

REQUEST FOR TASK ORDER PROPOSALS (RFTOP) (THIS IS NOT AN ORDER) OFFEROR TO COMPLETE BLOCKS 11 & 13 - 18		1. THIS ACQUISITION IS <input type="checkbox"/> SET ASIDE SBE (_____ SBE Category) <input type="checkbox"/> SET ASIDE DCSS (_____ Schedule) <input checked="" type="checkbox"/> GSA SCHEDULE (<u>874</u> Schedule)			PAGE OF PAGES (incl. Cover) 1 26	
2. SOLICITATION NO. DCHC-2008-T-3537		3. DATE ISSUED 4/17/08	4. REQUISITION NO. RQ393537	5. CONTRACT NUMBER		6. OFFER DUE DATE 5/9/08 2:00 pm
7A. ISSUED BY Office Of Contracting and Procurement 441 4th Street, NW., 700 South Washington, DC 20001				7B. SOLICITATION INFORMATION NAME: Jennifer Wimbish PHONE: 202-724-4960 FAX: 202-727-0245 E-MAIL: JENNIFER.WIMBISH@DC.GOV		
8A ADMINISTERED BY DC Department of Health Health Emergency Preparedness and Response Administration 64 New York Avenue Washington, DC 20002				8B DELIVER TO: DC Department of Health Health Emergency Preparedness and Response Administration 64 New York Avenue Washington, DC 20002		
9. DELIVER BY (Date) 9(a). <input type="checkbox"/> FOB DESTINATION 9(b). <input checked="" type="checkbox"/> OTHER (See Section F.2)				10. PAYMENT WILL BE MADE BY Office of Chief Financial Officer Department of Health Attn: Accounts Payable 825 North Capital Street, NE Suite 500 Washington, DC 20002 202-442-9231		
11. OFFEROR To All Potential GSA Offerors 11(a) DUNS NO. _____ 11(b) FEDERAL TAX ID NO. _____				11(c) Certification (Check Appropriate Boxes) <input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Resident-Owned <input type="checkbox"/> Long Time <input type="checkbox"/> Enterprise Zone Certification No. _____		
IMPORTANT: If you are unable to provide a response, 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 the offeror. Any representations and/or certifications attached to this Request for Task order Proposal must be completed by the offeror.						
12. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Please See Section B.3					
13. DISCOUNT FOR PROMPT PAYMENT			10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
14. NAME AND ADDRESS OF OFFEROR (Street, city, county, State and ZIP Code)				15. SIGNATURE OF PERSON AUTHORIZED TO SIGN OFFER		16. DATE OF OFFER
				17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)

**SECTION B:
SUPPLIES AND/OR SERVICES AND PRICE**

B.1 The District of Columbia Department of Health (DOH), Health Emergency Preparedness and Response Administration (HEPRA), seeks a qualified Contractor to provide two (2) experienced consultants to serve as medical planners for public health emergency preparedness to develop a comprehensive medical surge operational plan as described in Section C.3. The comprehensive medical surge operational plan shall develop the District’s operational plan to enhance medical surge capacity and capability during events that exceed the limits of the normal medical infrastructure of the District of Columbia.

B.2 The District contemplates the award of a labor hour contract.

B.3 PRICE SCHEDULE – LABOR HOUR

Contract Line Item No. (CLIN)	Item Description	Price Per Hour	Estimated Quantity	Total Estimated Price
0001	Provide two (2) experienced consultants to serve as medical planners to develop a comprehensive medical surge operational plan as described in C.3	\$ _____ per hour	1,120	\$ _____

SECTION C
DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1 SCOPE

The District of Columbia Department of Health (DOH), Health Emergency Preparedness and Response Administration (HEPRA), seeks a qualified Contractor to provide two (2) experienced consultants to serve as medical planners for public health emergency preparedness to develop a comprehensive medical surge operational plan as described in Section C.3. The comprehensive medical surge operational plan shall develop the District's operational plan to enhance medical surge capacity and capability during events that exceed the limits of the normal medical infrastructure of the District of Columbia.

C.1.1 Applicable Documents:

The following documents are applicable to this procurement and are incorporated by this reference.

