

REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i>	THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE	PAGE OF PAGES 1 1
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1. REQUEST NUMBER	2. DATE ISSUED 02/07/2024	3. REQUISITION/PURCHASE REQUEST NUMBER 24-014196	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY NIH/NCI-OA-PB	6. DELIVER BY (Date) 03/01/2024
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME Tanya Proctor, Acq. Operations Analyst	TELEPHONE NUMBER AREA CODE: 240 NUMBER: 760-7733	7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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8. TO:		9. DESTINATION Arup CHAKRABORTY 240-858-7166
a. NAME	b. COMPANY	b. STREET ADDRESS 9000 Rockville Pike Bldg 10 RM 1-5848
c. STREET ADDRESS		c. CITY Bethesda
d. CITY	e. STATE	f. ZIP CODE
	MD	20892

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 02/17/2024	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.
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11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
001	Item # 11000940 CSP CFX OPUS PCR OS CFX OPUS System 1 yr FULL ONSITE Complete Support Plan Base Year	12	mo	0.00	\$0.00
002	Item # 11000940 CSP CFX OPUS PCR OS CFX OPUS System 1 yr FULL ONSITE Complete Support Plan Option Year 1	12	mo	0.00	\$0.00
003	Item # 11000940 CSP CFX OPUS PCR OS CFX OPUS System 1 yr FULL ONSITE Complete Support Plan Option Year 2	12	mo	0.00	\$0.00

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
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NOTE: Additional provisions and representations are 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. STREET ADDRESS				
c. COUNTY			a. NAME (Type or print)	b. TELEPHONE
d. CITY				AREA CODE
	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER

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5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME Tanya Proctor, Acq. Operations Analyst	TELEPHONE NUMBER AREA CODE NUMBER 240 760-7733		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
			9. DESTINATION

8. TO:				a. NAME OF CONSIGNEE Arup CHAKRABORTY 240-858-7166	
a. NAME		b. COMPANY		b. STREET ADDRESS 9000 Rockville Pike Bldg 10 RM 1-5848	
c. STREET ADDRESS					
c. CITY Bethesda					
d. CITY		e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
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11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	<p>Notice of Intent: If submitting a capability statement, please e-mail only 1 copy of the technical capability statement to: Tanya Proctor @ tanya.proctor@nih.gov</p> <p>See attached statement of work.</p> <p>See attached statement of work.</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 are are not attached.

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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 (SOW)

Instructions: This document should be used for the acquisition of SERVICES. Instructions (and sample language) for completion are in red, and should be excluded from the completed document.

1.0 TITLE Equipment Service Contract Renewals

2.0 BACKGROUND

The order contains maintenance contract of the instrument BioRad CFX real Time PCR machine. The CFX Opus System is the next evolution in qPCR from Bio-Rad. With improved thermal performance and our proprietary, accurate optical shuttle system, it offers more consistent data generation than ever. This instrument also has integrated data analysis software that makes results easy to interpret. Collectively, researchers within NIH use this instrument to perform experiments related to various projects in biomedical research.

2.1 OBJECTIVE

The primary objective of this project is to initiate the maintenance contract of the instrument for three years. This will benefit the researchers across several CCR, NCI labs to use the instrument and perform experiments without experiencing any technical issues.

3.0 SCOPE

BioRad CFX Real-Time PCR Detection Systems are powerful and flexible instruments, featuring 2–5 color multiplexing, advanced optical technology, and precise temperature control with thermal gradients. This purchase request is to establish the annual maintenance contract with the manufacturer of the instrument, BioRad.

4.0 CONTRACT REQUIREMENTS/ AND PERSONNEL QUALIFICATIONS

*The Contractor shall perform the following tasks:
annual service maintenance of the BioRad CFX Real-Time PCR instrument.*

4.1 Project Management Plan

The Contractor shall perform annual service maintenance of the BioRad CFX Real-Time PCR instrument

5.0 TYPE OF ORDER

STATEMENT OF WORK (SOW)

This is a firm fixed price annual maintenance order.

6.0 PERIOD OF PERFORMANCE

\$5361.80 are for Base Year 2024 (03/01/24 – 02/28/25),

\$5361.80 are for Option Year 1 2025 (03/01/25 – 02/28/26)

\$5361.80 are for Option Year 2 2026 (03/01/26 – 02/28/27)

7.0 PLACE OF PERFORMANCE

Building 10 Room 1-5848 W, 10 Center dr., Bethesda, MD 20892

8.0 REPORT(S)/DELIVERABLES AND DELIVERY SCHEDULE

9.0 PAYMENT

Payment shall be made quarterly in arrears. Payment authorization requires submission and approval of invoices to the COR and NIH OFM, in accordance with the attached payment provisions listed below:

The following clause is applicable to all Purchase Orders, Task or Delivery Orders, and Blanket Purchase Agreement (BPA) Calls: PROMPT PAYMENT (JUL 2013) FAR 52.232-25. Highlights of this clause and NIH implementation requirements follow:

I INVOICE REQUIREMENTS

A. An invoice is the Contractor's bill or written request for payment under the contract for supplies delivered or services performed. A proper invoice is an "Original" which must include the items listed in subdivisions 1 through 12, below, in addition to the requirements of FAR 32.9. If the invoice does not comply with these requirements, the Contractor will be notified of the defect within 7 days after the date the designated billing office received the invoice (3 days for meat, meat food products, or fish, and 5 days for perishable agricultural commodities, dairy products, edible fats or oils) with a statement of the reasons why it is not a proper invoice. (See exceptions under II., below.) Untimely notification will be taken into account in the computation of any interest penalty owed the Contractor.

