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| **REQUEST FOR QUOTATIONS**  *(THIS IS NOT AN ORDER)* | | | | | THIS RFQ [ ] IS [**x**] IS NOT A SMALL BUSINESS-  SMALL PURCHASE SET-ASIDE (52.219-4) | | | | | | | | | | | | | | | | | PAGE | | OF  | | | PAGE | |
| 1. REQUEST NO. | | | 2. DATE ISSUED  **July 28, 2016** | | | | | | 3. REQUISITION/PURCHASE REQUEST NO. | | | | | | | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 | | | | | RATING | | | | | |
| 5A. ISSUED BY **The Executive Office, USAID Bangladesh, US Embassy, Baridhara, Dhaka-1212** | | | | | | | | | | | | | | | | 6. DELIVER BY *(Date)* | | | | | | | | | | | | |
| 5B. FOR INFORMATION CALL: *(Name and telephone no.) (No collect calls* | | | | | | | | | | | | | | | | 7. DELIVERY  FOB DESTINATION  OTHER *(See Schedule)* | | | | | | | | | | | | |
| NAME  **Saiful Islam – Procurement & Logistic Coordinator** | | | | | | | | | | TELEPHONE NUMBER | | | | | |
| AREA CODE | | | NUMBER  **5566-2336** | | |
| 8. TO: | | | | | | | | | | | | | | | | 9. DESTINATION | | | | | | | | | | | | |
| a. NAME | | | | | | | b. COMPANY | | | | | | | | a. NAME OF CONSIGNEE | | | | | | | | | | | | | |
| c. STREET ADDRESS | | | | | | | | | | | | | | | | b. STREET ADDRESS | | | | | | | | | | | | |
| d. CITY | | | | | | | | e. STATE | | | | | f. ZIP CODE | | | c. CITY | | | | | | | | | | | | |
| d. STATE | | e. ZIP CODE | | | | | | | | | | |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS *(Date)*  **August 30, 2016** | | | | **IMPORTANT:** 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 to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. SCHEDULE *(Include applicable Federal, State and local taxes)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITEM NO.  (a) | SUPPLIES/SERVICES  (b) | | | | | | | | | | QUANTITY  (c) | | | UNIT  (d) | | | UNIT PRICE  (e) | | | | | | AMOUNT  (f) | | | |
| x | **Offer/Quote Solicitation for retrofitting work**  **Please see attached for details.** | | | | | | | | | |  | | |  | | |  | | | | | |  | | | |
| 12 DISCOUNT FOR PROMPT PAYMENT | | | | | a. 10 CALENDAR DAYS  % | | | | | | b. 20 CALENDAR DAYS  % | | | c. 30 CALENDAR DAYS  % | | | | | | d. CALENDAR DAYS | | | | | | |
| NUMBER | | | | | % | |
| NOTE: Additional provisions and representations [ ] are [ ] are not attached. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 NAME AND ADDRESS OF QUOTER | | | | | | | | | | | | 14 SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | | | | | | | 15 DATE OF QUOTATION | | | | | | | |
| a. NAME OF QUOTER | | | | | | | | | | | |
| b. STREET ADDRESS | | | | | | | | | | | | 16. SIGNER | | | | | | | | | | | | | | |
| c. COUNTY | | | | | | | | | | | | a. NAME (Type or print) | | | | | | | | | b. TELEPHONE | | | | | |
| d. CITY | | e. STATE | | | | f. ZIP CODE | | | | | | c. TITLE (Type or print) | | | | | | | | | AREA CODE | | | | | |
| NUMBER | | | | | |