



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF REAL ESTATE SERVICES
Contracting and Procurement Division**



**REQUEST FOR QUOTATION
RQ637483**

Page **1** of **2**

VENDOR NAME:			
ADDRESS:		ATTN:	
PHONE #:		FAX #:	
DUN & BRADSTREET #:		FEDERAL ID #:	
PLEASE REPLY BY:		Dec. 28, 2009 by Noon	QUESTIONS? (Please Contact)
			Issued: Dec. 16, 2009 Silvia D. Silverman 202-617-1359

YOU MUST USE THIS QUOTE SHEET OR YOUR BID WILL NOT BE CONSIDERED

LINE NO.	Item Description	Quantity	UNIT / ISSUE	EXTENDED PRICE
1	<p>The DC Department of Real Estate Services (DRES) on behalf of the Department of Motor Vehicles (DMV) is seeking a contractor to provide the following:</p> <p>Blanket Purchase Agreement (BPA) for HVAC Services, per attached <u>Statement of Work Attachment A</u>, at the SW Inspection Station located at 1001 Half Street, SW, Washington DC, 20024.</p> <p>Please provide quote per service call and per hour rates to the right.</p>	1	\$ _____/Service Call	\$
		1	\$ _____/Hour	\$
2	Site visit – The Site Visit is scheduled for December 22, 2009 at 10:00 AM.			
3	Attachment C: Insurance Requirements for Service Contracts			
4	Contractors shall provide proof of licensing by local Department of Consumer and Regulatory Affairs for HVAC maintenance and repair.			
5	Attachment D: Service Contract Act - Wage Determination No.: 2005-2103 Revision No.: 8 Date of Revision: 05/26/2009.			
6	Attachment E: Standard Contract Provisions For Use With District of Columbia Government Supplies and Services Contracts, March 2007			

7	QUESTIONS CONTACT: James Edwards at 202-729-7093 please send your quotation to <i>Silvia D. Silverman</i> by fax to 202-442-9506 or via e-mail to silvia.silverman@dc.gov by December 28, 2009, Noon			
---	--	--	--	--

ALL SHIPPING MUST BE FOB DESTINATION

ARE YOU LSDBE CERTIFIED? <input checked="" type="checkbox"/>	Yes	No (If "yes", please attach certification)
--	-----	--

NOTE: PROVIDE ESTIMATED NUMBER OF CALENDAR DAYS TO COMPLETE PROJECT AFTER RECEIPT OF PURCHASE ORDER _____ CALENDAR DAYS

SUBMITTED BY: (Signature of Person Authorized to Sign) 	
--	--

TITLE:		DATE:	
--------	--	-------	--

Contract Specialist: Ms. Silvia D. Silverman		DATE:	
Contracting Officer: Ms. Diane Wooden		DATE:	