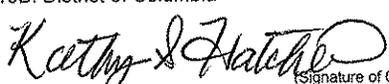


<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. Contract Number	Page of Pages 1   2	
2. Amendment/Modification Number Amendment 1		3. Effective Date See Box 16B	4. Requisition/Purchase Request No.		5. Solicitation Caption Public Space Recycling Bins
6. Issued By: DISTRICT DEPARTMENT OF TRANSPORTATION Office of Contracting and Procurement 2000 14th Street, N.W., 6th Floor Washington, D.C. 20009			7. Administered By (If other than line 6) DISTRICT DEPARTMENT OF TRANSPORTATION Office of Contracting and Procurement 2000 14th Street, N.W., 6th Floor Washington, D.C. 20009		
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)			<input checked="" type="checkbox"/>	9A. Amendment of Solicitation No. DCKA-2010-Q-0205	
				9B. Dated (See Item 11) 6/30/2010	
				10A. Modification of Contract/Order No.	
				10B. Dated (See Item 13)	
Code		Facility			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to: (Specify Authority)					
The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
<b>This amendment is extend the Request for Quote submission date from July 5, 2010 to July 6, 2010</b>					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Jerry M. Carter		
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia		16C. Date Signed
(Signature of person authorized to sign)			 (Signature of Contracting Officer)		6-30-2010

<b>REQUEST FOR QUOTATION (RFQ)</b> (THIS IS NOT AN ORDER) OFFEROR TO COMPLETE BLOCKS 8 -18		1. THIS ACQUISITION IS <input type="checkbox"/> SET ASIDE SBE ( _____ SBE Category) <input type="checkbox"/> SET ASIDE DCSS ( _____ Schedule) <input type="checkbox"/> GSA SCHEDULE ( _____ Schedule) <input checked="" type="checkbox"/> OPEN MARKET			PAGE OF PAGES (incl. Cover)  <div style="display: flex; justify-content: space-around;"> <span>1</span> <span>6</span> </div>	
2. SOLICITATION NO. <b>DCKA-2010-Q-0205</b>		3. DATE ISSUED <b>June 28, 2010</b>	4. REQUISITION NO.	5. CONTRACT NUMBER		6. OFFER DUE DATE <b>July 6, 2010, by 4:00pm</b>
7A. ISSUED BY  District Department of Transportation Office Of Contracting and Procurement 2000 14 <sup>th</sup> Street, NW; 6 <sup>th</sup> Floor Washington, DC 20009				7B. SOLICITATION INFORMATION  NAME: Ebony Elder PHONE: 202 553-7262 FAX: 202 671-0664 E-MAIL: EBONY.ELDER@DC.GOV		
8A ADMINISTERED BY				8B DELIVER TO:		
9. DELIVER BY (Date)				10. PAYMENT WILL BE MADE BY		
9(a) <input type="checkbox"/> FOB DESTINATION 9(b) <input type="checkbox"/> OTHER (See Schedule)				11(c) Certification (Check Appropriate Boxes)		
11. OFFEROR				<input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Resident-Owned <input type="checkbox"/> Long Time <input type="checkbox"/> Enterprise Zone		
11(a) DUNS NO.		11(b) FEDERAL TAX ID NO.		Certification No.		
IMPORTANT: If you are unable to provide a response, 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 offeror. Any representations and/or certifications attached to this Request for Task order Proposal must be completed by the offeror.						
<b>12. SCHEDULE (Include applicable Federal, State and local taxes)</b>						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
	Big Belly Solar Compactors for use outdoors , 50 to 60 gallon, solar powered, leak proof and water resistant units; integrated recycling with on-site compaction of solid waste; specific openings for bottles/cans and paper products, Or Equal  _____ State Manufacturer Name                      Model No.	10	Ea.			
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS	
		%	%	%	%	
14. NAME AND ADDRESS OF OFFEROR (Street, city, county, State and ZIP Code)			15. SIGNATURE OF PERSON AUTHORIZED TO SIGN OFFER		16. DATE OF OFFER	
			17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)	