

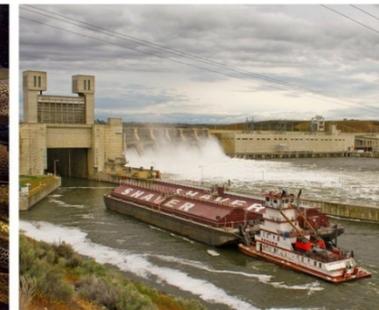
# How to respond to an RFQ, RFP, & IFB

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Contracting Officers

Walla Walla District USACE

October 30, 2014



# Overview

- What – is an RFQ, an RFP and an IFB?
- How – can I differentiate between them?
- Why – do I need to differentiate?
- What and How – should I submit?
- When – should I submit?
- Who – should I submit to?
- Tips



# What is an RFQ, RFP, IFB

- Different, but all should contain...
- Instructions to Offerors
- Information required to be submitted by Offerors
- Evaluation factors and sub-factors (when applicable)
- Provisions and Clauses
- Tech Specs, Drawings, Scope of Work, etc.



# What is an RFQ

- Request for Quote
- Typically lower value and/or complexity
- Commercial or smaller construction jobs
- Evaluation criteria more simple
- Need for discussions or negotiations with offerors not anticipated
- Faster turnaround



# What is an RFP

- Request for Proposal
- Typically higher value and/or complexity
- Can be services, supplies, construction or A-E
- More detailed evaluation criteria
- Discussions or negotiation with offerors may be necessary
- Proposals are binding
- More lengthy process



# What is an IFB

- **Invitation for Bid**
- The solicitation document used in Sealed Bidding procurement (generally SF 1442)
- Procedure is generally for Construction but may be used for Service or Supply
- Used for firm fixed-price or may be used with fixed-price contracts with EPA (if authorized)



# How to differentiate

- Different forms (Word Doc, SF 1449, SF 1442, SF 33, DD 1155)
- Different # (Q, R, B)
  - ▶ In the block containing the Solicitation number, for example W912EF-15-**B**-0033 = Invitation for Bid



**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**  
**OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

1. REQUISITION NUMBER PAGE 1 OF

2. CONTRACT NO. 3. AWARD/EFFECTIVE DATE 4. ORDER NUMBER 5. SOLICITATION NUMBER 6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL: a. NAME b. TELEPHONE NUMBER (No collect calls) 8. OFFER DUE DATE/ LOCAL TIME

9. ISSUED BY CODE 10. THIS ACQUISITION IS  
 UNRESTRICTED OR  SET ASIDE: % FOR:  
 SMALL BUSINESS  EMERGING SMALL BUSINESS  
 HUBZONE SMALL BUSINESS  
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS  8(A)  
 NAICS: SIZE STANDARD:

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED 12. DISCOUNT TERMS  
 SEE SCHEDULE 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING

14. METHOD OF SOLICITATION  
 RFQ  IFB  RFP

15. DELIVER TO CODE 16. ADMINISTERED BY CODE

17a. CONTRACTOR/OFFEROR CODE FACILITY CODE 18a. PAYMENT WILL BE MADE BY CODE

TELEPHONE NO.  
 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED  SEE ADDENDUM

| 19. ITEM NO.                                                      | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|-------------------------------------------------------------------|-----------------------------------|--------------|----------|----------------|------------|
| <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i> |                                   |              |          |                |            |

25. ACCOUNTING AND APPROPRIATION DATA 26. TOTAL AWARD AMOUNT (For Govt. Use Only)

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED  
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED

