

**Template Instructions
Purchase Order Request for Proposals (PORFP)
Assistive Telecommunications Equipment (ATE) Master Contract**

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

| Section 1 – General Information | | | |
|--|---|------------------------------------|---|
| PORFP 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 PORFP: (Check all that apply) | <p><i>Check the applicable FA or FA combination for this PORFP. 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 PORFP) | <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 PORFP only to those ATE Master Contractors authorized for that manufacturer. If the manufacturer is unknown, agencies may direct the PORFP to all Master Contractors.</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 PORFP for SBR only. Select "No" if the PORFP is not designated for SBR.</i></p> <p style="margin-left: 40px;">- No - Yes</p> | | |
| PORFP ISSUE DATE: (mm/dd/yyyy) | <i>Enter date the PORFP is issued to Master Contractors.</i> | PROPOSAL DUE DATE AND TIME: | <i>Enter due date and time for Master Contractor proposals 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 | <i>Describe any organizational security requirements concerning the</i> | | |

**Template Instructions
Purchase Order Request for Proposals (PORFP)
Assistive Telecommunications Equipment (ATE) Master Contract**

| | | | |
|---|--|--|---|
| (if applicable): | <i>delivery of equipment. For example, ID badges for personnel.</i> | | |
| 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 PORFP was originated.</i> | | |
| Agency POC Name: | <i>Enter the name of the POC for the PORFP.</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. If type of equipment is unknown, describe required functionality): | | | |
| List Product Names and Model Number/s | | Quantity | |
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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 Devices & Associated Peripherals (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality): | | | |
| List Product Names and Model Number/s | | Quantity | |

Template Instructions
Purchase Order Request for Proposals (PORFP)
Assistive Telecommunications Equipment (ATE) Master Contract

| | |
|--|--|
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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 III – Captioned Telephones & Associated Peripherals (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality): | |
| List Product Names and Model Number/s | Quantity |
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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. If type of equipment is unknown, describe required functionality): | |
| List Product Names and Model Number/s | Quantity |
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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. If type of equipment is unknown, describe required functionality): | |
| List Product Names and Model Number/s | Quantity |
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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> | <i>Same as above.</i> |

**Template Instructions
Purchase Order Request for Proposals (PORFP)
Assistive Telecommunications Equipment (ATE) Master Contract**

| | |
|---|--|
| (insert additional rows as needed) | |
| 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. If type of equipment is unknown, describe required functionality): | |
| List Product Names and Model Number/s | Quantity |
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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 VII – Devices for Speech Impaired & Associated Peripherals (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality): | |
| List Product Names and Model Number/s | Quantity |
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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 VIII – Devices for Visually Impaired & Associated Peripherals (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality): | |
| List Product Names and Model Number/s | Quantity |
| 1. <i>Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality.</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 IX – Devices for Cognitively Impaired & Associated Peripherals (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality): | |
| List Product Names and Model Number/s | Quantity |

**Template Instructions
Purchase Order Request for Proposals (PORFP)
Assistive Telecommunications Equipment (ATE) Master Contract**

| | | | | |
|--|--|---|--------------------------------------|-----------------------------------|
| 1. Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality. | Enter number of units required. | | | |
| 2. Same as above. | Same as above. | | | |
| 3. Same as above. (insert additional rows as needed) | Same as above. | | | |
| Due Date for Delivery: (mm/dd/yyyy) | Enter Delivery due date. | | | |
| FA X – Wireless Devices / Videophones & Associated Peripherals (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality): | | | | |
| List Product Names and Model Number/s | Quantity | | | |
| 1. Enter detailed description of product specifications including product name and model number. If unknown, provide a detailed description of the required equipment functionality. | Enter number of units required. | | | |
| 2. Same as above. | Same as above. | | | |
| 3. Same as above. (insert additional rows as needed) | Same as above. | | | |
| Due Date for Delivery: (mm/dd/yyyy) | Enter Delivery due date. | | | |
| FA XI – Extended Warranty(ties) (Provide a detailed description of warranty requirements and deliverables): | | | | |
| Warranty Requirements | Deliverables | Number of Devices Covered | Start Date mm/dd/yyyy | End Date mm/dd/yyyy |
| 1. 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. | Describe any required deliverables associated with the manufacturer's extended warranty. | Enter number of devices to be covered by the warranty | Enter estimated warranty start date. | Enter estimated warranty end date |
| 2. Same as above. | Same as above. | Same as above. | Same as above. | Same as above. |
| 3. Same as above. (insert additional rows as needed) | Same as above. | Same as above. | Same as above. | Same as above. |
| Section 5 – Evaluation Criteria – Technical Proposal (Provide a list of evaluation criteria in descending order of importance) | | | | |
| 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. | | | | |

Template Instructions
Purchase Order Request for Proposals (PORFP)
Assistive Telecommunications Equipment (ATE) Master Contract

Basis for Award Recommendation

Evaluation criteria for award will be established at the PORFP level. PORFPs will be awarded in accordance with the competitive Sealed Proposals process under COMAR 21.05.03. 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.