

MANILAQASSOCIATION
P.O. Box 256, Kotzebue, Alaska 99752
T. 907.442.3321



REQUEST FOR PROPOSALS

RFP FY21 – Telehealth Network Service for Maniilaq Association

F.O.B.: Maniilaq Association, P.O. Box 256, Kotzebue, AK 99752

Closing Date: 30 Days from USAC Posting Online

Proposals, including all required attachments, must be received by Albie Dallemolle, Director of Contracts and Grants, no later than 5:00 PM AST 30 calendar days from USAC posting date; addendum listing exact date to follow.

All Addenda to RFP will be posted on Maniilaq Association's website at: www.maniilaq.org/resources/. It is the bidder's responsibility to check Maniilaq's website for any/all issued Addenda following publication of RFP.

Proposals may be submitted electronically to rfpresponses@maniilaq.org. Electronic proposal submissions must be in PDF format. The email subject title shall read: PROPOSAL for RFP FY21 – Telehealth Network Service for Maniilaq Association.

Proposals may also be mailed or hand delivered to:

Maniilaq Association
Attn: Albie Dallemolle, Director of Contracts and Grants
733 2nd Avenue
P.O. Box 256
Kotzebue, Alaska 99752

If by paper submission, the proposal shall be submitted in a sealed package and labeled appropriately - see specific instructions in General Information, Section 6.

Maniilaq Association ("Maniilaq") will not be responsible for the premature opening of, or the failure to open a proposal not properly addressed and identified. Faxed proposals will not be accepted. Proposals received after 5:00 PM on the closing date shall be considered non-responsive.

All questions shall be submitted in writing to Albie Dallemolle in accordance with General Information, Section 5. Offerors are not to contact other Maniilaq personnel with any questions or clarifications concerning this RFP. Any response relevant to this RFP other than through or approved in writing by Albie Dallemolle is unauthorized and will be considered invalid.

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GENERAL INFORMATION

1. Purpose of the Request For Proposal

The purpose of this Request for Proposal (“RFP”) is to solicit proposals from qualified firms to provide telehealth network services to provide continuing interconnection between twelve (12) health care facilities within the following Maniilaq Association Service Area health services locations in Northwest Alaska for a term of three (3) years beginning July 1, 2021:

- Maniilaq Health Center, 436 5th Avenue, Kotzebue, Alaska 99752
- Ambler Clinic, 110 Main Street, Ambler, Alaska 99786
- Buckland Clinic, 9 Hillside Road, Buckland, Alaska 99727
- Deering Clinic, 23 Main Street, Deering, Alaska 99736
- Kiana Clinic, 130 Casanoff Way, Kiana, Alaska 99749
- Kivalina Clinic, 8 Bering Street, Kivalina, Alaska 99750
- Kobuk Clinic, 51003 Main Street, Kobuk, Alaska 99751
- Noatak Clinic, 90 Aaksaik Road, Noatak, Alaska 99761
- Noorvik Clinic, 1897 Tundra Way, Noorvik, Alaska 99763
- Point Hope Clinic, 1729 Qalgi Avenue, Point Hope, Alaska 99766
- Selawik Clinic, 3 Adams Landing, Selawik, Alaska 99770
- Shungnak Clinic, 80 Back Street, Shungnak, Alaska 99773

2. Description and Service Requirements

The Maniilaq Association Telehealth Network (the “Network”) currently supports delivery of primary health care services, health care administrative support services, and health care training services. The Maniilaq Telehealth Network carries data traffic, videoconference traffic, VoIP traffic, intranet traffic, and commodity internet traffic, all in IP protocol format.

Telehealth Network services provided to the eleven (11) village clinics and the Maniilaq Health Center in Kotzebue are eligible for USAC Rural Health Care discounts. This RFP is for telehealth network services at Maniilaq Health Center and all eleven (11) village clinics in Kotzebue, Alaska. An RHC Form 465 has been filed at Rural Health USAC-for these services.

The topography of the Network is shown in **Appendix A**. The Network includes interconnection to the ANTHC WAN and the commodity Internet via routed gateways located in Anchorage. A summary of the service requirements and associated locations are set forth in **Appendix B**.

Appendix A depicts the current service level received at 80 Mbps Terrestrial MPLS at the Maniilaq Health Center in Kotzebue and 10 Mbps Terrestrial or Satellite MPLS at all eleven (11) village clinics, however, due to current usage near, or at capacity, we are requesting three different price option proposals for consideration for each of the following:

Maniilaq Health Center:

- **Current:** 80 Mbps Terrestrial MPLS (current)
 - With 40 Mbps Satellite to Anchorage as back-up
- **Price Option 1:** 100 Mbps or equivalent Terrestrial, Fiber or Satellite MPLS; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
 - With 80 Mbps or Equivalent Satellite, Terrestrial or Fiber MPLS to Anchorage as a Backup; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
- **Price Option 2:** 135 Mbps or equivalent Terrestrial, Fiber or Satellite MPLS; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
 - With 80 Mbps or Equivalent Satellite, Terrestrial or Fiber MPLS to Anchorage as a Backup; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
- **Price Option 3:** 150 Mbps or equivalent Terrestrial, Fiber or Satellite MPLS; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
 - With 80 Mbps or equivalent Satellite, Terrestrial or Fiber MPLS to Anchorage as a Backup; terrestrial, Fiber or low orbiting Satellite preferred where available (New)

