

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		The Notice of Small Business Purchase Set-Aside on the reverse of this form <input type="checkbox"/> is <input checked="" type="checkbox"/> is not applicable.		PAGE OF PAGES 1 2	
1. REQUEST NO. DCHA-2009-Q-8770	2. DATE ISSUED 10/2/2008	3. REQUEST/PURCHASE REQUEST NO. RQ428770	4. COMMODITY GROUP AND CLASS 485-00-00	RATING	
5A. ISSUED BY Office of Contracting and Procurement 441 4 th Street NW., Suite 700 South Washington, DC 20001			6. DELIVER BY <i>(Date)</i> October 10, 2008		
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Carla Roane (202) 724-4019 Fax (202) 727-0245 E-mail: carla.roane@dc.gov			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE ALL PROSPECTIVE OFFERORS 8a. Vendor Tax ID #			9. DESTINATION <i>(Consignee and address, including ZIP code)</i> Department of Parks an Recreation – Warehouse 1325 S Street N.W. Washington D.C. 20009		
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 10:00 AM (Date) October 9, 2008		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-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 services. 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)
	Blanket Purchase Agreement (BPA)				
0001	Trash Liners (LG) 44 x 48 Black 2 MIL 100/CS Rolls	300	Cs.	\$ _____	\$ _____
0002	Trash Liners (SM) 24 x 24 (Clear)	100	Cs.	\$ _____	\$ _____
0003	Bathroom Tissue (JRT) 9" Rolls 12/CS	200	Cs.	\$ _____	\$ _____
0004	Bathroom Tissue (REG) 2 PLY 96/CS	200	Cs.	\$ _____	\$ _____
0005	Hand Towels (Single Fold) Craft	300	Cs.	\$ _____	\$ _____
0006	Toilet Tissue Dispenser (JRT) 9" Rolls	48	Ea.	\$ _____	\$ _____
0007	Stripping Pads 20" Black	20	Bx.	\$ _____	\$ _____
0008	Wax 5 Gallon Pail (Mop On)	20	Ea.	\$ _____	\$ _____
0009	Stripper Ammoniated 5 Gallon Pail	50	Ea.	\$ _____	\$ _____
0010	Bleach 6 Gallon Per Case 1 Gallon	100	Cs.	\$ _____	\$ _____
0011	Pine Disinfectant (5 Gallon)	200	Ea.	\$ _____	\$ _____
0012	Glass Cleaner (1 Gallon)	50	Cs.	\$ _____	\$ _____
0013	Trash Cans 44 Gallon With Casters/Lids	25	Ea.	\$ _____	\$ _____

0014	Liquid Soap Dispensers Free Poor	24	Ea.	\$ _____	\$ _____
0015	Liquid Soap 4 1Gallon Bottles (Case) White	50	Cs	\$ _____	\$ _____
0016	Toilet Brushes Wooden Handle/Nylon Head	60	Ea.	\$ _____	\$ _____
0017	Warehouse Broom	60	Ea.	\$ _____	\$ _____
0018	18 oz. Spray Bottles with Trigger	200	Ea.	\$ _____	\$ _____
0019	Bucket/Wringer Combo 35 Quart	12	Ea.	\$ _____	\$ _____
0020	Mop Heads 24 Oz.	100	Ea.	\$ _____	\$ _____
0021	10 Quart Pail (Grey)	48	Ea.	\$ _____	\$ _____
0022	Duct Tape (Gray) 3"	100	Rolls	\$ _____	\$ _____
0023	3M Medium Duty Scrubbing Sponges	200	Ea.	\$ _____	\$ _____
				Total	\$ _____
<p>Note: Vendors shall submit descriptive literature for each brand name offered at time of submission of Request For Quote.</p> <p>No Bid: If your company is not interested in bidding on the RFQ, please fax the attached form back to my attention indicating (no bid) at (202) 727-0245.</p>					
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
		%	%	%	%
14. NAME AND ADDRESS OF QUOTER (<i>Street, city, county, State and ZIP Code</i>) Government Tax ID number			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION
			17. NAME AND TITLE OF SIGNER (<i>Type or print</i>)		18. TELEPHONE NO. (<i>Include area code</i>)