No.	Document Type	Name	Version
1	Presidential Directive	Homeland Security Presidential Directive/HSPD-21 Subject - Public Health and Emergency Preparedness http://www.whitehouse.gov/news/releases/2007/10/20071018-10.html	October 2007
2	Presidential Directive	Presidential Security Presidential Directive/ HSPD-18 Subject - Medical Countermeasures against Weapons of Mass Destruction http://www.whitehouse.gov/news/releases/2007/02/20070207-2.html	February 2007
3	US Department of Homeland Security Resource Document	The National Response Framework http://www.fema.gov/emergency/nrf/mainindex.htm	January 2008
4	DC Department of Health	Health and Medical Emergency Operation Plan	February 2007
5	DHS Hospital Preparedness Program Guidance	National Healthcare Preparedness Program Cooperative Agreement http://www.hhs.gov/aspr/oepo/hpp/2007_hpp_guidance.pdf	August 2007
6	Centers for Disease Control and Prevention, Department of Health and Human Services	Public Health Emergency Preparedness Cooperative Agreement http://emergency.cdc.gov/planning/coopagreement/pdf/fy07announcement.pdf	September 2007

No.	Document Type	Name	Version
7	DC Homeland Security and Emergency Management Agency	The District Response Plan http://dcema.dc.gov/dcema/lib/dcema/drp(underrevison2007)copy.pdf	December 2005
8	US Department of Health and Human Services	Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies http://www.hhs.gov/aspr/barda/documents/mscc_sept2004.pdf	September 2007

C.1.2 DEFINITIONS

The following definitions are applicable to this procurement:

- C.1.2.1 Medical Surge** – Medical surge describes the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.
- C.1.2.2 Medical Surge Capacity** – Medical capacity refers to the ability to evaluate and care for a markedly increased volume of patients.
- C.1.2.3 Medical Surge Capability** – Medical surge capability refers to the ability to manage patients requiring unusual or very specialized medical evaluation and care.
- C.1.2.4 Definitions provided in the Applicable Document (C.1.1)**

C.2 BACKGROUND

- C.2.1** The Department of Health (DOH) promotes and protects the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia. The DOH responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources. In accordance with the District Response Plan, the DOH is also responsible for the provision of health and medical services during a public health emergency as the Primary District Agency for the Emergency Support Function #8 (ESF #8) – Health and Medical Services. ESF# 8 provides for a coordinated and effective District of Columbia government approach to providing health and medical assistance in the immediate aftermath of a public emergency that impedes routine health and medical services provided within the District of Columbia.
- C.2.2** The Health Emergency Preparedness and Response Administration (HEPRA) is the Administration within the DOH responsible for leading the ESF #8 response. As DOH's

emergency preparedness agency, HEPRA works to ensure that DOH and its partners are prepared to respond to city-wide medical and public health emergencies, such as those resulting from terrorist attacks or accidents that result in a large number of casualties. To achieve this mission, HEPRA develops and exercises emergency preparedness plans, policies, and procedures; develops and implements emergency preparedness and response training for DOH staff and its partners; and coordinates the health and medical response from appropriate District, regional, federal, and private agencies during emergencies.

C.2.3 HEPRA has been tasked with developing an operational plan to enhance medical surge capacity and capability during events that exceed the limits of the normal medical infrastructure of the District of Columbia. A comprehensive medical surge operational plan is critical to ensuring that DOH strategically provides adequate medical evaluation and care during major medical incidents.

C.3 REQUIREMENTS

The Contractor shall provide two (2) experienced consultants to serve as medical surge planners (C.3.1) for public health emergency preparedness to develop the DOH Comprehensive Medical Surge Operational Plan (C.3.2) to describe how DOH would enhance the medical surge capacity and capability during events that exceed the limits of the normal medical infrastructure of the District of Columbia.

C.3.1 Medical Surge Planners

The Contractor shall provide all required support for the medical planners.

C.3.1.1 Qualifications

The Contractor's medical planners shall meet the following minimum criteria:

C.3.1.1.1 A bachelor's degree in public health, bioterrorism or other health related field from an accredited college or university. Education completed in foreign colleges or universities may be used to meet the educational requirement, if it can be shown that the foreign education is comparable to that received in an accredited educational institution in the United States.

C.3.1.1.2 Five (5) years of experience in public health emergency preparedness.

C.3.1.1.3 Demonstrated experience in developing and writing an emergency preparedness plan. The Contractor shall provide a writing sample of an emergency preparedness plan or topic from each candidate. The writing sample shall be specific to the requirements and subject matter described in Section C.3.2 of this solicitation and shall not exceed two 8 ½ X 11 inch pages, double-spaced, using a size 12 font.

