

**ATTACHMENT A – PRICE SCHEDULE**

**This District contemplates awarding a contract for the items listed below based on firm fixed price rates to a contractor(s). The price quotation shall include all G&A costs. Offeror shall provide with quotation a copy of their current GSA Federal Supply Schedule that lists the prices for the items proposed herein (if applicable).**

<b>CLIN</b>	<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>GSA LIST PRICE</b>	<b>% DISCOUNT</b>	<b>UNIT PRICE</b>	<b>EXTENDED AMOUNT</b>
<b>0001</b>	Chem Bio Decon Redress Pak - with shower shoes, cotton wash cloth, anti-bacterial soap, small collection bag, large collection bag, duplicate numbered ID tags, full size cotton towel, Ponch style child size gown and appropriate underwear, and bootie	<b>4,800</b>	<b>EACH</b>	\$ _____	_____	\$ _____	\$ _____
<b>0002</b>	Chem Bio Decon Redress Pak - with shower shoes, cotton wash cloth, anti-bacterial soap, small collection bag, large collection bag, duplicate numbered ID tags, full size cotton towel, medium scrubs and appropriate underwear, and bootie	<b>800 MEDIUM</b>	<b>EACH</b>	\$ _____	_____	\$ _____	\$ _____
<b>0003</b>	Chem Bio Decon Redress Pak - with shower shoes, cotton wash cloth, anti-bacterial soap, small collection bag, large	<b>2,400 LARGE</b>	<b>EACH</b>	\$ _____	_____	\$ _____	\$ _____

	collection bag, duplicate numbered ID tags, full size cotton towel, large scrubs and appropriate underwear, and bootie						
<b>0004</b>	Chem Bio Decon Redress Pak - with shower shoes, cotton wash cloth, anti-bacterial soap, small collection bag, large collection bag, duplicate numbered ID tags, full size cotton towel, extra large scrubs and appropriate underwear, and bootie	<b>1,600 XL</b>	<b>EACH</b>	\$ _____	_____	\$ _____	\$ _____
<b>0005</b>	Chem Bio Decon Redress Pak - with shower shoes, cotton wash cloth, anti-bacterial soap, small collection bag, large collection bag, duplicate numbered ID tags, full size cotton towel, 2 X-Large scrubs and appropriate underwear, and bootie	<b>160 2XL</b>	<b>EACH</b>	\$ _____	_____	\$ _____	\$ _____
<b>0006</b>	Chem Bio Decon Redress Pak - with shower shoes, cotton wash cloth, anti-bacterial soap, small collection bag, large collection bag, duplicate numbered ID tags, full size cotton towel, 3 extra large scrubs and appropriate underwear, and bootie	<b>800 3XL</b>	<b>EACH</b>	\$ _____	_____	\$ _____	\$ _____

<b>0007</b>	Chem Bio Decon Redress Pak - with shower shoes, cotton wash cloth, anti- bacterial soap, small collection bag, large collection bag, duplicate numbered ID tags, full size cotton towel, 4 X-Large scrubs and appropriate underwear, and bootie	<b>800 4XL</b>	<b>EACH</b>	\$ _____	_____	\$ _____	\$ _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF TAX AND REVENUE



## TAX CERTIFICATION AFFIDAVIT

**THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.**

Date: \_\_\_\_\_

Name of Organization/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone No.: \_\_\_\_\_

Principal Officer: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Unemployment Insurance Account No.: \_\_\_\_\_

I hereby certify that:

1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

	<u>Current</u>	<u>Not Current</u>	<u>Not Applicable</u>
District: Sales and Use	( )	( )	( )
Employment Withholding	( )	( )	( )
Ballpark Fee	( )	( )	( )
Corporation Franchise	( )	( )	( )
Unincorporated Franchise	( )	( )	( )
Personal Property	( )	( )	( )
Real Property	( )	( )	( )
Individual Income	( )	( )	( )

**The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.**

**This affidavit must be notarized and becomes void if not submitted within 90 days of the date notarized.**

\_\_\_\_\_  
Signature of Authorizing Agent \_\_\_\_\_ Title

\_\_\_\_\_  
Print Name

Notary: DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ Month  
and Year

Notary Public: \_\_\_\_\_

My Commission  
Expires: \_\_\_\_\_