

# Statement of Work

## Introduction

The United States Probation Office for the Middle District of Georgia intends to procure Non-Instrumented Drug Testing Devices (NIDT) on an as needed basis for the 12-month period of October 1, 2025, through September 30, 2026.

## Scope

### SPECIFICATIONS FOR NON-INSTRUMENTED DRUG TESTING DEVICES (NIDT) UNITED STATES PROBATION OFFICE MIDDLE DISTRICT OF GEORGIA

#### I. Device

The NIDT must be capable of testing **M-AMP, COC, THC, OPI, OXY, BUP, FEN, EtG, MDMA and BZO** simultaneously. Each device must contain a single strip per drug, which will detect the presence of said drug and produce identifiable results within approximately 30 seconds to more than 5 minutes. Each device must contain a control indicator. Results must be stable for up to 60 minutes. Each device must be equipped with a replaceable cap to protect the strips prior to and following the test. The device should be an **all-in-one** cup.

#### II. Required Drugs and ng/mL Screening Cutoff Levels

(Cutoff levels are mandated by the Administrative Office of the United States Courts)

1. Methamphetamine (MET) – 500 ng/mL
2. Benzoylcegonine (COC) – 150 ng/mL
3. Cannabinoids (THC) – 50 ng/mL
4. Opiates (OPI) – 300 ng/mL
5. Oxycodone (OXY) – 100 ng/mL
6. Buprenorphine (BUP) – 5 ng/mL
7. Fentanyl (FEN) – 2 ng/mL
8. Ethylglucuronide (EtG) – 500 ng/mL
9. Methylenedioxymethamphetamine (MDMA) – 500 ng/mL
10. Benzodiazepine (BZO) – 200 ng/mL

#### III. NIDT Expiration Date

All devices must have an expiration date of no less than 12 months from date of purchase.

#### IV. All-in-One Collection Bottle

One sealed, wide-mouth, sterile collection bottle is to be included with each NIDT ordered.

#### V. Minimum Order Requirement

The vendor will have no minimum order requirement. Orders will be placed on an as-needed basis for shipment to each divisional office. The number of tests ordered at a time will typically range from 250 to 500.

#### VI. Delivery Requirement

Delivery is desired within 14 days and **required within 21 days** after receipt of order (ARO).

Delivery (**F.o.b. Destination within Consignee's Premises**):

United States Probation Office  
201 West Broad Avenue  
Albany, Georgia 31701-2566

United States Probation Office  
115 E. Hancock Avenue  
P. O. Box 703  
Athens, Georgia 30601-2771

United States Probation Office  
120 12th Street  
P. O. Box 990  
Columbus, Georgia 31902-0990

United States Probation Office  
433 Walnut Street  
Macon, Georgia 31201-3407

United States Probation Office  
401 N. Patterson Street, Room 234  
Valdosta, Georgia 31601-4633

## Pricing

Price quotes shall include all items outlined in the Statement of Work and Quote Sheet.

## Award

Provided that all the above specifications listed in the Scope are met (meaning, technically acceptable), award will be made to the vendor with the lowest total cost, **including** delivery.

**QUOTATION FORM FOR SOLICITATION 113G-2026-00HH**

---

**Vendor Name**

**Phone Number**

---

**Vendor Representative**

**Email Address**

---

**Vendor Address**

**City, State, Zip**

---

**Vendor DUNS Number**

**Discount Terms or Net 30**

Item No.	Short Description	Product Specification		Unit	Cost per Unit	Delivery Time
1.	Non-Instrumented Drug Testing Device	Please refer to Statement of Work Sections I, II, III and IV for detailed product description.		Each		
		<b>Drug Name</b>	<b>Your Device Screening Cutoff Level (ng/mL)</b>			
		MET				
		COC				
		THC				
		OPI				
		OXY				
		BUP				
		FEN				
		EtG				
		MDMA				
		BZO				
2.	Delivery	Please refer to Statement of Work Section VI.		Each	N/A	

---

**Authorized Vendor Signature**

**Date**

---

**Printed or Typed Name of Authorized Signer**

## To be Completed by Offeror:

---

1. *Definitions.*  
"Taxpayer Identification (TIN)," as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a social security number or an employer identification number.
2. All offerors shall submit the information required in paragraphs (d) and (e) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.
3. The TIN may be used by the government to collect and report on any delinquent amounts arising out of the offeror's relationship with the government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to payment recording requirements, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.
4. **Taxpayer Identification Number (TIN):** \_\_\_\_\_  
  
\_\_\_\_\_ TIN has been applied for.  
  
\_\_\_\_\_ TIN is not required, because:  
  
\_\_\_\_\_ Offeror is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States.  
  
\_\_\_\_\_ Offeror is an agency or instrumentality of a foreign government.  
  
\_\_\_\_\_ Offeror is an agency or instrumentality of the federal government.
5. **Type of organization:**  
  
\_\_\_\_\_ sole proprietorship.  
  
\_\_\_\_\_ partnership.  
  
\_\_\_\_\_ corporate entity (not tax-exempt).  
  
\_\_\_\_\_ corporate entity (tax-exempt).  
  
\_\_\_\_\_ government entity (federal, state or local).  
  
\_\_\_\_\_ foreign government.  
  
\_\_\_\_\_ international organization per 26 CFR 1.6049-4.  
  
\_\_\_\_\_ Other \_\_\_\_\_

6. **Contractor representations:**

The offeror represents as part of its offer that it is [ ] is not [ ] 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group(s) below:

\_\_\_\_\_ Women Owned Business

\_\_\_\_\_ Minority Owned Business (if selected, then one sub-type is required)

\_\_\_\_\_ Black American

\_\_\_\_\_ Hispanic American

\_\_\_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians)

\_\_\_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)

\_\_\_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal)

\_\_\_\_\_ Individual/concern, other than one of the preceding.