

SOLICITATION, OFFER AND AWARD		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	RATING	PAGE OF PAGES 1 2	
2. CONTRACT NUMBER		3. SOLICITATION NUMBER 75R60224R00007	4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)	5. DATE ISSUED 01/12/2024	6. REQUISITION/PURCHASE NUMBER
7. ISSUED BY HHS/HRSA/OO/OAMP Office of Acquisition Management and Policy 5600 Fishers Lane, Rm 14W26B Rockville MD 20857		CODE OAMP	8. ADDRESS OFFER TO (If other than Item 7)		

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and 1 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in _____ until 1000 ES local time 02/15/2024
(Hour) (Date)

CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME DAVID A ARCHIBALD	B. TELEPHONE (NO COLLECT CALLS)			C. E-MAIL ADDRESS DArchibald@hrsa.gov
		AREA CODE	NUMBER	EXT.	

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OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within 180 calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232.8)	10 CALENDAR DAYS (%)	20 CALENDAR DAYS (%)	30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
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14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)		
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15B. TELEPHONE NUMBER		15C. CHECK IF REMITTANCE ADDRESS <input type="checkbox"/> IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.	17. SIGNATURE	18. OFFER DATE
AREA CODE	NUMBER			

AWARD (To be completed by government)

19. ACCEPTED AS TO ITEMS NUMBERED		20. AMOUNT	21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()			23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)	ITEM
24. ADMINISTERED BY (If other than Item 7)		CODE	25. PAYMENT WILL BE MADE BY	CODE
26. NAME OF CONTRACTING OFFICER (Type or print) SHIRLEY KARVER			27. UNITED STATES OF AMERICA (Signature of Contracting Officer)	28. AWARD DATE

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.
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Previous edition is unusable

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
75R60224R00007

PAGE 2 OF 2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Title: Evidence Building and Evaluation IDIQ Unique ID#: OPAE111 C 5374 Award Type: Firm Fixed Price</p> <p>The Health Resources and Services Administration (HRSA) is issuing this Request for Proposal (RFP). Your organization is invited to submit a proposal for an Indefinite Delivery Indefinite Quantity (IDIQ) contract in accordance with the requirements and instructions set forth in this solicitation. It is anticipated that multiple IDIQ contracts will be awarded for a period of performance of one (1) base year with four (4) option years for a total of 60 months. These IDIQs are considered to be severable.</p> <p>Please complete this form and provide a proposal based on this solicitation and its attachments.</p> <p>Provide the following information:</p> <p>1. Contractor Name, Address, Phone Number, and Fax Number:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. Contractor Email Addresses:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Unique Entity Identifier (UIE) Number:</p> <p>_____</p> <p>4. Tax Identifier Number (TIN):</p> <p>_____</p> <p>·</p> <p>·</p> <p>Contract Specialist</p> <p>Dave Archibald 5600 Fishers Lane Rockville, MD 20857 Email: darchibald@HRSA.gov</p>				