

**Sample
Purchase Order Request for Proposals (PORFP)
PBX IV- Telecommunications Equipment and Services
Master Contract**

Section 1 – General Information			
PORFP Number: (ADPICS PO Number)	F50P0400000		
PORFP Type: (Select one category from drop down list)	<i>Both</i>		
Functional Area/s (FA) for this PORFP: (Check all that apply)	<input checked="" type="checkbox"/> FA I (Hardware, Associated Peripherals and Software) <input checked="" type="checkbox"/> FA II (Manufacturer’s Extended Warranty and Maintenance Services) <input checked="" type="checkbox"/> FA III (Time and Material Labor)		
Manufacturer Name:	<i>Mitel Networks</i>		
Designated Small Business Reserve?(SBR): (Select “Yes” or “No” from drop down list)	No		
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)	<i>1/5/2021</i>	PROPOSAL DUE DATE and TIME:	<i>1/26/2021</i>
Place of Performance:	<i>Agency Name 100 Community Place Crownsville, MD 21032</i>		
Special Instructions:	<ol style="list-style-type: none"> 1. <i>The winning vendor shall install any customer provided equipment, whether new, used or refurbished for any order requested.</i> 2. <i>The proposals shall be submitted in a format that provides a breakdown cost for each system, identified on a separate line, by location. The State reserves the right to select any or all of the items submitted for award.</i> 3. <i>Proposals shall be itemized with the manufacturer part numbers and descriptions in addition to vendor/reseller part numbers and descriptions if different.</i> 4. <i>Proposals should be emailed to the POC, with separate technical and financial proposals. Technical proposals should be provided in a Word document, and financial proposals should be provided in an Excel document.</i> 5. <i>Equipment must be delivered to: Agency Name Attn: Max Purchase</i> 		

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	100 Community Place Crownsville, MD 21032		
Security Requirements (if applicable):	Contractor must show a valid ID at the security desk.		
Invoicing Instructions:	<p>1. All invoices shall include the following information:</p> <ul style="list-style-type: none"> • Invoice Date • Invoice Number • Brief Description and amount due per line and total • Issuing Purchase order number <p>2. Invoices submitted without the required information will not be processed for payment until the Contractor provides the required information listed above. All invoices shall be submitted no later than 30 days after receipt of product.</p> <p>3. Email invoice to: <i>agencyfiscalservices@maryland.gov</i></p> <p>and mail invoice: <i>Agency Name</i> <i>Attn: Max Purchase</i> <i>100 Community Place</i> <i>Crownsville, MD 21032</i></p>		
Section 2 – Agency Point of Contact (POC) Information			
Agency / Division Name:	<i>Agency Name</i>		
Agency POC Name:	<i>Max Purchase</i>	Agency POC Phone Number:	<i>410-XXX-XXXX</i>
Agency POC Email Address:	<i>Max.purchase@maryland.gov</i>	Agency POC Fax:	<i>410-XXX-XXXX</i>
Agency POC Mailing Address:	<i>100 Community Place</i> <i>Crownsville, MD 21032</i>		
Section 3 – Delivery Address / Work Site POC Information (if different from above)			
Agency On-site Contact Name:	<i>Susie Buyer</i>	Agency On-site Phone Number:	<i>410-XXX-XXXX</i>
Agency On-site Email Address:	<i>Susie.buyer@maryland.gov</i>	Agency On-site Fax:	<i>410-XXX-XXXX</i>
Agency On-site Address:	<i>35 Anywhere Street</i> <i>Baltimore, MD 21224</i>		
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	
Enter product name, Enter product description and/or model number		Enter Quantity i.e. Alphanumeric (numeric)	
A. Agency is requesting a quote for:			

