

TEMPLATE INSTRUCTIONS
Purchase Order Request for Proposals (PORFP)
Microwave and Ancillary Equipment and Services Master Contract

Section 1 – General Information			
PORFP Number: (ADPICS PO Number)	<i>Enter the ADPICS Purchase Order (PO) number released against the Microwave Master Contract Blanket Purchase Order #060B0400006 in ADPICS.</i>		
PORFP Type: (Select one category from drop down list)	<i>Select the applicable PORFP type from the drop-down list. Only one type can be selected from the following:</i> -Fixed Price -Time & Materials (FA III only) -Both		
Functional Area/s (FA) for this PORFP: (Check all that apply)	<i>Check the applicable FA or FA combination for this PORFP. Check all that apply:</i> <input type="checkbox"/> FA I (Licensed Microwave and Ancillary Equipment) <input type="checkbox"/> FA II (Unlicensed Microwave and Ancillary Equipment) <input type="checkbox"/> FA III (Installation, Repair & Preventive Maintenance) <input type="checkbox"/> FA IV (Manufacturer's Extended Warranty) <i>For detailed descriptions of each FA under the Microwave Master Contract, see "Functional Areas: Descriptions/Examples" under "quick links" on the Microwave Master Contract web site.</i>		
Manufacturer Name:	<i>Enter the name of the manufacturer of the product to be purchased.</i> Agencies must <u>enter only one</u> manufacturer when the manufacturer is known and direct the PORFP only to those Microwave Master Contractors authorized for that manufacturer. If the PORFP is generic or the manufacturer is unknown, agencies must direct the PORFP to all Microwave Master Contractors.		
Designated Small Business Reserve?(SBR): (Select "Yes" or "No" from drop down list)	<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> -No -Yes		
<i>For PORFPs that include FA III, use the Microwave Master Contract MBE Participation Worksheet (Under "MBE Participation" under "quick links" on the Microwave Master Contract web site) and enter the resulting "Recommended MBE Goal" from the worksheet as a percentage.</i> Minority Business Enterprise (MBE) Goal for FA III Below (See "Microwave and Ancillary Equipment and Services Master Contract MBE Participation Worksheet"):			%
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</i>
Place of Performance:	<i>Enter receiving organization's name and address where equipment must be delivered / services must be performed.</i>		
Special Instructions:	<i>Describe any special instructions for the Master Contractor</i>		

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	<i>regarding delivery of equipment / performance of services. For example, personnel must notify the POC upon arrival.</i>		
Security Requirements (if applicable):	<i>Describe any organizational security requirements concerning the delivery of equipment / performance of services. For example, ID badges for personnel.</i>		
Invoicing Instructions:	<i>Describe any special invoicing instructions beyond those described in Section 2.11 of the Microwave RFP (See "Contract Information" under "quick links" on the Microwave 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 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 POC's fax number if different from the "Agency POC Fax Number" 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 – Licensed Microwave and Ancillary Equipment (Provide itemized list of required equipment and model number/s. If type of equipment is unknown, describe required functionality):			
List Required Microwave and Ancillary Equipment and Model Number/s		Quantity	
<ol style="list-style-type: none"> 1. <i>Enter product name / description / model number.</i> 2. <i>Same as above.</i> 3. <i>Same as above</i> <i>(Insert additional rows as needed)</i>		<ol style="list-style-type: none"> 1. <i>Enter quantity.</i> 	
Due Date for Delivery: (mm/dd/yyyy)		<i>Enter delivery due date.</i>	

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FA II – Unlicensed Microwave and Ancillary Equipment (Provide itemized list of required equipment and model number/s. If type of equipment is unknown, describe required functionality):	
List Required Equipment, and Model Number/s	Quantity
1. Enter product name / description. 2. Same as above. 3. Same as above (Insert additional rows as needed)	1. Enter quantity.
Due Date for Delivery: (mm/dd/yyyy)	Enter delivery due date.
FA III – Installation, Repair and Preventive Maintenance Services (Provide itemized list of required services and deliverables and include MBE goal listed above. MBE goal should be calculated only on FA III value.)	
List Required Installation, Repair & Preventative Maintenance Services	List deliverables
1. Enter a detailed description of the required installation, repair and/or preventive maintenance services to be purchased in association with a required purchase under FA I, FA II, and/or FA IV. (Insert additional rows as needed)	1. Describe any required deliverables associated with the installation and/or training services.
Est. Work Start Date: (mm/dd/yyyy)	Enter the estimated work start date.
Est. Work End Date: (mm/dd/yyyy)	Enter the estimated work end date.
FA IV – Manufacturer’s Extended Warranty (Provide itemized list of required services and deliverables)	
1. Enter a detailed description of the manufacturer’s extended warranty to be purchased. Extended warranties may be purchased separately or in conjunction with FA I or FA II, and/or FA III. (Insert additional rows as needed)	1. Describe any required deliverables associated with the manufacturer’s extended warranty.
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. (Insert additional rows as needed)	
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.	