|   | Section 1 – Genera  | I Information             |                                     |
|---|---|---------------------------|-------------------------------------|
|   |   |                           |                                     |
| PORFP Number:                                 | Enter the ADPICS Purchase Order (PO) number released against  |                           |                                     |
| (ADPICS PO Number)                            | the PBX III Master Contract Blanket Purchase Order #  |                           |                                     |
| PORFP Type:                                   | 060B1400048 in AD   |                           | drop-down list Only                 |
|   | Select the applicable PORFP type from the drop-down list. Only one type can be selected from the following:   |                           |                                     |
| (Select one category from                     | -Fixed Price  |                           |                                     |
| drop down list)                               | -Time & Materials (FA II or III only)   |                           |                                     |
|   | -Both   |                           |                                     |
|   |   |                           |                                     |
| Functional Area/s (FA) for this PORFP:        | Check the applicable<br>all that apply:   | FA or FA combination      | for this PORFP. Check               |
| (Check all that apply)                        | <ul> <li>FA I (Two-Way Radio Equipment)</li> <li>FA II (Communications Consoles and Associated Equipment)</li> <li>FA III (Installation, Repair and Preventive Maintenance<br/>Services)</li> </ul> |                           |                                     |
|   | For detailed descriptions of each FA under the PBX III Master   |                           |                                     |
|   |   | ional Areas: Description  |                                     |
|   |   | PBX III Master Contract   | t web site.                         |
| Manufacturer Name:                            | Enter Manufacturer Name   |                           |                                     |
|   | Agencies must enter only one manufacturer when the manufacturer is  |                           |                                     |
|   | known and direct the PORFP only to those PBX III –  |                           |                                     |
|   | Telecommunications Master Contractors authorized for that   |                           |                                     |
|   | manufacturer. If the PORFP is generic or the manufacturer is  |                           |                                     |
|   | unknown, agencies must direct the PORFP to all PBX III –  |                           |                                     |
|   | Telecommunications Master Contractors.  |                           |                                     |
| Designated Small                              | Select "Yes" from the drop-down list to designate the PORFP for   |                           |                                     |
| Business Reserve?(SBR):                       | SBR only. Select "No" if the PORFP is not designated for SBR.   |                           |                                     |
| (Select "Yes" or "No"<br>from drop down list) | -No<br>-Yes   |                           |                                     |
| Minority Business E                           |   | A II & III Below          | Enter percentage                    |
| (See PBX III – Telecomm                       | -   |                           |                                     |
| -   | E Participation Wor   | ksheet):                  |                                     |
| PORFP Issue Date:                             | Enter date the  | PROPOSAL DUE              | Enter due date and                  |
| mm/dd/yyyy                                    | PORFP is issued to  | DATE and TIME:            | time for Master                     |
|   | Master Contractors  |                           | Contractor proposals<br>or feedback |
| Place of Performance:                         | Enter receiving orga  | nization's name and ad    |                                     |
|   |   | delivered / services mu   |                                     |
| 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.<br><b>if</b> Describe any organizational security requirements concerning the  |                           |                                     |
| Security Requirements (if                     | Describe any organiz  | zational security require | ements concerning the               |

| applicable):  | delivery of equipment / performance of services. For example, ID badges for personnel.   |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| Invoicing Instructions:   | Describe any special invoicing instructions beyond those described in Section 3.8 of the PBX III RFP (See "Contract                                    |                                 |   |  |  |
|   | Information" under "quick links" on the PBX III 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<br>Phone Number:     | Enter POC's phone number.   |  |  |
| Agency POC Email<br>Address:  | Enter POC's email address.   | Agency POC<br>Fax:              | Enter POC's fax<br>number.  |  |  |
| Agency POC Mailing<br>Address:  |  |                                 |   |  |  |
| Section 3 – Delivery Address / Work Site POC Information (if different from above)  |  |                                 |   |  |  |
| Agency On-site Contact<br>Name:   | Enter the delivery / work<br>site POC's name if different<br>from the "Agency POC<br>Name" in Section 2 above.<br>Otherwise, enter "same as<br>above." | Agency On-site<br>Phone Number: | Enter the<br>delivery / work<br>site phone<br>number if<br>different from<br>the "Agency<br>POC Phone<br>Number" above.   |  |  |
| Agency On-site Email<br>Address:  | Enter the delivery / work<br>site POC's email address if<br>different from the "Agency<br>POC Email Address" above.                                    | Agency On-site<br>Fax:          | Enter the<br>delivery / work<br>site POC's fax<br>number if<br>different from<br>the "Agency<br>POC Fax<br>Number" above. |  |  |
| Agency On-site Address:   |  |                                 |   |  |  |
| Section 4 – Scope of Work   |  |                                 |   |  |  |
| FA I – Hardware, Software, and Licenses<br>(Provide itemized list of required information and model number/s. If type of<br>equipment is unknown, describe required functionality): |  |                                 |   |  |  |
| List Required PBX III – Telecommunications Equipment and Model  |  |                                 | Quantity  |  |  |

Number/s

| <ol> <li>Enter product name; Enter product description; Enter model nu</li> <li>Same as above.</li> <li>Same as above. (Insert additional rows as needed)</li> </ol>              | umber Enter<br>quantity. |  |  |  |
|---|--------------------------|--|--|--|
| Due Date for Delivery:<br>(mm/dd/yyyy)  | Enter Date               |  |  |  |
| FA II – Maintenance Services<br>(Provide itemized list of required consoles / equipment and model number/s. If type<br>of equipment is unknown, describe required functionality): |                          |  |  |  |
| List Maintenance Services   | List Deliverables        |  |  |  |
| 1 Enter a detailed description of the required maintenance  | Describe any required    |  |  |  |

| List Maintenance Services  | List Deliverables  |
|--|--|
| <ol> <li>Enter a detailed description of the required maintenance<br/>services to be purchased.</li> <li>Same as above.</li> </ol> | Describe any required deliverables associated with the maintenance services. |
| 3. Same as above. (Insert additional rows as needed)   |  |

#### FA III – Time and Material Labor (Provide itemized list of required services and deliverables)

| List Required Time and Material Labor                                    | List Deliverables  |
|--|--|
| 1. Enter a detailed description of the required time and material labor. | Describe any required<br>deliverables associated with<br>the maintenance services. |
| 2. Same as above.  |  |
| 3. Same as above. (Insert additional rows as needed)                     |  |
| Est. Work Start Date:<br>(mm/dd/yyyy)                                    | Enter Start Date   |
| Est. Work End Date:<br>(mm/dd/yyyy)                                      | Enter End Date   |

#### 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.