Village Clinic Locations:

- **Current:** 10 Mbps Terrestrial or Satellite MPLS; terrestrial where available preferred (current)
 - With 5 Mbps Satellite to Anchorage as back-up (Current)
- **Price Option 1:** 25 MPLS or equivalent Terrestrial, Fiber or Satellite MPLS; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
 - With 10 MPLS or equivalent Satellite, Terrestrial or Fiber MPLS to Anchorage as a Backup; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
- **Price Option 2:** 35 MPLS or equivalent Terrestrial, Fiber or Satellite MPLS; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
 - With 10 MPLS or equivalent Satellite, Terrestrial or Fiber MPLS to Anchorage as a Backup; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
- **Price Option 3:** 50 MPLS or equivalent Terrestrial, Fiber or Satellite MPLS; terrestrial, Fiber or low orbiting Satellite preferred where available (New)
 - With 10 MPLS or equivalent Satellite, Terrestrial or Fiber MPLS to Anchorage as a Backup; terrestrial, Fiber or low orbiting Satellite preferred where available (New)

Technology Neutral

Maniilaq understands that the competitive bidding process must be “technology neutral” in order to comply with the Federal Communication Commission competitive bidding rules (see 47 C.F.R. § 54.603 and § 54.642). Nothing in this RFP is intended to undermine the competitive bidding requirements. Any technology specific information in this RFP is meant to be **guidance only**. Any vendor, regardless of the technology that the vendor uses to provide service, is welcome to submit a bid for this RFP. If the vendor cannot provide the specific technology requested (example: QoS) the vendor should respond with detailed information on exactly what **equivalent** service or equipment, the vendor can provide. Quotes may be requested for variable levels of service.

Maniilaq Information Technology “IT” support service is not a part of this RFP. Maniilaq's internal support personnel are located in Kotzebue with remote technicians in most villages. Maniilaq IT support at the Anchorage end is provided by current contracted carrier and Alaska Tribal Health System Wide Area Network (“WAN”) staff based at the Alaska Native Tribal Health Consortium (“ANTHC”).

Local support for Telehealth Network services **is a part of this RFP**; proposer must demonstrate local technical support will be immediately available to all locations as necessary and include all costs associated with providing technical support to Maniilaq.

DESCRIPTION

The Maniilaq Association Telehealth Network provides access to clinical services via Telecommunications to eleven (11) village clinics, with a clinical services hub at the Maniilaq Health Center in Kotzebue, Alaska. Local Community Health Aides and other Maniilaq support personnel are responsible for clinical service delivery to the 11 village clinics.

Telecommunication services to the Network are currently provided by a third party service provider. The third party provides WAN interconnection and transport between all Maniilaq sites, network management support, commodity internet gateway service, IP security, and H.323 videoconference service as required.

The IP hub of the network is a Cisco 6500 router located at Maniilaq Health Center in Kotzebue. Telecommunications services to the 11 village clinics and to Anchorage are provided over satellite connections from the hub router. The clinics are provided with identical facility routers and associated components using Meraki Switches.

The current demarcation between Maniilaq IT support and the third party’s service is the clinic-facing Ethernet Interface in each facility router. The facility routers in the Network are owned and managed by the third party. Maniilaq expects the existing type of demarcation methodology with the telecommunication carrier to be maintained with continuous improvement. Requirements imposed by the Health Insurance Portability and Accountability Act, as amended, and its implementing regulations underscore the importance of clarity and maintenance of this demarcation.

Maniilaq IT support personnel are located in Kotzebue and travel between villages when needed. Maniilaq IT supports for all of the clinical LANs and associated workstations in the Network are directed from Kotzebue. Third party service staff and ANTHC provide information technology support in Anchorage. During the course of this contract, Maniilaq expects to maintain this support with the successful carrier and ANTHC.

Current bandwidth provisioning to clinics and Anchorage is based on the third party’s satellite service, a commercial, C-band satellite-based, data transport service. The service is based on the demand for bandwidth signaled by each clinical site. Currently we have a high-latency internet connection to the villages with a ping time of 500-600ms. We would like to reduce the latency time to under 100ms.

SERVICE REQUIREMENTS

Voiceover IP

Voice communications are carried over the WAN encapsulated in IP packets as a means of cost avoidance of Long Distance charges, and to position Maniilaq to take advantage of emerging VoIP functionality.

Currently the Voice to IP connectivity in all village locations is provided by digital voice interfaces installed in the Shore Tel telephone system. For the purposes of this RFP it should be assumed that the remote sites will continue to require connectivity to provide for the VoIP functionality.

The voice clarity of VoIP conversations is to be acceptable to the Maniilaq user, as determined by Maniilaq IT staff in qualitative call tests. Carrier is to show Maniilaq what bandwidth they propose be allocated by Maniilaq equipment to support this application.

Latency and jitter across the WAN must be of a measure that does not interfere with the establishment of a call, the progress of conversation during the call, or with the termination of a call.

VoIP voice service should have the highest priority in the flow of services across the WAN, and may be considered equivalent in priority to Video Conference service.

The availability of VoIP service across that part of the network served by satellite links will be measured each quarter (3 months). Network downtime due to predicted sun outages at the fall and spring equinoxes will not be used in the computation of availability.

The availability of VoIP service across that part of the network served by terrestrial links will be measured each quarter (3 months).

