**National Museum of Natural History**

**Smithsonian Institution**

**Request for Quote (RFQ)**

**10/28/2024**

**Paleobiology Informatics Support Services:**

**Transcription, and data enhancement services**

This Request for Quote (RFQ) is issued by the National Museum of Natural History

(NMNH), Smithsonian Institution (SI), for one (1) individual for technical professional,

non-personal services for a 12-month project (2000 hours) to support transcription, organization, and enhancement of data from primary source materials associated with the collections including participation in a pilot project to investigate the application of automation technologies to our digitization pipelines for extracting and standardizing this specimen data as outlined by the attached Statement of Work (SOW). The Smithsonian Institution will provide the necessary supplies, equipment and worksite in support of these services.

**I. SUBMITTING YOUR QUOTE**

Price quotes must be submitted by email. Quotes are due by 12pm (noon) EST November 5, 2024 at:

Attn: Matthew T. Miller, Paleobiology Collections Services

Email to: millermt2@si.edu

Phone: 202-633-1344

**Information to be Submitted with Quote**

Quotes submitted must include the following information to be deemed responsive to this Request for Quote and accepted by the Smithsonian Institution:

1. Name, address, telephone number, email address and UEI number
2. Résumé with the following information:
* Description of relevant experience and/or past performance and/or prior relevant experience (see Evaluation factors below)
* Qualifications (see Evaluation factors below)
1. Provide price for base year, plus two option years (see Evaluation factors below)
2. Immediate availability for proposed contract
3. The date through which pricing submitted is valid

**II.** **Description of Required Services**

The SI has a requirement for transcription, organization, and enhancement of data from primary source materials associated with the collections including participation in a pilot project to investigate the application of automation technologies to our digitization pipelines for extracting and standardizing this specimen data for 12 months. Refer to the Statement of Work (SOW) for work tasks. A Firm Fixed Price contract will be awarded. The award will be for one basic year (12 consecutive months) and two one-year options. Execution of the renewal option is at the sole discretion of the Smithsonian.

**III. EVALUATION**

The SI plans to award based on best value to the SI considering the following factors. All the following evaluation factors are of equal importance. The SI plans to award without discussions, however, does reserve the right to conduct discussions if later determined by the Contracting Officer to be necessary.

 **A.** **Relevant Experience**

1. Relevant experience is that obtained within the past 3 years providing or performing services of similar size, scope, complexity, and type of client that indicates your suitability for this project as described in the statement of work.
	1. Include a brief summary of your training and experience working with museum specimen data.
	2. Include a brief summary of your experience working as an independent contractor or self-employed individual.

 **B. Past Performance**

1. Past Performance should be indicated by the following (note, this should be submitted in addition to your résumé):
	1. Include a list of current or previous work experience processing transcribed natural history collections data with names of points of contact and their current telephone numbers who can answer specific questions on quality, workmanship, and scheduling.
	2. Provide a narrative detailing your past work including your approach to working with museum collections data or related materials.
	3. Provide a description of your familiarity with taxonomic, stratigraphic, or other geological or paleontological terminologies and must read cursive.
	4. Provide contract periods of performance dates, dollar value, and brief description of the work performed.

**C.**  **Qualifications**

1. Submit a **résumé** outlining your qualifications as they relate to this project and the qualifications as listed in the Statement of Work.

**D. Price**

1. Provide a firm fixed price for an hourly rate and indicate the total number of hours not to exceed 2000 hours. This price shall include all costs.  Provide a firm fixed price for the basic year plus the option years. The evaluation of the price shall be based on all years quoted.

 **E. SAM registration**

1. Please provide your current Unique Entry ID number and state whether you have an active SAM registration. **Quotes from applicants without an active UEI number will not be accepted.**

**IV. INDEPENDENT CONTRACTOR RESPONSIBILITIES**

1. Contractor is responsible for providing, at Contractor’s own expense and as necessary, disability, unemployment, workers compensation and other insurance, including adequate liability and property insurance, training, permits, and licenses for Contractor and for Contractor’s employees.
2. Contractor is responsible for paying all taxes and income taxes, including estimated taxes, incurred as a result of payments by the Smithsonian to the Contractor for performance of this contract.

**V. INSURANCE REQUIREMENTS**

Contractors working on Smithsonian property, or working with sensitive objects or data,

must provide proof of adequate professional insurance. Prospective Contractors for the

services described above are required to have Commercial General Liability Insurance

including coverage for bodily injury and property damage. The Smithsonian Institution

must be listed as additional insured under this policy. Proof of insurance must be

submitted with quotes.

Contractors with questions about meeting insurance requirements should contact:

Carol Youmans, Management and Program Analyst

Office of Planning, Management & Budget

Email: YoumansC@si.edu

Phone:(202) 633-5164.