C.3.1.1.4 Two (2) years of demonstrated experience researching, evaluating, integrating, and analyzing public health and medical information for the preparation of clear, concise, analytic products.

C.3.1.2 Project Work Plan

The Contractor shall develop and provide a Project Work Plan to detail the tasks and responsibilities with associated timelines and the responsible party to successfully complete the requirements described in C.3.1.1, C.3.1.2, C.3.1.3, and C.3.1.4.

C.3.1.3 Comprehensive Medical Surge Plan

The Contractor's Medical Planners shall incorporate the concepts, principles, guidance, standards, and other relevant information contained in the Applicable Documents identified in C.1.1 and described below:

- a. Homeland Security Presidential Directive/HSPD-21 - Public Health and Emergency Preparedness (Applicable Document #1) establishes a National Strategy for Public Health and Medical Preparedness (Strategy), which builds upon principles set forth in *Biodefense for the 21st Century* (April 2004) and will transform our national approach to protecting the health of the American people against all disasters;
- b. Presidential Security Presidential Directive/ HSPD-18 Subject - Medical Countermeasures against Weapons of Mass Destruction (Applicable Document #2) discusses medical countermeasures against weapons of mass destruction and key components to manage the consequences of a weapons of mass destruction attack
- c. The National Response Framework (Applicable Document #3) The National Response Framework (NRF) presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. It establishes a comprehensive, national, all-hazards approach to domestic incident response. The National Response Plan was replaced by the National Response Framework effective March 22, 2008.
- d. District Health and Medical Emergency Operation Plan (Applicable Document #4)
- e. National Healthcare Preparedness Program Cooperative Agreement (Applicable Document #5 and 6) grant agreements made to eligible entities to enable such entities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. to build medical surge capability through associated planning, personnel, equipment, training and exercise capabilities at the State and local levels;
- f. The District Response Plan (Applicable Document #7) provides the framework for the District government entities to respond to public emergencies in the metropolitan Washington area. The DRP provides a unified command and control structure for District emergency response operations to ensure a coordinated and effective operation. The DRP incorporates the concepts and processes of the National Incident Management System (NIMS) and the National Response Plan (NRP). The DRP describes how District agencies will work collaboratively within the District and with our regional and federal partners. The ultimate goal is to protect

the public and respond efficiently and effectively to significant incidents that threaten life, property, public safety, and the environment in the District of Columbia; and

- g. **Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies (Applicable Document #8)** describes a management methodology based on valid principles of emergency management and the Incident Management System (IMS). Medical and health disciplines may apply these principles to coordinate effectively with one another, and to integrate with other response organizations that have established IMS and emergency management systems (fire service, law enforcement, etc.). This promotes a common management system for all response entities—public and private—that may be brought to bear in an emergency. In addition, the MSCC Management System guides the development of health and medical response that is consistent with the new National Incident Management System (NIMS).

- C.3.1.3.1** The Contractor shall conduct and provide an analysis of existing regional strategic and operational medical surge plans.
- C.3.1.3.2** The Contractor shall work side by side with DOH subject matter experts to develop planning assumptions for the medical surge plan for review and approval.
- C.3.1.3.2.1** The Contractor shall work closely with the District’s Homeland Security and Emergency Management Agency, the US Department of Health and Human Services and the Council of Governments during the development of the DOH Comprehensive Medical Surge Operational Plan to establish planning assumptions, goals, and objectives.
- C.3.1.3.3** The Contractor shall work side by side with DOH subject matter experts to develop and submit an outline of the DOH Comprehensive Medical Surge Operational Plan for review and approval by the COTR.
- C.3.1.3.4** The Contractor shall submit for review and approval of the COTR a first draft of the DOH Comprehensive Medical Surge Operational Plan, with appropriate operational annexes and/or appendices.
- C.3.1.3.5** The Contractor shall submit for the review and approval of the COTR a final draft version of the DOH Comprehensive Medical Surge Operational Plan, with appropriate operational annexes and/or appendices.
- C.3.1.3.6** The Contractor shall submit for the review and approval of the COTR the DOH Comprehensive Medical Surge Operational Plan, with appropriate operational annexes and/or appendices.

