

Posting Date: December 19 2023

Closing Date: December 29, 2023

Reference Number: 24-009600

To: NCI Bid Board

From: Jennifer Mothershead
NCI P-ARC Purchasing Agent
mothersj@mail.nih.gov

Subject: NCI Bid Board Posting – The purpose of this acquisition is to procure maintenance services for 17 -80 freezers located in Bldg 10, EIB

The Experimental Immunology Branch (EIB) Lab Resources section provides basic research support to all members of the EIB. Support is provided in part, using numerous -80 freezers to store samples. Support is provided 5 days per week to approximately 50 users. Maintenance of these freezers is critical due, not only to the sensitive nature of the items stored but the cost.

The National Cancer Institute, Experimental Immunology Branch (EIB) plans to procure maintenance services for 17 -80 freezers. This is not a request for competitive quotation. However, if any interested party believes it can meet the attached requirements, it may submit a statement of capabilities. The capability statement must be in writing and must contain information and material in sufficient detail to allow NCI to determine if the party can fully meet this requirement.

The capability statement must be received in the contracting office by 11:30 AM on December 29, 2023 ET. A determination by the Government not to compete this requirement based upon responses to this notice is solely within the discretion of the Government. Information received will be considered solely for the purpose of determining whether to conduct a competitive procurement.

Sole Source Justification:

Attached Documents:

SF18

Statement of Work

FAR Clause 52.213-4 Simplified Acquisitions Terms and Conditions (AUG 2019) is applicable and available in full text upon request U.S. Department of Health & Human Services | National Institutes of Health

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 4 PAGES	
1. REQUEST NUMBER 24-009600	2. DATE ISSUED 12/19/2023	3. REQUISITION/PURCHASE REQUEST NUMBER TBD	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING	
5a. ISSUED BY NCI CCR PURCHASING ARC			6. DELIVER BY (Date)		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY		
NAME		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
Jennifer Mothershead		AREA CODE	NUMBER	9. DESTINATION	
		301	480-0584	a. NAME OF CONSIGNEE	
8. TO:			Jeffrey Chiang 240-858-3318		
a. NAME	b. COMPANY		b. STREET ADDRESS		
			10 Center Dr, Rm 4B43		
c. STREET ADDRESS			c. CITY		
			Bethesda		
d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE	
			MD	20892	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)		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 to the address in Block 5a. 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 service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			
11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	-80 Freezer Contract (17 freezers)		4 EA ea ea ea		\$0.00
<p>Notice of Intent: If submitting a capability statement, please e-mail only 1 copy of the technical capability statement to Jennifer Mothershead @ mothersj@mail.nih.gov</p> <p>See attached statement of work</p> <p>This will be awarded as a Firm-Fixed Price Contract</p>					
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
					NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE
b. STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER

STATEMENT OF WORK

1. **Diversified Laboratory Repair, Inc:** Contractor to provide all labor and equipment to provide preventive maintenance for government-owned -70/-80 freezers (17 units on attached quote) for the period of March 17, 2024 to March 16, 2025. All maintenance services shall be performed in accordance with the manufacturer's standard commercial maintenance practices.
2. **PREVENTIVE MAINTENANCE:** Contractor shall perform biannual preventive maintenance inspection during the contract period. Service shall be performed by technically qualified trained personnel. Service shall consist of a thorough cleaning, calibration, adjusting, inspection, lubrication and testing the equipment in accordance with the manufacturer's latest established service procedures. The equipment shall be operationally tested through at least one (1) complete operating cycle at the end of the preventive maintenance inspection assure optimum and efficient performance.
3. **EMERGENCY SERVICE:** Emergency repair services shall be provided on an unlimited basis during the term of this contract at no additional cost to the government. Emergency service shall be provided 24 hours daily including weekends and holidays. Upon receipt of notice that any part of the equipment is not functioning properly the Contractor shall within four hours furnish a qualified factory-trained service representative to inspect the equipment and perform all repairs and adjustments necessary to restore the equipment to normal and efficient operating condition. Emergency service calls shall not replace the necessity for scheduled PMIs.
4. **REPLACEMENT PARTS:**
The contractor shall furnish all replacement parts at no additional cost to the Government, with the exception of consumable parts to include batteries. Parts shall be new or remanufactured to original equipment specifications.
5. N/A
6. **SERVICE EXCLUSIONS**

The contractor shall not be responsible for any repairs by abuse, neglect, vandalism, Acts of God, fire or water. These repairs shall be the subject of a separate purchase order and shall not be performed under this contract.
7. **PERIOD OF PERFORMANCE:** Period of Performance shall be for one-year March 17, 2024 to March 16, 2025.
8. N/A
9. **PLACE OF PERFORMANCE:** Service shall be performed at the following location:

Normal location of equipment in
BLD. 10
NIH
NCI
BETHESDA, MD
10. **PAYMENT:**

Payment shall be made quarterly in arrears.
11. **AWARD** will be made in the aggregate.