REQUEST FOR QUOTATIONS				THIS RFQ IS IS NOT SET ASIDE FOR LSDBE FIRM: ONLY,			3 Pa	age of Pages		
1. REQU		2. DATE ISSUED	)	3. REQUISIT REQUEST N		4. COMMODITY GR	ROUP AND			
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5A. ISSU		June 1, 201	7	101010		6. DELIVER BY (Da	ate)			
Den	artment on Disability S	ervices								
Office of Contracts and Procurement					-	7. DELIVERY				
1125 15th Street NW, 4th Floor										
Washington, DC 20005							TION			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Monica Brown, Contract Specialist 202-730-1861 or Monica.Brown4@dc.gov						FOB DESTINA	TION		R (See Schedule)	
8. TO: NAME AND ADDRESS OF OFFEROR, INCLUDING ZIP CODE						9. DESTINATION (Consignee and address, including ZIP code				
						Department on Disability Services Office of Information Technology 1125 15 <sup>th</sup> Street NW, 2 <sup>nd</sup> Floor Washington, DC 20005				
	SE FURNISH QUOTATIONS SUING OFFICE ON OR	11. BUSINESS	CLASSIFICATION	N (Check approp	riate boxes)					
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not comm	<b>NT:</b> This is a request for info it the Government to pay any nerwise indicated by quoter. <i>A</i>	costs incurred in the	e preparation of th and/or certification	ne submission of ins attached to th	this quotation or to co is Request for Quotati	ntract for supplies or ons must be comple	r invoices.	Supplies are of		
ITEM NO.			LIES/SERVICE		Federal, State and lo	QUANTITY	UNIT	UNIT PRICE		
(a)			(b)			(c)	(d)	(e)	(f)	
0001	Department on Disability Services, Rehabilitation Services Administrati (DDS/RSA), is seeking to establish BPAs with Contractor(s) to provide Various Medical Services for people who are disabled. The Contractor shall provide goods or services to the District at a price that is as low, or lower than the prices charged to the their most favored customer for comparable goods or services under similar terms and conditions					n See Task Order		See Attached Price Schedule	See Task Order for each assignmen t	
Award based on determination of fair and reasonable price and verifiable eligibility to provide medical services to DDS/RSA consumers, Providers shall be a qualified licensed professional in a specific field of service delivery for which a license may be verified through the DOH website, able to provide services within the District of Columbia Metropolitan area, and shall be in good standing without suspension of license or documented professional liability claims within the most recent 5 year period. Application/Evaluation information is available after the SOW.										
13. DISCOUNT FOR PROMPT PAYMENT			10 CALEN	IDAR DAYS	CALENDAR		CALENDAR DAYS			
						DAYS				
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION				% % 16. DATE OF QUOTATION	
				17. NAME AND TITLE OF SIGNER (Type or print)				18. TELEPHONE NO. (Include area code)		

# GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT ON DISABILITY SERVICES



OFFICE OF CONTRACTING AND PROCUREMENT

# **BLANKET PURCHASE AGREEMENT**

# DCJM-2014-A-0022-

With

..... (Contractor) agrees to provide Medical Professional Services indentified by licensure to the District of Columbia Department on Disability Services (DDS) (District) on behalf of the Rehabilitation Services Administration (RSA) in accordance with the Statement of Work.

# 1. <u>EXTENT OF OBLIGATION:</u>

**1.1** The Government of the District of Columbia is obligated only to the extent that authorized purchases are actually made under the Blanket Purchase Agreement (BPA), and is not obligated to place future orders. (Title 27 of the District of Columbia Municipal Regulations (DCMR), Chapter 18, Section 1810.2 (a) (c)

# **1.2** The Contractor shall not provide any goods or services under this agreement until a purchase order with sufficient funding to cover the cost of the requested goods or services has been issued.

#### 2. <u>PURCHASE LIMITATION:</u>

The limitation of any individual order against this BPA shall not exceed the small purchase limitation of \$100,000.00.

# 3. <u>NOTICE OF INDIVIDUAL(S) AUTHORIZED TO PURCHASE UNDER THE</u> <u>BPA:</u>

Edmund Neboh, Contract Administrator (CA), Siavosh Hedayati, Contract Administrator (CA), and Mary Prentice, Business Services Supervisor, under the direction of DDS office of Contracts and Procurement, are the authorized individuals to place orders for goods and service under this BPA. A Contracting Officer is the only individual who may make changes to this BPA, or to increase the authorized amount of orders against this BPA.

# 4. <u>PRICING:</u>

**The Contractor** warrants and agrees that the prices charged to the District government shall be as low, or lower than the prices charged to the their most favored customer for comparable services under similar terms and conditions, in addition to any discounts for prompt payment.

#### 5. <u>PERIOD OF PERFORMANCE:</u>

The period of performance shall begin on the date the BPA is executed by the Contracting Officer and continue for a period of one year after award. The District reserves the right to extend this BPA for four (4) one year option periods under the same terms as stated for the base year. Purchase orders issued by the District will expire on September 30 of the year in which they are issued.

#### 6. <u>DELIVERY TICKETS AND INVOICES:</u>

- 3.1 Orders for services against this BPA will be placed by telephone or electronic mail
- **3.2** Unless otherwise agreed to, all deliveries under this BPA must be accompanied by delivery tickets, sales slips or invoice that must contain as a minimum, the following information:
- **3.2.1** Contractor's name, Federal tax ID and invoice date (Contractors shall date invoices on the date of mailing or transmittal);
- **3.2.2** BPA and invoice number;
- **3.2.3** Description, price, quantity and the date(s) that the supplies or services were delivered or performed.
- **3.2.4** Other supporting documentation or information, as required by the Contracting Officer;
- **3.2.5** Name, title, telephone number and complete mailing address of the responsible official to whom payment is to be sent;
- **3.2.6** Name, title, phone number of person preparing the invoice;
- **3.2.7** Name, title, phone number and mailing address of person (if different from the person identified in 3.2.6 above) to be notified in the event of a defective invoice; and
- **3.2.8** Authorized signature.
- **3.3** Direct all technical inquiries to the Contract Administrators
- **3.4** The terms and conditions included in this BPA apply to all purchases made pursuant to it. In the event of an inconsistency between the provisions of this BPA and the Contractor's invoice, the provisions of this BPA will take precedence.

