

RFQ#_	
	(Agency Use Only)

Authorized User Phone #

ATTACHMENT 18: Lot 7 – "Physicians and Nurses"

Instructions for Authorized Users

Please save this PDF document to your computer and fill out using Adobe Reader.

Authorized Users (AUs) must use the Request for Quote (RFQ) form to obtain temporary personnel under Administrative Services Award #23246 and must send the RFQ to all Contractors in the applicable Lot/Region. Please be sure to include all necessary information related to the title you are requesting within the RFQ. Attach additional sheets with more detailed information if necessary. All documentation with regard to this RFQ should be kept for the Procurement Record.

Quotation Issue Date		Closing Date for Que	stions	Date for Respo	onses to Questions	Quotation Closin	ation Closing Date		
Information									
Region		Lot 7 Title					# of Positions		
Address of Service Location									
RFQ Details									
Below are additional detail 1. Bill Rate, Overtime Bill		ining to this RFQ. Note if applicable), and total E							
response should be e	ntered		_						
		ed the posted not-to-ex							
Estimated Start Date for Services		Estimated End Date for Services		Shift Days/Tim	ies		Number of Individuals Required		
						Require	<u>"</u>		
Part Time Full Tir	ne								
Overtime Required:	Yes	No							
Work on a NYS	V	NI.							
Holiday Required:	Yes	No							
Travel Required:	Yes	No							
Resumes Required:	Yes	No							
Parking:	Free Parking Provided Paid Parking Provided No Parking Provided								
Bid remains valid for:	60 Da	ays 120 Days	180 Day	S					
MWBE Goals:	Yes	No If yes, enter G	oals %:						
SDVOB Goals:	Yes	No ☐ If yes, enter → G	ioals %:						
Must be completed by A	uthoriz	zed User							
Please forward all question	ons, res	sumes and quotes to	:						

Authorized User Email Address

Authorized User Contact Name

Additional Skill Level, Experience or Other Requirements								
Authorized User should include as much information as possible, such as additional skill level, experience, qualifications or other requirements, terms or conditions. Attach additional sheets as necessary. The following should be included in order to fully explain the AU's needs:								
Job description								
Basis for award, such as low price or best value (interview/past performance) or a combination of both.								

Contractor Bid Information											
Contractor (Vendor) Name	Contractor PS #										
To be Completed by Contractor											
Job Title Being Bid	Candidate (Incumbent) Name (if applicable)	Bill Rate Pe Hour	Overtime Bill Rate (if applicable)	NYS Holiday Bill Rate (if applicable)	Total Background Check Fees Per Individual						

TERMS OF QUOTATION:

- Contractors interested in responding to this request for temporary personnel, please note that all candidate resumes should be submitted at the same time, within a single response, by the Quotation Closing Date. Time for closing is by 5:00 PM EST unless otherwise stated in the requirements.
- 2. Quotes cannot be greater than the posted not-to-exceed rates on the Centralized Contract. Contractors should provide their proposed Bill Rate, Overtime Rate (if applicable), NYS Holiday Bill Rate (if applicable) and Background Check Fees for all candidate(s) they would like to have considered for the position(s) requested in the RFQ.
- 3. All proposed bill rates must meet minimum wage, prevailing wage, living wage or any other applicable local laws for the Lot/Regions indicated in the RFQ.
- 4. Contractors requiring additional information in order to provide quotes should submit their questions to the Authorized User prior to the closing date for questions.
- 5. Quotes and resumes submitted in response to this RFQ should be complete and timely as quotations received after the closing date will not be considered.
- 6. All Contractor responses to RFQs must remain open and valid for at least 60 days from the RFQ Response Closing/Due Date, unless the time for selecting the candidate is extended by mutual consent of the Authorized User and the Contractor.