C.3.1.4 Meeting Requirements

C.3.1.4.1 The Contractor’s medical planners shall attend weekly meetings with the COTR and DOH HEPRA staff to provide progress reports and updates using the Contractor’s approved Project Work Plan.

C.3.1.4.2 The Contractor’s medical planners shall attend relevant meetings required to complete the requirements throughout Maryland, Virginia, and the District of Columbia as requested by the COTR.

C.3.1.5 Reporting Requirements

C.3.1.5.1 The Contractor shall provide resumes and writing samples (C.3.1.1) for proposed medical planners for the review and approval of the COTR

C.3.1.5.2 The Contractor shall provide a Project Work Plan (C.3.1.2)

C.3.1.5.3 The Contractor shall provide an analysis of existing regional strategic and operational medical surge plans (C.3.1.3.1)

C.3.1.5.4 The Contractor shall provide project planning assumptions (C.3.1.3.2)

C.3.1.5.5 The Contractor shall provide an outline of the DOH Comprehensive Medical Surge Operational Plan (C.3.1.3.3)

C.3.1.5.6 The Contractor shall provide a draft of the DOH Comprehensive Medical Surge Operational Plan (C.3.1.3.4)

C.3.1.5.5 The Contractor shall provide a final draft of the DOH Comprehensive Medical Surge Operational Plan (C.3.1.3.5)

C.3.1.5.6 The Contractor shall provide the DOH Comprehensive Medical Surge Operational Plan (C.3.1.3.6)

C.3.1.5.7 The Contractor shall provide written progress reports at weekly meetings with DOH.

**SECTION D
PACKAGING AND MARKING**

See GSA Contract

SECTION E
INSPECTION AND ACCEPTANCE

**SECTION F
DELIVERIES OR PERFORMANCE**

F.1 TERM OF TASK ORDER

The term of the task order shall be for a period from the date of award thru August 1, 2008.

F.2 DELIVERABLES

The Contractor shall perform its tasks and requirements in order to produce the required deliverables and submit to the COTR identified in G.9.1 in accordance with the table below.

No.	Deliverable	Qty./Format/ Method of Delivery	Due Date
1	Resumes and Writing Samples (C.3.1.1)	5 Hard Copies per potential Medical Planner	Within five (5) days of contract award
2	Project Work Plan (C.3.1.2)	1 electronic in MS Project 2003; 1 hard copy	Within ten (10) days of contract award
3	Regional Surge Plans Analysis (C.3.1.3.1)	1 electronic in MS Word 2003; 1 hard copy	Within 3 weeks of contract award
4	Planning Assumptions (C.3.1.3.2)	1 electronic in MS Word 2003; 1 hard copy	Within 5 weeks after award
5	Outline of the DOH Comprehensive Medical Surge Operational Plan (C.3.1.3.3)	1 electronic in MS Word 2003; 1 hard copy	Within 5 weeks after award
6	Draft of the DOH Comprehensive Medical Surge Operational Plan (C.3.1.3.4)	1 electronic in MS Word 2003; 5 hard copies	6 weeks prior to August 1, 2008
7	Final draft DOH Comprehensive Medical Surge Operational Plan as described in C.3.1.3.5)	1 electronic in MS Word 2003; 5 hard copies	3 weeks prior to August 1, 2008
8	DOH Comprehensive Medical Surge Operational Plan (C.3.1.3.6)	1 electronic in MS Word 2003; 1 CD-Rom; and 5 hard copies	1 week prior to August 1, 2008
9	Weekly written progress reports as described in C.3.1.5.7	1 electronic in MS Project 2003; 1 hard copy	Weekly

**SECTION G
CONTRACT ADMINISTRATION DATA**

G.1 INVOICE PAYMENT

G.1.1 The District will make payments to the Contractor, upon the submission of proper invoices, at the prices stipulated in this contract, for supplies delivered and accepted or services performed and accepted, less any discounts, allowances or adjustments provided for in this contract.

G.1.2 The District will pay the Contractor on or before the 30th day after receiving a proper invoice from the Contractor.