29. AWARD OF CONTRACT: REF. OFFER DATED \_\_\_\_\_, YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

30b. NAME AND TITLE OF SIGNER (Type or print) 30c. DATE SIGNED 31b. NAME OF CONTRACTING OFFICER (Type or print) 31c. DATE SIGNED

| 19. ITEM NO.                                                                                                                                                                                        | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY               | 22. UNIT                                                      | 23. UNIT PRICE                                                      | 24. AMOUNT                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 32a. QUANTITY IN COLUMN 21 HAS BEEN<br><input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____ |                                   |                            |                                                               |                                                                     |                                                                                                               |
| 32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                              |                                   | 32c. DATE                  |                                                               | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |                                                                                                               |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                        |                                   |                            | 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE |                                                                     |                                                                                                               |
|                                                                                                                                                                                                     |                                   |                            | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE           |                                                                     |                                                                                                               |
| 33. SHIP NUMBER                                                                                                                                                                                     |                                   | 34. VOUCHER NUMBER         |                                                               | 35. AMOUNT VERIFIED CORRECT FOR                                     | 36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL                                                                                                                                     | 38. S/R ACCOUNT NO.               | 39. S/R VOUCHER NUMBER     | 40. PAID BY                                                   |                                                                     |                                                                                                               |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT                                                                                                                                       |                                   |                            | 42a. RECEIVED BY (Print)                                      |                                                                     |                                                                                                               |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                      |                                   | 41c. DATE                  |                                                               | 42b. RECEIVED AT (Location)                                         |                                                                                                               |
|                                                                                                                                                                                                     |                                   | 42c. DATE REC'D (YY/MM/DD) | 42d. TOTAL CONTAINERS                                         |                                                                     |                                                                                                               |

AUTHORIZED FOR LOCAL REPRODUCTION  
 PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)  
 Prescribed by GSA - FAR (48 CFR) 53.212

STANDARD FORM 1449 (REV. 3/2005) BACK



# SF 1449



**BUILDING STRONG®**

# SF 1442

|                                                                                                                 |                                                                                                                   |                                                         |               |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------|--|
| <b>SOLICITATION, OFFER, AND AWARD</b><br><i>(Construction, Alteration, or Repair)</i>                           |                                                                                                                   |                                                         |               |  |
| 1. SOLICITATION NO.                                                                                             | 2. TYPE OF SOLICITATION<br><input type="checkbox"/> SEALED BID (IFB)<br><input type="checkbox"/> NEGOTIATED (RFP) | 3. DATE ISSUED                                          | PAGE OF PAGES |  |
| <b>IMPORTANT</b> - The "offer" section on the reverse must be fully completed by offeror.                       |                                                                                                                   |                                                         |               |  |
| 4. CONTRACT NO.                                                                                                 | 5. REQUISITION/PURCHASE REQUEST NO.                                                                               | 6. PROJECT NO.                                          |               |  |
| 7. ISSUED BY                                                                                                    | CODE                                                                                                              | 8. ADDRESS OFFER TO                                     |               |  |
| 9. FOR INFORMATION CALL:                                                                                        | a. NAME                                                                                                           | b. TELEPHONE NO. (Include area code) (NO COLLECT CALLS) |               |  |
| <b>SOLICITATION</b>                                                                                             |                                                                                                                   |                                                         |               |  |
| NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".                                |                                                                                                                   |                                                         |               |  |
| 10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying no., date) |                                                                                                                   |                                                         |               |  |

11. The contractor shall begin performance \_\_\_\_\_ calendar days and complete it within \_\_\_\_\_ calendar days after receiving  
 award,  notice to proceed. This performance period is  mandatory  negotiable. (See \_\_\_\_\_).

12a. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS?  
(If "YES", indicate within how many calendar days after award in item 12b.)  
 YES  NO

12b. CALENDAR DAYS

13. ADDITIONAL SOLICITATION REQUIREMENTS:

a. Sealed offers in original and \_\_\_\_\_ copies to perform the work required are due at the place specified in item 8 by \_\_\_\_\_ (hour) local time \_\_\_\_\_ (date). If this is a sealed bid solicitation, offers will be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, and the date and time offers are due.

b. An offer guarantee  is,  is not required.

c. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference.

d. Offers providing less than \_\_\_\_\_ calendar days for Government acceptance after the date offers are due will not be considered and will be rejected.

