

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

*Note: Agencies should use this form to request "proposals" from ATE Master Contractors that the agency will evaluate based on price plus other factors, for example, fastest delivery. Agencies also should use this form if the exact product specifications (manufacturer, product name, model number, etc.) are unknown. Agencies able to identify exact product specifications and intending to evaluate based on price only should use the Purchase Order Invitation for Bid (POIFB) form.*

<b>Section 1 – General Information</b>			
<b>PORFP Number: (ADPICS PO Number)</b>	Q0P6700022		
<b>Functional Area/s (FA) for this PORFP:  (Check all that apply)</b>	<input checked="" type="checkbox"/> FA I (Amplified Telephones & Associated Peripherals) <input checked="" type="checkbox"/> FA II (Alerting Devices / Emergency Devices & Associated Peripherals) <input type="checkbox"/> FA III (Captioned Telephones & Associated Peripherals) <input checked="" 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 checked="" type="checkbox"/> FA XI (Extended Warranty(ties))  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.		
<b>Manufacturer Name  (Enter one manufacturer only per PORFP)</b>	<b>Unknown</b>  (Agencies must <u>enter only one</u> manufacturer and direct the PORFP only to those ATE Master Contractors authorized for that manufacturer)		
<b>Designated Small Business Reserve? (Select "Yes" or "No" from drop down list)</b>	No		
<b>PORFP ISSUE DATE: (mm/dd/yyyy)</b>	10/10/2007	<b>PROPOSAL DUE DATE AND TIME:</b>	10/12/2007 4:00 PM EST
<b>Place of Performance:</b>	DBM OIT, 45 Calvert Street, 4 <sup>th</sup> Floor, Annapolis, MD, 21401		
<b>Special Instructions:</b>	Master Contractor personnel must notify the POC below upon arrival at DBM.		
<b>Security Requirements (if applicable):</b>	Personnel must show ID and obtain a visitor's pass at the front security desk. The POC will escort personnel inside the building.		
<b>Invoicing Instructions:</b>	Direct all invoices and related questions to the POC below.		
<b>Section 2 – Agency Point of Contact (POC) Information</b>			
<b>Agency / Division Name:</b>	DBM / OIT		
<b>Agency POC Name:</b>	John Smith	<b>Agency POC Phone Number:</b>	410-555-5555

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<b>Agency POC Email Address:</b>	<a href="mailto:jsmith@dbm.state.md.us">jsmith@dbm.state.md.us</a>	<b>Agency POC Fax:</b>	410-555-5556
<b>Agency POC Mailing Address:</b>	DBM OIT, 45 Calvert Street, Room 427, Annapolis, MD, 21401		
<b>Section 3 – Delivery Address / Work Site POC Information (if different from above)</b>			
<b>Agency On-site Contact Name:</b>	Same as above.	<b>Agency On-site Phone Number:</b>	
<b>Agency On-site Email Address:</b>		<b>Agency On-site Fax:</b>	
<b>Agency On-site Address:</b>			
<b>Section 4 – Scope of Work</b>			
<b>FA I – Amplified Telephones &amp; Associated Peripherals</b> (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality):			
<b>List Product Names and Model Number/s</b>		<b>Quantity</b>	
1. Product and model number unknown. The requirement is for telephones with loud ringers and clear sounding, non-feedback speakers that will permit persons with hearing limitations to better hear and understand incoming callers. Must be ADA compliant.		1. 2 (two) units	
<b>Due Date for Delivery: (mm/dd/yyyy)</b>		10/18/2007	
<b>FA II – Alerting Devices / Emergency Devices &amp; Associated Peripherals</b> (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality):			
<b>List Product Names and Model Number/s</b>		<b>Quantity</b>	
1. Product and model number unknown. The requirement is for flashing light alerting devices for persons with hearing limitations. The purpose is to alert persons to alarm clocks, smoke alarms, doorbells, telephones, etc. Must be ADA compliant.		1. 3 (three) units	
2. Product and model number unknown. The requirement is for physical "shaker" alerting devices for persons with sight limitations. The purpose is to alert persons to alarm clocks, smoke alarms, doorbells, telephones, etc. Must be ADA compliant.		2. 3 (three) units	
<b>Due Date for Delivery: (mm/dd/yyyy)</b>		10/18/2007	
<b>FA III – Captioned Telephones &amp; Associated Peripherals</b> (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality):			
<b>List Product Names and Model Number/s</b>		<b>Quantity</b>	
N/A			
<b>Due Date for Delivery: (mm/dd/yyyy)</b>			
<b>FA IV – TTY, VCO Phones, HCO Phones &amp; Associated Peripherals</b> (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality):			

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List Product Names and Model Number/s	Quantity
1. Product and model number unknown. The requirement is for TTY Telephones that will permit persons with hearing or speech limitations to communicate over standard telephone connections without the aid of an interpreter. Must be ADA compliant.	1. 2 (two) units
<b>Due Date for Delivery:</b> (mm/dd/yyyy)	10/18/2007
<b>FA V – Specialized Accessories / Switches &amp; Associated Peripherals</b> (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
N/A	
<b>Due Date for Delivery:</b> (mm/dd/yyyy)	
<b>FA VI – Hands-Free Telephones / Devices &amp; Associated Peripherals</b> (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
N/A	
<b>Due Date for Delivery:</b> (mm/dd/yyyy)	
<b>FA VII – Devices for Speech Impaired &amp; Associated Peripherals</b> (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
N/A	
<b>Due Date for Delivery:</b> (mm/dd/yyyy)	
<b>FA VIII – Devices for Visually Impaired &amp; Associated Peripherals</b> (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
N/A	
<b>Due Date for Delivery:</b> (mm/dd/yyyy)	
<b>FA IX – Devices for Cognitively Impaired &amp; Associated Peripherals</b> (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
N/A	
<b>Due Date for Delivery:</b> (mm/dd/yyyy)	

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<b>FA X – Wireless Devices / Videophones &amp; Associated Peripherals</b> (Provide itemized list of product names and model number/s. If type of equipment is unknown, describe required functionality):			
<b>List Product Names and Model Number/s</b>		<b>Quantity</b>	
N/A			
<b>Due Date for Delivery:</b> (mm/dd/yyyy)			
<b>FA XI – Extended Warranty(ties)</b> (Provide a detailed description of warranty requirements and deliverables):			
<b>Warranty Requirements</b>	<b>Deliverables</b>	<b>Start Date</b> mm/dd/yyyy	<b>End Date</b> mm/dd/yyyy
1. Standard 2 year extended warranty for devices provided under FA I above.	Executed warranty agreement.	10/18/2007	10/17/2009
2. Standard 2 year extended warranty for devices provided under FA II above.	Executed warranty agreement.	10/18/2007	10/17/2009
3. Standard 2 year extended warranty for devices provided under FA IV above.	Executed warranty agreement.	10/18/2007	10/17/2009
<b>Section 5 – Evaluation Criteria</b> (Provide a list of evaluation criteria in descending order of importance)			
<b>Evaluation Criteria</b>			
1. Conformance with scope of work.			
2. Price.			
3. Warranty features.			
4. Delivery schedule.			
<b>Basis for Award Recommendation</b>			
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.			