

THE UNIVERSITY OF TEXAS  
**MD ANDERSON**  
**CANCER CENTER**

**Request For Proposal (RFP)**

Proposal Closing: March 23, 2007 at 3:00 p.m. (CST)

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Proposal Number: **OUTPLACEMENT SERVICES/MN**

Date: February 26, 2007

**PROPOSAL MUST BE SUBMITTED ON, OR ATTACHED TO, THIS SIGNED FORM.**

**RETURN PROPOSAL AS SHOWN BELOW**

**RESPONDENT MUST COMPLETE AND SIGN BELOW**

**Copies of proposal, descriptive literature or supplemental materials required:**

**Number 5 Copies**

**FAX or TELEX Proposals Permitted X NO**

**U.S. Mail/Hand Delivery/Express Mail/Courier Service Address:**  
 (Including Federal Express, UPS, etc.)

**The University of Texas M. D. Anderson Cancer Center  
 Attn: Supply Chain Services Department  
 1020 Holcombe Boulevard, Suite 230  
 Houston, Texas 77030**

**PROPOSALS MUST BE SUBMITTED IN A SEALED ENVELOPE IDENTIFIED BY THE COMPANY NAME. PROPOSAL NUMBER MUST BE SHOWN ON THE LOWER LEFT HAND CORNER OF THE ENVELOPE.**

**PROPOSALS MAY BE SUBMITTED AT ANY TIME UNTIL PROPOSAL CLOSING DATE.**

**THE UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS OR ANY PART THEREOF.**

**\*\*Note: M. D. Anderson is not responsible for lost or misdirected packages.**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (STREET OR BOX #)

\_\_\_\_\_  
 (CITY) (STATE) (ZIP)

Telephone No.: \_\_\_\_\_ / \_\_\_\_\_

AC

FAX No.: \_\_\_\_\_ / \_\_\_\_\_

AC

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
 (Authorized Signature) (DATE)

\_\_\_\_\_  
 (Typed or Printed Name and Title)

**THIS RFP IS A SOLICITATION FOR PROPOSAL AND IS NOT A CONTRACT OR OFFER TO CONTRACT.**

**GENERAL**

By signature hereon, Respondent acknowledges and agrees that this RFP is a solicitation for proposal and is NOT a contract or an offer for a contract and Respondent shall bear any costs that arise to submit this proposal. M. D. Anderson makes no representation or warranty, written or oral, that one or more contracts will be awarded resulting from this Request for Proposal.

The University of Texas M. D. Anderson Cancer Center is accepting proposals in accordance with this RFP, identified specifications and/or requirements and cited terms and conditions. This RFP, as identified above, is issued to acquire the following:

**OUTPLACEMENT SERVICES FOR EMPLOYEES OF MD ANDERSON WHO HAVE BEEN SEPARATED DUE TO DOWNSIZING, LAY OFFS OR REORGANIZATION**

Pre-Proposal Meeting: Friday, March 2, 2007, Time:10:00a.m. – 11:00 a.m.

Location: Texas Medical Center (former Nabisco Building)

2450 Holcombe Blvd.

Houston, TX 77021

Conference Room TMC1.3107 & 3111

The sections identified below with an "X" are attached to and form a part of this RFP.

X	1. Notice to Bidders	X	6. Contractor's Affirmation (Rider 105)	X	11. HUB Plan (Bids not including this documentation will be rejected)
X	2. Scope of Work	X	7. Travel Policy (Rider 107)	X	12. Standard Terms & Conditions (Rider 103)
X	3. Pricing Schedule		8. Bonding Requirements	X	13. Respondent's Checklist
X	4. Proposal Requirements	X	9. Reference Questionnaire		14. Not Used
X	5. Pre-Bid Meeting Notice	X	10. Sample Agreement		15. Not Used

**DIRECT QUESTIONS TO:**

**TELEPHONE (713) 745-8332**

**FAX (713) 792-8084 or (713) 794-4445**

**Monica Netherly, Contract Manager**

**Donna Schneider (HUB Coordinator) 713-745-8348**