There is a mixture of circuit-switched telephone handsets and VoIP handsets in use on the Maniilaq network. The telecommunications network service provider is not responsible for the configuration and maintenance of these telephone handsets. Maniilaq does require the telecommunications network service provider to recommend explicit VoIP and circuit-switched telephone handset configurations considered to be "best practice" with respect to optimal utilization of the provider's VoIP service.

Video Conference

H.323 videoconference communications are carried over the WAN encapsulated in IP packets. Tandberg manufactures the end-user equipment. Each end user set has limited functionality as a multi-point video bridge.

The predominant form of use has become point-to-multipoint videoconference sessions accompanied by less-frequent point-to-point sessions. Point-to-multipoint sessions interconnecting all 11 clinics with Kotzebue need to be accommodated if requested. In addition, the growth to two of these "all points" multi-point videoconference operating simultaneously is suggested. Multipoint conferencing operating simultaneously with other network services is suggested.

The voice and video clarity of videoconference sessions is to be acceptable to the Maniilaq user, as determined by Maniilaq IT staff in qualitative videoconference tests.

Latency and jitter across the WAN must be of a measure that does not interfere with the establishment of a videoconference session, the progress of the video and voice conversations during the session, or with the termination of a session.

Videoconference service should have the highest priority in the flow of services across the WAN, and may be considered equivalent in priority to VoIP service.

The availability of videoconference service across that part of the network served by satellite links will be measured each quarter (3 months). Network downtime due to predicted sun outages at the fall and spring equinoxes will not be used in the computation of availability.

The availability of videoconference service across that part of the network served by terrestrial links will be measured each quarter (3 months).

In the event of interruption of WAN data transport, videoconference service across the WAN is expected to also be down.

In the Maniilaq Telehealth Network there will continue to be a mixture of videoconference equipment in numbers and at locations appropriate to temporal decisions at Maniilaq. The telecommunications network service provider is not responsible for the configuration and maintenance of these videoconference sets. Maniilaq does require the telecommunications network service provider to recommend explicit videoconference set configurations considered to be "best practice" with respect to optimal utilization of the provider's videoconference service. Maniilaq is requesting the carrier's familiarity and certifications in working with Tandberg and Vidyo for assistance when or if necessary.

Maniilaq has several important collaborations in health care and distance education, which are implemented over WAN telecommunication services using videoconference equipment. Maniilaq expects additional, similar collaborations to emerge in an opportunistic manner over the course of this contract.

Overall, Maniilaq will be aggressively pursuing opportunities for improving remote health care and distance education services to its clinics over the course of this contract. Any comments carrier may wish to provide regarding their telecommunications services and plans with regard to Maniilaq service plans will be read and considered as a part of this RFP.

Intranet

TCP/IP client-server communications within the Maniilaq organization are carried over the WAN encapsulated in IP packets. These communications include intra-organization email, file sharing, and remote access to central database information.

At all clinics, the WAN must be able to support simultaneous intranet IP service sessions composed of client email sessions and Village-to-Kotzebue database sessions, concurrent with other network services.

At the Maniilaq Health Center, the WAN must be able to support 700 simultaneous intranet IP service sessions aggregate, as described above, concurrent with other network services.

The screen refresh time of intranet sessions is to be acceptable to the Maniilaq user, as determined by Maniilaq IT staff in objective testing. Recognizing the differences between vendor services and recognizing all of the many variables affecting application performance across the WAN, Maniilaq prefers the vendor to propose objective test criteria which may be cooperatively used by Maniilaq and the carrier to monitor intranet service quality.

Latency and jitter across the WAN must be of a measure that does not interfere with the establishment of an intranet client-server transaction, the progress of the transaction, or with the termination of a transaction.

Intranet service should have the second highest priority in the flow of services across the WAN, and may be considered higher in priority than Internet service.

The availability of intra net service across that part of the network served by satellite links will be measured each quarter (3 months). Network downtime due to predicted sun outages at the fall and spring equinoxes will not be used in the computation of availability.

In the event of interruption of WAN data transport, intranet service will be considered to be down.

In the Maniilaq Telehealth Network there will continue to be a mixture of computer workstations and servers in numbers and at locations appropriate to temporal decisions at Maniilaq. The telecommunications network service provider is not responsible for the configuration and maintenance of these workstations and servers. Maniilaq does require the telecommunications network service provider to recommend explicit workstation and server IP configurations considered to be "best practice" with respect to optimal utilization of the provider's intra net service.

Internet

Maniilaq requires broadband access to the Internet at all sites in the network. At the Maniilaq Health Center, the internet connectivity must be able to support 700 simultaneous users at a fixed rate. At each Clinic, the WAN must be able to support a minimum of multiple simultaneous broadband Internet sessions concurrent with other network services.

Latency and jitter across the WAN must be of a measure that does not interfere with the establishment of an internet session, the progress of the session, or with the termination of a session.

Internet service should have the lowest priority in the flow of services across the WAN, and may be considered lower in priority than intranet service.

The availability of internet service across that part of the network served by satellite links will be measured each quarter (3 months). Network downtime due to predicted sun outages at the fall and spring equinoxes will not be used in the computation of availability.

The availability of internet service across that part of the network served by terrestrial links will measure each quarter (3 months).

In the event of interruption of WAN data transport, internet service will be considered to be down.