G.2 INVOICE SUBMITTAL

G.2.1 The Contractor shall submit proper invoices on a monthly basis or as otherwise specified in Section G.4. Invoices shall be prepared in duplicate and submitted to the agency Chief Financial Officer (CFO) with concurrent copies to the Contracting Officer's Technical Representative (COTR) specified in Section G.9 below. The address of the CFO is:

Office of the Chief Financial Officer
Department of Health
825 North Capitol Street,
Washington, DC

G.2.2 To constitute a proper invoice, the Contractor shall submit the following information on the invoice:

G.2.2.1 Contractor's name, federal tax ID and invoice date (Contractors shall date invoices as of the date of mailing or transmittal);

G.2.2.2 Contract number and invoice number;

G.2.2.3 Description, price, quantity and the date(s) that the supplies or services were delivered or performed;

G.2.2.4 Other supporting documentation or information, as required by the Contracting Officer;

G.2.2.5 Name, title, telephone number and complete mailing address of the responsible official to whom payment is to be sent;

G.2.2.6 Name, title, phone number of person preparing the invoice;

G.2.2.7 Name, title, phone number and mailing address of person (if different from the person identified in G.2.2.6 above) to be notified in the event of a defective invoice; and

G.2.2.8 Authorized signature.

G.3 RESERVED

G.4 PAYMENT

G.4.1 The District will make monthly payments to the Contractor based on the prices stipulated in B.3 upon acceptance by the COTR of deliverables and the submission of acceptable invoices.

G.5 ASSIGNMENT OF TASK ORDER PAYMENTS

G.5.1 In accordance with 27 DCMR 3250, the Contractor may assign funds due or to become due as a result of the performance of this task order to a bank, trust company, or other financing institution.

G.5.2 Any assignment shall cover all unpaid amounts payable under this task order, and shall not be made to more than one party.

G.5.3 Notwithstanding an assignment of task order payments, the Contractor, not the assignee, is required to prepare invoices. Where such an assignment has been made, the original copy of the invoice must refer to the assignment and must show that payment of the invoice is to be made directly to the assignee as follows:

Pursuant to the instrument of assignment dated _____,
make payment of this invoice to _____
(name and address of assignee).

G.6 THE QUICK PAYMENT CLAUSE

G.6.1 Interest Penalties to Contractors

G.6.1.1 The District will pay interest penalties on amounts due to the Contractor under the Quick Payment Act, D.C. Official Code §2-221.01 *et seq.*, for the period beginning on the day after the required payment date and ending on the date on which payment of the amount is made. Interest shall be calculated at the rate of 1% per month. No interest penalty shall be paid if payment for the completed delivery of the item of property or service is made on or before:

- a. the 3rd day after the required payment date for meat or a meat product;
- b. the 5th day after the required payment date for an agricultural commodity; or
- c. the 15th day after the required payment date for any other item.

G.6.1.2 Any amount of an interest penalty which remains unpaid at the end of any 30-day period shall be added to the principal amount of the debt and thereafter interest penalties shall accrue on the added amount.

G.6.2 Payments to Subcontractors

G.6.2.1 The Contractor must take one of the following actions within 7 days of receipt of any amount paid to the Contractor by the District for work performed by any subcontractor under a contract:

- a. Pay the subcontractor for the proportionate share of the total payment received from the District that is attributable to the subcontractor for work performed under the contract; or
- b. Notify the District and the subcontractor, in writing, of the Contractor's intention to withhold all or part of the subcontractor's payment and state the reason for the nonpayment.

G.6.2.2 The Contractor must pay any lower-tier subcontractor or supplier interest penalties on amounts due to the subcontractor or supplier beginning on the day after the payment is due and ending on the date on which the payment is made. Interest shall be calculated at the rate of 1% per month. No interest penalty shall be paid on the following if payment for the completed delivery of the item of property or service is made on or before:

- a. the 3rd day after the required payment date for meat or a meat product;
- b. the 5th day after the required payment date for an agricultural commodity; or
- c. the 15th day after the required payment date for any other item.

G.6.2.3 Any amount of an interest penalty which remains unpaid by the Contractor at the end of any 30-day period shall be added to the principal amount of the debt to the subcontractor and thereafter interest penalties shall accrue on the added amount.

G.6.2.4 A dispute between the Contractor and subcontractor relating to the amounts or entitlement of a subcontractor to a payment or a late payment interest penalty under the Quick Payment Act does not constitute a dispute to which the District of Columbia is a party. The District of Columbia may not be interpleaded in any judicial or administrative proceeding involving such a dispute.

