REQUEST FOR QUOTATION											E OF	PAGES		
(TH	THIS RFQ IS X IS NOT A SMALL BU				ISINESS	IDE	1		2					
1. REQUEST NO. RFQ0018-	13		1/30/20		REQUISITION/PURCHASE		Э.		4. CERT. FOR NA UNDER BDSA AND/OR DMS	REG. 2	2	RATING		
5a. ISSUED BY	Equal Employment		nity Com	m.			6. DEL	IVERY B	Y (Date)					
	4th Floor Washington DC 20							IVERY	ESTINATION	Γ	7.0-	OTHER		
	washington be 20	1307						LORD	9. DESTINA	L	(Se	e Schedule)		
							a. NAN	ME OF CO	ONSIGNEE					
	5b. FO	R INFORMATION CA	ALL: (No collect ca							- R	levo	lving Fund		
NAME			AREA CODE	TELEP	HONE NUMBER		1	REET ADI						
Gregory	Browne		202	663-			131	. M S	Street N.	.E.				
8. TO:														
a. NAME b. COMPA			INY				Attn: PATRICIA FLOYD							
c. STREET ADDR	ESS							c. CITY						
								Washington						
d. CITY			e. STATE	STATE f. ZIP CODE d.				e. ZIP CODE C 20507						
THE ISSUING OR BEFORE (	NISH QUOTATIONS TO OFFICE IN BLOCK 5a ON CLOSE OF BUSINESS (Date)  13 1400 ET	indicate incurred origin ur	on this form and in the preparation	return it to the n of the subledicated by q	formation, and quotations fur ne address in Block 5a. This mission of this quotation or to juoter. Any representations a	request does no contract for su	offers. If ot comm upplies o	nit the Go or services	unable to quote, pluyernment to pay also. Supplies are of control	ny costs domestic	; C			
			11. SCH	EDULE (Inc	lude applicable Federal, Sta	te and local tax	es)							
ITEM NO. (a)				ERVICES			UNIT (d)					AMOUNT (f)		
	SEE NOTES CONTAIN	ED IN ATT	ACHMENT	NO.	1.									
0001 LEASE/RENTAL SPACE FOR FOUR (4) COU INCLUDE TRAINING AIDS (12 DAYS).				OURSE	S TO	12	JA							
	THE CONTRACTOR SHALL PERFORM THE REQUIIN ACCORDANCE WITH THE ATTACHED STATEM													
	THE UNIT OF ISSUE													
0002 FOOD AND BEVERAGES (12 DAYS).			S).				JA							
	Continued													
		a. 10	O CALENDAR DA	YS (%)	b. 20 CALENDAR DAYS	S (%) c.	30 CAL	ENDAR [	DAYS (%)		d. CALE	ENDAR DAYS		
12. DISCOUNT FOR PROMPT PAYMENT					Ī			NUMBE	ĒR	PERCENTAGE				
NOTE: Additional p	provisions and representations	are		are not a	ttached									
13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION					15. DATE OF QUOTATION					
b. STREET ADDRESS				16. SIGNER				?	L TELEPHONE					
2211771					a. NAME (Type or print)					b. TELEPHONE  AREA CODE				
c. COUNTY														
d. CITY		e. STATE	f. ZIP CODE		c. TITLE (Type or print)					NUMBE	ΞR			

**CONTINUATION SHEET** 

REFERENCE NO. OF DOCUMENT BEING CONTINUED RFQ0018-13

PAGE OF

2

NAME OF OFFEROR OR CONTRACTOR

(A)	(B)	(C)	(D)	(E)	(F)
				, ,	· · · /
	THE CONTRACTOR SHALL PERFORM THE REQUIRED EFFORT				
	IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK	۲.			
			İ		
	THE UNIT OF ISSUE "JA" MEANS JOB.				
03	LEASE/RENTAL OF AUDIOVISUAL (12 DAYS).	12	JA		
	THE CONTRACTOR SHALL PERFORM THE REQUIRED EFFORT				
	IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK	7			
	THE ACCORDANCE WITH THE ATTACHED STATEMENT OF WORL				
	THE UNIT OF ISSUE "JA" MEANS JOB.				
			1		i