In the Maniilaq Telehealth Network there will continue to be a mixture of user workstations in numbers and at locations appropriate to temporal decisions at Maniilaq. The telecommunications network service provider is not responsible for the configuration and maintenance of these workstations. Maniilaq does require the telecommunications network service provider to recommend explicit workstation IP configurations considered to be "best practice" with respect to optimal utilization of the provider's Internet service.

Virtual Desktop Infrastructure

Maniilaq Health Center runs the regular desktop operating system by utilizing a Virtual Desktop Infrastructure (VDI). The bandwidth requirements is 2 mb per user with a latency of <800ms rtt. While we have the required bandwidth, our current latency is 700+ ms rtt. Our system functions adequately because PCoIP is a streaming UDP protocol co consistency make it operate smooth with a slight delay. A lower latency would greatly impact performance in the villages.

Security

An IP firewall is required between the commodity Internet and the hub router in the Maniilaq Telehealth Network, and will provide the following IP security services:

1. IP security is essential to HIPPA compliance
2. IP security consistent best industry practices
3. Application/Port filtering, threat protection, etc.
4. URL filtering

The carrier is expected to provide IP security, and should describe the level and quality of IP security proposed. Maniilaq expects the carrier of service to have expertise in this area.

Currently, the Maniilaq Telehealth Network uses IPsec VPNs. These VPNs need to be maintained for connectivity to required organizations.

Network Management

Maniilaq provides management of WAN Services, in the following categories:

1. Fault Management (service re-storal)
2. Performance Management (proactive management)
3. Configuration Management (archive and re-storal of network element configuration)
4. Security Management (the integration of security with other mgmt.)
5. Accounting (of network flows)
6. Planning (network traffic studies, and best practice support)

The carrier should briefly describe their WAN management practices in each of these categories.

Given the unique relationship of network management to different commercial services for each carrier, Maniilaq has no fixed requirements for network management, except that the proposer should be explicit in describing how each kind of network management service category is offered.

Continuity of Service

The proposer should provide a detailed, timeline and plan for moving Maniilaq's current Network onto the new, proposed telecommunications service. The proposer should keep in mind that Maniilaq provides lifeline healthcare services to its constituents in 11 villages from the Maniilaq Health Center hub.

Local Service Support

Since the first deployment of telecommunications to the Northwest Arctic villages, and over the subsequent growth in Telehealth and distance education, Maniilaq has learned that the best technology service support is local support, provided by local workers who, in addition to their technical expertise, clearly understand the relationship between local health care and well-maintained technology services.

The importance of Maniilaq healthcare service has grown to the point where we must work to keep WAN telecommunications up and functioning continuously, without waiting for the arrival of a traveling technician, and without waiting for shipment of spares from thousands of miles away. Maniilaq's dependency on WAN telecommunications is expected to grow during the course of the contract.

Proposers must express plans for implementation of local support of Maniilaq Association's telecommunication services.

3. **Procurement Timeline**

Event	Date
465 Form and RFP submitted to USAC for review via My Portal	January 2021
USAC will post 465 Form and RFP	Approximately four weeks following the initial submission in My Portal
RFP Responses Due	30 days following posting of 465 form by USAC
Evaluation of Proposals	Evaluation period is 14 days
Notification of Bidding Outcomes to Service Providers	Following the bid evaluation period
Contract Negotiations	Following the notification period
466 Form Submitted	Following the identification of service providers/return of contracts, etc.
Approximate Service Start Date	July 1, 2021 *Contingent Upon Successful Contract Negotiations and Board of Directors Approval
467 Forms Submitted	Following the approval of funding

4. **Conflict of Interest and Restrictions**

If any proposer, proposer's employee, subcontractor, or any individual working on the proposed contract may have a possible conflict of interest that may affect the objectivity, analysis, and/or performance of the contract, it shall be declared in writing and submitted to Maniilaq Association promptly, and no later than the response due date. Maniilaq Association shall determine in writing if the conflict is significant and material and if so, may eliminate the proposer from submitting a proposal or, if submitted, may disqualify the proposal.

5. **Maniilaq Association Contact Person**

Any information required or questions regarding this RFP should be addressed to Albie Dallemolle via email, with subject title: **RE: Maniilaq Association Telehealth Network Services**, to: rfpresponses@maniilaq.org

6. Deadline for Receipt of Proposals and Submission Instructions

Proposals may be emailed, mailed, or hand delivered to the email, mailing, or physical address listed on page 1. Proposals must be received by Maniilaq no later than **5:00PM Alaska Standard Time 30 days from USAC RFP Posting; exact date to be provided in following addendum.**

Email submissions must be in PDF format. *Files shall be no larger than 20 MB.* If necessary to avoid exceeding the 20 MB limit, send files in separate emails. Failure to send a proposal according to the instructions in this section and by the deadline will result in the proposal being considered non-responsive and disqualification of the proposal without review.

Paper proposal submissions mailed or hand delivered must include 3 copies. Both the outer and inner envelope shall contain the following:

Confidential: Do Not Open
Proposal For: FY 21 –Telehealth Network Service for Maniilaq Association
Attn: Albie Dallemolle, Director of Contracts and Grants

7. Proposer's Review and Substantive Questions

Proposers should carefully review this RFP for items requiring clarification. Proposers shall put their comments and/or questions in an e-mail and submit them to Maniilaq's contact person listed in Section 5. Maniilaq will respond to substantive questions in writing and publish such responses to ensure all potential bidders have access to the same information.