NSN 7540-01-155-3212

STANDARD FORM 1442 (REV. 4-85)  
Prescribed by GSA - FAR (48 CFR) 53.236-1(d)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>OFFER (Must be fully completed by offeror)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| 14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | 15. TELEPHONE NO. (Include area code)                                                                                                                                                                                                                                                                                                               |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | 16. REMITTANCE ADDRESS (Include only if different than item 14.)                                                                                                                                                                                                                                                                                    |                               |
| CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | FACILITY CODE                                                                                                                                                                                                                                                                                                                                       |                               |
| 17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of this solicitation, if this offer is accepted by the Government in writing within _____ calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in item 13d. Failure to insert any number means the offeror accepts the minimum in item 13d.)                                                                                                                                                                 |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| AMOUNTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| 18. The offeror agrees to furnish any required performance and payment bonds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| <b>19. ACKNOWLEDGMENT OF AMENDMENTS</b><br>(The offeror acknowledges receipt of amendments to the solicitation -- give number and date of each)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| AMENDMENT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| 20a. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20b. SIGNATURE | 20c. OFFER DATE                                                                                                                                                                                                                                                                                                                                     |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| <b>AWARD (To be completed by Government)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| 21. ITEMS ACCEPTED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| 22. AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | 23. ACCOUNTING AND APPROPRIATION DATA                                                                                                                                                                                                                                                                                                               |                               |
| 24. SUBMIT INVOICES TO ADDRESS SHOWN IN _____ ITEM<br>(4 copies unless otherwise specified)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | 25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO<br><input type="checkbox"/> 10 U.S.C. 2304(c) ( ) <input type="checkbox"/> 41 U.S.C. 253(c) ( )                                                                                                                                                                                                |                               |
| 26. ADMINISTERED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | 27. PAYMENT WILL BE MADE BY                                                                                                                                                                                                                                                                                                                         |                               |
| <b>CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                                                                                                                                                                                                                                                                                                     |                               |
| <input type="checkbox"/> 28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work requirements identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract. |                | <input type="checkbox"/> 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary. |                               |
| 30a. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED TO SIGN<br>(Type or print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | 31a. NAME OF CONTRACTING OFFICER (Type or print)                                                                                                                                                                                                                                                                                                    |                               |
| 30b. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | 30c. DATE                                                                                                                                                                                                                                                                                                                                           | 31b. UNITED STATES OF AMERICA |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                                                                                                                                                                                                                                                                                                                                     | 31c. DATE                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | BY                                                                                                                                                                                                                                                                                                                                                  |                               |

STANDARD FORM 1442 (REV. 4-85) BACK



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# SF 33

|                                      |                        |                                                                                                                   |                                            |                |                                |    |       |
|--------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------|--------------------------------|----|-------|
| <b>SOLICITATION, OFFER AND AWARD</b> |                        | 1. THIS CONTRACT IS A RATED ORDER UNDER DFAS (15 CFR 7900)                                                        |                                            | RATING         | PAGE                           | OF | PAGES |
| 2. CONTRACT NUMBER                   | 3. SOLICITATION NUMBER | 4. TYPE OF SOLICITATION<br><input type="checkbox"/> SEALED BID (IFB)<br><input type="checkbox"/> NEGOTIATED (RFP) |                                            | 5. DATE ISSUED | 6. REQUISITION/PURCHASE NUMBER |    |       |
| 7. ISSUED BY                         |                        | CODE                                                                                                              | 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 \_\_\_\_\_ copies for furnishings 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 \_\_\_\_\_ local time \_\_\_\_\_ (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 | B. TELEPHONE (NO COLLECT CALLS)<br>AREA CODE    NUMBER    EXT. |  | C. E-MAIL ADDRESS |
|---------------------------|---------|----------------------------------------------------------------|--|-------------------|

