

Ouray County Public Health Department regarding RFP # 100026180.

2/26/18 - Decision to extend RFP closing date to 3/12/18

Please see USAC Guidelines and notes below

The goal is to have fiber to the Ouray Public Health Department.

- Intended as a Point to Point fiber build from Montrose to Ouray, as Region 10 has dark fiber at substation in at a Carrier Neutral Location (CNL) in Montrose, CO.
- Suggested routes are to use Route 550 and/or County roads
Right of Way is also available for County roads.

Ouray wishes to own and manage the fiber.

The circuit end location will be the Public Health Department

Ideal number of strands between 72-96.

Ouray Public Health Department requests a minimum 100 Mbps connection at Health Department.

- Please provide variable speed options to allow for future growth.

CTN will forward **KMZ** file to vendors upon request.

Existing designs or county standard documentation that would identify existing conduit, if located, will be added to CTN website. County recommends service providers bid as if there isn't conduit along the route; if conduit is available to use, the project will come in under cost.

As noted in the request, health care provider may request some or all suggested services. Service providers should provide proposals for services they can deliver. The health care provider may wish to contract individually with one or multiple providers.

Vendor guidelines for USAC's Healthcare Connect Fund order:

https://apps.fcc.gov/edocs_public/attachmatch/FCC-12-150A1.pdf

IRUs

- IRUs can be issued to non-HCP entities. (see HCF FCC 12-150. Final Rules: Appendix D)
- HCP (Ouray Public Health Department) would retain ownership of the excess capacity and payments for that excess capacity may only be used to support sustainability of the network. See ¶ 80. HCF FCC 12-150, ¶ 103. HCF - FCC 12-150.

HCF FCC 12-150. Final Rules: Appendix D. Page 198, Section D:

(2) The applicant must pay the full amount of the additional costs for excess capacity facilities that will not be part of the supported health care network

(3) The additional cost of constructing excess capacity facilities may not count toward a health care provider's required contribution.

(4) The inclusion of excess capacity facilities cannot increase the funded cost of the dedicated health care network in any way.

(5) An eligible health care provider (typically the consortium, although it may be an individual health care provider participating in the consortium) must retain ownership of the excess capacity facilities. It may make the facilities available to third parties only under an infeasible right of use (IRU) or lease arrangement. The lease or IRU between the participant and the third party must be an arm's length transaction. To ensure that this is an arm's length transaction, **neither the vendor that installs the excess capacity facilities nor its affiliate is eligible to enter into an IRU or lease with the participant.**

(6) Any amount prepaid for use of the excess capacity facilities (IRU or lease) must be placed in an escrow account. The participant can then use the escrow account as an eligible source of funds for the participant's 35 percent contribution to the project.

(7) All revenues from use of the excess capacity facilities by the third party must be used for the health care provider contribution or for sustainability of the health care network supported by the Healthcare Connect Fund. **Network costs that may be funded with any additional revenues that remain include administration, equipment, software, legal fees, or other costs not covered by the Healthcare Connect Fund, as long as they are relevant to sustaining the network.**

Cost Allocation for Ineligible Sites, Services or Equipment

¶ 180 - Sharing with ineligible entities. Allowable for-profit entities that pay their "fair share" of network costs (*i.e.*, that do not receive discounts provided to eligible HCPs, but instead pay their full *pro rata* undiscounted share as determined by the portion of network capacity used).

¶ 181 - "Fair share" refers to the price or cost that an ineligible site must pay to participate in a supported network, or share supported service and equipment, with an eligible HCP.