REQUEST FOR QUOTATIONS *(THIS IS NOT AN ORDER)*	TYPE OF MARKET X OPEN ☐ SET-ASIDE DCSS ☐ GSA	PAGE OF PAGES 1 1

1. REQUEST NO.	2. DATE ISSUED	3. REQUEST/PURCHASE REQUEST NO.	4. NIGP COMMODITY CODE	CAPTION
DCFX-2009-Q- 0004	December 5, 2008	RQ489417	9526400	TRANSPORTATION FOR THE REMOVAL OF HUMAN REMAINS

5A. ISSUED BY
Office of Contracting and Procurement
64 New York Ave., N.E 6TH Floor
Washington, DC 20002

6. DELIVER BY *(Date)*

5B. FOR INFORMATION CALL: *(Name and telephone no.) (No collect calls)*
Name:Denise Burton-Johnson
Phone; 202-6714462
Fax; 202-671-4469
E-Mail denise.burton@dc.gov

7. DELIVERY
☐ FOB DESTINATION ☐ OTHER *(See Schedule)*

8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE

9. DESTINATION *(Delivery Address)*
Office of the Chief Medical Examiner
1910 Massachusetts Avenue, SE, Building #27
Washington, DC 20003
Phone: (202) 698-9000 Fax (202) 698-9103

10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE (See 5A and 5B above) ON OR BEFORE CLOSE OF BUSINESS *(Date and Time)*
December 10, 2008
10:00p.m.

11. BUSINESS CLASSIFICATION *(Check appropriate boxes)*
☐ SMALL ☐ LONG TIME RESIDENT ☐ ENTERPRISE ZONE
☐ LOCAL ☐ RESIDENT OWNED

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)
	TRANSPORTATION FOR THE REMOVAL OF HUMAN REMAINS (See Attachment A for prices)				

13. DISCOUNT FOR PROMPT PAYMENT	10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %

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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)*

STATEMENT of WORK
FOR
TRANSPORTATION FOR THE REMOVAL OF HUMAN REMAINS

A. SCOPE

The Government of the District of Columbia, Office of Contracting and Procurement (OCP), on behalf of the Office of the Chief Medical Examiner (OCME), is seeking a contractor to provide transportation for the removal of human remains within the District of Columbia

B. BACKGROUND

The Mission of the Office of the Chief Medical Examiner (OCME) is to investigate and certify all deaths in the District of Columbia that occur by any means of violence (injury), and those that occur unexpectedly, without medical attention, in custody, or which pose a threat to public health. OCME transports human remains from hospitals, nursing homes, residences, and street scenes; 24 hours a day, 7 days a week. It is the intention of OCME to contract with a vendor for the purposes of providing transportation services of human remains in a manner that is dignified and acceptable to the general public as well as the citizens of the District of Columbia.

C. REQUIREMENTS

The Contractor shall provide the following requirements as specified below

(a) The Contractor shall be a mortician or funeral establishment licensed in the District of Columbia by the Department of Consumer and Regulatory Affairs (DCRA);

(b) The Contractor shall not have had any license issued by DCRA suspended or revoked in the past five years;

(c) The Contractor shall have a minimum of two motor vehicles (i.e. usage of customary funeral service vehicles such as a hearse, station wagon or van);

(d) The Contractor shall not use a passenger car or pick-up truck with or without a cap;

(e) The Contractor shall employ two drivers and two attendants for all removals when the deceased is located at a residence, street scene or nursing home, with one employee for hospital removals;

(f) The Contractor shall provide upon award of contract provide to the Office of the Chief Medical Examiner (OCME) all employee(s) performing services under this contract their name(s), social security number, date of birth, and addresses;

(g) The Contractor shall provide upon award of this contract copies valid drivers' licenses for all employee(s) that will be operating a motor vehicle under this contract;

(h) The Contractor shall submit within ten (10) days after the award of the contract copies of each driver's driving record ;

(i) The Contractor provide a police clearance of all employee(s) performing under this contract

(j) The Contractor shall be available 24 hours a day 7 days per week, 365 days per year to provide body transportation for removal of human remains as request by the OCME and;

(k) The Contractor shall provide to OCME a designated telephone number of an employee to be used to initiate transportation services, to include but not limited to cellular phones and pagers

(l) The Contractor shall arrive at the removal location within **1 hour** after notification;

(m) The Contractor shall complete removal services from hospitals or other locations with refrigerated morgue facilities within **12 hours** from the time notification.

(n) The Contractor shall supply all materials, supplies including personal protective equipment as well as removal stretchers ,cots or any other equipment necessary to complete the services

(o) The Contractor shall submit upon award of contract proof of automobile or vehicle insurance. All insurance coverage is the responsible of the contractor with the District as an additional issued.

E. DISTRICT 'S RESPONSIBILITY

(a) The District's Deputy Medical Examiner, the Supervisory Pathologists Assistant or designee will notified the Contractor when transportation of removal of human remains is required. .