G.7 CONTRACTING OFFICER (CO)

Contracts and Task Orders will be entered into and signed on behalf of the District only by Contracting Officers. The name, address and telephone number of the Contracting Officer is:

James H. Marshall
Office of Contracting and Procurement
441 4th Street, NW Suite 700 South
Washington, DC 20001
(202) 727-724-4197
jim.marshall@dc.gov

G.8 AUTHORIZED CHANGES BY THE CONTRACTING OFFICER

G.8.1 The Contracting Officer is the only person authorized to approve changes in any of the requirements of this task order.

G.8.2 The Contractor shall not comply with any order, directive or request that changes or modifies the requirements of this task order, unless issued in writing and signed by the Contracting Officer.

G.8.3 In the event the Contractor effects any change at the instruction or request of any person other than the Contracting Officer, the change will be considered to have been made without authority and no adjustment will be made in the task order price to cover any cost increase incurred as a result thereof.

G.9 CONTRACTING OFFICER’S TECHNICAL REPRESENTATIVE (COTR)

G.9.1 The COTR is responsible for general administration of the task order and advising the Contracting Officer as to the Contractor’s compliance or noncompliance with the task order. In addition, the COTR is responsible for the day-to-day monitoring and supervision of the task order, of ensuring that the work conforms to the requirements of this task order and such other responsibilities and authorities as may be specified in the task order. The COTR for this task order is:

Artensie Flowers
Health Emergency Preparedness & Response Administration
Department of Health
64 New York Avenue, NE, Suite 5000
Washington, DC 20002
Tel 202-671-0706

G.9.2 The COTR shall not have authority to make any changes in the specifications or scope of work or terms and conditions of the task order.

G.9.3 The Contractor may be held fully responsible for any changes not authorized in advance, in writing, by the Contracting Officer; may be denied compensation or other relief for any additional work performed that is not so authorized; and may also be required, at no additional cost to the District, to take all corrective action necessitated by reason of the unauthorized changes.

**SECTION H
SPECIAL CONTRACT REQUIREMENTS**

See GSA Contract

**SECTION I
CONTRACT CLAUSES**

See Contractor's GSA Contract

SECTION J
LIST OF ATTACHMENTS

- J.1** Contractor's GSA Contract
- J.2** Wage Determination No. 2005-2103, Revision No. 4, dated July 5, 2007
- J.3** Contractor's Technical Proposal dated _____
- J.4** Tax Certification Affidavit
- J.5** Cost/Price Data Requirement Package
- J.6** Past Performance Evaluation Forms

SECTION K
REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS

Not Applicable to this Task Order

**SECTION L
INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS**

L.1 REQUEST FOR PROPOSAL AWARD

L.1.1 Most Advantageous to the District

The District intends to award a single contract resulting from this solicitation to the responsible Offeror whose offer conforming to the solicitation will be most advantageous to the District, cost or price, technical and other factors, specified elsewhere in this solicitation.

L.1.2 Initial Offers

The District may award a contract on the basis of initial offers received, without discussion. Therefore, each initial offer should contain the Offeror's best terms from a standpoint of cost or price, technical and other factors.

L.2 PROPOSAL FORM, ORGANIZATION AND CONTENT

L.2.1 One original and six (6) copies of the written proposals shall be submitted in two parts, titled "Technical Proposal" and "Price Proposal". Proposals shall be typewritten in 12 point font size on 8.5" by 11" bond paper. Telephonic and telegraphic proposals will not be accepted. Each proposal shall be submitted in a sealed envelope conspicuously marked:

"Proposal in Response to Solicitation No. DCHC-2008-T-3537, Medical Surge Planners"

L.2.1.1 The Offeror's proposal(s) shall be organized and presented in the two separate volumes, Volume I, Technical Proposal, and Volume II, Price Proposal.

L.2.1.2 Offerors are directed to the specific proposal evaluation criteria found in Section M of this solicitation, **EVALUATION FACTORS FOR AWARD**. The Offeror shall respond to each factor in a way that will allow the District to evaluate the Offeror's response. The offeror shall submit information in a clear, concise, factual and logical manner providing a comprehensive description of program services and service delivery. The information requested below for the technical proposal shall facilitate evaluation and best value source selection for all proposals. The technical proposal must contain sufficient detail to provide a clear and concise representation of the requirements in Section C.

L.2.2 Volume I - Technical Proposal Instructions

L.2.2.1 Technical Expertise and Approach

The information contained in this section shall facilitate the evaluation of the Offeror's technical expertise and approach to successfully fulfill the requirements.

