

To: [uasicontracts@sfgov.org](mailto:uasicontracts@sfgov.org)

CC:

BCC: all pre-qualified training vendors

Subject: BATEP - Request for Quote - Planning Section Chief (S-440) or All-Hazard Planning Section Chief (G/E/L-962)

Attachments: Price Quotation Template

Dear BATEP Proposers,

The Bay Area UASI region has requested delivery of training course **Planning Section Chief (S-440) or All-Hazard Planning Section Chief (G/E/L-962)**

**Number of Deliveries Being Requested: 1**

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

| Course  | Discipline   | Planned Quarter       | Virtual / In-person | Jurisdiction  | # of Students |
|---|--------------|-----------------------|---------------------|---------------|---------------|
| Planning Section Chief (S-440) or All-Hazard Planning Section Chief (G/E/L-962) | Fire Service | Nov 2023 - March 2024 | In Person           | Mountain View | 40            |

Any in-person training must be delivered in compliance with the guidelines and requirements of its respective host agencies' COVID Safety Protocols. Vendors will be responsible for working with the BATEP Training Planner and Host Agency Point-of-Contact to ensure all local safety measures are followed.

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@SFOV.ORG](mailto:UASICONTRACTS@SFOV.ORG) with this email with the class title in the subject line. Response must be received by 5:00p.m. (PDT) on Friday, October 13, 2023.**

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<br>(i.e. Certificates, Eval Forms,<br>Handouts, etc.) |             |       |        |        |
|                    | Consumables   |             |       |        |        |
|                    | Shipping  |             |       |        |        |
|                    | Other   |             |       |        |        |
|                    | <b>MATERIALS SUBTOTAL</b>   |             |       |        |        |
| <b>TOTAL PRICE</b> |   |             |       |        |        |