



**ATTACHMENT 19: Lot 8 – “Dental Services”**

**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 Questions | Date for Responses to Questions | Quotation Closing Date |
|----------------------|----------------------------|---------------------------------|------------------------|
|                      |                            |                                 |                        |

**Information**

| Region | Lot 8 Title | # of Positions; or if unknown, provide details in box on page 2 |
|--------|-------------|---|
|        |             |   |

Address of Service Location

Duration of Services (e.g. 30 days, 12 weeks, 6 months, Max 2 years):

**RFQ Details**

Below are additional details pertaining to this RFQ. Note that dates and times entered may be adjusted by the requesting Authorized User.

1. Bill Rate, Overtime Bill Rate (if applicable), and total Background Check Fees are to be completed by the Contractor. **Contractor's bid response should be entered on Page 2.**
2. Contractors may only respond to titles they have been awarded on the Centralized Contract.
3. Proposed rates may not exceed the posted not-to-exceed rates on the Centralized Contract.

| Estimated Start Date for Services | Estimated End Date for Services | Shift Days/Times | # of Individuals Required |
|-----------------------------------|---------------------------------|------------------|---------------------------|
|                                   |                                 |                  |                           |
|                                   |                                 |                  |                           |
|                                   |                                 |                  |                           |

| Part Time                             | Full Time             |                       |                     |
|---------------------------------------|-----------------------|-----------------------|---------------------|
| Overtime Required: .....              | Yes No                |                       |                     |
| Work on a NYS 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 Days               | 120 Days              | 180 Days            |
| MWBE Goals: .....                     | Yes No                | If yes, enter →       | Goals %:            |
| SDVOB Goals: .....                    | Yes No                | If yes, enter →       | Goals %:            |

**Must be completed by Authorized User**

Please forward all questions, resumes and quotes to:

| Authorized User Contact Name | Authorized User Email Address | Authorized User Phone # |
|------------------------------|-------------------------------|-------------------------|
|                              |                               |                         |

**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.

Attach additional sheets as necessary.

**Contractor Bid Information**

|                                 |                        |
|---------------------------------|------------------------|
| <b>Contractor (Vendor) Name</b> | <b>Contractor PS #</b> |
|---------------------------------|------------------------|

**To be Completed by Contractor**

| Job Title Being Bid | Candidate (Incumbent) Name (if applicable) | Bill Rate Per Hour | Overtime Bill Rate (if applicable) | NYS Holiday Bill Rate (if applicable) | Total Background Check Fees Per Individual |
|---------------------|--|--------------------|------------------------------------|---------------------------------------|--|
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |
|                     |  |                    |                                    |                                       |  |

Attach additional sheets as necessary.

**TERMS OF QUOTATION:**

1. 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 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.