#### 7. <u>PAYMENT OF INVOICES:</u>

- **4.1.** The Contractor shall submit to the Agency Chief Financial Officer an itemized invoice upon acceptance of delivery, every thirty (30) days, or upon expiration of the BPA, whichever occurs first.
- **4.2.** The District will pay the Contractor on or before the 30<sup>th</sup> day after receiving a proper invoice from the Contractor.

All invoices should be mailed to

Department on Disability Services Office of the Controller, 4<sup>th</sup> Floor 64 New York Avenue, NW Washington, DC 20002

#### DISCOUNT FOR PROMPT PAYMENT: \_\_\_\_%

# ACCEPTED

Contractor:

*Name* Title Date

**DISTRICT OF COLUMBIA:** 

Marsha Robinson Contracting Officer

Return the signed BPA Agreement to:

Office of Contracting and Procurement Department on Disability Services 1125 15th Street, NW 4<sup>th</sup> Floor Washington, DC 20001 Attn: Monica Brown (202) 730-1861 (202) 730-1514 (Fax) Monica.Brown4@dc.gov

Attachments: Statement of Work Contractor's Price Schedule Date

#### STATEMENT OF WORK

#### 1. Background:

The District of Columbia Department on Disability (DDS), Rehabilitation Services Administration (RSA) is seeking Providers to provide various medical services needed for DDS/RSA Consumers. DDS/RSA is mandated by Title 1 of the Rehabilitation Act of 1973 as amended by Title IV of the Workforce Investment Act of 1998, P.L 105-220 to assist Consumers with disabilities to prepare for secure, retain or regain employment that is consistent with the Consumer's unique strengths, resources, priorities, concerns, abilities, capabilities interests and informed choice. Each Provider shall provide services, which are required for the Consumers to accomplish vocational goals to facilitate gainful Employment goals.

#### 2. **Scope**:

- **2.1** DDS/RSA is seeking Licensed Medical Providers to provide the following medical services:
  - 2.1.1 Initial Medical Assessments
  - 2.1.2 Diagnosis, Prognosis, Medical Devices (Rehabilitation Technology) and Treatment Service
  - 2.1.3 Audio logical, Otolaryngology and Speech Therapy Service
  - 2.1.4 Cardiologic Service
  - 2.1.5 Dental Service
  - 2.1.6 Internal Medical Service
  - 2.1.7 Ophthalmological, Optometric, Artificial and Glasses Service
  - 2.1.8 Orthopedic and Prosthetic Service
  - 2.1.9 Pulmonology Service
  - 2.1.10 Radiological Service
  - **2.2** The Contractor shall provide services within the Washington DC Metropolitan areas to include: District of Columbia, Maryland and Virginia.
  - **2.3** Hours of operation most convenient to clients are Monday Friday from 8:00 AM to 6:00 PM. The Contractor shall clearly state if these ours are not available for RSA clients.

#### 2.4 Referral Process:

A Vocational Rehabilitation (VR) Specialist will refer Consumers to the Provider with a completed copy of authorization and the type of service(s) required. The Provider shall complete each evaluation within ten (10) business days after the receipt of the referral packet and forward the completed initial assessment report and any recommendations for diagnosis, prognosis and

treatment to the VR Specialist as soon as possible but not later than twenty (20) business days. The VR Specialist will determine if the Consumer needs services for diagnosis, prognosis or treatment based on the initial medical assessment and recommendation report before rendering a new authorization.

#### 2.5 Reports:

Reports shall include but not limited to the following:

- 2.5.1 Diagnosis;
- 2.5.2 Reported history of presenting concerns;
- 2.5.3 Reported history of treatment;
- 2.5.4 Prognosis,
- 2.5.5 Recommendations for subsequent treatment;
- 2.5.6 Determination as to whether or not functional limitations can be provided;
- 2.5.7 Determination as to whether a comprehensive functional capacity evaluation is recommended; and
- 2.5.8 Determination as to whether the provider can agree or disagree with the individual participating in activities leading to gainful employment at this time.

# EVALUATION CRITERIA

This is a non-competitive procurement, which means that award may be based solely on Contractor qualification and a determination of fair and reasonable price. The number of awards in each area of specialization may be limited to meet the needs of RSA. The decision as to which contractor is ultimately selected to serve a particular client, rests solely with the client selection from the list of qualified providers.

Providers will be evaluated for award based on submission and verification of the following:

- 1. Signature on Page 1 of this document
- 2. Copy of Active Professional License
- 3. Certificate of Insurance (there are no minimum requirements stated herein. However, that does not preclude RSA from making a decision regarding the adequacy of coverage before a client is authorized to use the Providers services.)
- 4. Catalog or Published prices for typical services provided and discounts available to the District. RSA must be able to determine that the price is fair and reasonable, which is typically based on what a normal person would pay.
- 5. Ability to serve District clients by either being located in the District or accessible by DC Metro.
- 6. A W-9 completed and containing a physical address (no PO boxes) to be entered into the District's automated procurement system that generates purchase orders. That does not make it a requirement for the Contractor to maintain an office in the District.