8. Proposer's Review and Directional Questions

If questions received involve no more than directing the questioner to a specific section of the RFP, Maniilaq may direct them to that section of the RFP via email, and no addendum shall be required.

9. Addendum to the RFP

Maniilaq reserves the right to issue written addenda to revise or clarify the RFP, respond to questions, and/or extend or shorten the due date of proposals or otherwise change the Proposals Timeline set forth in Section 3 above. It is the responsibility of the Proposer to familiarize themselves with any published addenda.

10. Cancellation of the RFP

Maniilaq retains the right to cancel the RFP process at Maniilaq's sole discretion. In the event of cancellation, Maniilaq shall not be responsible for costs incurred by proposers for proposal preparation.

11. Proposal Withdrawal and Correction

A proposal may be corrected or withdrawn by a written request received prior to the date of opening proposals

12. Multiple Proposals

Maniilaq Association will not accept multiple proposals from the same proposer.

13. Disclosure of Proposal Contents

A proposal's content shall not be disclosed to other proposers. Maniilaq will not disclose proposals, even by written request, after contracts have been negotiated and/or awarded.

14. Retention of Proposals

All proposals and other material submitted become Maniilaq Association's property and may be returned only at Maniilaq's option.

15. Cost of Proposal Preparation

Any and all costs incurred by proposers in preparing and submitting a proposal are the proposers' responsibility and shall not be charged to Maniilaq or reflected as an expense of the resulting contract.

16. Delivery of Proposals

Maniilaq Association assumes no responsibility or liability for the transmission, delay, or delivery of proposals by either public or private carriers.

17. Governmental Requirements

It is the responsibility of the proposer to comply with all applicable federal, state, and local statutes, regulations, ordinances, and/or requirements, including without limitation those applicable to the Federal Communications Commission Telecommunications Program within the Rural Healthcare Program.

18. Binding Contract

This RFP does not obligate Maniilaq or the selected proposer in any manner whatsoever until a contract is signed by both parties. Maniilaq shall not be responsible for work done, even in good faith, prior to full execution of the proposed contract.

PROPOSAL CONTENT AND REQUIREMENTS

Proposal Format: Proposals should be organized according to the following outline:

1. **Table of Contents:** The proposal will have a table of contents with page numbers and pages numbered throughout the proposal.
2. **Introduction:** Brief introduction which includes:
 - a. The proposer's name and address;
 - b. Statement that indicates the proposal is valid for at least 90 days from the proposal submission deadline;

- c. Statement that indicates the proposer's willingness to perform the services described in this RFP and to participate in the FCC Rural Healthcare Program Telecommunications Program, as administered by the Universal Service Administrative Company;
- d. Provide a detailed and precise discussion of services being offered;
- e. Proof of any other licenses and/or registrations as required by this RFP;
- f. A statement that all staff and other resources which are required to perform the services described in this RFP will be made available by the proposer's organization over the life of the anticipated contract;
- g. Statement that the signatory has authority to bind the proposer; and
- h. Signature of authorized individual.

3. Firm Profile

Offeror must provide a table or chart that shows organizational structure, chain of supervision, decision authority, and communications. Include both the respondent firm and any sub-consultant firms/subcontractors. Indicate whether the firm is licensed to conduct business in Alaska or will obtain an Alaska business license if selected.

4. Professional Qualifications

Proposal must include professional qualifications and technical excellence of the firm's proposed Project Manager, other key personnel, and/or team members necessary for satisfactory performance of required services. Personnel qualifications, professional designations and certifications, experience with overall installation, integration and maintenance capabilities based upon performance record and availability of sufficient high quality vendor personnel with the required skills and experience for the specific approach. Include all personnel that will actively be involved with performing the work, to include a listing of all subcontractors, if any, with an explanation of purpose.

5. Project Approach

Narrative submittal must address the approach the offeror will take to provide the services, to include a detailed timeline and plan for moving Maniilaq's current network onto the new, proposed telecommunications service.

6. Past Performance and References

Please provide a description of past performance in last five (5) years and at least three (3) references in Alaska for individuals and/or organizations for whom you have provided services similar to those which are the subject of this solicitation during the last two (2) years. Provide a contact name, phone numbers and email addresses for the references.

7. Reliability

Provide recent historical data that shows the number of outages and average time it took to resolve the outage issues in the last three years in services provided to a similar organization.

8. Technical Support

In order to decrease any down times for service, offerors are asked to identify if they have local technical support. Access to local technical support will enhance major outage response times.

9. Price Proposal

Provide pricing for services detailed in Description and Service Requirements, Section 2 of this request for proposal. Provide a detailed breakdown of the rates for each of the services requested. A sample copy of your agreement as well as any documentation explaining the different services should also be provided. Cost or rates should be valid for the term of the contract.

10. Capacity to Respond and Accomplish the Work

Include a list of Rural Health Care projects the firm currently has under contract.

11. Alaska Native / American Indian Preference

Maniilaq Association shall give preference to qualified American Indian/Alaska Native-owned organizations pursuant to P.L. 93-638. Moreover, contractors are required to provide American Indian/Alaska Native preference in subcontracting and training and employment. Proposals shall include a statement agreeing to provide American Indian/Alaska Native preference in subcontracting, training, and employment. Bidders must provide documentation of American Indian/Alaska Native ownership, if applicable.

12. Clean Air Act the Federal Pollution Control Act

Proposals must include a statement agreeing to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387).

