

# BID BOARD NOTICE

**PROCUREMENT ID NUMBER: PHPA-S1714**

**EMARYLAND MARKETPLACE BID NUMBER: MDM0031017240**

**ISSUE DATE: October 9, 2014**

**TITLE: Maryland Tobacco Quitline Wallet Cards**

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**THIS SOLICITATION SHALL BE MADE IN ACCORDANCE WITH THE SMALL  
PROCUREMENT REGULATIONS DESCRIBED IN COMAR 21.05.07**

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**This solicitation has been designated as a Small Business Reserve (SBR); only registered SBRs may respond. Please apply at <http://emaryland.buyspeed.com/bsr> to begin the process, and then follow the prompts to see if your business qualifies. For assistance in the SBR registration process, please call 410-767-1492. If you qualify, please put your SBR number on the bid form.**

## **Summary Statement**

The Center for Tobacco Prevention and Control (hereafter referred to as CTPC) within the Maryland Department of Health and Mental Hygiene (DHMH) is soliciting bids to purchase laminated wallet cards (3.5"x2.25") full color; 2 sides, rectangle, 14 Point Paper with round corners to advertise the Maryland Tobacco Quitline services. See card design here: [http://s1048168.instanturl.net/wp-content/uploads/2013/10/B-2594-MDQS-WalletCard\\_V9\\_ENGSPAN\\_LO-3.pdf](http://s1048168.instanturl.net/wp-content/uploads/2013/10/B-2594-MDQS-WalletCard_V9_ENGSPAN_LO-3.pdf). **Budgets more than \$25,000 will be considered non-responsive.**

## **Background**

The Maryland Tobacco Quitline – 1-800-QUIT NOW (1-800-784-8669) is a FREE service provided by DHMH that launched in June 2006. The Quitline provides telephone-based counseling to Maryland residents who are 13 years of age and older who are interested in quitting tobacco use. The Quitline is available seven days a week, 24 hours per day, and services are available in English, Spanish and additional languages. The Quitline also provides information to non-smokers to assist family members and friends through their quit process. Additionally for residents 18 years of age and older, the Quitline provides up to four weeks of Nicotine Replacement Therapy (patch or gum) as supplies last, a web based program, and text support. See services at [www.smokingstopshere.com](http://www.smokingstopshere.com).

## **Scope of Work**

The selected bidder shall:

1. Provide paper proofs of item electronically (wallet card (3.5"x2.25") full color; 2 sides, rectangle, 14 Point Paper with round corners) to the issuing office by November 15, 2014.
2. Provide a prototype (the actual item- laminated wallet card (3.5"x2.25") full color; 2 sides, rectangle, 14 Point Paper with round corners) to the issuing office by November 30, 2014.
3. Invoice the Department by February 1, 2015 either by e-mail or fax and follow-up with an original hard copy.
4. Produce and deliver all items to the attention of Gina Gopie at Maryland Correctional Enterprises Mailing & Distribution Plant #113, 7943 Brockbridge Road Jessup, MD 20794 by January 5, 2015.
5. The Department will supply all necessary logos, disclaimers, and guidance on branding the product. Logos will be submitted electronically.
6. Total costs shall be all inclusive and include all set-up, imprint, and shipping fees.
7. Please submit bids on the following item:
  - a. **Sample of similar product:**
  - b. **Quantity:**
  - c. **Description:**
  - d. **Material:**
  - e. **Logo:** The Maryland Tobacco Quitline logo with two color imprint will be used. See logo at [www.smokingstopshere.com](http://www.smokingstopshere.com).

### **Mandatory Requirements**

This solicitation has been designated as a Small Business Reserve (SBR). You must be registered as an SBR in order to submit a proposal. Failure to supply your SBR number on the Budget Proposal Form will deem you as non-responsive.

### **Contract Term**

The term of this contract shall be on or about November 1, 2014 through February 1, 2015.

### **Billing**

Payment will be made by CTPC upon satisfactory completion of project deliverables and receipt of a final itemized invoice and summary report from the selected vendor. **Invoices must be on company letterhead and include vendor's name, address, date, line item breakdown, Tax ID #, contract number, Blanket Purchase Order (BPO) number, and signature in order to be processed.**

### **BID SUBMISSION INFORMATION**

Interested parties should submit bids using the attached "Bid Form" as a cover sheet; see page 4.

### **SUBMISSION DEADLINE**

Interested parties should submit bids using the attached "Bid Form". The final bid must include ALL final costs (must include, shipping, freight, art set up charges, prototype examples, etc.). Bids must be mailed or hand-delivered and must be received by the **Procurement Officer NO**

**LATER than 10:00 a.m. on Thursday, October 23, 2014** in order to be considered.  
Submission envelope must show the Procurement ID number.

Bidders who hand deliver bids are requested to please ask the building's security desk to telephone the **Procurement Officer**.

Bidders who mail bids should allow sufficient mail transit time to ensure timely receipt by the **Procurement Officer**. Bids and/or unsolicited amendments to bids arriving after the closing hour and date noted above will not be considered. For any response that is not hand-delivered, the bidder must confirm, at least 60 minutes before the deadline, that the bids were received in PHPA Procurement. PHPA is not responsible for bids dropped off in the mailroom. Questions regarding this solicitation should be directed to the **Procurement Officer**.

**NO FAX OR EMAIL BIDS WILL BE ACCEPTED.**

**PROCUREMENT OFFICER:**

Chuck Bailey  
Prevention and Health Promotion  
Administration  
Department of Health and Mental Hygiene  
201 W. Preston St., Room 306  
Baltimore, MD 21201  
Phone: 410-767-5601  
Email: [chuck.bailey@maryland.gov](mailto:chuck.bailey@maryland.gov)

**ISSUING OFFICE:**

Center for Tobacco Prevention and Control  
(Attn: Sara Wolfe)  
201 West Preston Street  
Baltimore, MD 21201  
Phone: 410-767-1364

**MINORITY BUSINESS ENTERPRISES ARE STRONGLY ENCOURAGED TO  
RESPOND TO THIS SOLICITATION**

**Bid Form**

**PROCUREMENT ID NUMBER: PHPA-S1714**

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**TITLE: Maryland Tobacco Quitline Wallet Cards**

**A. Offeror Information:**

Vendor Name: \_\_\_\_\_

Federal Tax ID (FEIN#): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

SBR Number: \_\_\_\_\_

**B. Total number of wallet cards** \_\_\_\_\_

**C. Total cost\*** \_\_\_\_\_

*\*All inclusive price must include, shipping, freight, art set up charges, prototype examples, etc.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Vendor signature and date certifies that technical and budget submissions are correct and that vendor agrees to perform all services stated in IFB.**