L.2.2.1.1 Narratives

- a. Describe the Offeror's overall understanding of the requirements as described in C.3
- b. Describe the Offeror's understanding of the Applicable Documents (C.1.1.1) and their integration into the DOH Comprehensive Operational Medical Surge Plan; and
- c. Describe the Offeror's approach and methodology to successfully complete the requirements in C.3

L.2.2.1.2 Attachments

- a. Resumes for each Medical Planner C.3.1.1
- b. Writing sample for each Medical Planner specific to the requirements and subject matter described in Section C.3.2
- c. Conceptual work plan as described in C.3.1.2

L.2.2.2 **Past Performance**

L.2.2.2.1 Narratives

- a. Describe past performances providing similar size and scope services as described in C.3.

L.2.2.2.2 Attachments

1. List all companies, states and federal agencies that your company has performed these services
2. Provide 3 completed Performance Evaluation Forms(Attachment J.6) from 3 entities named in 1 above.

L.2.2.3 **Certifications**

Offerors shall provide the following in the technical proposal:

L.2.2.3.1 Tax Certification Affidavit

L.2.2.3.2 GSA Contract

L.2.3 **VOLUME II – PRICE PROPOSAL INSTRUCTIONS**

The Offeror shall complete and include a Price Proposal as Volume II. The offeror's Price Proposal shall contain the following:

L.2.3.1 A completed Section B.3.

L.2.3.3 The Contractor shall complete and provide the Cost/Price Data and Certification provided in Attachment J.5

L.3 PROPOSAL SUBMISSION DATE AND TIME, AND LATE SUBMISSIONS, LATE MODIFICATIONS, AND LATE WITHDRAWALS

L.3.1 Proposal Submission

Proposals must be submitted no later than the date specified in the Request for Task Order Proposals. Proposals, modifications to proposals, or requests for withdrawals that are received in the designated District office after the exact local time specified on Page 1, are "late" and shall be considered only if they are received before the award is made and one (1) or more of the following circumstances apply:

- a. The proposal or modification was sent by registered or certified mail not later than the fifth (5th) calendar day before the date specified for receipt of offers;
- b. The proposal or modification was sent by mail and it is determined by the Contracting Officer that the late receipt at the location specified in the solicitation was caused solely by mishandling by the District;
- c. The bid is the only bid received.

L.4 HAND DELIVERY OR MAILING OF PROPOSALS

DELIVER OR MAIL TO:

Office of Contracting and Procurement
Bid Room
441 4th Street, NW
Suite 703 South
Washington, D. C. 20001
Attention: Jennifer Wimbish

L.5 EXPLANATION TO PROSPECTIVE OFFERORS

If a prospective Offeror has any questions relative to this solicitation, the prospective offeror shall submit the question in writing to the Contact Person, identified on page one, in writing. The prospective Offeror shall submit questions no later than April 22, 2007. The District will not consider any questions received later than April 22, 2007. The District will furnish responses promptly to all prospective Offerors. An amendment to the solicitation will be issued if that information is necessary in submitting offers, or if

the lack of it would be prejudicial to any other prospective Offerors. Oral explanations or instructions given before the award of the Request for Proposals will not be binding.

L.6 SIGNING OF OFFERS

The Contractor shall sign the offer and print or type its name on the offer. Erasures or other changes must be initialed by the person signing the offer. Offers signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the Contracting Officer.

L.7 ACKNOWLEDGMENT OF AMENDMENTS

The offeror shall acknowledge receipt of any amendment to this solicitation by (a) signing and returning the amendment; (b) by identifying the amendment number and date in the space provided for this purpose in Section K of the solicitation; or (c) by letter or telegram including mailgrams. The District must receive the acknowledgment by the date and time specified for receipt of offers. Offerors' failure to acknowledge an amendment may result in rejection of the offer.

L.8 STANDARDS OF RESPONSIBILITY

The prospective Contractor must demonstrate to the satisfaction of the District the capability in all respects to perform fully the Request for Proposal requirements, therefore, the prospective Contractor must submit the documentation listed below, within five (5) days of the request by the District.

L.8.1 Furnish evidence of adequate financial resources, credit or the ability to obtain such resources as required during the performance of the Request for Proposal.

L.8.2 Furnish evidence of the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing commercial and governmental business commitments.

