARKETABLE SERVICES

Successful vendors will be expected to actively market services to other potential customers within the communities of the healthcare participants that they serve under this project.



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### 1.23. 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. The timeline below has been condensed to accommodate the official Rural Healthcare Pilot Program deadline of June 30, 2012 for the submission of all contracts under the ITN.***

#### ***Key RFP Dates:***

<b>Activity</b>	<b>Date</b>
Issue of RFP	Date posted on USAC website
Deadline to Submit Written Questions	1/6/2012 by 3:00p.m. Eastern
Conference Call to Discuss Written Questions – details to be provided via email to those who have submitted written questions	1/13/2012
Response to Written Questions/RFP Amendments	1/20/2012
Deadline to Submit Letter of Intent	1/27/2012 by 3:00p.m. Eastern
Submission of Proposals	2/3/2012 by 3:00p.m. Eastern



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<i>The dates for the following activities are target dates only. These activities may be completed earlier or later than the date shown.</i>	
Proposal Evaluation/Clarifications if Necessary/Notify Finalists of Opportunity to Conduct Site Visits	2/24/2012 or sooner
Completion of Site Visits and Submission of Best and Final Offers	3/16/2012 or sooner
Notification of Contract Award(s)	4/6/2012 or sooner
<p>All countersigned contracts due to IRHA</p> <p><b>NOTE: All contracts will be processed in the order received. In the event that the ITN allowable funding does not cover the non-recurring construction and 48 months of monthly recurring charges for all submitted contracts, priority will be given 1<sup>st</sup> to non-recurring construction costs, and then to monthly recurring charges, in the order that the contracts were received.</b></p>	No later than June 1, 2012



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### 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.

##### 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 subject to the terms and conditions set forth in the RFP including, but not limited to, the USAC's mandatory contract clauses.

The Cover Letter should also confirm the respondent's willingness and ability to meet a 10% performance bond of any construction amounts bid if selected as a winning vendor for this project.



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### 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 notified 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."



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### 2.2.1. General (optional)

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.



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### 2.2.5. Contract Terms/Clauses

In your Cover Letter please indicate acceptance of the following mandatory contract terms. If you require additional contract terms please include them in this section. The IRHA reserves the right to reject any and all of these requested changes.

The mandatory contract 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
- A SLA that includes availability requirements
- Penalties/Interest/Attorney's Fees
- Non-collusion and Acceptance
- Service Level Credits

Any or all portions of this RFP and any or all portions of the Respondents response may be incorporated as part of the final contract. Contracts 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.

Please include a sample contract with terms and agreements required as part of your response.

### 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.



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### 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

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 furnish 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 the state in which formed that are 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



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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

Provide details on any redundancy capabilities from the demarcation of each location to the Internet point of presence.

#### 2.2.10. Service Levels

Outline response schedule delivery of services, such as response times on service outages or response times on service upgrade requests. This is to evaluate the respondent's commitment to responsiveness, availability and the performance of work in a timely manner. Respondents are required to provide a dedicated customer point of contact for service outages and upgrade requests.

Also include data that outlines your ability to meet your proposed requirements. Customer references are required, but also include other reports that show how you have successfully met these levels of service with current customers.

#### 2.2.11. USAC Requirements

Respondents must meet all USAC requirements regardless of whether they are fully discussed in this RFP. Please provide your SPIN number with your response. For additional information, please refer to USAC's website at <http://www.usac.org/rhc-pilot-program/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.



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Additionally, please include a clearly labeled Google Earth Map and/or a Network Diagram for all sites where construction is being proposed.

### **2.4. Phase I – Provide/Improve/Upgrade fiber connectivity to Indiana Healthcare Participants**

This Phase of the project is to ensure that each of the healthcare participants listed in Attachment C have broadband connectivity of 5/10/50/100 megabits to the Internet. Ease of migration into Phase II is important. Funding for the construction/build out of this proposal is through an 85% matching award, for eligible services, from the Universal Service Administrative Corporation (USAC) and a 15% match from local and state sources, so all costs must be included in each 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.
- 2.4.4. Each listed healthcare participant requires fiber optic cabling to their point of demarcation to provide 5 megabits to 100 megabits of non-blocking high speed Internet Service provisioned on a standard Ethernet interface handoff.
- 2.4.5. Basic Internet 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.
- 2.4.6. Management reporting capabilities online to report on Internet availability and bandwidth utilization. Reports should be updated, at a minimum, on a weekly basis.



