



**DATE: 8/29/2017**

**18-004 REQUEST FOR QUOTATION**

**SEND ORIGINAL QUOTATION TO:**

Metropolitan Washington Council of Government (COG)  
NCR STC Regional Program Manager  
777 N. Capitol Street NE  
Washington, DC 20002  
[amarshall@mwcog.org](mailto:amarshall@mwcog.org)

**RFQ – RADIATION SAFETY OFFICER (RSO) TRAINING COURSE**

**Quotes to be received no later than September 7, 2017 2 PM EST.**

The COG DEPARTMENT PUBLIC SAFETY AND HOMELAND SECURITY would like to receive quotations for a Training Course for RADIATION SAFETY OFFICER (RSO) with the following specifications and/or quantities:

**Summary**

A Scope of work to send six (6) selected individuals from NCR STC partner agencies to a five (5) day Radiation Safety Officer (RSO) training course. The course fee is to be no more than \$1,795.00 per person for a total expenditure not to exceed \$10,770.00.

**Purpose of the Course**

The STC Program will utilize low-level radioactive source material in detection training and exercises. The NCR STC Program will store source material at three training facilities in the NCR. This requires the facilities have a license with a certified RSOs to handle source material.

**Course Overview**

The RSO training course curriculum must provide the technical and practical information needed to prepare a person to be an effective RSO. Topics to be covered include atomic structure, properties of ionizing radiation, shielding, radiation and biological effects of radiation exposure, radiation detection and measurement, state and federal regulations, dosimetry, emergency procedures, records/documentation and transportation regulations.

**References**

The contractor must provide at least three (3) references from other government clients where similar work has been performed. See Attachment A.

**Submission of Quotations**

Questions please contact Andre Marshall at Email [amarshall@mwkog.org](mailto:amarshall@mwkog.org)

Vendors must submit their quotations with all contact information.

Quotes can be submitted via email                      Yes                       No

Late submissions will not be accepted.

**ATTACHMENT A**

**CONTRACT REFERENCES**

CONTRACTOR: \_\_\_\_\_

PROVIDE A MINIMUM OF THREE (3) REFERENCES FROM CUSTOMERS THAT ARE CAPABLE OF DISCUSSING YOUR COMPANY'S ABILITY TO PERFORM CONTRACTS OF COMPARABLE SIZE AND SCOPE. It is imperative that accurate contact names and phone numbers be given for the projects listed. All references should include a contact person who can comment on the company's ability to perform the services required under this contract. The company should insure that telephone numbers and contact names given are up-to-date and accurate.

Reference Number 1

1. Name of Client Organization: \_\_\_\_\_
2. Name and Title of Point of Contact (POC) for Client Organization: \_\_\_\_\_  
\_\_\_\_\_
3. Phone Number of POC: \_\_\_\_\_
4. Approximate Value of Contract: \_\_\_\_\_
5. Duration of Contract: \_\_\_\_\_
6. Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_

Reference Number 2

1. Name of Client Organization: \_\_\_\_\_
2. Name and Title of Point of Contact (POC) for Client Organization: \_\_\_\_\_  
\_\_\_\_\_
3. Phone Number of POC: \_\_\_\_\_
4. Approximate Value of Contract: \_\_\_\_\_
5. Duration of Contract: \_\_\_\_\_
6. Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_

Reference Number 3

1. Name of Client Organization: \_\_\_\_\_
2. Name and Title of Point of Contact (POC) for Client Organization: \_\_\_\_\_  
\_\_\_\_\_
3. Phone Number of POC: \_\_\_\_\_
4. Approximate Value of Contract: \_\_\_\_\_
5. Duration of Contract: \_\_\_\_\_
6. Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_

Reference Number 4

1. Name of Client Organization: \_\_\_\_\_
2. Name and Title of Point of Contact (POC) for Client Organization: \_\_\_\_\_  
\_\_\_\_\_
3. Phone Number of POC: \_\_\_\_\_
4. Approximate Value of Contract: \_\_\_\_\_
5. Duration of Contract: \_\_\_\_\_
6. Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_

Reference Number 5

1. Name of Client Organization: \_\_\_\_\_
2. Name and Title of Point of Contact (POC) for Client Organization: \_\_\_\_\_  
\_\_\_\_\_
3. Phone Number of POC: \_\_\_\_\_
4. Approximate Value of Contract: \_\_\_\_\_
5. Duration of Contract: \_\_\_\_\_
6. Description of Services Provided: \_\_\_\_\_