

REQUEST FOR QUOTATIONS

(THIS IS NOT AN ORDER)

THIS RFQ IS IS NOT SET ASIDE FOR LSDBE FIRMS ONLY,

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| 1. REQUEST NO. DCJM-2015-Q-0003 | 2. DATE ISSUED October 3, 2014 | 3. REQUISITION/PURCH. REQUEST NO. PO is Task Order | 4. COMMODITY GROUP AND CLASS→ | | |
|--|---|---|-------------------------------|---------------------------------------|------------------------------------|
| 5A. ISSUED BY: Department on Disability Services Office of Contracts and Procurement 1125 15 th Street NW, 4th Floor Washington, DC 20005 | | 6. DELIVER BY (Date) | | | |
| 5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Monica Brown, Contract Specialist 202-730-1861 or Monica.Brown4@dc.gov | | 7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | | | |
| 8. TO: NAME AND ADDRESS OF OFFEROR, INCLUDING ZIP CODE | | 9. DESTINATION (Consignee and address, including ZIP code) Department on Disability Services Rehabilitation Services Administration (RSA) 1125 15 th Street NW, 9 nd Floor Washington, DC 20005 | | | |
| 10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE As Soon As Possible (Date) NLT 9/30/2015 | 11. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> SMALL <input type="checkbox"/> RESIDENT-OWNED <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> LONG-TIME RESIDENT <input type="checkbox"/> ENTERPRISE ZONE | | | | |
| <p>IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or invoices. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.</p> | | | | | |
| 12. SCHEDULE (Include applicable Federal, State and local taxes) | | | | | |
| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
| 0001 | <p>Department on Disability Services, Rehabilitation Services Administration (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</p> <p>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 included in the SOW.</p> | See Task Order | | See Attached Price Schedule | See Task Order for each assignment |
| 13. DISCOUNT FOR PROMPT PAYMENT | | 10 CALENDAR DAYS | 20 CALENDAR DAYS | 30 CALENDAR DAYS | CALENDAR 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-2015-A-0003-

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. EXTENT OF OBLIGATION:

- 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. PURCHASE LIMITATION:

The limitation of orders against this BPA shall not exceed \$100,000.00.

3. NOTICE OF INDIVIDUAL(S) AUTHORIZED TO PURCHASE UNDER THE BPA:

Edmund Neboh, Contract Administrator (CA), Siavosh Hedayati, Contract Administrator (CA), and Sharon Vaughan-Roach, Program Manager, 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. PRICING:

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

5. PERIOD OF PERFORMANCE:

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. DELIVERY TICKETS AND INVOICES:

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. PAYMENT OF INVOICES:

- 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 30th day after receiving a proper invoice from the Contractor.

All invoices should be mailed to

Department on Disability Services
Office of the Controller, 4th 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

Date

Return the signed BPA Agreement to:

Office of Contracting and Procurement
Department on Disability Services
1125 15th Street, NW 4th 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

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.