**11. TABLE OF CONTENTS**

| (X)                   | SEC. | DESCRIPTION                           | PAGE(S) | (X)                        | SEC.                                                     | DESCRIPTION                                                      | PAGE(S) |
|-----------------------|------|---------------------------------------|---------|----------------------------|----------------------------------------------------------|------------------------------------------------------------------|---------|
| PART I - THE SCHEDULE |      |                                       |         | PART II - CONTRACT CLAUSES |                                                          |                                                                  |         |
|                       | A    | SOLICITATION/CONTRACT FORM            |         |                            | I                                                        | CONTRACT CLAUSES                                                 |         |
|                       | B    | SUPPLIES OR SERVICES AND PRICES/COSTS |         |                            | PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH. |                                                                  |         |
|                       | C    | DESCRIPTION/SPECS./WORK STATEMENT     |         |                            | J                                                        | LIST OF ATTACHMENTS                                              |         |
|                       | D    | PACKAGING AND MARKING                 |         |                            | PART IV - REPRESENTATIONS AND INSTRUCTIONS               |                                                                  |         |
|                       | E    | INSPECTION AND ACCEPTANCE             |         |                            | K                                                        | REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS |         |
|                       | F    | DELIVERIES OR PERFORMANCE             |         |                            | L                                                        | INSTRS., CONDS., AND NOTICES TO OFFERORS                         |         |
|                       | G    | CONTRACT ADMINISTRATION DATA          |         |                            | M                                                        | EVALUATION FACTORS FOR AWARD                                     |         |
|                       | H    | SPECIAL CONTRACT REQUIREMENTS         |         |                            |                                                          |                                                                  |         |

**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 \_\_\_\_\_ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date of receipt of offers specified above, to furnish any or all items upon which prices are offered at the 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 (%) |
|----------------------------------------------------------------------|----------------------|----------------------|----------------------|-------------------|

|                                                                                                                                                              |  |               |      |               |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|------|---------------|------|
| 14. ACKNOWLEDGMENT 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) |
|----------------------------------|------|----------|-----------------------------------------------------------------------|

|                                                      |                                                                                                                     |               |                |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| 15B. TELEPHONE NUMBER<br>AREA CODE    NUMBER    EXT. | <input type="checkbox"/> 15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE. | 17. SIGNATURE | 18. OFFER DATE |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|----------------|

**AWARD (To be completed by Government)**

|                          |            |                                  |  |
|--------------------------|------------|----------------------------------|--|
| 19. ACCEPTED AS TO ITEMS | 20. AMOUNT | 21. ACCOUNTING AND APPROPRIATION |  |
|--------------------------|------------|----------------------------------|--|

|                                                                                                                                                     |                                                                               |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------|
| 22. AUTHORITY FOR USING OTHER THAN FULL OPEN COMPETITION:<br><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) | 25. PAYMENT WILL BE MADE BY | CODE |
|--------------------------------------------|-----------------------------|------|

|                                                 |                                                                        |                |
|-------------------------------------------------|------------------------------------------------------------------------|----------------|
| 26. NAME OF CONTRACTING OFFICER (Type or print) | 27. UNITED STATES OF AMERICA<br><br>(Signature of Contracting Officer) | 28. AWARD DATE |
|-------------------------------------------------|------------------------------------------------------------------------|----------------|



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STANDARD FORM 33 (REV. 9-97)  
Prescribed by GSA - Far (48 CFR) 53.214 (c)