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- 2.4.7. 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.

- 2.4.8. Completion of fiber optic cable installation within 120 days of vendor's receipt of a Funding Commitment Letter from USAC.
- 2.4.9. All fiber optic cable must be buried when deployed on any property owned or leased by the listed healthcare participant.
- 2.4.10. All fiber must be tested and certified after installation by the vendor.
- 2.4.11. Each proposal must include cost from the respondent or sub-contracted quote for any construction cost related to 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.
- 2.4.12. While respondents are allowed flexibility in the methods and equipment used to create these fiber connections, IRHA requires that these are disclosed in their responses to this RFP.
- 2.4.13. The FCC has issued several FAQ's regarding the FCC Rural Health Care Pilot Program. The following italicized information is taken verbatim from FAQ #27 concerning excess capacity for community use, which can be found on the FCC's website at:

<http://www.fcc.gov/cgb/rural/rhcp.html#faqs>

- *The Pilot Program will fund up to 85% of the costs incurred to deploy a state or regional dedicated broadband health care network. Only eligible health care providers and consortia that include eligible health care providers may apply for and receive funding. Ineligible entities are prohibited from receiving any funding from the Pilot*



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*Program. A selected participant is not restricted from sharing a network with ineligible entities, but the ineligible entities must pay their fair share of network costs attributable to the portion of network capacity used. See 2007 RHC PP Selection Order, paras. 16-19, 47, 73, 107. For these reasons, a participant must be able to demonstrate that a vendor's provision of excess capacity for community use will not increase the cost of the dedicated broadband health care network.*

- *As part of the competitive bidding requirements, participants must certify to USAC that the vendor it chooses is, to the best of the participant's knowledge, the most cost-effective service or facility provider available. The Commission has defined "cost-effective" 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." While participants must make price a primary factor it does not have to be the sole primary factor. As detailed in paragraphs 78 and 79 of the 2007 RHC PP Selection Order, participants are required to consider non-cost evaluation factors. Accordingly, if a participant is either required under its applicable procurement rules or chooses to consider factors or assign points related to a vendor's commitment to provide excess capacity for community use, it may do so, as long as the selected vendor is the most cost-effective.*
- *If a vendor only pays the incremental costs for excess capacity facilities built on the vendors own initiative or at the request of the participant, ownership of such facilities must be retained by participant and eligible HCP entities (because the bulk of the costs are USF funded). In contrast, if the vendor pays fair share for the excess capacity facilities, it may retain ownership and/or sell the excess capacity to future customers.*
- *The following must be considered when including excess capacity for community use as a factor in selecting a vendor:*
  - *Participant must demonstrate that USF funds will not be used to pay for such excess capacity.*
  - *The vendor must show that the costs for such excess capacity did not increase the eligible costs for the dedicated health care network.*
  - *Participants must receive sufficient cost information to be able to determine costs for the excess capacity apart from the costs for the dedicated health care network, and should seek assurances from vendors*



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*that the bid cost and quality of service for dedicated broadband health care network is the same whether the excess capacity for community use is included or not.*

- *Participants should clarify in their RFPs that responses to the RFP that do not have commitments for excess capacity for community use, will also be considered.*

As detailed in Section 3.5 of this RFP, additional points will be awarded to respondents who choose to take advantage of the opportunities offered in this RFP to construct excess capacity for communities in and around the rural healthcare participants listed in Attachment C. All respondents' responses must indicate their willingness to fulfill all of the requirements listed in FCC FAQ #27.

The ITN will give preference to respondents who construct excess capacity and pay their own fair share of the expense thereby allowing the respondent to retain ownership of the fiber the respondent proposes to construct. Respondents who choose to take advantage of the opportunities offered in this RFP to construct excess capacity for communities in and around the rural healthcare participants listed in Attachment C ***and pay their own fair share of the expense*** should provide the following economic development information.

- Outline what type of excess capacity you intend to install; wireless, copper or fiber.
- Provide a marketing plan indicating your approaches to promoting the additional services to the communities you are bidding on. Include information regarding the types of services and capacity of each of the services that will be made available, as well as the target audience and geographic coverage of your reach.
- Will your additional facilities target a specific population density? If so, what is it?
- Can you or will you assist and or partner with State and Local organizations with technology adoption programs targeted at low to moderate income populations, improving their ability to access the Internet? For more information contact Geoff Schomacker at the Indiana Office of Community and Rural Affairs at [GSCHOmacker@ocra.IN.gov](mailto:GSCHOmacker@ocra.IN.gov) or 317-232-8909.