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<ol style="list-style-type: none"> 1. Mitel system Software for Enterprise and SBE 100 customers. Includes the Virtual Phone Switch, Virtual SIP Trunk Switch and Virtual Service Appliance features. (Licenses purchased separately) 2. Mitel IP Phone IP 485g 3. Mitel IP Phone IP 420 4. Voice Switch ST1D, 1U half-width. Max Capacities- 30 SIP Trunk, 1 Dig. Trunk (T1 or E1). 5. Voice Switch ST24A, 1U full-width. Max Capacities: 24 Analog Exts. No IP Phone or trunk support. 6. Virtual phone capacity license. Quantity 200. Each phone also requires an Extension license. 7. Number of years of software assurance priced as a separate line item. 8. Insert additional rows as needed 	<ol style="list-style-type: none"> 1. One (1) 2. Two Hundred Thirty (230) 3. Twenty-Two (21) 4. One (1) 5. One (1) 6. One (1) 7. One (1) 8. Insert additional rows as needed
Due Date for Delivery: (mm/dd/yyyy)	XX/XX/2021
FA II – Manufacturer’s Extended Warranty and Maintenance Services (Provide itemized list of required services and deliverables and include MBE and VSBE goals listed above. MBE and VSBE goals should be calculated only on FA II & III value.)	
List Required Maintenance Services	List deliverables
<p>Enter a detailed description of the required manufacturer's extended warranty and maintenance services to be purchased. Add or delete bullets as appropriate.</p> <p>Manufacturer's Extended Warranty:</p> <ol style="list-style-type: none"> 1. Warranty on equipment in FA I per Section 2.2.2 of the PBX IV Master Contract. Warranty is to be priced as a separate line item for the proposed equipment. <p>Maintenance: Specify the terms and conditions for maintenance service:</p> <ul style="list-style-type: none"> • request for per hour rate • maintenance coverage hours (business hours, 24 hours, etc) • days of maintenance coverage (Monday - Friday, 7 days a week) 	<p>Describe the quote and length of the manufacturer's warranty and/or maintenance services. Add or delete bullets as appropriate.</p> <p>Manufacturer's Extended Warranty:</p> <ol style="list-style-type: none"> 1. A quote for Two (2) years of manufacturer's extended warranty. <p>Maintenance: Example: A quote for hourly rate or flat rate (# of months) Month maintenance with the option to renew for (# of months), at the sole discretion of the State.</p>

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<ul style="list-style-type: none"> • response times for normal, minor, major and catastrophic. • software assurance • terms for support of end-of-life-equipment • add/delete bullets 	
FA III – Time and Material Labor (Provide itemized list of required services and deliverables and include MBE and VSBE goals listed above. MBE and VSBE goals should be calculated only on FA II & III value.)	
List Required Time and Material Labor	List deliverables
<p>Enter a detailed description of the required installation of equipment specified in FA I or maintenance services.</p> <p>Installation example: A. A quote for:</p> <ul style="list-style-type: none"> • Provide Project Manager/POC to onsite agency contact • Receive and inventory PBX, voicemail system, UPS, etc. • Design and configure systems • Collect data and program PBX, voicemail system, UPS, etc. • Test integrations during staging • Package and ship systems to client location • Install PBX • Install and program trunking • Implement dial plan, numbering plan, call flow and 911 • Insert additional rows of requires as needed <p>Maintenance example: A. A quote for MAC (move, add, change) activity for services that are not covered under the maintenance agreement.</p>	<p>Describe any required deliverables associated with the Time and Material Labor for installation of equipment specified in FA I or not covered by FA II.</p> <p>Installation example:</p> <ol style="list-style-type: none"> 1. A quote for a fixed rate to complete the configuration, programming and installation of PBX, voicemail system, UPS, etc. 2. Provide an estimated number of hours required to complete the configuration, programming and installation of PBX, voicemail system, UPS, etc. 3. Quoted with estimated time for each task. <p>Maintenance example:</p> <ol style="list-style-type: none"> 1. A quote for a (specify master contractor's labor category) technician per hour labor rate for MACs. The quote should include both a rate for normal hours and one for out of normal business hours.
Est. Work Start Date: (mm/dd/yyyy)	Enter Start Date
Est. Work End Date: (mm/dd/yyyy)	Enter End Date
Section 5 – Evaluation Criteria – Technical Proposal (Provide a list of evaluation criteria in descending order of importance)	

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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.
- (Price is not an evaluation criteria)

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.