

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		TYPE OF MARKET <input type="checkbox"/> OPEN <input type="checkbox"/> SET-ASIDE DCSS GSA CBE/LSDBE			PAGE OF PAGES 1 1	
1. REQUEST NO.	2. DATE ISSUED 4/14/2008	3. REQUEST/PURCHASE REQUEST NO. RQ401261	4. COMMODITY CODE 952-00-00	CAPTION Provide Therapeutic Services		
5A. ISSUED BY Office of Contracting and Procurement 64 New York Ave, NE 6 TH Floor Washington, DC 20002			6. DELIVER BY (Date)			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Carolyn E. Barlow (office) (202) 671-4468 (fax) (202) 671-4469 Email: Carolyn.Barlow@dc.gov			7. DELIVERY <input type="checkbox"/> FOB DESIGNATION <input type="checkbox"/> OTHER (See Schedule)			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESIGNATION (Consignee and address, including ZIP code) Department of Youth Rehabilitation Services 8300 Riverton Court Laurel, Maryland 20724			
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) April 17, 2008 3:00 PM		11. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contracts for supplies or invoices. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.						
12. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached Statement of Work for two (2) Licensed Therapists					
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %	
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
			17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)	

