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| **Section 1 – General Information** | | | | | |
| **PORFP Number:**  **(ADPICS PO Number)** | Enter the ADPICS Purchase Order (PO) number released against the Radios Communications 2018 Master Contract Blanket Purchase Order # 060B7400088 in ADPICS. | | | | |
| **PORFP Type:**  **(Select one category from drop down list)** | Select the applicable PORFP type from the drop-down list. Only one type can be selected from the following:  -Fixed Price  -Time & Materials (FA IV only)  -Both | | | | |
| **Functional Area/s (FA) for this PORFP:**  **(Check all that apply)** | Check the applicable FA or FA combination for this PORFP. Check all that apply:  FA I (Two-Way Radio Equipment)  FA II (Communications Consoles & Associated Equipment)  FA III Microwave Radio Equipment, Ancillary and Test Equipment and Installation Supplies  FA IV (Installation, Repair & Preventive Maintenance)  For detailed descriptions of each FA under the Radio Communications Master Contract 2018, see “Functional Areas: Descriptions/Examples” under “quick links” on the Radio Communications Master Contract 2018 web site. | | | | |
| **Designated Small Business Reserve?(SBR):**  **(Select “Yes” or “No” from drop down list)** | Select “Yes” from the drop-down list to designate the PORFP for SBR only. Select “No” if the PORFP is not designated for SBR.  -Yes  -No | | | | |
| *Use the Radio Communications Master Contract 2018 MBE Participation Worksheet (Under “MBE Participation” under “quick links” on the Radio Communications Master Contract 2018 web site) and enter the resulting “Recommended MBE Goal” from the worksheet as a percentage.*  **Minority Business Enterprise (MBE) Goal for FA IV Below**  **(See “Radio Communications 2018 Master Contract MBE Participation Worksheet”):** | | | | | % |
| **PORFP Issue Date: (mm/dd/yyyy)** | Enter date the PORFP is issued to Master Contractors | **PROPOSAL DUE DATE/TIME:** | | | Enter due date and time for Master Contractor proposals or feedback |
| **Place of Performance:** | Enter receiving organization’s name and address where equipment must be delivered / services must be performed. | | | | |
| **Special Instructions:** | Describe any special instructions for the Master Contractor regarding delivery of equipment / performance of services. For example, personnel must notify the POC upon arrival. | | | | |
| **Security Requirements (if applicable):** | Describe any organizational security requirements concerning the delivery of equipment / performance of services. For example, ID badges for personnel. | | | | |
| **Invoicing Instructions:** | Describe any special invoicing instructions beyond those described in Section 2.11 of the Radio Communications 2018 RFP (See “Contract Information” under “quick links” on the Radio Communications Master Contract 2018 web site). | | | | |
| **Section 2 – Agency Point of Contact (POC) Information** | | | | | |
| **Agency / Division Name:** | Enter the agency and agency division name where the PORFP was originated. | | | | |
| **Agency POC Name:** | Enter the name of the POC for the PORFP. | | **Agency POC Phone Number:** | | Enter POC’s phone number. |
| **Agency POC Email Address:** | Enter POC’s email address. | | **Agency POC Fax:** | | Enter POC’s fax number. |
| **Agency POC Mailing Address:** | Enter POC’s mailing address if different from “Place of Performance” in Section 1 above. Otherwise, enter “same as above.” | | | | |
| **Section 3 – Delivery Address / Work Site POC Information (if different from above)** | | | | | |
| **Agency On-site Contact Name:** | Enter the delivery / work site POC’s name if different from the “Agency POC Name” in Section 2 above. Otherwise, enter “same as above.” | | **Agency On-site Phone Number:** | | Enter the delivery / work site phone number if different from the “Agency POC Phone Number” above. |
| **Agency On-site Email Address:** | Enter the delivery / work site POC’s email address if different from the “Agency POC Email Address” above. | | **Agency On-site Fax:** | | Enter the delivery / work site POC’s fax number if different from the “Agency POC Fax Number” above. |
| **Agency On-site Address:** | Enter the delivery / work site address if different from “Place of Performance” in Section 1 above. | | | | |
| **Section 4 – Scope of Work** | | | | | |
| **FA I – Two-Way Radio Equipment**  **(Provide itemized list of required equipment and model number/s. If type of equipment is unknown, describe required functionality):** | | | | | |
| **List Required Two-Way Radio Equipment,**  **and Model Number/s** | | | **Quantity** | | |
| 1. Enter product name; Enter product description; Enter model number 2. Same as above. 3. Same as above. (Insert additional rows as needed) | | | * 1. Enter quantity | | |
| **Due Date for Delivery:**  **(mm/dd/yyyy)** | | | Enter Date | | |
| **FA II – Communications Consoles and Associated Equipment**  **(Provide itemized list of required consoles/equipment and model number/s. If type of consoles/equipment is unknown, describe required functionality):** | | | | | |
| **List Required Communications Consoles and Associated Equipment, and Model Number/s** | | | **Quantity** | | |
| 1. Enter product name; Enter product description; Enter model number 2. Same as above. 3. Same as above. (Insert additional rows as needed) | | | * 1. Enter Quantity. | | |
| **Due Date for Delivery:**  **(mm/dd/yyyy)** | | |  | | |
| **FA III – Microwave Radio Equipment, Ancillary and Test Equipment and Installation Supplies**  **(Provide itemized list of required services and deliverables)** | | | | | |
| **List Required Installation, Repair & Preventative**  **Maintenance Services** | | | **List deliverables** | | |
| 1. Enter product name; Enter product description; Enter model number 2. Same as above. 3. Same as above. (Insert additional rows as needed) | | | * 1. Enter Quantity. | | |
| **Due Date for Delivery:**  **(mm/dd/yyyy)** | | |  | | |
| **FA IV – Installation, Repair and Preventative Maintenance Services**  **(Provide itemized list of required services and deliverables)** | | | | | |
| **List Required Installation, Repair & Preventative**  **Maintenance Services** | | | | **Deliverables** | |
| 1. Enter product name; Enter product description; Enter model number. 2. Same as above. 3. Same as above. (Insert additional rows as needed) | | | | Enter delivery due date. | |
| **Est. Work Start Date:**  **(mm/dd/yyyy)** | | | | Enter Start Date | |
| **Est. Work End Date:**  **(mm/dd/yyyy)** | | | | Enter End Date | |
| **Minority Business Enterprise (MBE) Goal for FA IV (See “Radio Communications 2018 Master Contract MBE /SBR Participation Worksheet”):** | | | | Re-enter MBE Goal | |
| **Section 5 – Evaluation Criteria – Technical Proposal**  **(Provide a list of evaluation criteria in descending order of importance)** | | | | | |
| 1. Enter a list of criteria by which technical proposals will be evaluated. List the most important criteria first followed by other criteria in descending order of importance. 2. Same as above. 3. Same as above. (Insert additional rows as needed) | | | | | |
| **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. | | | | | |