(b) OCME will be responsible for providing a replacement body pouch when the body is delivered to OCME

F. CONTRACTOR'S RESPONSIBILITY

(a) The Contractor shall show the proper dignity in the transporting of the Human remains in accordance with the mortuary standards and practices, and with universal precautions.

G. CONTRACTING OFFICER (CO)

Contracts 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:

Jean Wright
Office of Contracting and Procurement
64 New York Ave. N.E., 6TH Floor:
Washington, D.C. 20001
(o) 202-671-4463
(f) 202 671-4469

G.1 AUTHORIZED CHANGES BY THE CONTRACTING OFFICER

(a) The Contracting Officer is the only person authorized to approve changes in any of the requirements of this contract.

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

(c) 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 contract price to cover any cost increase incurred as a result thereof.

H. CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR)

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

Name:
Title:
Agency:
Address
Telephone:

(b) The COTR shall not have authority to make any changes in the specifications or scope of work or terms and conditions of the contract.

(c) 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.

I. PAYMENT/INVOICES

(a) Invoicing or "bill/to" information shall be agency specific and delineated within each Purchase Order release.

(b) The Contractor shall supply a monthly summary invoice to the Chief Finance Officer as identified on P.O. and a copy to the Contracting Office upon request of what has been ordered (same as supplied to accounts payable).

a. All deliveries or shipments under this agreement (except subscriptions and other charges for newspapers, magazines or periodicals) shall be accompanied by delivery order or sales slips that contain the following minimum information:

a) Name of Supplier;
b) BPA Number;
c) Date of Purchase;
d) Purchase Order Number
e) Itemized List of Supplies or Services furnished;
f) Quantity, Unit price, and extension of each item, less applicable discounts and
g) The date of delivery or shipments

J. DELIVERIES OR PERFORMANCE

J.1 TERM OF CONTRACT

The term of the contract shall be one year from date of award specified on the cover page of the contract.

J.2 OPTION TO EXTEND THE TERM OF THE CONTRACT

J.2.1 The District may extend the term of this contract for a period of four (4) year option periods, or successive fractions thereof, by written notice to the Contractor before the expiration of the contract; provided that the District will give the Contractor a preliminary written notice of its intent to extend at least thirty (30) days before the contract expires. The preliminary notice does not commit the District to an extension. The exercise of this option is subject to the availability of funds at the time of the

exercise of this option. The Contractor may waive the thirty (30) day preliminary notice requirement by providing a written waiver to the Contracting Officer prior to expiration of the contract.

J.2.2 If the District exercises this option, the extended contract shall be considered to include this option provision.

J.2.3 The price for the option period shall be as specified in the contract.

J.2.4 The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) years.

ATTACHMENT “A”

Base Year

CLIN	Description	Unit Price
0001	Adult Standard Hospital Removal	
0002	Adult Standard House Call/Nursing Home Scene	
0003	Adult Oversized Hospital Removal (Over 250lbs)	
0003	Adult Oversized Hospital Removal (Over 250lbs) House Call/Nursing Home/ Scene	
0004	Child 12 & under Hospital Removal (Includes Still Born)	
0005	Child 12 & under Removal (Includes Still Born)) House Call/Nursing Home/Scene	

Option 1Year

CLIN	Description	Unit Price
0001	Adult Standard Hospital Removal	
0002	Adult Standard House Call/Nursing Home/ Scene	
0003	Adult Oversized Hospital Removal (Over 250lbs)	
0003	Adult Oversized Hospital Removal (Over 250lbs) House Call/Nursing Home/ Scene	
0004	Child 12 & under Hospital Removal (Includes Still Born)	
0005	Child 12 & under Removal (Includes Still Born)) House Call/Nursing Home /Scene	

Option 2 Year

CLIN	Description	Unit Price
0001	Adult Standard Hospital Removal	
0002	Adult Standard House Call/Nursing home Scene	
0003	Adult Oversized Hospital Removal (Over 250lbs)	
0003	Adult Oversized Hospital Removal (Over 250lbs) House Call/Nursing Home Scene	
0004	Child 12 & under Hospital Removal (Includes Still Born)	
0005	Child 12 & under Removal (Includes Still Born)) House Call/Nursing Home Scene	

Option 3Year

CLIN	Description	Unit Price
0001	Adult Standard Hospital Removal	
0002	Adult Standard House Call/Nursing home Scene	
0003	Adult Oversized Hospital Removal (Over 250lbs)	
0003	Adult Oversized Hospital Removal (Over 250lbs) House Call/Nursing Home/ Scene	
0004	Child 12 & under Hospital Removal (Includes Still Born)	
0005	Child 12 & under Removal (Includes Still Born)) House Call/Nursing Home /Scene	

Option 4Year

CLIN	Description	Unit Price
0001	Adult Standard Hospital Removal	
0002	Adult Standard House Call/Nursing Home /Scene	
0003	Adult Oversized Hospital Removal (Over 250lbs)	
0003	Adult Oversized Hospital Removal (Over 250lbs) House Call/Nursing Home/ Scene	
0004	Child 12 & under Hospital Removal (Includes Still Born)	
0005	Child 12 & under Removal (Includes Still Born)) House Call/Nursing Home/ Scene	