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- Can you or will you assist and or partner with the Economic Opportunities through Education by 2015 (EcO<sub>15</sub>)? The EcO<sub>15</sub> region is defined as Indiana Department of Workforce Development's Economic Growth Region 9 (EGR9) which includes: Bartholomew, Dearborn, Decatur, Franklin, Jackson, Jefferson, Jennings, Ohio, Ripley and Switzerland counties.
  - Funded through a grant from the Lilly Endowment Inc., the regionally focused Economic Opportunities through Education by 2015 (EcO<sub>15</sub>) is focused on developing resources for both educators and students in Southeast Indiana to increase manufacturing, healthcare and hospitality/tourism job readiness skills. The intent of the program is to increase the number enrollments, job-ready workers and graduates, job placements and per capita income while decreasing the number of "drop out" students within its region.
  - In order to enable the full achievement of programmatic goals outlined by EcO<sub>15</sub>, a reliable, available, scalable broadband network reaching all EcO<sub>15</sub> constituencies must be created – ENABLE (*EcO<sub>15</sub> Network for Advancement of Broadband Learning Environments*). ENABLE consists of the following key components:
    - Middle Mile (Backbone/Distribution) Network creating and connecting all EcO<sub>15</sub> county nodes –10 Gbps fiber optic ring
    - Last Mile (Access) Network connecting all EcO<sub>15</sub> constituent sites- to county nodes – 1 Gbps fiber optic connection
    - Upstream Connectivity to Internet – Diverse connectivity to Indianapolis and Cincinnati – at least 100 Mbps
    - Connectivity among and between EcO<sub>15</sub> constituencies: Schools (K-12 and post-secondary), major healthcare facilities, learning centers and Work One locations.
    - For more information contact Bud Kincaid, EcO<sub>15</sub> Project Coordinator at [bud.kincaid@EcO15.org](mailto:bud.kincaid@EcO15.org) or 812-314-0048.
- Please provide letters of support from community leaders or key businesses indicating your approach will address the needs of the



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communities surrounding the healthcare participants on which you are bidding.

The ITN will give consideration to respondents who construct excess capacity and pay only incremental costs for the expenses incurred with the construction of excess capacity. In this scenario, the respondent must acknowledge in their response that they will allow the ITN and the healthcare participants to own all of the fiber and conduit as well as giving ITN and the healthcare participants the right to negotiate an IRU with another respondent to lease any excess capacity, at the sole discretion of the ITN.

The ITN will give consideration to RFP responses that do not have commitments for excess capacity for community use.

- 2.4.14. Individual contracts or invoicing for each healthcare participant for services.



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### **2.5. Phase II – Transport to the Indiana Telehealth Network Common Platform**

The goal of this phase is to facilitate broadband connectivity between the healthcare participants listed in Attachment C 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 RFP #00. The common platform for the Indiana Telehealth Network will be housed at 701 West Henry Street, Indianapolis, IN.

Each respondent must consider the goals of this project and develop a solution with those goals in mind. The key to your solution will be in its sustainability for each of the healthcare participants and growth for those that will come on board later. Many of these facilities do not have large budgets, so cost is a vital factor.

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, taking advantage of up front construction requirements, 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.



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- 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 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.
- 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.
- 2.5.7. A migration plan that allows healthcare participants listed in Attachment C to participate initially only in the Phase I construction and Internet services portion of this RFP and to add Phase II dedicated transport services to the IFN cross-connect at a later time. The migration plan should include a timeline. Cost of migration must be included up front and should not be an added cost to each healthcare participant.



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### 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.

#### 2.6.2. Format for submitting cost proposals

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

##### Phase I

##### Construction Costs

- Single path - total construction costs
- Single path - number of miles buried
- Single path - number of mile aerial
- Sum single path - total number of miles of construction
- Optional redundant path - total construction costs for redundant ring path
- Optional redundant path - number of miles buried
- Optional redundant path - number of miles aerial
- Sum – 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
- 50 megabits (4 hour SLA)
  - Non recurring installation charge
  - Monthly recurring charge
- 100 megabits (4 hour SLA)



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- 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

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 four (4) years from the date of contract execution. There must be the opportunity for at least six (6) renewals of one (1) year each. Renewals will be determined by each location.