1. Vendor/Contractor: Vicky Zarganis;vicky_zarganis@bio-rad.com;510-741-6783
2. Remit-to address: Promega Corporation
3. Remittance name must match exactly with name on original order/contract. If the Remittance name differs from the Legal Business Name, then both names must appear on the invoice.
4. Invoice date.
5. Unique invoice #s for all invoices per vendor regardless of site.
6. NBS document number formats must be included for awards created in the NBS:
Contract Number; Purchase Order Number; Task or Delivery Order Number and Source

STATEMENT OF WORK (SOW)

- Award Number (e.g., Indefinite Delivery Contract number; General Services Administration number); or, BPA Call Number and BPA Parent Award Number.
7. Data Universal Numbering System (DUNS) or DUNS + 4 as registered in the Central Contractor Registration (CCR).
 8. Federal Taxpayer Identification Number (TIN). In those exceptional cases where a contractor does not have a DUNS number or TIN, a Vendor Identification Number (VIN) must be referenced on the invoice. The VIN is the number that appears after the contractor's name on the face page of the award document.
 9. Identify that payment is to be made using a three-way match.
 10. Description of supplies/services that match the description on the award, by line billed.*
 11. Freight or delivery charge must be billed as shown on the award. If it is included in the item price do not bill it separately. If identified in the award as a separate line item, it must be billed separately.
 12. Quantity, Unit of Measure, Unit Price, Extended Price of supplies delivered or services performed, as applicable, and that match the line items specified in the award.*

* NOTE: If your invoice must differ from the line items on the award, please contact the Contracting Officer before submitting the invoice. A modification to the order or contract may be needed before the invoice can be submitted and paid.

B. Shipping costs will be reimbursed only if authorized by the Contract/Purchase Order. If authorized, shipping costs must be itemized. Where shipping costs exceed \$100, the invoice must be supported by a bill of lading or a paid carrier's receipt.

C. Mail an original and 1 copy of the itemized invoice to:

National Institutes of Health
Office of Financial Management, Commercial Accounts
2115 East Jefferson Street, Room 4B-432, MSC 8500
Bethesda, MD 20892-8500

For inquiries regarding payment call: (301) 496-6088

In order to facilitate the prompt payment of invoices, it is recommended that the vendor submit a photocopy of the invoice to the "Consignee" designated for the acquisition in blocks 6A – 6E of the face page of the Order/Award document.

II. INVOICE PAYMENT

- A. Except as indicated in paragraph B., below, the due date for making invoice payments by the designated payment office shall be the later of the following two events:
 1. The 30th day after the designated billing office has received a proper invoice.
 2. The 30th day after Government acceptance of supplies delivered or services performed.

STATEMENT OF WORK (SOW)

- B. The due date for making invoice payments for meat and meat food products, perishable agricultural commodities, dairy products, and edible fats or oils, shall be in accordance with the Prompt Payment Act, as amended.

III. INTEREST PENALTIES

- A. An interest penalty shall be paid automatically, if payment is not made by the due date and the conditions listed below are met, if applicable.
 - 1. A proper invoice was received by the designated billing office.
 - 2. A receiving report or other Government documentation authorizing payment was processed and there was no disagreement over quantity, quality, or contractor compliance with a term or condition.
 - 3. In the case of a final invoice for any balance of funds due the contractor for supplies delivered or services performed, the amount was not subject to further settlement actions between the Government and the Contractor.
- B. Determination of interest and penalties due will be made in accordance with the provisions of the Prompt Payment Act, as amended, the Contract Disputes Act, and regulations issued by the Office of Management and Budget.

IV. PROVIDING ACCELERATED PAYMENT TO SMALL BUSINESS SUBCONTRACTORS, FAR 52.232-40 (DEC 2013)

- a) Upon receipt of accelerated payments from the Government, the Contractor shall make accelerated payments to its small business subcontractors under this contract, to the maximum extent practicable and prior to when such payment is otherwise required under the applicable contract or subcontract, after receipt of a proper invoice and all other required documentation from the small business subcontractor.
- b) The acceleration of payments under this clause does not provide any new rights under the prompt Payment Act.

Include the substance of this clause, include this paragraph c, in all subcontracts with small business concerns, including subcontracts with small business concerns for the acquisition of commercial items.