GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF REAL ESTATE SERVICES
Contracting and Procurement Division

REQUEST FOR QUOTATION
RQ661403

VENDOR NAME:			
ADDRESS:		**ATTN:**	
PHONE #:		**FAX #:**	
DUN & BRADSTREET #:		**FEDERAL ID #:**	
PLEASE REPLY BY: ☞	**Jan. 12, 2010 by 4:30 pm**	**QUESTIONS?** (Please Contact) ☞	**Issued: Jan. 4, 2010** **Silvia D. Silverman** **202-617-1359**

YOU MUST USE THIS QUOTE SHEET OR YOUR BID WILL NOT BE CONSIDERED

LINE NO.	Item Description	Quantity		UNIT / ISSUE	EXTENDED PRICE
1	**The DC Department of Real Estate Services (DRES) on behalf of the Department of Youth Rehabilitation Services (DYRS) is seeking a contractor to provide the following:** **Testing of Sprinkler System and Fire Alarm System per attached <u>Statement of Work Attachment A</u> for five (5) buildings within the New Beginnings Youth Development Center located at 8400 River Road, Laurel, MD**	1		$___/hr X200 Estimated hours	$
2	**Please provide quote per year below and a lump sum for the Base Year to the right**				

CLIN		TOTAL AMOUNT
1000	BASE YEAR	$
1001	FIRST OPTION YEAR	$
1002	SECOND OPTION YEAR	$
1003	THIRD OPTION YEAR	$
1004	FOURTH OPTION YEAR	$
1005	GRAND TOTAL – 5 YEARS	$

3	**Site visit – The Site Visit is scheduled for January 8, 2010 at 3:00 PM (see attached location map).**				
4	**Attachment C: Insurance Requirements for Service Contracts**				
5	**Contractors shall provide proof of licensing by local Department of Consumer and Regulatory Affairs for the installation of Fire Sprinkler Systems and for the installation of Fire Alarm Systems.**				

6	**Attachment D: Service Contract Act - Wage Determination No.: 2005-2103 Revision No.: 8 Date of Revision: 05/26/2009**				
7	**Attachment E: Standard Contract Provisions For Use With District of Columbia Government Supplies and Services Contracts, March 2007**				
	QUESTIONS CONTACT: *Roger Douglas* at 202-437-8211 please send your quotation to *Silvia D. Silverman* by fax to 202-442-9506 or via e-mail to silvia.silverman@dc.gov by January 12, 2010, 4:30 PM.				

ALL SHIPPING MUST BE FOB DESTINATION

ARE YOU LSDBE CERTIFIED? ✓		**Yes**		**No (If "yes", please attach certification)**

NOTE: PROVIDE ESTIMATED NUMBER OF CALENDAR DAYS TO COMPLETE PROJECT AFTER RECEIPT OF PURCHASE ORDER _____CALENDAR DAYS

SUBMITTED BY: (Signature of Person Authorized to Sign) ☞			
TITLE:		**DATE:**	

Contract Specialist: **Ms. Silvia D. Silverman**		**DATE:**	
Contracting Officer: **Ms. Diane Wooden**		**DATE:**	