Phase II – 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)
  - 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



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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



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### 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. If technical proposals are close to equal, greater weight may be given to price and respondents who included opportunities for growth in additional facilities as requested in 2.4.13.
- 3.4. Based on the results of this evaluation, the qualifying proposal determined to be the most advantageous to the IRHA, taking into account all of the evaluation factors, may be selected by the IRHA for further action, such as contract negotiations. If, however, the IRHA decides that no proposal is sufficiently advantageous to 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.



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### 3.5. EVALUATION CRITERIA

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). If any one or more of the listed criteria on which the responses to this RFP will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated and scored without taking into account such criterion or criteria.

#### *Summary of Evaluation Criteria:*

<b>Criteria</b>	<b>Points</b>
1. Adherence to Mandatory Requirements	Pass/Fail
2. Business Proposal	30 Points
3. Technical Proposal	30 Point
4. Cost Proposal	30 Points
5. Economic Development	10 Points
<b>Total</b>	<b>100 Points</b>

All proposals will be evaluated using the following approach.

Proposals will be evaluated only against Criteria 1 to ensure that they adhere to Mandatory Requirements. Any proposals not meeting the Mandatory Requirements may be disqualified.

Then the proposals will then be scored based on Criteria 2, 3, 4, and 5. 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 2, 3, 4, and 5. 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. Additional points will be awarded to respondents whose proposals include the addition of excess capacity for community development at their own expense.

There may be one or more rounds of proposal discussions focused on cost and other proposal elements.



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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 offer the best means of servicing the interests of the healthcare participants. The exercise of this discretion will be final.



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Attachment A

FCC Rural Health Care Pilot Program Order

<http://www.usac.org/rhc-pilot-program/tools/fcc-orders.aspx>



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Attachment B

Letter from FCC Wireline Competition Bureau concerning the Rural Health Care Pilot Program eligible costs, restrictions on resale and sustainability

[http://www.usac.org/\\_res/documents/rhc-pilot-program/pdf/letter-from-WCB-Barash.pdf](http://www.usac.org/_res/documents/rhc-pilot-program/pdf/letter-from-WCB-Barash.pdf)



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RFP#02**

**Attachment C  
List of Healthcare Participants**

The census tract codes referenced below were obtained from <http://www.ffiec.gov/Geocode/default.aspx>. The RUCA codes referenced below were obtained from <http://depts.washington.edu/uwruca/ruca1/rucas.html>.

	<b>Healthcare Participant Name and Address</b>	<b>County</b>	<b>Public/Profit</b>	<b>RUCA/Census</b>
1	Four County Counseling Center – Logansport	Cass	Private	Census Tract: 9515.00
	1120 Spear Street		Not-for-Profit	County Code: 017
	Logansport, IN 46947			RUCA Primary: 4
				RUCA Secondary: 4.0
2	Heart City Health Center	Elkhart	Private	Census Tract: 0025.00
	236 Simpson Avenue		For-Profit	County Code: 039
	Elkhart, IN 46516			RUCA Primary: 1
				RUCA Secondary: 1.0
3	Wabash Valley Alliance – Attica Outpatient	Fountain	Private	Census Tract: 9576.00
	41 N. Long Avenue		Not-for-Profit	County Code: 045
	Attica, IN 47918			RUCA Primary: 7
				RUCA Secondary: 7.3
4	Wabash Valley Alliance – Community Support Program	Tippecanoe	Private	Census Tract: 0018.00
	217 Farabee Drive N.		Not-for-Profit	County Code: 157
	Lafayette, IN 47905			RUCA Primary: 1
				RUCA Secondary: 1.0



