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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 –General Information** | | | | | | | | | | | | |
| **PORFP Number:**  **(eMMA BPM Number)** | |  | | | | | | | | | | |
| **PORFP Type:**  **(Select one category from the drop-down list)** | |  | | | | | | | | | | |
| **Functional Area/s (FA) for this PORFP:** | | FA I – COTS Software  FA II – Installation and Training Services  FA III – Manufacturer's Software Maintenance  Note: FA II may not be purchased alone and may not exceed 49% of the PORFP value. | | | | | | | | | | |
| **Manufacturer Name**  **(Enter one manufacturer only per PORFP)** | | Agencies must enter only one manufacturer and direct the PORFP only to those COTS Software Master Contractors authorized for that manufacturer. If the manufacturer is unknown, agencies may direct the PORFP to all Master Contractors. | | | | | | | | | | |
| **Designated Small Business Reserve?(SBR):**  **(Select "Yes" or "No" from the drop-down list)** | | This is a Small Business Reserve Procurement for which the award will be limited to certified small business vendors. Only businesses that meet the statutory requirements set forth in State Finance and Procurement Article, §§14-501—14-505, Annotated Code of Maryland, and that are certified by GOSBA Small Business Reserve Program are eligible for the award of a contract.  Information on eligibility for the SBR program is available on the following website:  <https://gomdsmallbiz.maryland.gov/Pages/sbr-program.aspx>  Information on the SBR Vendor Registration processes is available on the following website: <https://gomdsmallbiz.maryland.gov/Pages/SBR-Registration.aspx> | | | | | | | | | | |
| **PORFP Issue Date:** mm/dd/yyyy | |  | | | **PROPOSAL DUE**  **DATE AND TIME:** | | | | |  | | |
| **Place of Performance:** | |  | | | | | | | | | | |
| **Special Instructions:** | | **LIMITED TO MASTER CONTRACTORS**  Only Master Contractors that are awarded a contract under the ​**Commercial Off-the-Shelf Software (COTS 2012), 060B2490021,​** are eligible to submit a bid in response to this secondary competition Purchase Order Request for Proposal (PORFP). A current Master Contractor under the named contract may submit an LOA with their bid to be considered for the award.  **BID SUBMISSION INSTRUCTIONS**  Purchase Order Request for Proposal (PORFP) responses will only be accepted through the State's eMaryland Marketplace Advantage (eMMA) e-Procurement system.  Instructions on how to submit proposals electronically can be found at, under **Vendor Instruction**: <https://mdprocurement.freshdesk.com/support/solutions>  Purchase Order Request for Proposal (PORFP) responses will be accepted through e-mail to the **Agency Point of Contact listed in Section 2.**   * All bids must be password protected by the bidder prior to submission. * Bidders must e-mail the password-protected bid to the Agency Point of Contact listed in Section 2. * DO NOT SEND PASSWORDS WITH BID E-MAIL. * The password must be e-mailed separately from the bid **after the bid due date**.   **Questions Due (Closing) Date and Time:**  X/XX/2022 at 5:00 PM EDT  Questions must be submitted in writing with the subject line, "Question for PORFP # xxxxxxx," and be submitted in writing via e-mail to the Agency Point of Contact listed in Section 2 no later than the date and time specified.  **SPECIAL REQUIREMENTS**   1. The Department reserves the right to purchase more or less than the specified quantity to the extent limited by funding. Charges that are multiple years shall be provided at a per-year price. 2. Purchase new and unused equipment. 3. The Master Contractor shall not impose a restocking fee if an item is returned due to damage or incorrect product shipped. 4. The Master Contractor must provide the estimated ship date/lead time for each item listed in the PORFP. 5. Please allow for pricing provided in response to this PORFP to be valid for at least 90 days after the set due date above. 6. The Master Contractor must be an authorized reseller for the Manufacturer named in Section 1. The state reserves the right to request a Letter of Authorization (LOA) from the Manufacturer or Distributor. 7. The Master Contractor must include a screenshot of the Manufacturer's Suggested Retail Price (MSRP) with the bid. 8. Bids must be received by the due date and time listed in the solicitation. Bids that are not received by the due date and time will not be accepted. 9. A "No Bid" form must be completed and submitted by the bid due date and time if your firm elects not to bid. | | | | | | | | | | |
| **Security Requirements (if applicable):** | |  | | | | | | | | | | |
| **Invoicing Instructions:** | | Send invoice to [Address] or e-mail to [name@Maryland.gov].  An invoice not satisfying the requirements of a Proper Invoice (as defined at COMAR 21.06.09.01 and .02) cannot be processed for payment. To be considered a Proper Invoice, invoices must include the following information without error:   1. Contractor name and address; 2. Remittance address; 3. Federal taxpayer identification (FEIN) number, social security number, as appropriate; 4. Invoice period (i.e., the time period during which services covered by invoice were performed); 5. Invoice date; 6. Invoice number; 7. State-assigned Contract number; 8. State-assigned (Blanket) Purchase Order number(s); 9. Goods or services provided; 10. Amount due; and 11. Any additional documentation required by regulation or the Contract.   For items of work for which there is one-time pricing, those items shall be billed within 30 days of acceptance.  For items of work for which there is annual pricing, items shall be billed annually. The first year's invoice shall be billed within 30 days of contract start. Each additional year shall be billed on the anniversary of the first year's invoice. | | | | | | | | | | |
| **Section 2 – Agency Point of Contact (POC) Information** | | | | | | | | | | | | |
| **Agency / Division Name:** | |  | | | | | | | | | | |
| **Agency POC Name:** | |  | | | | | **Agency POC Phone Number:** | | | |  | |
| **Agency POC E-mail Address:** | |  | | | | | **Agency POC Fax:** | | | |  | |
| **Agency POC Mailing Address:** | |  | | | | | | | | | | |
| **Section 3 – Delivery Address / Work Site POC Information (if different from above)** | | | | | | | | | | | | |
| **Agency On-site Contact Name:** | |  | | | | | **Agency On-site Phone Number:** | | | |  | |
| **Agency On-site E-mail Address:** | |  | | | | | **Agency On-site Fax:** | | | |  | |
| **Agency On-site Address:** | |  | | | | | | | | | | |
| **Section 4 – Scope of Work** | | | | | | | | | | | | |
| **FA I – COTS Software (Provide product specifications below. If some or all specifications are unknown, Master Contractors may propose products based on a detailed description in the Business Need / Required Functionality field\*)** | | | | | | | | | | | | |
| **\*Business Need / Required Functionality** | |  | | | | | | | | | | |
| **Product Name** | **Product Description** | | | **Version**  **#** | | **Release**  **#** | | | **Quantity of Licenses** | | | **Due Date**  mm/dd/yyyy |
| 1. |  | | |  | |  | | |  | | |  |
| 2. |  | | |  | |  | | |  | | |  |
| 3.  (insert additional rows as needed) |  | | |  | |  | | |  | | |  |
| **FA II – Installation and Training Services**  **(Provide a detailed description of required services and deliverables)** | | | | | | | | | | | | |
| **Installation / Training Services** | | | **Deliverables** | | | | | **Start Date**  mm/dd/yyyy | | | **End Date**  mm/dd/yyyy | |
| 1. | | |  | | | | |  | | |  | |
| 2. | | |  | | | | |  | | |  | |
| 3.  (insert additional rows as needed) | | |  | | | | |  | | |  | |
| **FA III** **- Manufacturer's Software Warranty / Maintenance**  **(Provide a detailed description of warranty /**  **maintenance requirements and deliverables)** | | | | | | | | | | | | |
| **Warranty / Maintenance Requirements** | | | **Deliverables** | | | | | **Start Date**  mm/dd/yyyy | | | **End Date**  mm/dd/yyyy | |
| 1. | | |  | | | | |  | | |  | |
| 2. | | |  | | | | |  | | |  | |
| 3.  (insert additional rows as needed) | | |  | | | | |  | | |  | |
| **Section 5 – Evaluation Criteria** | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3.  (insert additional rows as needed) | | | | | | | | | | | | |
| **Basis for Award Recommendation**  The agency Point of Contact listed in Section 2 will recommend the award to a responsive and responsible Master Contractor that provides the most advantageous offer considering the price and evaluation factors above. The agency Point of Contact will initiate and deliver a PO to the selected Master Contractor.  All awards from this PORFP shall comply with the requirements of COMAR 21.05.13.06. | | | | | | | | | | | | |

