

**Template Instructions
Purchase Order Invitation for Bid (POIFB)
Assistive Telecommunications Equipment (ATE) Master Contract**

Note: See instructions in italics for filling out each field of this form.

Section 1 – General Information			
POIFB Number: (ADPICS PO Number)	<i>Enter the ADPICS Purchase Order (PO) number released against the ATE Master Contract Blanket Purchase Order #050B7800030 in ADPICS.</i>		
Functional Area/s (FA) for this POIFB: (Check all that apply)	<p><i>Check the applicable FA or FA combination for this POIFB. Check all that apply.</i></p> <p><input type="checkbox"/> FA I (Amplified Telephones & Associated Peripherals) <input type="checkbox"/> FA II (Alerting Devices / Emergency Devices & Associated Peripherals) <input type="checkbox"/> FA III (Captioned Telephones & Associated Peripherals) <input type="checkbox"/> FA IV (TTY, VCO Phones, HCO Phones & Associated Peripherals) <input type="checkbox"/> FA V (Specialized Accessories / Switches & Associated Peripherals) <input type="checkbox"/> FA VI (Hands-Free Telephones / Devices & Associated Peripherals) <input type="checkbox"/> FA VII (Devices for Speech Impaired & Associated Peripherals) <input type="checkbox"/> FA VIII (Devices for Visually Impaired & Associated Peripherals) <input type="checkbox"/> FA IX (Devices for Cognitively Impaired & Associated Peripherals) <input type="checkbox"/> FA X (Wireless Devices / Videophones & Associated Peripherals) <input type="checkbox"/> FA XI (Extended Warranty(ties))</p> <p><i>For detailed descriptions of each FA under the ATE Master Contract, see "Functional Areas: Descriptions / Examples" under "quick links" on the ATE Master Contract web site.</i></p>		
Manufacturer Name (Enter one manufacturer only per POIFB)	<p><i>Enter the name of the manufacturer of the product to be purchased.</i></p> <p>Agencies must <u>enter only one</u> manufacturer and direct the POIFB only to those ATE Master Contractors authorized for that manufacturer.</p>		
Designated Small Business Reserve? (Select "Yes" or "No" from drop down list)	<p><i>Select "Yes" from the drop down list to designate the POIFB for SBR only. Select "No" if the POIFB is not designated for SBR.</i></p> <p style="margin-left: 40px;">- No - Yes</p>		
POIFB ISSUE DATE: (mm/dd/yyyy)	<i>Enter date the POIFB is issued to Master Contractors.</i>	BID DUE DATE AND TIME:	<i>Enter due date and time for Master Contractor bids or feedback forms.</i>
Place of Performance:	<i>Enter receiving organization's name and street address where equipment must be delivered.</i>		
Special Instructions:	<i>Describe any special instructions for the Master Contractor regarding delivery of equipment. For example, personnel must notify the POC below upon arrival.</i>		
Security Requirements (if applicable):	<i>Describe any organizational security requirements concerning the delivery of equipment. For example, ID badges for personnel.</i>		

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Invoicing Instructions:	<i>Describe any special invoicing instructions beyond those described in Section 2.18 of the ATE RFP (See "Contract Information" under "quick links" on the ATE Master Contract web site).</i>		
Section 2 – Agency Point of Contact (POC) Information			
Agency / Division Name:	<i>Enter the agency and agency division name where the POIFB was originated.</i>		
Agency POC Name:	<i>Enter the name of the POC for the POIFB.</i>	Agency POC Phone Number:	<i>Enter POC's phone number.</i>
Agency POC Email Address:	<i>Enter POC's email address.</i>	Agency POC Fax:	<i>Enter POC's fax number.</i>
Agency POC Mailing Address:	<i>Enter the POC's mailing address if different from "Place of Performance" in Section 1 above. Otherwise, enter "Same as above"</i>		
Section 3 – Delivery Address / Work Site POC Information (if different from above)			
Agency On-site Contact Name:	<i>Enter the delivery / work site POC's name if different from the "Agency POC Name" in Section 2 above. Otherwise, enter "Same as above"</i>	Agency On-site Phone Number:	<i>Enter the delivery / work site phone number if different from the "Agency POC Phone Number" above.</i>
Agency On-site Email Address:	<i>Enter the delivery / work site POC's email address if different from the "Agency POC Email Address" above.</i>	Agency On-site Fax:	<i>Enter the delivery / work site fax number if different from the "Agency POC Fax" above.</i>
Agency On-site Address:	<i>Enter the delivery / work site address if different from "Place of Performance" in Section 1 above.</i>		
Section 4 – Scope of Work			
FA I – Amplified Telephones & Associated Peripherals (Provide itemized list of product names and model number/s):			
List Product Names and Model Number/s		Quantity	
1. <i>Enter detailed description of product specifications including product name and model number.</i>		<i>Enter number of units required.</i>	
2. <i>Same as above.</i>		<i>Same as above.</i>	
3. <i>Same as above.</i> (insert additional rows as needed)		<i>Same as above.</i>	
Due Date for Delivery: (mm/dd/yyyy)		<i>Enter Delivery due date.</i>	
FA II – Alerting Devices / Emergency FA Devices & Associated Peripherals (Provide itemized list of product names and model number/s):			
List Product Names and Model Number/s		Quantity	
1. <i>Enter detailed description of product specifications including product name and model number.</i>		<i>Enter number of units required.</i>	
2. <i>Same as above.</i>		<i>Same as above.</i>	

