

REQUEST FOR QUOTATIONS (RFQ) (THIS IS NOT AN ORDER)			PAGE OF 1	PAGES 2	
1. RFQ NO. DCTO-2008-Q-0351	2. DATE ISSUED 9-12-08	3. REQUISITION NO.	4. TYPE OF MARKET <input type="checkbox"/> Open <input checked="" type="checkbox"/> Set Aside <input type="checkbox"/> Open with Subcontracting Set Aside		
5A. ISSUED BY: Government of the District of Columbia (District) Office of Contracting and Procurement Information Technology Group 441 4 th Street N.W., Suite 971 North Washington, D.C. 20001		6. DELIVERY Must be made by September 30, 2008			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Quentin Blanchard, Contract Specialist, Phone (202) 724-2353, fax (202) 727-1679 quentin.blanchard@dc.gov		7. DELIVERY METHOD <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)			
8A. TO: NAME AND ADDRESS, INCLUDING ZIP CODE, OF QUOTER		9. DESTINATION FOR DELIVERY OF GOODS OR SERVICES ORDERED Department of Corrections; EG&G, DC Correctional Facility 3390 V Street NE Washington, DC 20018			
8B. TAX ID NO. OF QUOTER:					
10. PLEASE FURNISH QUOTATIONS ON OR BEFORE: September 19, 2008 , 2:00 PM (BID ROOM ONLY) 441 4 th Street. N.W. Suite 703		11A. PLEASE STATE YOUR LSDBE CERTIFICATION NUMBER BELOW (Attach Copy)			
		11B. IF YOU HAVE A DISTRICT OF COLUMBIA SUPPLY SCHEDULE (DCSS) CONTRACT FOR THESE ITEMS, PLEASE ENTER THE CONTRACT NUMBER BELOW:			
12. INSTRUCTIONS TO QUOTERS AND TERMS AND CONDITIONS					
Instructions to Quoters: Please complete Blocks 8B, 11A, 11(B) if applicable, 13(E), 13(F), 14, 15, 16, 17, 18, as well as submission of technical and price quotations as outlined in this solicitation, submit one (1) original and three (3) copies of <u>signed</u> quotations to Office of Contracting and Procurement, 441 4 th Street, NW, Suite 703 (Bid Room), Washington, D.C. 20001. 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.					
Terms and Conditions: SEE ATTACHED.					
13. SCHEDULE (Include applicable Federal, State and local taxes and all delivery charges)					
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	See attached Statement of Work				
0001	Motorola Printrak Live Scan Portable (LSS-P) Base System includes the following: Live Scan Station Application Software including Print Module; FBI Appendix F Certified Ten print Scanner; Laptop Computer; Foot Pedal for Hands Free Advancement; Case Manager and Message Manager; Standard DC Applicant Workflows; Installation; Warranty - 1 Year On-site Advantage Warranty, 8 a.m. to 5 p.m. Monday through Friday, Next-day On-site Support and Parts Replacements; Freight Paid for Continental U.S.	1	Each	\$	\$
0002	Motorola Printrak Identification (ID) Station Portable Base System includes the following: ID Station Application Software including Print Module; Single Finger Scanner; Laptop Computer; Foot Pedal for Hands Free Advancement; Standard DC Workflows; Installation; Warranty - 1 Year On-site Advantage Warranty, 8 a.m. to 5 p.m. Monday through Friday, Next-day On-site Support and Parts Replacement; Freight Paid for Continental U.S.	1	Each		
0003	Ten print Card Printer, Network Ready, 2 Trays, Duplexer, 1 Year On-site Advantage Warranty, 8 a.m. to 5 p.m. Monday through Friday, Next-day On-site Support and Parts Replacement; Freight Paid for	1			

	Continental U.S.				
0004	Carrying Case for LSS-D,-P	2			
TOTAL AMOUNT					\$
14. NAME AND ADDRESS OF QUOTER (<i>Street, city, county, State and ZIP Code</i>)		15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION (ELECTRONIC SIGNATURES NOT ACCEPTABLE)		16. DATE OF QUOTATION	
		17. NAME AND TITLE OF SIGNER (<i>Type or print</i>)		18. TELEPHONE NO. (<i>Include area code</i>)	

13. SCHEDULE (Include applicable Federal, State and local taxes and all delivery charges)