

Request for Proposals

Network Switch Wireless and UPS Infrastructure Modernization

Winston County Medical Foundation dba Winston Medical Center

17550 East Main Street, Louisville, Mississippi 39339

RFP WMC-RHTP-2026-002 | APP-01094 | Subaward 1.029 | Procurement MS-P0010

Issued October 30, 2026. Proposals due November 16, 2026 at 2:00 p.m. Central Time.

Obtain the complete RFP, submit questions, and email proposals to Matt Woodward, CFO, at mwoodward@winstonmedical.org.

1 Purpose and scope

WMC invites competitive proposals for an integrated enterprise network switch and wireless refresh and Phase I UPS replacement supporting its rural hospital, Rural Health Clinics, and Long-Term Care/Skilled Nursing Facility. Price is one selection factor; clinical continuity, technical integration, secure configuration, and implementation quality are also material. Provide equipment, associated licensing and manufacturer support, accessories, installation, configuration, testing, documentation, and knowledge transfer through one accountable prime contractor. Qualified teams and subcontractors may participate.

Supply 30 managed enterprise switches: 29 with 48 copper gigabit ports and one with 24 copper gigabit ports; 802.3bt PoE capability up to 90W per supported port, with documented aggregate power budgets sufficient for connected loads; stacking; four 10/25Gb uplinks per switch; and MACsec capability. Include 30 suitable 1200W power supplies or an equivalent adequately sized power solution, 30 power cords, 26 compatible 20Gb stacking cables approximately one meter long, and 12 compatible 10Gb single-mode optical modules supporting 1310nm, 10km, LC connections. Reference platforms are Extreme 5420M-48W-4YE and 5420M-24W-4YE or equals. Include three years of required management rights, software/technical support, and next-business-day advance hardware replacement or an equivalent service level.

Supply 47 indoor enterprise wireless access points, including mounting hardware, required power/connectivity accessories, controller or management compatibility, and three years of manufacturer premium support. Reference platform: FortiAP FAP-231K-A or equal. Demonstrate equivalent capacity, performance, security, roaming, and integration with WMC's operating environment. Supply 10 rack-mount UPS units, 1500VA/1350W, 120V, approximately 3U, with at least six NEMA 5-15R outlets, network management, required rack/power accessories, and five-year repair/replacement coverage. Reference platform: APC SMTL1500RM3UCNC or equal. Validate rack fit, electrical compatibility, connected loads, and proposed runtime before deployment.

Provide discovery, a documented configuration baseline, phased migration, approved after-hours cutovers, rollback and escalation procedures, wired/wireless and UPS testing, next-day troubleshooting, deficiency correction, and closeout. Acceptance requires installed quantities, verified network and clinical-device connectivity, wireless coverage/roaming validation in affected care areas, UPS load/management checks, serial-number and entitlement inventories, configuration backups, as-built documentation, and IT staff handoff. Final test plans and thresholds require WMC approval before deployment.

Named products describe the functional baseline; equivalent solutions are permitted. Identify every deviation and include all components and transition costs needed for equivalent operation. BCI is WMC's existing managed-services provider; proposers must explain coordination and support handoff, but need not be BCI or subcontract to BCI to compete. Material technical information will be provided equally through common written clarifications, with reasonable confidentiality safeguards for sensitive information.

2 Funding and expenditure deadline

The approved award is \$369,149.95, not a guaranteed contract price. Submit an independently developed fixed delivered price for the approved switch, wireless, and UPS packages. Disclose recurring managed services, renewals, and operating costs separately; proposal inclusion does not establish grant eligibility. Unrelated EHR, telehealth, broadband expansion, construction, and unapproved scope are excluded.

Grant-funded equipment must be delivered, installed, tested, and accepted, services performed, and funds expended by July 31, 2027. WMC must submit its final reimbursement request and proof of payment by August 15, 2027. Propose delivery and implementation assuming invoicing through July 15, allowing payment by July 31. This infrastructure project must be completed within the award period; later EHR go-live is separate. Identify bundled manufacturer entitlements for allowability review; do not prepay unperformed future services to exhaust funds.

3 Proposal submission

Email an authorized signed searchable PDF and editable pricing schedule by the deadline, with the RFP number and proposer name in the subject. Limit emails to 20 MB; number multiple emails. WMC's receipt timestamp controls; late offers are rejected. Offers may be withdrawn/replaced before closing and remain valid 120 days afterward. No WMC forms, mandatory conference, or proposal bond are required. Include:

- Legal entity and contact; signature; prime and subcontractor roles; relevant healthcare experience, key staff, references, manufacturer authorizations, and equipment/support fulfillment arrangements.
- Proposed manufacturers, models, quantities, specifications, included accessories, licensing/support terms, availability, lead times, and a clear explanation of each substitution or deviation. Explain compatibility and any changes needed to existing systems or support arrangements.
- Implementation milestones, after-hours staffing, cutover/rollback plan, clinical continuity and security measures, acceptance tests, training/handoff, WMC responsibilities, and delivery, invoicing, and payment dates meeting Section 2.
- Fixed delivered total and line-item hardware, licenses, support, labor, taxes, freight, travel, fees, and unconditional discounts. Show labor hours/rates or supporting fixed-fee detail. Separately disclose all mandatory integration/transition charges and five years of required recurring costs from acceptance, including renewals after included terms, price increases, and exit charges. Provide supported ceilings for estimated mandatory charges; identify optional items separately.
- Conflicts and any role in drafting procurement requirements; material contract exceptions; addenda acknowledgments; information for SAM exclusions verification; and agreement to provide applicable certifications before award.