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3. <i>Same as above.</i> (insert additional rows as needed)	<i>Same as above.</i>
Due Date for Delivery: (mm/dd/yyyy)	<i>Enter Delivery due date.</i>
FA III – Captioned Telephones & Associated Peripherals (Provide itemized list of product names and model number/s):	
List Product Names and Model Number/s	Quantity
1. <i>Enter detailed description of product specifications including product name and model number.</i>	<i>Enter number of units required.</i>
2. <i>Same as above.</i>	<i>Same as above.</i>
3. <i>Same as above.</i> (insert additional rows as needed)	<i>Same as above.</i>
Due Date for Delivery: (mm/dd/yyyy)	<i>Enter Delivery due date.</i>
FA IV – TTY, VCO Phones, HCO Phones & Associated Peripherals (Provide itemized list of product names and model number/s):	
List Product Names and Model Number/s	Quantity
1. <i>Enter detailed description of product specifications including product name and model number.</i>	<i>Enter number of units required.</i>
2. <i>Same as above.</i>	<i>Same as above.</i>
3. <i>Same as above.</i> (insert additional rows as needed)	<i>Same as above.</i>
Due Date for Delivery: (mm/dd/yyyy)	<i>Enter Delivery due date.</i>
FA V – Specialized Accessories / Switches & Associated Peripherals (Provide itemized list of product names and model number/s):	
List Product Names and Model Number/s	Quantity
1. <i>Enter detailed description of product specifications including product name and model number.</i>	<i>Enter number of units required.</i>
2. <i>Same as above.</i>	<i>Same as above.</i>
3. <i>Same as above.</i> (insert additional rows as needed)	<i>Same as above.</i>
Due Date for Delivery: (mm/dd/yyyy)	<i>Enter Delivery due date.</i>
FA VI – Hands-Free Telephones / Devices & Associated Peripherals (Provide itemized list of product names and model number/s):	
List Product Names and Model Number/s	Quantity
1. <i>Enter detailed description of product specifications including product name and model number.</i>	<i>Enter number of units required.</i>
2. <i>Same as above.</i>	<i>Same as above.</i>
3. <i>Same as above.</i> (insert additional rows as needed)	<i>Same as above.</i>
Due Date for Delivery: (mm/dd/yyyy)	<i>Enter Delivery due date.</i>

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FA VII – Devices for Speech Impaired & Associated Peripherals (Provide itemized list of product names and model number/s):				
List Product Names and Model Number/s		Quantity		
<i>1. Enter detailed description of product specifications including product name and model number.</i>		<i>Enter number of units required.</i>		
<i>2. Same as above.</i>		<i>Same as above.</i>		
<i>3. Same as above. (insert additional rows as needed)</i>		<i>Same as above.</i>		
Due Date for Delivery: (mm/dd/yyyy)		<i>Enter Delivery due date.</i>		
FA VIII – Devices for Visually Impaired & Associated Peripherals (Provide itemized list of product names and model number/s):				
List Product Names and Model Number/s		Quantity		
<i>1. Enter detailed description of product specifications including product name and model number.</i>		<i>Enter number of units required.</i>		
<i>2. Same as above.</i>		<i>Same as above.</i>		
<i>3. Same as above. (insert additional rows as needed)</i>		<i>Same as above.</i>		
Due Date for Delivery: (mm/dd/yyyy)		<i>Enter Delivery due date.</i>		
FA IX – Devices for Cognitively Impaired & Associated Peripherals (Provide itemized list of product names and model number/s):				
List Product Names and Model Number/s		Quantity		
<i>1. Enter detailed description of product specifications including product name and model number.</i>		<i>Enter number of units required.</i>		
<i>2. Same as above.</i>		<i>Same as above.</i>		
<i>3. Same as above. (insert additional rows as needed)</i>		<i>Same as above.</i>		
Due Date for Delivery: (mm/dd/yyyy)		<i>Enter Delivery due date.</i>		
FA X – Wireless Devices / Videophones & Associated Peripherals (Provide itemized list of product names and model number/s):				
List Product Names and Model Number/s		Quantity		
<i>1. Enter detailed description of product specifications including product name and model number.</i>		<i>Enter number of units required.</i>		
<i>2. Same as above.</i>		<i>Same as above.</i>		
<i>3. Same as above. (insert additional rows as needed)</i>		<i>Same as above.</i>		
Due Date for Delivery: (mm/dd/yyyy)		<i>Enter Delivery due date.</i>		
FA XI – Extended Warranty(ties) (Provide a detailed description of warranty requirements and deliverables):				
Warranty Requirements	Deliverables	Number of Devices	Start Date mm/dd/yyyy	End Date mm/dd/yyyy

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		Covered		
1. <i>Enter a detailed description of the manufacturer's extended warranty to be purchased. Extended warranties may be purchased separately or in conjunction with purchases under FA I through FA X.</i>	<i>Describe any required deliverables associated with the manufacturer's extended warranty.</i>	<i>Enter number of devices to be covered by the warranty</i>	<i>Enter estimated warranty start date.</i>	<i>Enter estimated warranty end date</i>
2. <i>Same as above.</i>	<i>Same as above.</i>	<i>Same as above.</i>	<i>Same as above.</i>	<i>Same as above.</i>
3. <i>Same as above.</i> (insert additional rows as needed)	<i>Same as above.</i>	<i>Same as above.</i>	<i>Same as above.</i>	<i>Same as above.</i>
Basis for Award Recommendation				
POIFBs will be awarded in accordance with the competitive Sealed Proposals process under COMAR 21.05.02. The agency POC will recommend award to the Master Contractor based on the Bid Evaluation and Award process of COMAR 21.05.02.13, or the multi-step Sealed Bidding process of COMAR 21.05.02.17. The POC will initiate and deliver a PO to the selected Master Contractor.				