L.8.3 Furnish evidence of the necessary organization, experience, accounting and operational control, technical skills or the ability to obtain them.

L.8.4 Furnish evidence of compliance with the applicable District licensing, tax laws and regulations.

L.8.5 Furnish evidence of a satisfactory performance record, record of integrity and business ethics.

L.8.6 Furnish evidence of the necessary production, construction and technical equipment and facilities or the ability to obtain them.

L.8.7 If the prospective Contractor fails to supply the information requested, the Contracting Officer shall make the determination of responsibility or non-responsibility based upon available information. If the available information is insufficient to make a determination of responsibility, the Contracting Officer shall determine the prospective Contractor to be non-responsible.

L.9 TAX CERTIFICATION

Each offeror must submit with its offer, a sworn Tax Certification Affidavit, incorporated herein as Attachment J.4.

**SECTION M
EVALUATION FACTORS FOR AWARD**

M.1 EVALUATION FOR AWARD

A contract will be awarded to the responsible offeror(s) whose offer is most advantageous to the District, based upon the evaluation criteria specified below. Thus, while the points in the evaluation criteria indicate their relative importance, the total scores will not necessarily be determinative of the award. Rather, the total scores will guide the District in making an intelligent award decision based upon the evaluation criteria.

M.2 TECHNICAL RATING

The Technical Rating Scale is as follows:

Numeric Rating	Adjective	Description
0	Unacceptable	Fails to meet minimum requirements, e.g., no demonstrated capacity, major deficiencies which are not correctable; offeror did not address the factor.
1	Poor	Marginally meets minimum requirements; major deficiencies which may be correctable.
2	Minimally Acceptable	Marginally meets minimum requirements; minor deficiencies which may be correctable.
3	Acceptable	Meets requirements; no deficiencies
4	Good	Meets requirements and exceeds some requirements; no deficiencies
5	Excellent	Exceeds most, if not all requirements; no deficiencies.

For example, if a sub factor has a point evaluation of 0 to 6 points, and (using the Technical Rating Scale) the District evaluates as "good" the part of the proposal applicable to the sub factor, the score for the sub factor is 4.8 (4/5 of 6). The sub factor scores will be added together to determine the score for the factor level.

M. 3 EVALUATION CRITERIA

The objective of the source selection process is to identify and select the Offeror that has successfully demonstrated the ability to successfully meet the District’s needs in the manner most advantageous to the District, all factors considered.

M.3.1 The technical evaluation criteria set forth below have been developed by agency technical personnel and have been tailored to the requirements of this particular solicitation. The Contractor is informed that these criteria will serve as the standard against which all proposals will be evaluated and serve to establish the evaluation criteria including the evaluation factors and significant sub factors which the Contractor should specifically

address in complying with the requirements of the solicitation as described in Section C and instructions and notices to Offerors described in Section L.

M.3.2 The relative probabilities of the Offeror to accomplish the requirements of the solicitation will be evaluated based on the specific information requested in L.22 in accordance with the evaluation factors described below. The Contractor should respond to each factor and significant sub factor in a way that will allow the District to evaluate the Contractor’s response. The scoring for each evaluation factor will be based on the District’s determination of the degree to which the Offeror satisfies the requirements within the evaluation factor and significant sub factors. Deficiencies and weaknesses identified in the proposal as well as the District’s risk will also be considered. The evaluation factors and significant sub factors, point value and relative importance follows.

M.3.3 The price evaluation will be objective. The offeror with the lowest cost/price will receive the maximum price points. All other proposals will receive a proportionately lower total score. The following formula will be used to determine each offeror's evaluated cost/price score:

$$\frac{\text{Lowest price proposal}}{\text{Price of proposal being evaluated}} \times \text{weight} = \text{Evaluated price score}$$

M.4 EVALUATION FACTORS

Non-Percentage (Technical) Evaluation Factors 0 – 80 Points		
Evaluation Factors	Point Value	Relative Importance
Technical Expertise and Approach	0 – 45 Points	Technical Expertise and Approach is more important than Past Performance
Past Performance	0 - 35 Points	Past Performance is less important than Technical Expertise
Price Evaluation Factor 0 – 20 Points		
Evaluation Factor	Point Value	Relative Importance
Price	0 – 20 Points	Price is less important than Technical Expertise and Approach and Past Performance