

INFORMATION TO OFFERORS OR QUOTERS
SECTION A - COVER SHEET

1. SOLICITATION NO.
 N62645-03-R-0004

2. (X one)	
<input type="checkbox"/>	A. SEALED BID
X	B. NEGOTIATED (RFP)
<input type="checkbox"/>	C. NEGOTIATED (RFQ)

INSTRUCTIONS

NOTE THE AFFIRMATIVE ACTION REQUIREMENT OF THE EQUAL OPPORTUNITY CLAUSE WHICH MAY APPLY TO THE CONTRACT RESULTING FROM THIS SOLICITATION.

YOU ARE CAUTIONED TO NOTE THE "CERTIFICATION OF NON-SEGREGATED FACILITIES" IN THE SOLICITATION. FAILURE TO AGREE TO THE CERTIFICATION WILL RENDER YOUR REPLY NONRESPONSIVE TO THE TERMS OF SOLICITATIONS INVOLVING AWARDS OF CONTRACTS EXCEEDING \$25,000 WHICH ARE NOT EXEMPT FROM THE PROVISIONS OF THE EQUAL OPPORTUNITY CLAUSE.

"FILL-INS" ARE PROVIDED ON THE FACE AND REVERSE OF STANDARD FORM 18 AND PARTS I AND IV OF STANDARD FORM 33, OR OTHER SOLICITATION DOCUMENTS AND SECTIONS OF TABLE OF CONTENTS IN THIS SOLICITATION AND SHOULD BE EXAMINED FOR APPLICABILITY.

SEE THE PROVISION OF THIS SOLICITATION ENTITLED EITHER "LATE BIDS, MODIFICATIONS OF BIDS OR WITHDRAWAL OF BIDS" OR "LATE PROPOSALS, MODIFICATIONS OF PROPOSALS AND WITHDRAWALS OF PROPOSALS."

WHEN SUBMITTING YOUR REPLY, THE ENVELOPE USED MUST BE PLAINLY MARKED WITH THE SOLICITATION NUMBER, AS SHOWN ABOVE AND THE DATE AND LOCAL TIME SET FORTH FOR BID OPENING OR RECEIPT OF PROPOSALS IN THE SOLICITATION DOCUMENT.

IF NO RESPONSE IS TO BE SUBMITTED, DETACH THIS SHEET FROM THE SOLICITATION, COMPLETE THE INFORMATION REQUESTED ON REVERSE, FOLD, AFFIX POSTAGE, AND MAIL. NO ENVELOPE IS NECESSARY.

REPLIES MUST SET FORTH FULL, ACCURATE, AND COMPLETE INFORMATION AS REQUIRED BY THIS SOLICITATION (INCLUDING ATTACHMENTS). THE PENALTY FOR MAKING FALSE STATEMENTS IS PRESCRIBED IN 18 U.S.C. 1001.

3. ISSUING OFFICE (Complete mailing address, including zip code)

NAVAL MEDICAL LOGISTICS COMMAND
 1681 NELSON STREET
 FORT DETRICK 21702-9203

4. ITEMS TO BE PURCHASED (Brief description)

ER Physician and Physician Extender (Physician Assistant/Nurse Practitioner) Services for the National Naval Medical Center, Bethesda, MD.

5. PROCUREMENT INFORMATION (X and complete as applicable)

X A. THIS PROCUREMENT IS UNRESTRICTED

B. THIS PROCUREMENT IS A _____% SET-ASIDE FOR ONE OF THE FOLLOWING (X one). (See Section I of the Table of Contents for details).

<input type="checkbox"/>	(1) SMALL BUSINESS	<input type="checkbox"/>	(2) LABOR SURPLUS AREA CONCERNS	<input type="checkbox"/>	(3) COMBINED SMALL BUSINESS/ LABOR AREA CONCERNS
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6. ADDITIONAL INFORMATION

SINGLE AWARD: NMLC intends to award a Firm Fixed Price personal services contract resulting from this solicitation. NOTE: The Acceptance Period to be inserted in block 12. of SF33 is "120 calendar days".

Offerors must propose prices for CLINS 0001 through 0002.

NOTE: Before submitting a proposal in response to this solicitation, a prospective offeror is encouraged to investigate the potential tax consequences should they elect to perform the resulting contract by using subcontractors in lieu of individuals carried by their payrolls. Under this RFP, the Navy does not dictate whether the individual health care workers provided would be classified by the successful offeror as "independent contractor" or "employees" for federal tax purposes. This determination shall be made solely by the offeror. If subsequent to award, the successful offeror's determination is challenged, this shall be a matter to be resolved between the offeror and the Internal Revenue Service (IRS). The Navy will not consider favorably any request for equitable adjustment to the contract based upon the successful offeror's receipt of an adverse decision by the IRS.

NOTE: See cover letter for further instructions on the requirement for electronic proposal submission.

7. POINT OF CONTACT FOR INFORMATION

A. NAME (Last, First, Middle Initial)

ROBIN C. MORTON

B. ADDRESS (Include Zip Code)

NAVAL MEDICAL LOGISTICS COMMAND
 ROBIN C. MORTON
 1681 NELSON STREET
 FORT DETRICK 21702-9203

C. TELEPHONE NUMBER (Including Area Code and Extension)

301-619-3121

8. REASONS FOR NO RESPONSE (X all that apply)

<input type="checkbox"/>	A. CANNOT COMPLY WITH SPECIFICATIONS	<input type="checkbox"/>	B. CANNOT MEET DELIVERY REQUIREMENT
<input type="checkbox"/>	C. UNABLE TO IDENTIFY THE ITEM(S)	<input type="checkbox"/>	D. DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED
<input type="checkbox"/>	E. OTHER (Specify)		

9. MAILING LIST INFORMATION (X one)

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WE DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF ITEM(S) INVOLVED
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10. RESPONDING FIRM

A. COMPANY NAME	B. ADDRESS (Include Zip Code)
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C. ACTION OFFICER

(1) TYPED OR PRINTED NAME (Last, First, M.I.)	(2) TITLE	(3) SIGNATURE	(4) DATE SIGNED (YYMMDD)
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DD Form 1707 Reverse, MAR 90

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FROM

AFFIX
STAMP
HERE

SOLICITATION NUMBER	
N62645-03-R-0004	
DATE (MDDYY)	LOCAL TIME
Jun-13-2003	14:00:00

TO