13. Byrd Anti-Lobbying Amendment

Proposals must include a statement agreeing to file an anti-lobbying certification, and will also require every subcontractor with a subcontract over \$100,000 to also file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to Maniilaq.

14. Debarment and Suspension / Red Light Rule

Maniilaq does not contract with parties listed on the Federal Excluded Parties List System in the System for Award Management. Proposals must include a statement certifying that the bidder not listed on the Excluded Parties List System and that the bidder will notify Maniilaq within three (3) days in the event it is listed on the Excluded Parties List.

Any bidder, or the sub-contractor of a bidder, who is currently under, or has reason to believe they may have a red light status under the FCC's "Red Light Rule" must disclose such information in the proposal.

In the event the selected bidder becomes or is found to be listed on the Excluded Parties List System or to have "Red Light" status during the term of the contract, Maniilaq may terminate the contract at its sole option.

15. Insurance

The prospective bidder shall provide proof of coverage, or a statement that they maintain the coverage below, or that the following coverage will be obtained if selected for this work. Further, if selected, the winning bidder shall provide a certificate of insurance documenting the insurance levels listed below and listing Maniilaq Association as additional insured prior to performing work for Maniilaq. All such insurance shall be issued by a company that is licensed to do business in the State of Alaska and that has a rating equal to or exceeding A-VII from A.M. Best.

- General Liability - \$1,000,000 per occurrence and \$3,000,000 aggregate
- Professional Liability - \$1,000,000 per occurrence and \$3,000,000 aggregate
- Cyber Liability - \$3,000,000 per occurrence and \$3,000,000 aggregate
- Workers Compensation - Statutory
- Employers Liability - \$500,000 each Accident

REVIEW OF PROPOSALS

1. Evaluation Process

An evaluation committee consisting of Maniilaq employees shall evaluate responsive proposals. Each proposal shall be independently evaluated by each member of the evaluation committee.

The evaluation will be based on the response to the proposal content and requirements stated in this RFP.

2. Evaluation Criteria

Proposals will be evaluated on the following criteria:

- Firm Profile: scored on a 0-8.5 point scale
- Professional Qualifications: scored on a 0-10 point scale
- Project Approach: scored on a 0-10 point scale
- Past Performance: scored on a 0-10 point scale
- Reliability: scored on a 0-10 point scale
- Technical Support: scaled on a 0-4 point scale
- Capacity to Respond and Accomplish Required Work: scored on a 0-20 point scale
- Price Proposal: scored on a 0-25 point scale
- Alaska Native/American Indian Preference – 2.5 additional point awarded for qualifying firms

3. Discussions

As determined by Maniilaq, proposers may be offered the opportunity to discuss their proposal with the contract officer or evaluation committee and the proposal may be adjusted as a result of the discussion. Proposers may also be allowed to submit a best and final proposal as a result of

the discussion, in Maniilaq's sole discretion.

4. Presentations

Maniilaq reserves the right to require an oral presentation.

5. Notice of Award and Contract Negotiations

After the evaluation process is complete, the successful proposer will be issued a Notice of Award and contract negotiations will commence. Maniilaq reserves the right to terminate contract negotiations at any time in Maniilaq's sole discretion, with or without cause. Examples of situations which may constitute cause for termination of negotiations may include if the selected proposer fails to provide the necessary information for negotiations in a timely manner, negotiate in good faith, or cannot perform the contract within the amount of funds available for the project and/or as proposed.. Maniilaq Association shall not be responsible for costs incurred by the proposer resulting from contract negotiations.

INFORMATION ABOUT MANIILAQ ASSOCIATION

Maniilaq Association is a non-profit corporation recognized under section 501(c)(3) of the Internal Revenue Code of 1972, as amended. Maniilaq is also a tribal organization, as defined in Section 4 of the Indian Self-Determination and Education Assistance Act ("ISDEAA"), 25 U.S.C. § 5304. Maniilaq Association is a rural health, social, and tribal services provider with a budget in excess of \$120 million annually, and more than 600 employees. It is the largest single employer within the Northwest Arctic. Geographically, the Maniilaq service area consists of the "hub" town of Kotzebue, population 3,200, and 11 surrounding villages ranging in population from 120 to 1000.