# DD 1155

| ORDER FOR SUPPLIES OR SERVICES                                                                                                                                                               |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  |                                               | PAGE 1 OF                                                                   |                                                                          |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.                                                                                                                                                        |                                   | 2. DELIVERY ORDER/CALL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | 3. DATE OF ORDER/CALL (YYYYMMDD) |                                               | 4. REQUISITION/PURCH REQUEST NO.                                            | 5. PRIORITY                                                              |                     |
| 6. ISSUED BY CODE                                                                                                                                                                            |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7. ADMINISTERED BY (If other than 6) CODE |                                  |                                               | 8. DELIVERY FOB<br>DESTINATION<br>OTHER<br>(See Schedule if other)          |                                                                          |                     |
| 9. CONTRACTOR CODE                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FACILITY                                  |                                  | 10. DELIVER TO FOB POINT BY (date) (YYYYMMDD) |                                                                             | 11. X IF BUSINESS IS<br>SMALL<br>SMALL DISAD-<br>VANTAGED<br>WOMEN OWNED |                     |
| NAME AND ADDRESS                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  | 12. DISCOUNT TERMS                            |                                                                             | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK                                |                     |
| 14. SHIP TO CODE                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 15. PAYMENT WILL BE MADE BY CODE          |                                  |                                               | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2. |                                                                          |                     |
| 10. TYPE OF ORDER<br>DELIVERY/ CALL<br>PURCHASE                                                                                                                                              |                                   | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.<br>Reference your _____ furnish the following on terms specified herein.<br>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. |                                           |                                  |                                               |                                                                             |                                                                          |                     |
| NAME OF CONTRACTOR                                                                                                                                                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SIGNATURE                                 |                                  | TYPED NAME AND TITLE                          |                                                                             | DATE SIGNED (YYYYMMDD)                                                   |                     |
| If this box is marked, supplier must sign Acceptance and return the following number of copies: _____                                                                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  |                                               |                                                                             |                                                                          |                     |
| 17. ACCOUNTING AND APPROPRIATION DATA LOCAL USE                                                                                                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  |                                               |                                                                             |                                                                          |                     |
| 18. ITEM NO.                                                                                                                                                                                 | 19. SCHEDULE OF SUPPLIES/SERVICES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  | 20. QUANTITY ORDERED/ ACCEPTED*               | 21. UNIT                                                                    | 22. UNIT PRICE                                                           | 23. AMOUNT          |
|                                                                                                                                                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  |                                               |                                                                             |                                                                          | 0.00                |
|                                                                                                                                                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  |                                               |                                                                             |                                                                          | 0.00                |
|                                                                                                                                                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  |                                               |                                                                             |                                                                          | 0.00                |
| *If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  | 24. UNITED STATES OF AMERICA                  |                                                                             | 25. TOTAL                                                                | 0.00                |
|                                                                                                                                                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  | By: _____ CONTRACTING/ORDERING OFFICER        |                                                                             | 26. DIFFERENCES                                                          |                     |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED. |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  |                                               |                                                                             |                                                                          |                     |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                         |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  | c. DATE (YYYYMMDD)                            | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE           |                                                                          |                     |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  | 28. SHIP. NO.                                 | 29. D.O. VOUCHER NO.                                                        | 30. INITIALS                                                             |                     |
| f. TELEPHONE NUMBER                                                                                                                                                                          |                                   | g. E-MAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                  | 32. PAID BY<br>PARTIAL<br>FINAL               |                                                                             | 33. AMOUNT VERIFIED CORRECT FOR                                          |                     |
| 30. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.                                                                                                                                |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                  | 31. PAYMENT<br>COMPLETE<br>PARTIAL<br>FINAL   |                                                                             | 34. CHECK NUMBER                                                         |                     |
| 36. DATE (YYYYMMDD)                                                                                                                                                                          |                                   | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                  | 35. BILL OF LADING NO.                        |                                                                             |                                                                          |                     |
| 37. RECEIVED AT                                                                                                                                                                              | 38. RECEIVED BY (Print)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 39. DATE RECEIVED (YYYYMMDD)              |                                  | 40. TOTAL CONTAINERS                          |                                                                             | 41. S/R ACCOUNT NUMBER                                                   | 42. S/R VOUCHER NO. |

DD FORM 1155, DEC 2001

PREVIOUS EDITION IS OBSOLETE.

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# Why should I differentiate?

