REQUEST FOR PROPOSAL–RFP #001153

RETURN PROPOSALS TO:
Purchasing Agent
Joe Hutchinson
614-688-3217
hutchinson.106@osu.edu

Before 4 pm Eastern Time on: Friday, October 23, 2020

RFP number must appear on all proposals and correspondence

TO:

The intent of this RFP is to solicit proposals to serve as survey vendor for the 2021 Ohio Medicaid Assessment Survey as specified herein.

Attachments Include:
Attachment A: Request for Proposal
Attachment B: Vendor Setup Form
Attachment C: Blanket Tax Exemption Certificate
Attachment D: Office of Research Purchase Order Terms & Conditions

Indicate Type of Contract: ________ (eg. fixed price, cost reimbursement, time and materials, cost plus fixed fee)

• Any purchase order or contract issued as a result of this RFP shall be subject to The Ohio State University Office of Research Purchase Order Terms and Conditions located at http://osp.osu.edu/files/2013/10/OSURFTermsAndConditions.pdf. By signing this form the company’s authorized person agrees on behalf of their firm to these terms. Should vendor propose exceptions to those terms, the vendor must submit any proposed exception to each term and/or condition in writing with its proposal by the deadline. The Ohio State University Office of Sponsored Programs reserves the right to reject some, all or none of the proposed exceptions.

• Vendor by submitting its proposal, agrees that any cost incurred by responding to this RFP, or in support of activities associated with this request, shall be borne solely by the vendor and may not be billed to The Ohio State University Office of Sponsored Programs. The Ohio State Office of Sponsored Programs will not incur any obligation or liability whatsoever to anyone by reason of issuance of the RFP.

• Payment Term Options all via ACH: Net 60, 1%45days/net60, 2%30days/net 60, 3% 15days/net 60. Please include your Payment Terms above and Payment Terms and Schedule on submitted proposal.

Name and Address of quoter:
(Street, city, county, state, and ZIP Code)

Signature of person authorized to sign quotation:
Name and Title of Signer: (Type or print)

Date of Proposal:
Telephone:
Email:

Important:
This quotation is in connection with a U.S. Government Grant.

Important:
Vendor must complete business classification:
(see Code of Federal Regulations, Title 13 Part 121)
Check Appropriate Box Below

Small Other Than Small
Disadvantaged Women Owned
HUB Zone Business

This quotation effective for:

Payment terms:

Payable to:

Purchase Order Terms & Conditions

$____________