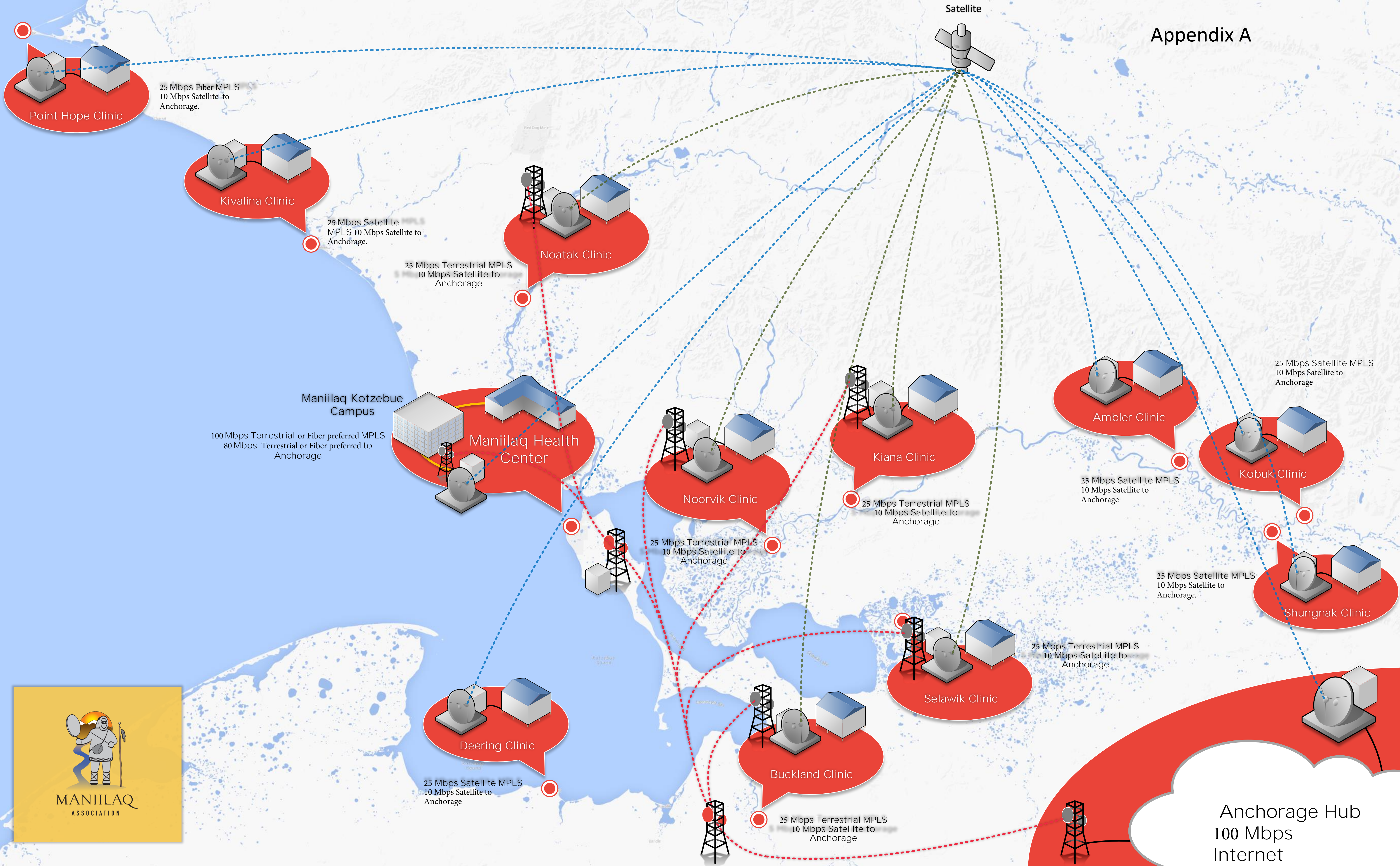
Maniilaq Association's involvement in providing health care and advocacy services extends back more than thirty years in Northwest Alaska. Maniilaq's origins stem from the Northwest Alaska Native Association ("NANA"), a non-profit organization formed in 1966, for purposes of attaining social justice, land rights, and self-determination for community residents. After passage of the Alaska Native Claims Settlement Act of 1971 a for-profit corporation called NANA was formed. The non-profit arm of NANA then organized as Mauneluk Association in 1972, with the spelling of its name changed to Maniilaq in 1981.

Maniilaq Association's mission is 'Savaqatigiiksugut (we are working together)'. Working together to provide high quality, culturally relevant health, social, and tribal services. Our vision is 'Healthy people, thriving communities'.

Health Services: Maniilaq compacts with the Indian Health Service to operate the 80,000- square foot, Joint-Commission accredited Maniilaq Health Center. Services provided include a 17-bed inpatient unit, emergency and outpatient services, a specialty clinic and contract vision care services, dental, pharmacy, radiology, laboratory and physical therapy. Through its co-located 18-bed long-term care and skilled nursing facility, Maniilaq provides culturally appropriate services to our treasured Elders right here at home. Maniilaq also operates a community health center in each of the 11 villages in the Maniilaq Service Area.

Social Services: Through the Behavioral Health division, Maniilaq operates a number of programs: counseling and recovery support, juvenile alcohol safety, wellness, and the Putyuk Children's Home. Through the Senior and Disabilities Services division, Maniilaq provides the following programs: developmental disabilities, Lake Street House Group Home, Short Term Assistance and Referral, Elder Services, Traumatic and Acquired Brain Injury, and Tupqich Elder Housing.

Tribal Services: Maniilaq compacts with the Bureau of Indian Affairs to provide a wide variety of services to tribes and tribal members, including technical support, child and family services, and workforce development.



