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| **Section 1 – General Information** |
| **PORFP Number:****(ADPICS PO Number)** |       |
| **PORFP Type:****(Select one category from drop down list)** |  |
| **Functional Area/s (FA) for this PORFP:****(Check all that apply)** | [ ]  FA I (Hardware, Associated Peripherals and Software)[ ]  FA II (Manufacturer’s Extended Warranty and Maintenance Services)[ ]  FA III (Time and Material Labor) |
| **Manufacturer Name:** |       |
| **Designated Small Business Reserve?(SBR):(Select “Yes” or “No” from drop down list)** |  |
| **Minority Business Enterprise (MBE) Goal for FA II & III Below****(See “PBX IV- Telecommunications Equipment and Services Master Contract MBE Participation Worksheet”):** | 25 % |
| **Minority Business Enterprise (VSBE) Goal for FA II & III Below****(See “PBX IV- Telecommunications Equipment and Services Master Contract VSBE Participation Worksheet”):** | 2 % |
| **PORFP Issue Date:(mm/dd/yyyy)** |       | **PROPOSAL DUE** **DATE and TIME:** |       |
| **Place of Performance:** |       |
| **Special Instructions:** |       |
| **Security Requirements** **(if applicable):** |       |
| **Invoicing Instructions:** |       |
| **Section 2 – Agency Point of Contact (POC) Information** |
| **Agency / Division Name:** |       |
| **Agency POC Name:** |       | **Agency POC Phone Number:** |       |
| **Agency POC Email Address:** |       | **Agency POC Fax:** |       |
| **Agency POC Mailing Address:** |       |
| **Section 3 – Delivery Address / Work Site POC Information (if different from above)** |
| **Agency On-site Contact Name:** |       | **Agency On-site Phone Number:** |       |
| **Agency On-site Email Address:** |       | **Agency On-site Fax:** |       |
| **Agency On-site Address:** |       |
| **Section 4 – Scope of Work** |
| **FA I – Hardware, Associated Peripherals and Software****(Provide itemized list of required equipment and model number/s. If type of equipment is unknown, describe required functionality):** |
| **List Required PBX IV- Telecommunications Equipment and Model Number/s** | **Quantity** |
| 1. <insert item>
2. <insert item>
3. <add / delete bullets as needed>
 | * 1. <insert item>
	2. <insert item>
	3. <add / delete bullets as needed>
 |
| **Due Date for Delivery:****(mm/dd/yyyy)** |       |
| **FA II – Manufacturer’s Extended Warranty and Maintenance Services****(Provide itemized list of required services and deliverables and include MBE goal listed above. MBE goal should be calculated only on FA II & III value.)** |
| **List Required Maintenance Services** | **List deliverables** |
| 1. <insert item>
2. <insert item>
3. <add / delete bullets as needed>
 | * 1. <insert item>
	2. <insert item>
	3. <add / delete bullets as needed>
 |
| **FA III – Time and Material Labor****(Provide itemized list of required services and deliverables and include MBE goal listed above. MBE goal should be calculated only on FA II & III value.)** |
| **List Required Time and Material Labor** | **List deliverables** |
| 1. <insert item>
2. <insert item>
3. <add / delete bullets as needed>
 | * 1. <insert item>
	2. <insert item>
	3. <add / delete bullets as needed>
 |
| **Est. Work Start Date:****(mm/dd/yyyy)** |       |
| **Est. Work End Date:****(mm/dd/yyyy)** |       |
| **Section 5 – Evaluation Criteria – Technical Proposal****(Provide a list of evaluation criteria in descending order of importance)** |
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| **Basis for Award Recommendation**Evaluation criteria for award will be established at the PORFP level. The agency POC will recommend award to the Master Contractor whose proposal is determined to be the most advantageous to the State, considering price and the evaluation factors set forth in the PORFP. The agency POC will initiate and deliver a PO to the selected Master Contractor. |