REQUEST FOR TASK ORDER PROPOSAL (RFTOP) (THIS IS NOT AN ORDER) **OFFEROR TO COMPLETE BLOCKS 8 & 29**	1. THIS ACQUISITION IS ☐ SET ASIDE SBE (_____ SBE Category) ☒ SET ASIDE DCSS (Temporary Support Services Schedule) ☐ GSA SCHEDULE (_____ Schedule)	PAGE OF PAGES (incl. Cover) 1 / 8

2. SOLICITATION NO.	3. DATE ISSUED	4. REQUISITION NO.	5. CONTRACT NUMBER	6. OFFER DUE DATE
DCCB-2008-T-0087	**July 17, 2008**	**RQ414511**		**July 21, 2008 10:00 am**

7A. ISSUED BY	7B. SOLICITATION INFORMATION
Office Of Contracting and Procurement 441 4th Street, NW., 700 South Washington, DC 20001	NAME: Gena Johnson PHONE: 202-724-5194 FAX: 202-727-0245 E-MAIL; GENA.JOHNSON@DC.GOV
8A ADMINISTERED BY	**8B DELIVER TO:**
Office of the Attorney General 441 4th Street, NW Washington, DC 20001	
9. DELIVER BY *(Date)* 9(a). ☐ FOB DESTINATION 9(b). ☐ OTHER *(See Schedule)*	10. PAYMENT WILL BE MADE BY
11. OFFEROR 11(a) DUNS NO. 11(b) FEDERAL TAX ID NO.	11(c) Certification (Check Appropriate Boxes) ☐Small ☐ Local ☐ Resident-Owned ☐ Long Time ☐ Enterprise Zone 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.

12. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Temporary Staffing Services as per attached Statement of Work	See Attachment B – Price Schedule			
	BIDDERS MUST SUBMIT A COPY OF ITS DCSS SCHEDULE SHOWING LABOR				
	CATEGORIES REQUESTED AND RATES WITH ITS QUOTE.				

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)*