**VI.**  **SYSTEM for Award Management (SAM) registration**

It is a requirement that current and prospective recipients of contracts and purchase orders awarded by the SI must have an active SAM registration to be eligible for awards and maintain an active record in SAM throughout the period of time the SI award will be in effect.TheSAM requires a one-time business registration, with annual updates, and allows vendors to control the accuracy of the business information they enter. The financial data you enter, which includes the electronic funds transfer (EFT) data collected by SAM, will assist the SI with correctly directing payments on your invoices and complying with the Federal Debt Collection Improvement Act of 1996.

Within thirty (30) calendar days after your SAM registration is activated you must mail a notarized letter to SAM. You will receive guidance on this procedure throughout the SAM registration process and again after your SAM registration is activated. Federal agencies, including SI, have been assured that once an entity’s SAM registration is activated, agencies may engage that entity. Notarized letters from registered entities will need to contain specific language. OCon&PPM has provided the preferred language for letters with our form memo OCon 120 – Mandatory Registration in the System for Award Management (SAM) that accompanies this RFQ.

If yours is the acceptable price quote and you are selected for award, your organization's active registration with SAM must be verifiable by SI staff managing this procurement prior to contract or purchase order award being executed, and at the time any

modifications or amendments to awards might be required.

You may complete or update your SAM registration information anytime online at [http://](http://sam.gov) sam.gov. Questions regarding the process may be directed to the Federal Service Desk online at [www.fsd.gov](http://www.fsd.gov) or via toll free call to 1-888-606-8220. There is no charge for registering in SAM.

**VII. UNIQUE ENTITY IDENTIFIER (UEI) NUMBER**

A UEI number is a unique twelve-digit alpha-numeric identifier that will be assigned to you when your SAM registration is completed. A UEI is available for each physical location of your business (see Section V. of this RFQ). You will need to maintain your assigned UEI(s) in a safe location where they may be easily accessed. Your UEI will be required whenever you need to annually update your SAM registration or make changes to your SAM registration information at any time.

**VIII. LEGISLATIVE and/or administrative Requirements**

**A.** **Background Investigations**

If a contractor employee assigned to the SI under this contract will have an association with SI that will be greater than thirty (30) days, determined either at time of contract award or anytime during contract performance, and will need access to staff-only areas of SI controlled facilities and leased spaces, the employee shall be required to receive an SI Credential. Contractor employees who require an SI Credential shall be required to undergo and pass an appropriate background investigation and complete security awareness training before an SI Credential is issued. Employees whose associations with the SI will be less than 30 days shall not receive a background investigation or SI Credential, however, they must be escorted by Credentialed personnel at all times when in staff-only areas of SI facilities. If relevant to this RFQ, a form OCon 520, Background Investigations and Credentials for Contractors’ Personnel, is included. The following actions shall be required to be completed by the SI Contracting Officer’s Technical Representative (COTR) and successful vendor:

1. The COTR shall provide an OF-306, Declaration for Federal Employment form, for each of the Contractor’s employees who will be assigned to the SI for 30 days or longer. The OF-306 forms must be completed by each person and returned by the Contractor to the COTR, or other designated SI employee, within ten (10) workdays from receipt of the forms by the Contractor.
2. For contractors to SI organizations outside the Washington DC and New York City areas, forms SF-87, Fingerprint Cards, shall be provided to the Contractor by the COTR or other designated SI employee. Each form SF-87 must be returned to the COTR, or other designated SI employee, within ten (10) workdays from receipt of the forms by the Contractor When necessary, the forms SF-87 shall be submitted by the Contractor with the OF-306.

*Homeland Security Policy Directive 12 (HSPD-12)*

**IX. Information to be Submitted with Quotes**

Quotes submitted must include the following information to be deemed responsive to this Request for Quote and accepted by the SI:

* 1. Documentation of your current active SAM registration with the date it will expire
	2. Project Title
	3. Business name, address, telephone number, and UEI number
	4. Business point of contact name, telephone number and email address
	5. Pricing. Ensure that base year and option year pricing is included.
	6. Past Performance information should include the contract number, contact person with telephone number and other relevant information for at least 3 recent relevant contracts for the same or similar goods and/or services.
	7. Certificates or other documentation confirming appropriate types and levels of insurance required are in effect, and other certificates and documentation requested.
	8. If services are subject to the requirements of the Service Contract Act provide with your quote:
1. U.S. Department of Labor wage determination hourly rate payable within the location of work performance
2. Health and Welfare hourly rate payable within the location of work performance
3. IFF hourly rate payable within the location of work performance
4. G & A hourly rate payable (e.g., markup, overhead, etc.) within the location of work performance
5. Vacation hourly rate payable within the location of work performance
6. Holiday hourly rate payable within the location of work performance

I. If requested in the RFQ, provide résumés of personnel that may be assigned to perform work under the anticipated award.

J. When prices quoted are in accordance with the terms of a General Services Administration (GSA) schedule contract, provide the following information: your GSA contract number, SIN, goods and/or services pricing.

K**.** Indicate any discounts to your GSA schedule contract pricing that is being extended to the SI by your price quote(s).

L. Cite the date through which pricing submitted is valid.