

Dear BATEP Proposers,

The Bay Area UASI region has requested delivery of training course **Operational Response to Mass Casualty Incidents (ORMAC)**.

**Number of Deliveries Being Requested: 1**

**Requested Delivery Timeframe / Host Agency / Number of students:**

Course	Discipline	Planned Quarter	Virtual / In-person	Jurisdiction	# of Students
Operational Response to Mass Casualty Incidents (ORMAC)	Public Health	Q1 or Q2 2024	IN-PERSON	Alameda County	40

Please provide a price quotation of your best and final offer including the information requested in the attached template, plus any additional attachments in **1 PDF document**.

If selected, a Purchase Order will be issued via email following a review and evaluation of the quotation received.

**Please reply to [UASICONTRACTS@SFGOV.ORG](mailto:UASICONTRACTS@SFGOV.ORG) with this email with the class title in the subject line. Response must be received by 5:00p.m. (PDT) on Tuesday, January 2, 2024.**

Thank you,



Price quotations submitted for training activities selected under the Bay Area Training & Exercise Program (BATEP) shall include the following sections and information tables:

Name of Vendor:

Date:

### 1. COURSE OVERVIEW

*Please provide a brief description of the course that includes the course content and/or performance objectives.*

### 2. PROPOSED ACTION

*Please include a brief discussion of the responsibilities or tasks that will be completed by the instructor team in support of BATEP and grant compliance requirements. Please include how many instructors will be teaching the class and how the course could be tailored to meet the specific needs of BATEP participants. Please also provide the number of hours the course will be, and a course schedule if possible.*

### 3. QUALIFICATIONS

*Please include a brief explanation of the vendor and/or instructors' years of experience teaching the requested course. Please list out all instructors, course coordinators, etc. Resumes would also be helpful.*

PROPOSED TEAM MEMBERS		
NAME	ROLE	QUALIFICATIONS

### 4. DELIVERABLES

*Please identify the associated course deliverables that each student participant will receive.*

DELIVERABLES	
QUANTITY	ITEM

### 5. COST

*Please provide a cost breakdown utilizing the table and cost categories identified below. Adjust tables as needed. For travel rates, please specify number of nights and number of rooms per instructor. For flights, please specify where Departing City is. Travel rates must adhere to GSA rates - <https://www.gsa.gov/travel-resources>.*

Price Quotation Template for the  
 Bay Area Training & Exercise Program



COST Category	DESCRIPTION	PRICE	QTY	AMOUNT	
<b>1: Labor</b>	<i>Role - Name</i>				
	<i>(i.e. Course Coordinator – Name)</i>				
	<b>LABOR SUBTOTAL</b>				
		DESCRIPTION	PRICE	AMOUNT	
<b>2: Travel</b>	Flights (departing city)				
	Hotel (# Nights; # Rooms; # Persons)				
	Per diem				
	Car plus Fuel				
	<b>TRAVEL SUBTOTAL</b>				
		DESCRIPTION	PRICE	QTY	AMOUNT
<b>3: ODCs</b>	Student Manual				
	Additional Course Documents (i.e. Certificates, Eval Forms, Handouts, etc.)				
	Consumables				
	Shipping				
	Other				
	<b>MATERIALS SUBTOTAL</b>				
<b>TOTAL PRICE</b>					