- Makes easier for you to decide which jobs to focus on.
  - ▶ It's an investment of your time, so choose wisely
  - ▶ Mistaking the procedures for submission could cause your package to be dismissed as nonresponsive
    - RFQ = e-mail usually okay
    - IFB = hand deliver or mail only
    - RFP = it depends



# What should I submit?

- General
  - ▶ All should have instructions for offerors or information for offerors
  - ▶ Most have evaluation criteria
  - ▶ Be sure to submit everything required by instructions and evaluation criteria



# What should I submit?

- RFQ
  - ▶ Sometimes word doc
  - ▶ Sometimes SF 1449 or DD 1155
  - ▶ Typically fill in the blanks with company info, price, etc.
  - ▶ Sign SF 1449 or DD 1155 – unless the form is signed or work commences, it is not a binding contract



# What should I submit?

- RFP
  - ▶ SF 1442 (Construction)
  - ▶ or SF 1449 (Commercial Item/Service)
  - ▶ or word document (A-E Task Order or Design Build)
  - ▶ Read the instructions to offerors
  - ▶ Read the evaluation criteria
  - ▶ Submit (all the information requested – ensure its accuracy)



# What should I submit?

- IFB

- ▶ Signed form (back page) with completed bid schedule
- ▶ Acknowledgement of all amendments
- ▶ Bid Bond (construction, when required)
- ▶ Representations & Certifications
- ▶ Insure all *changes* to prices are legible and initialed by an officer of the firm



# How should I submit?

- RFQ
  - ▶ See instructions for offerors
  - ▶ Typically by e-mail by sometimes hard copy
  - ▶ Separate price and technical proposals may be required



# How should I submit?

- RFP

- ▶ See instructions for offerors
- ▶ Typically by e-mail, but sometimes hard copy
- ▶ Multiple copies may be required
- ▶ Separate price and technical proposals generally required (technical evaluation team is not allowed to see pricing until after they have evaluated technical proposals)



# How should I submit?

- IFB

- ▶ Snail mail or hand deliver
- ▶ Sealed envelope
- ▶ Marked with offerors name and address, solicitation # and the date and time offers are due
- ▶ Timely! (submitted so that it is received by the designated office no later than the exact time set for opening of bids)



# When should I submit?

- See **page 1, box 8** on SF 1449
- See **page 1, box 9** on SF 33
- See **page 1, block 13** on SF 1442
- Good idea to e-mail at least one day before closing (e-mail not generally allowed for Construction)
- Good idea to request confirmation that your message with xxx # of attachments and xxx # of pages was received



# Tips to Offerors: The Basics

- Note the due date and time -- set a calendar reminder so you don't miss the deadline
- Reach out to subs early if you think you will need them -- they need time to prepare just like you
- Offerors who don't follow instructions or submit incomplete packages can be eliminated from competition as non-responsive



# Tips to Offerors: choosing projects to include in your quote / proposal

- Read the Project Description and Evaluation Criteria – select projects based on similar attributes
- Provide experience that demonstrates abilities that meet the requirements in size, scope and complexity
- Projects that demonstrate teaming relationships with your proposed team



# Tips to Offerors:

## Describing project experience

- Identify Key personnel who worked on the previous project – are they on the proposed team?
- Don't overstate your involvement in the project – were you the prime or a sub?
- Provide information in concise statements
- Provide all information required – excessive information beyond the requirements does not add value



# Tips to Offerors: Resumes

- Would you hire the person based on this resume?
- Address the requirements in solicitation (tailor the resume)
- State the level of experience with corresponding dates to show the person meets requirements
- Cross reference to project experience sheets



# Tips to Offerors:

## Put your best foot forward

- Your proposal / quote is an example of your work / your company
  - ▶ Edit for typos and grammatical errors
  - ▶ Do tables / charts convey the message you are trying to send?
  - ▶ Check your firm's name throughout the document – is it consistent?
  - ▶ Check the project title, especially when template from a another proposal
  - ▶ Answer all stated requirements in the solicitation



# Tips to Offerors:

## Independent review of proposal

- Have someone outside of the proposal team review your documents
- Make a point-by-point comparison between your proposal and the requirements of the solicitation
  - ▶ Does your proposal address every point?
  - ▶ Check experience and training requirements for all resumes



# Questions?



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