

| REQUEST FOR QUOTATIONS (RFQ)<br><i>(THIS IS NOT AN ORDER)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                        | PAGE OF<br>1                                    | PAGES<br>1     |
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| 1. RFQ NO.<br><b>DCTO-2008-Q-0273</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. DATE ISSUED<br><b>August 13, 2008</b>                                                                                         | 3. REQUISITION NO.                                                                                                                                                                                                           | 4. TYPE OF MARKET<br><input type="checkbox"/> Open<br><input checked="" type="checkbox"/> Set Aside CBE<br><input type="checkbox"/> Open with Subcontracting Set Aside |                                                 |                |
| 5A. ISSUED BY:<br><br>Government of the District of Columbia (District)<br>Office of Contracting and Procurement<br>Information Technology Group<br>441 4 <sup>th</sup> Street N.W., Suite 971 North<br>Washington, D.C. 20001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  | 6. DELIVER BY (Date)<br><br><b>NO LATER THAN 30 CALENDAR DAYS AFTER RECEIPT OF PURCHASE ORDER</b>                                                                                                                            |                                                                                                                                                                        |                                                 |                |
| 5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i><br><br>Mark Valliere, Contract Specialist (202) 727-0084, fax (202) 727-1679<br><a href="mailto:Mark.valliere@dc.gov">Mark.valliere@dc.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  | 7. DELIVERY<br><br><input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)                                                                                                         |                                                                                                                                                                        |                                                 |                |
| 8A. TO: NAME AND ADDRESS, INCLUDING ZIP CODE, OF QUOTER<br><br><b>ALL DISTRICT CERTIFIED BUSINESS ENTERPRISES (CBE's)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  | 9. DESTINATION <i>(Consignee and address, including ZIP code)</i><br>Office of the Chief Technology Officer<br>441 4 <sup>th</sup> Street, NW Room 960N<br>Washington, DC 20002<br>Deliver to: Bill Zybach<br>(202) 724-8785 |                                                                                                                                                                        |                                                 |                |
| 8B. TAX ID NO. OF QUOTER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 |                |
| 10. PLEASE FURNISH QUOTATIONS ON OR BEFORE:<br><br><b>August 21, 4:00 PM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11A. PLEASE STATE YOUR SBE CERTIFICATION NUMBER BELOW                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11B. IF YOU HAVE A DISTRICT OF COLUMBIA SUPPLY SCHEDULE (DCSS) CONTRACT FOR THESE ITEMS, PLEASE ENTER THE CONTRACT NUMBER BELOW: |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 |                |
| <b>12. INSTRUCTIONS TO QUOTERS AND TERMS AND CONDITIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 |                |
| <b>Instructions to Bidders:</b> Please complete Blocks 8B, 11A, 11(B) if applicable, 13(E), 13(F)(1) and (2), 14, 15, 16, 17, and 18, and E-mail quotations to <a href="mailto:mark.valliere@dc.gov">mark.valliere@dc.gov</a> . This is the <u>only</u> authorized method of submitting a quotation for this RFQ. All quotations must be received no later than the date and time stated in block 10 of this RFQ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 |                |
| <b>Terms and Conditions:</b> This is a Request for Quotations (RFQ). Quotations submitted are Offers that the District can accept by issuing a Purchase Order (PO), which will incorporate all the terms and conditions of this RFQ. Due to occasional technical issues with the District's PO system, Bidder agrees, by submitting a Quote, to accept a manual PO signed by a Contracting Officer if there is a delay in issuing an electronic PO to invoice against. This RFQ is <u>set-aside</u> for District Certified Business Enterprises (CBEs). The District will apply all percentage preferences, as certified by the Local and Small Business Opportunity Commission, applicable to each Bidder in determining the lowest evaluated quotation for purposes of award. The District will award to the Bidder that submits the lowest evaluated responsive quotation for each line item in this RFQ. If you are unable to submit a quote, please so indicate on this form and return it. This RFQ does not commit the District to pay any costs incurred in the preparation of the submission of this quotation. By submitting a quote, Bidder is representing that (1) all items being requested in block 13 of this RFQ are of domestic origin unless otherwise indicated by Bidder; (2) Bidder can meet the deadline specified in Block 6 of this RFQ. <b><u>The Standard Contract Provisions for Use with District of Columbia Government Supplies and Services Contracts, March 2007, are hereby incorporated by reference and made a part of this RFQ and the resultant PO. For a copy, go to OCP's website, <a href="http://ocp.dc.gov">http://ocp.dc.gov</a>, and click on Solicitation Attachments.</u></b> |                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 |                |
| <b>13. SCHEDULE (Include applicable Federal, State and local taxes and all delivery charges)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 |                |
| ITEM NO.<br>(A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SUPPLIES/SERVICES<br>(B)                                                                                                         | QUANTITY<br>(C)                                                                                                                                                                                                              | UNIT<br>(D)                                                                                                                                                            | UNIT PRICE<br>(E)                               | AMOUNT<br>(F1) |
| 0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>See attached specifications / requirements<br/>(Attachment A)</b>                                                             | 1                                                                                                                                                                                                                            | LOT                                                                                                                                                                    | \$                                              | \$             |
| TOTAL AMOUNT (F2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  |                                                                                                                                                                                                                              |                                                                                                                                                                        |                                                 | \$             |
| 14. NAME, ADDRESS, FAX NUMBER AND E-MAIL ADDRESS OF QUOTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  | 15. 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.<br><i>(Include area code)</i> |                |