

REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i>		THIS RFQ <input type="checkbox"/> IS NOT SET ASIDE FOR LSDBE FIRMS ONLY.		PAGE OF PAGES	
1. REQUEST NO. POHC-2008-Q-406843		2. DATE ISSUED 05/07/08	3. REQUISITION/PURCH. REQUEST NO.	4. COMMODITY GROUP AND CLASS Group VI →	CODE
5A. ISSUED Office Of Contracting And Procurement Simplified Acquisition Group VI 441 4 th Street, NW. 700 South Washington, DC 20001			6. DELIVER BY (Date)		
5B. FOR INFORMATION CALL: (Name and telephone no.)(No Collects) Franklin Poole/ email –franklin.poole@dc.gov TEL: 202-724-5328 Fax: 202-727-0245			7. DELIVERY <input checked="" type="checkbox"/> FOB Destination <input type="checkbox"/> OTHER (See Schedule)		
8. TO: NAME AND ADDRESS: Prospective Bidders			Destination: Department of Health EHMSA (Emergency Medical Services) 64 New York Avenue, NE 5 th Fl Rm 5000 Washington, DC 200012 Attn: Julia Maxwell		
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE COB (Date) Friday, 05/15/08 by 2:00pm		11. BUSINESS CLASSIFICATION (Check appropriate boxes) DISADVANTAGED <input type="checkbox"/> SMALL <input type="checkbox"/> RESIDENT-OWNED <input type="checkbox"/> WOMEN-OWNED <input type="checkbox"/> ENTERPRISE ZONE			
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 contracts 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.					
12. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	<p>Contractor shall provide Firm Fixed price proposal for technical knowledge in the areas of disaster mental health, and emergency preparedness and response to develop an Operational Disaster Mental Health Response Plan by updating the existing DC DMH All Hazards Response Plan, in accordance with the attach Scope of Work.</p> <p>Bidder shall include in their proposal a listing of any primary and supporting project staff along with resumes highlighting relevant experience and technical expertise for each resume.</p> <p>Bidder shall state Project Manager hourly cost:</p> <p>Bidder shall state Editor/Writer hourly cost:</p> <p>Bidder shall state Administrative Support hourly cost:</p> <p>Bidder shall state Material Cost: _____</p>	720	HR		
		480	HR		
		640	HR		

Bidder shall be able to provide all deliverables and meet requirements as stated in the Scope of Work.

District of Columbia Department of Mental Health Emergency Response Plan is hereby made part of this Request for Quotation.

Wage Determination No.: 2005-2103; Revision No.: 4; Date of Revision: 07/05/2007 is hereby made part of this Request for Quotation.

Bidder shall state TAX ID No.: _____

District of Columbia Supply Schedule _____

GSA Schedule _____

Open Market Solicitation with Preference Points given to Small Local Business Development Enterprise.)

Period of Performance/Delivery Date: _____

Award Basis:
Lowest Price

FAX ALL REQUEST FOR QUOTATION TO – 202-727-0245 ON OR BEFORE 05-16-08 BY 2:00 PM.

Notice, The district government requires all vendors to have an approved contract or purchase order in place prior to providing goods or services. Entering into contracts verbally or without appropriate authorization is prohibited. Any vendor who delivers services or goods to the District without a proper contract is doing so entirely at their own risk. The District does not pay for goods or services that were provided without the benefit of a properly executed contract.

13. DISCOUNT FOR PROMPT PAYMENT 	10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
14. NAME AND ADDRESS OF QUOTER (<i>Street, city, county, State and ZIP Code</i>)	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
	17. NAME AND TITLE OF SIGNER (<i>Type or print</i>)		18. TELEPHONE NO. (<i>Include area code</i>)	