SAMPLE Purchase Order Invitation for Bid (POIFB) Assistive Telecommunications Equipment (ATE) Master Contract

Note: Agencies should use this form to request "Bids" from ATE Master Contractors that the agency will evaluate based on <u>price only</u>. Agencies must be able to identify exact equipment specifications (manufacturer, product name, model number, etc.) to use this form. If the exact equipment specifications are unknown, and / or the agency intends to evaluate based on <u>price plus other factors</u>, use the Purchase Order Request for Proposals (PORFP) form.

Section 1 – General Information					
POIFB Number:	Q0P6700021				
(ADPICS PO Number)					
Functional Area/s (FA)	FA I (Amplified Telephones & Associated Peripherals)				
for this POIFB:	FA II (Alerting Devices /				
	Peripherals)	5 5			
(Check all that apply)	FA III (Captioned Teleph	ones & Associated Peri	ipherals)		
	FA IV (TTY, VCO Phones, HCO Phones & Associated Peripherals)				
	FA V (Specialized Accessories / Switches & Associated				
	Peripherals)				
	🗌 🗌 FA VI (Hands-Free Telep	hones / Devices & Ass	ociated		
	Peripherals)				
	FA VII (Devices for Spee	ch Impaired & Associa	ted Peripherals)		
	FA VIII (Devices for Visu				
	FA IX (Devices for Cogni				
	Peripherals)				
	FA X (Wireless Devices /	Videophones & Associ	ated Peripherals)		
	FA XI (Extended Warran				
		J ()			
	For detailed descriptions of each FA under the ATE Master Contract,				
	see "Functional Areas: Desc				
	on the ATE Master Contract web site.				
Manufacturer Name	Krown Manufacturing, Ir				
(Enter one	(Agencies must enter only one manufacturer and direct the POIFB				
manufacturer only per	only to those ATE Master Contractors authorized for that				
POIFB)	manufacturer)				
Designated Small	No				
Business Reserve?					
(Select "Yes" or "No"					
from drop down list)					
POIFB ISSUE DATE:	10/10/2007 BID				
(mm/dd/yyyy)		DUE DATE	10/12/2007		
(IIIII) du/ yyyy)		TIME:	4:00 PM EST		
Place of Performance:	AND DBM OIT, 45 Calvert Street	TIME:	4:00 PM EST		
		TIME:	4:00 PM EST		
		TIME: 4 th Floor, Annapolis, I	4:00 PM EST MD, 21401		
Place of Performance:	DBM OIT, 45 Calvert Street	TIME: 4 th Floor, Annapolis, I	4:00 PM EST MD, 21401		
Place of Performance:	DBM OIT, 45 Calvert Street Master Contractor personne	TIME: 4 th Floor, Annapolis, I I must notify the POC	4:00 PM EST MD, 21401 below upon		
Place of Performance: Special Instructions:	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM.	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas	4:00 PM EST MD, 21401 below upon s at the front		
Place of Performance: Special Instructions: Security Requirements	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid	4:00 PM EST MD, 21401 below upon s at the front le the building.		
Place of Performance: Special Instructions: Security Requirements (if applicable):	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an security desk. The POC will	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid	4:00 PM EST MD, 21401 below upon s at the front le the building.		
Place of Performance: Special Instructions: Security Requirements (if applicable): Invoicing Instructions:	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an security desk. The POC will	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid ed questions to the PO	4:00 PM EST MD, 21401 below upon s at the front le the building. C below.		
Place of Performance: Special Instructions: Security Requirements (if applicable): Invoicing Instructions:	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an security desk. The POC will Direct all invoices and relate	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid ed questions to the PO	4:00 PM EST MD, 21401 below upon s at the front le the building. C below.		
Place of Performance: Special Instructions: Security Requirements (if applicable): Invoicing Instructions: Section 2	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an security desk. The POC will Direct all invoices and relate – Agency Point of Contac	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid ed questions to the PO	4:00 PM EST MD, 21401 below upon s at the front le the building. C below.		
Place of Performance: Special Instructions: Security Requirements (if applicable): Invoicing Instructions: Section 2 Agency / Division Name:	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an security desk. The POC will Direct all invoices and relate – Agency Point of Contac	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid ed questions to the PO	4:00 PM EST MD, 21401 below upon s at the front le the building. C below.		
Place of Performance: Special Instructions: Security Requirements (if applicable): Invoicing Instructions: Section 2 Agency / Division	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an security desk. The POC will Direct all invoices and relate – Agency Point of Contac DBM / OIT	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid ed questions to the PO t (POC) Information	4:00 PM EST MD, 21401 below upon s at the front le the building. C below.		
Place of Performance: Special Instructions: Security Requirements (if applicable): Invoicing Instructions: Section 2 Agency / Division Name:	DBM OIT, 45 Calvert Street Master Contractor personne arrival at DBM. Personnel must show ID an security desk. The POC will Direct all invoices and relate – Agency Point of Contac DBM / OIT	TIME: 4 th Floor, Annapolis, I I must notify the POC d obtain a visitor's pas escort personnel insid ed questions to the PO t (POC) Information	4:00 PM EST MD, 21401 below upon s at the front le the building. C below.		

