

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY			6. DELIVER BY (Date)	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME		TELEPHONE NUMBER	9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE	
a. NAME		b. COMPANY	b. ADDRESS	
c. ADDRESS				
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)		IMPORTANT: This is a request for information, and quotations furnished are not officers. 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 service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation 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)

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

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			16. SIGNER		b. TELEPHONE	
b. STREET ADDRESS					a. NAME (Type or print)	
c. COUNTY			c. TITLE (Type or print)		NUMBER	
d. CITY		e. STATE	f. ZIP CODE			

SCHEDULE Continued

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>ENERGY AUDIT, MULTIPLE BUILDINGS IN LOS ANGELES, CALIFORNIA, T&M NTE \$80,000.</p> <p>Scope details will be developed following a kickoff meeting and building tour at the site. GSA and contractor will agree on the most productive systems on which to focus the audit. GSA will provide onsite access, and records (e.g., record drawings, operations manual, etc.) as available. Contractor personnel needing unescorted access must obtain HSPD-12 background clearance following kickoff meeting (allow 6-8 weeks). Work must be completed by 3/31/2009.</p> <p>This order is time and materials. All invoices for progress payments (may be invoiced monthly) must fully document labor by individual name, title, rate, date, number of hours and task performed. Travel costs must be documented with copies of invoices. In no event may cost ceilings be exceeded without written authorization.</p> <p>TRAVEL</p> <p>Direct travel costs, without markup. May not exceed federal per diem costs for meals and incidentals. Enter a not to exceed amount. Contractor will not be reimbursed for travel costs exceeding this amount.</p>	1.00	EA	_____	_____
0002	<p>WEIGHTED AVERAGE HOURLY RATE</p> <p>Weighted average hourly rate. Contractor may invoice for various rates, but at completion rates may not exceed this hourly rate (i.e., total labor cost divided by total number of hours may not exceed this rate).</p>	1.00	HR	_____	_____