

<b>REQUEST FOR QUOTATION</b> <i>(THIS IS NOT AN ORDER)</i>		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT SET ASIDE FOR LSDBE FIRMS ONLY.		PAGE OF PAGES 1   1	
1. REQUEST NO. RQ 647548	2. DATE ISSUED 12/30/09	3. Request/Purchase No.	4. NIGP COMMODITY CODE		
5A. ISSUED BY Crystal Farmer-Linder, Contract Specialist Office Of Contracting And Procurement 441 4 <sup>th</sup> Street, NW. 720 North Washington, DC 20001			6. DELIVER BY (Date) (Need to be filled by vendor) <b>X</b>		
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Crystal Farmer-Linder, Contract Specialist, Office of Contracting and Procurement 202-724-4959 Fax: 202-727-8843			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE  ALL PROSPECTIVE OFFERORS			9. DESTINATION (Consignee and address, including ZIP code) Department of Public Works – SWMA Loading Dock 1725 15 <sup>th</sup> Street, NE Washington, DC 20002 Charles Fan		
10. PLEASE FURNISH QUOTATIONS By 12:00 PM TO THE OFFICE ON 1/5/09		11. BUSINESS CLASSIFICATION (Check appropriate boxes)  SMALL      RESIDENT-OWNED      DISADVANTAGED      WOMEN-OWNED      ENTERPRISE ZONE			
<b>IMPORTANT:</b> 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 invoices. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to this Request for Quotations must be completed by the quote.					
<b>12. SCHEDULE (Include applicable Federal, State and local taxes)</b>					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	ESTIMATED QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	<b>BLANKET PURCHASE AGREEMENT</b>				
1	Safety Shoes; Steel toe, waterproof slip resistant and medium, wide and extra wide shoe	213	ea		
2	Safety Shoes; Steel toe gore tex, slip resistant and medium, wide and extra wide shoe	212	ea		
3	Safety Shoes; composite toe, waterproof slip resistant and medium, wide and extra wide shoe	212	ea		
4	Safety Shoes; Composite toe, gore tex slip resistant and medium, wide and extra wide shoe	213	ea		
	Brand Name: _____				
	Provide copy of COG Contract				
	Provide a price list for each style safety shoe				
	Do You Accept Purchase Orders? Yes ___ No ___				
	If you cannot quote on these items, please return with explanation or "NO BID" statement.				
			<b>Total</b>		
<b>13. DISCOUNT FOR PROMPT PAYMENT</b>		10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
		%	0 %	%	%
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION
			17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)