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0 d d ma a a		Few.				
Address:	DPM OIT 45 Calvort Street D	Fax:				
Agency POC Mailing Address:	DBM OIT, 45 Calvert Street, R	oom 427, Annapolis,	MD, 21401			
Section 3 – Delivery Address / Work Site POC Information (if different from above)						
Agency On-site Contact Name:	Same as above.	Agency On-site Phone Number:				
Agency On-site Email		Agency On-site				
Address:		Fax:				
Agency On-site						
Address:						
	Section 4 – Scope of We					
	Mailified Telephones & Assoc	-				
	mized list of product names a		′s):			
List Product Names and		Quantity 1. 2 (two) units				
1. Krown Starplus-45, Mode	1. Krown Starplus-45, Model # KS-P45					
Due Date for Delivery:		10/18/2007				
(mm/dd/yyyy)						
-	Devices / Emergency Devices		-			
(Provide ite	mized list of product names a	nd model number/	/s):			
List Product Names and	Model Number/s	Quantity				
1. Krown KA-1000, Model	#K-KA-1000	1.3 (three) units				
Due Date for Delivery:		10/18/2007	10/18/2007			
(mm/dd/yyyy)						
	Captioned Telephones & Asso mized list of product names a	-				
List Product Names and Model Number/s		Quantity				
N/A						
Duo Dato for Dolivory						
Due Date for Delivery: (mm/dd/yyyy)						
	VCO Phones, HCO Phones & A	ssociated Perinhe	rals			
-	mized list of product names a					
List Product Names and		Quantity				
1. Krown V-Touch TTY, Mc	del K-VTTTY	1. 2 (two) units				
Due Date for Delivery:		10/18/2007				
(mm/dd/yyyy)						
	ized Accessories / Switches &					
	mized list of product names a		′s):			
List Product Names and	Model Number/s	Quantity				
N/A						
Due Date for Delivery:						
(mm/dd/yyyy)						
FA VI – Hands-Free Telephones / Devices & Associated Peripherals						
(Provide ite	mized list of product names a	nd model number/	′s):			

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List Product Names and Model Number/s		Quantity				
N/A						
Due Date for Delivery: (mm/dd/yyyy)						
FA VII – Devices for Speech Impaired & Associated Peripherals						
(Provide itemized list of product names an List Product Names and Model Number/s		Quantity	(5):			
N/A						
Due Date for Delivery:						
(mm/dd/yyyy)						
FA VIII – Devices for Vi (Provide itemized list o		-				
List Product Names and Model Num	Quantity	3).				
N/A						
Due Date for Delivery:						
(mm/dd/yyyy) FA IX – Devices for Cogn	itively Impaired &	Associated Periph	erals			
(Provide itemized list o	of product names ar	-				
List Product Names and Model Number/s		Quantity				
N/A						
Due Date for Delivery: (mm/dd/yyyy)						
FA X – Wireless Devices / Videophones & Associated Peripherals						
(Provide itemized list o			/s):			
List Product Names and Model Number/s		Quantity				
N/A						
Due Date for Delivery: (mm/dd/yyyy)						
	Extended Warranty	(ties)				
(Provide a detailed description of warranty requirements and deliverables):						
J Warranty Requirements	Deliverables	Start Date mm/dd/yyyy	End Date mm/dd/yyyy			
 Standard 2 year Extended Warranty for 2 Krown Starplus-45, Model # KS-P45. 	Executed warranty agreement.	10/18/2007	10/17/2009			
2. Standard 2 year Extended Warranty for 3 Krown KA-1000, Model #K-KA-1000.	Executed warranty agreement.	10/18/2007	10/17/2009			
3. Standard 2 year Extended Warranty for Krown V-Touch TTY, Model K-VTTTY.	Executed warranty agreement.	10/18/2007	10/17/2009			

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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.