

PARTICIPANT/SITE FORM SUMMARY



Purpose: To detail preliminary participant site information including connection address, legal, administrative and technical contacts, bandwidth and connection technical information, site designation, and any other pertinent information that will inform OHN about site design. The information on this form is provided to USAC on the 465A form by OHN along with the LOA (Letter of Agency), the network design map, and the Detailed Site Eligibility Form. It is from this initial submission that USAC will determine site eligibility to be included in the RFP process. OHN will notify you as soon as the determination from USAC is received.

Who should complete this form? An OHN representative will provide any assistance necessary in completing this initial information. Typically the form is completed by both the IT contact and the legal signatory for the site (such as CEO, CFO, CIO, COO, President, Tribal Chief, Executive Director, etc.).

What is the deadline for completing this form? Your OHN representative will let you know what the deadline is for the current submission to USAC. If you have any questions, please contact Kim Klupenger, Operations Director at 503.781-7929 or via email at kklupenger@oregonhealthnet.org.

How is this form submitted? This form can be submitted either as a filled-in document and attached to an email/faxed or hand-written and faxed or PDF. Below is the email information and fax information:

Email: dgaliel@oregonhealthnet.org [Deb Galiel, Associate Project Coordinator/Office Manager]

Fax: 503.344.3748, attention Deb Galiel, Associate Project Coordinator/Office Manager

Required Information:**1. Please copy the following information from the LOA (Letter of Agency):**

Site Name:

Street Address:

City:

State:

Zip:

County:

2. Is the above the actual location of the connection? yes no**If the answer is "no", please complete the following information for the actual connection site:**

Site Name:

Street Address:

City:

State:

Zip:

County:

3. Is site a wholly owned subsidiary of another entity? Yes No

If yes, what is the name of the parent entity?

Street Address:

Mailing Address:

City:

State:

Zip:

County:

4. Legal signatory for site:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email address:

5. Technical contact for site:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email address:

6. Where is the site to be connected? Please attach a preliminary network diagram reflecting connection points, bandwidth to each site, and connection to OHN. Directly to OHN at NWAX To an existing network (please specify site name and address) Other Specify:

7. Do you currently have a telecommunications vendor that you work with? Yes No

If "Yes" please indicate their name and contact information below so that we can include them in our RFP notice:

Vendor Name:

Address:

City/State/Zip:

Phone Number

Primary Contact Name:

Title:

Please list all services they are providing for you currently:

8. Please provide a network diagram showing current connectivity in PDF or Visio format. All sites are required to attend a mandatory engineering meeting with our IT Project Manager to determine the final design request that will be posted on the RFP for bid. Please contact Peter Trnavskis at ptrnavskis@oregonhealthnet.org to schedule a network review for your site at your earliest convenience.**9. If this site is part of multiple sites in your organization requesting bids do you want:** To require the vendor to bid all sites in the organization Different vendors to be able to bid each site

10. Is this site:

- a community college (*complete a Dedicated Use Memo*)
- post-secondary education site providing health education programs (*complete a Dedicated Use Memo*)
- a rural hospital
- an urban hospital
- a community health center (*please see Question 10a*)
- a rural health clinic
- urban health clinic
- a tribal clinic
- a mental health clinic (please complete the Mental Health Site Questionnaire)
- a for-profit clinic with Emergency Services

10a. Please list the types of health services offered (if applicable):**10b. Are you listed on the HRSA website?****11. Please provide us with any additional information that you feel would be useful to us in obtaining good bid information for you:****Have you included the following attachments to this document?:**

- List of medical services
- Network connection diagram (PDF or Visio format)
- Mental Health Questionnaire (if applicable)

Please refer to the cover sheet detailing how to submit this form with attachments.

Thank you from the Oregon Health Network Team.