Submit questions promptly. WMC will publish material answers/addenda and distribute them to recipients; registration is not required. Only written addenda change requirements; material changes receive adequate response time. Omit patient information and identify specific proprietary claims and their legal basis. Lawful disclosure and oversight rights apply.

4 Evaluation and selection

WMC will evaluate proposals using these factors in descending order of importance: technical fit and interoperability; total evaluated cost; implementation feasibility and clinical continuity; security and configuration stewardship; vendor capability and performance; and sustainability and contract risk. WMC will select the responsible proposer offering the most advantageous proposal considering these factors. The lowest-priced proposal will not necessarily be selected.

Total evaluated cost includes all mandatory acquisition, installation, integration, transition, and other one-time charges; five years of required recurring charges from acceptance, without duplicating included license/support terms; and mandatory exit charges, less unconditional discounts. Exclude options and WMC internal salaries; disclose required WMC effort separately. WMC will document comparative strengths, weaknesses, cost differences, and the reasons that higher-priority factors support the selection. Optional items are not automatically awarded, and excluded costs remain ineligible.

5 Contract conditions

The fixed-price agreement must define quantities, specifications, deliverables, acceptance, dates, milestones, invoicing, and a delivered ceiling. Pay only for accepted deliveries and completed services; require deficiency correction and recovery of improper payments. Payment must occur by July 31, 2027. Require serial/asset records, manufacturer registrations, entitlements, and service acceptance. Shipment invoices alone do not establish installation or acceptance. Changes require signed amendments and required approvals; cost-plus-percentage compensation is prohibited.

Supply new equipment through lawful manufacturer channels with valid WMC warranties/entitlements. WMC retains ownership and access to equipment, configurations, credentials, backups, and documentation, subject to third-party rights and 2 CFR 200.315. Handoff must not depend on undisclosed access restrictions. Obtain WMC approval before production changes, use least-privilege access, protect confidential information, and execute applicable HIPAA business associate/security terms before protected information access. Report suspected project security incidents promptly, within 12 hours of discovery.

Provide breach remedies, appropriate notice/cure, and termination for cause and convenience, including loss of funding. WMC may terminate for convenience on 30 days' notice or sooner as required by law/State direction. Settlement covers accepted work and approved unavoidable closeout costs within the ceiling, without profit on unperformed work. Immediate protection is permitted for serious safety, security, fraud, exclusion, or unlawful conduct. Provide appropriate insurance before performance; disclose liability, warranty, and other exceptions with the offer.

Include all applicable 2 CFR 200.327/Appendix II and Subaward 1.029 Attachment B flow-downs: remedies/termination; Clean Air/Water; exclusions; lobbying certification/SF-LLL; prohibited telecommunications; domestic preferences/recovered materials; whistleblower rights; civil rights/accessibility; covered-business outreach; E-Verify; privacy/security; HIE support where applicable; property/data; reporting; and State requirements. Mississippi and applicable Federal law govern. Apply construction clauses only to separately authorized applicable work. Contractors are responsible for their work/subcontractors and legally permissible indemnification for claims arising from their acts, omissions, breach, or violations.

Maintain relevant records for at least ten years after final subaward payment and closure of pending matters, or longer when required. Provide WMC and authorized State/Federal oversight bodies access to relevant records, work, systems, and personnel, subject to lawful privacy safeguards. Mandatory requirements control over conflicting commercial terms.

6 Award and procurement rights

WMC may seek fair clarifications, common demonstrations, best-and-final offers, and negotiations under the published factors without materially changing competition; verify responsibility; reject proposals or cancel for documented reasons; and waive only immaterial defects. Apply 2 CFR 200.319(b) exclusions for contractors drafting procurement requirements. WMC will notify proposers of intended selection. Email solicitation protests promptly before closing and selection protests within five business days of notice; a neutral authorized reviewer will issue a reasoned decision. Nonwaivable rights control. One response does not automatically authorize sole source.

No purchase, work, or commitment is authorized before required written State approvals and contract execution. Prior quotations and planning do not guarantee an award. Proposers bear response costs; State/Federal entities are not contract parties or payment guarantors. Funding identifiers: Assistance Listing 93.798; FAIN RHTCMS332063; Subaward 1.029. Small, minority-owned, women-owned, veteran-owned, and labor-surplus-area businesses are encouraged to participate.

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$369,149.95, with 100 percent (\$369,149.95) funded by CMS/HHS and 0 percent (\$0) financed by nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.