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	<b>Healthcare Participant Name and Address</b>	<b>County</b>	<b>Public/Profit</b>	<b>RUCA/Census</b>
5	Wabash Valley Alliance – Crawfordsville Outpatient	Montgomery	Private	Census Tract: 9571.00
	1480 Darlington Avenue		Not-for-Profit	County Code: 107
	Crawfordsville, IN 47933			RUCA Primary: 4
				RUCA Secondary: 4.0
6	Wabash Valley Alliance – Delphi Outpatient	Carroll	Private	Census Tract: 9597.00
	1265 Bradford Drive		Not-for-Profit	County Code: 015
	Delphi, IN 46923			RUCA Primary: 2
				RUCA Secondary: 2.0
7	Wabash Valley Alliance – Medical Arts Building	Tippecanoe	Private	Census Tract: 0007.00
	415 N. 26 <sup>th</sup> Street		Not-for-Profit	County Code: 157
	Lafayette, IN 47904			RUCA Primary: 1
				RUCA Secondary: 1.0
8	Wabash Valley Alliance – Monticello Outpatient	White	Private	Census Tract: 9586.00
	920 W. Executive Drive		Not-for-Profit	County Code: 181
	Monticello, IN 47960			RUCA Primary: 7
				RUCA Secondary: 7.3
9	Wabash Valley Alliance – Otterbein Outpatient	Tippecanoe	Private	Census Tract: 9901.00
	606 Limerick Lane		Not-for-Profit	County Code: 007
	Otterbein, IN 47970			RUCA Primary: 2
				RUCA Secondary: 2.0
10	Wabash Valley Alliance – Rensselaer Outpatient	Jasper	Private	Census Tract: 9912.00
	131 W. Drexel Parkway		Not-for-Profit	County Code: 073
	Rensselaer, IN 47978			RUCA Primary: 7
				RUCA Secondary: 7.0
	<b>Healthcare Participant</b>	<b>County</b>	<b>Public/Profit</b>	<b>RUCA/Census</b>



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	Name and Address			
11	Parkview Main	Allen	Private	Census Tract: 0035.00
	2200 Randallia Drive		Not-for-Profit	County Code: 003
	Fort Wayne, IN 46805			RUCA Primary: 1
				RUCA Secondary: 1.0
12	Parkview Regional Medical Center	Allen	Private	Census Tract: 0103.04
	11115 Parkview Plaza		Not-for-Profit	County Code: 003
	Fort Wayne, IN 46895			RUCA Primary: 1
				RUCA Secondary: 1.0
13	Parkview Huntington Hospital	Huntington	Private	Census Tract: 9916.00
	2001 Stults Road		Not-for-Profit	County Code: 069
	Huntington, IN 46750			RUCA Primary: 4
				RUCA Secondary: 4.2
14	Parkview Noble Hospital	Noble	Private	Census Tract: 9719.00
	401 Sawyer Road		Not-for-Profit	County Code: 113
	Kendallville, IN 46755			RUCA Primary: 4
				RUCA Secondary: 4.0
15	Parkview Whitley Hospital	Whitley	Private	Census Tract: 0505.00
	1260 E. State Road 205		Not-for-Profit	County Code: 183
	Columbia City, IN 46725			RUCA Primary: 7
				RUCA Secondary: 7.3
16	Parkview Data Center	Allen	Private	Census Tract: 0103.04
	10501 Parkview Plaza Drive		Not-for-Profit	County Code: 003
	Fort Wayne, IN 46845			RUCA Primary: 1
				RUCA Secondary: 1.0



**The Indiana Telehealth Network  
REQUEST FOR PROPOSAL #02**

**Construction and Operation  
Of a Fiber Optic Based  
Internet Services Network**

**Attachment D  
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 Programs,  
Indiana Telehealth Network, ITN Request for Proposal.  
All pricing information must be submitted in the Excel template.

**Non-Recurring Construction Costs**

Vendor Name	HCP Site Number	Healthcare Participant Name	Single Path - Total Construction Costs (including CPE)	Single Path - Number of Miles Buried	Single Path - Number of Miles Aerial	Single Path - Total Number of Miles of Construction (J+K)	Optional Redundant Path - Total Construction Costs for Redundant Ring Path (including CPE)	Optional Redundant Path - Number of Miles Buried	Optional Redundant Path - Number of Miles Aerial	Optional Redundant Path - Total Number of Miles of Construction (N+O)	Description of any Customer Premise Equipment included in columns "J" and/or "N"	Cost of any Customer Premise Equipment included in columns "J" and/or "N"
	1	HCP Name				0.00				0.00		



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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
	1	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
	1	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
	Healthcare Participant site #1	ITN Common Meet Point/Shared Platform	1	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
	Healthcare Participant site #1	ITN Common Meet Point/Shared Platform	1	HCP Name								