Appendix B
Maniilaq Association

Locations out to Bid							Services out to Bid		
#	HCP #	Site Name	Address	City	State	Zip	Requested Service (or equivalent)	Bandwidth Requested	Contract Term
1	10810	Maniilaq Health Center	436 5th Ave.	Kotzebue	AK	99752	Terrestrial MPLS	80 Mbps	MTM
	10810	Maniilaq Health Center	436 5th Ave.	Kotzebue	AK	99752	Satellite MPLS	40 Mbps	MTM
	10810	Maniilaq Health Center	436 5th Ave.	Kotzebue	AK	99752	Terrestrial, Fiber or Satellite MPLS	100 Mbps, 135 Mbps, 150 Mbps	36 months
	10810	Maniilaq Health Center	436 5th Ave.	Kotzebue	AK	99752	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	80 Mbps	36 months
2	10811	Ambler Clinic	110 Main St.	Ambler	AK	99786	Terrestrial or Satellite MPLS	10 mbps	MTM
	10811	Ambler Clinic	110 Main St.	Ambler	AK	99786	Satellite Backup to Anchorage	5 mbps	MTM
	10811	Ambler Clinic	110 Main St.	Ambler	AK	99786	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10811	Ambler Clinic	110 Main St.	Ambler	AK	99786	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
3	10812	Buckland Clinic	9 Hillside Road	Buckland	AK	99727	Terrestrial or Satellite	10 mbps	MTM
	10812	Buckland Clinic	9 Hillside Road	Buckland	AK	99727	Satellite Backup to Anchorage	5 mbps	MTM
	10812	Buckland Clinic	9 Hillside Road	Buckland	AK	99727	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10812	Buckland Clinic	9 Hillside Road	Buckland	AK	99727	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
4	10813	Deering Clinic	23 Main Street	Deering	AK	99736	Terrestrial or Satellite	10 mbps	MTM
	10813	Deering Clinic	23 Main Street	Deering	AK	99736	Satellite Backup to Anchorage	5 mbps	MTM
	10813	Deering Clinic	23 Main Street	Deering	AK	99736	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10813	Deering Clinic	23 Main Street	Deering	AK	99736	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
5	10249	Maniilaq Association - Kiana	130 Casanoff Way	Kiana	AK	99749	Terrestrial or Satellite	10 mbps	MTM
	10249	Maniilaq Association - Kiana	130 Casanoff Way	Kiana	AK	99749	Satellite Backup to Anchorage	5 mbps	MTM
	10249	Maniilaq Association - Kiana	130 Casanoff Way	Kiana	AK	99749	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months

	10249	Maniilaq Association - Kiana	130 Casanoff Way	Kiana	AK	99749	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
6	10814	Kivalina Clinic	8 Bering St.	Kivalina	AK	99750	Terrestrial or Satellite	10 mbps	MTM
	10814	Kivalina Clinic	8 Bering St.	Kivalina	AK	99750	Satellite Backup to Anchorage	5 mbps	MTM
	10814	Kivalina Clinic	8 Bering St.	Kivalina	AK	99750	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10814	Kivalina Clinic	8 Bering St.	Kivalina	AK	99750	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
7	10815	Kobuk Clinic	51003 Main St.	Kobuk	AK	99751	Terrestrial or Satellite	10 mbps	MTM
	10815	Kobuk Clinic	51003 Main St.	Kobuk	AK	99751	Satellite Backup to Anchorage	5 mbps	MTM
	10815	Kobuk Clinic	51003 Main St.	Kobuk	AK	99751	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10815	Kobuk Clinic	51003 Main St.	Kobuk	AK	99751	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
8	10816	Noatak Clinic	90 Aaksaik Road	Noatak	AK	99761	Terrestrial or Satellite	10 mbps	MTM
	10816	Noatak Clinic	90 Aaksaik Road	Noatak	AK	99761	Satellite Backup to Anchorage	5 mbps	MTM
	10816	Noatak Clinic	90 Aaksaik Road	Noatak	AK	99761	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10816	Noatak Clinic	90 Aaksaik Road	Noatak	AK	99761	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
9	10817	Noorvik Clinic	1897 Tundra Way	Noorvik	AK	99763	Terrestrial or Satellite	10 mbps	MTM
	10817	Noorvik Clinic	1897 Tundra Way	Noorvik	AK	99763	Satellite Backup to Anchorage	5 mbps	MTM
	10817	Noorvik Clinic	1897 Tundra Way	Noorvik	AK	99763	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10817	Noorvik Clinic	1897 Tundra Way	Noorvik	AK	99763	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
10	10818	Point Hope Clinic	1729 Qalgi Avenue	Point Hope	AK	99766	Terrestrial or Satellite	10 mbps	MTM
	10818	Point Hope Clinic	1729 Qalgi Avenue	Point Hope	AK	99766	Satellite Backup to Anchorage	5 mbps	MTM
	10818	Point Hope Clinic	1729 Qalgi Avenue	Point Hope	AK	99766	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10818	Point Hope Clinic	1729 Qalgi Avenue	Point Hope	AK	99766	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
11	10819	Selawik Clinic	3 Adams Landing	Selawik	AK	99770	Terrestrial or Satellite	10 mbps	MTM
	10819	Selawik Clinic	3 Adams Landing	Selawik	AK	99770	Satellite Backup to Anchorage	5 mbps	MTM

	10819	Selawik Clinic	3 Adams Landing	Selawik	AK	99770	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10819	Selawik Clinic	3 Adams Landing	Selawik	AK	99770	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months
12	10820	Shungnak Clinic	80 Back Street	Shungnak	AK	99773	Terrestrial or Satellite	10 mbps	MTM
	10820	Shungnak Clinic	80 Back Street	Shungnak	AK	99773	Satellite Backup to Anchorage	5 mbps	MTM
	10820	Shungnak Clinic	80 Back Street	Shungnak	AK	99773	Terrestrial, Fiber or Satellite MPLS	25 mbps, 35 mbps, 50 mbps	36 months
	10820	Shungnak Clinic	80 Back Street	Shungnak	AK	99773	Satellite, Terrestrial or Fiber MPLS Backup to Anchorage	10 mbps	36 months