**NO BID NOTICE/VENDOR FEEDBACK FORM**

To help us improve the quality of State solicitations and to make our procurement process more responsive and business-friendly, please provide comments and suggestions regarding this solicitation. Please return your comments with your response. If you have chosen not to respond to this solicitation, please e-mail or fax this completed form to the attention of the **Agency Point of Contact listed in Section 2.**

**Title: Commercial Off-the-Shelf Software 2012 (COTS 2012)**

**Solicitation No: 060B2490021  
PORFP:**

1. If you have chosen not to respond to this solicitation, please indicate the reason(s) below:

* Other commitments preclude our participation at this time.
* The subject of the solicitation is not something we ordinarily provide.
* We are inexperienced in the work/commodities required.
* Specifications are unclear, too restrictive, etc. (Explain in REMARKS section)
* The scope of work is beyond our present capacity.
* Doing business with the State is simply too complicated. (Explain in REMARKS section)
* We cannot be competitive. (Explain in REMARKS section)
* The time allotted for the completion of the Bid is insufficient.
* Prior State of Maryland contract experience was unprofitable or otherwise unsatisfactory. (Explain in REMARKS section)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If you have submitted a response to this solicitation, but wish to offer suggestions or express concerns, please use the REMARKS section below.

REMARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Offeror Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_