



Request for Interest (RFI) Response Form

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Purpose

MassDEP is soliciting interest from Massachusetts municipalities, public school districts, and public schools to receive, free of charge, technical assistance and laboratory analysis services necessary to assess the status of lead and copper in the drinking water at public schools and public early education and child care facilities (EECFs). This assistance will include the following activities:

- Completing the Lead and Copper in Schools Maintenance Checklist issued by MassDEP in January 2016;
- Collecting lead and copper samples at each facility;
- Analyzing samples for lead and copper;
- Reviewing informational material related to preventing lead and copper in drinking water, potential outreach to students, families, and staff, and remediation actions to address elevated lead and copper levels in drinking water;
- Designing and implementing a sampling program for each facility;
- Completing a plumbing profile for each facility;
- Establishing and implementing a record keeping, tracking and reporting protocol for each facility; and
- Performing other tasks as may be necessary to complete the Checklist and associated follow up actions.

B. Primary Point of Contact for RFI Response (Required)

First Name _____	Last Name _____
Phone Number _____	Email Address _____
Mailing Address Line 1 _____	Mailing Address Line 2 _____
City/Town _____	State _____ Zip _____

C. Facility Information (Required)

Please provide the facility information for each facility that will be participating in the Program. Use additional sheets if necessary. **For each facility you list below, you must fill out form FRM-RFI-FACILITY.**

Facility Type	Facility Name	Town
<input type="checkbox"/> School <input type="checkbox"/> EECF		
<input type="checkbox"/> School <input type="checkbox"/> EECF		
<input type="checkbox"/> School <input type="checkbox"/> EECF		
<input type="checkbox"/> School <input type="checkbox"/> EECF		
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<input type="checkbox"/> School <input type="checkbox"/> EECF		
<input type="checkbox"/> School <input type="checkbox"/> EECF		

D. Certification (Required)

I certify that I am authorized to submit this RFI Response and that appropriate employees, as set forth in paragraph 3 of the RFI, will be designated to work with a technical assistance provider to complete Program activities.

Signature _____	Print First Name _____	Print Last Name _____	Job Title _____
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