

REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		This RFQ <input checked="" type="checkbox"/> is <input type="checkbox"/> is not a Small Business-Small Purchase Set Aside		PAGE 1 OF 1 PAGES	
1. REQUEST NO. D-20-MI-0148	2. DATE ISSUED 07-16-2020	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING	
5A. ISSUED BY Drug Enforcement Administration 8701 Morrisette Drive Springfield VA 22152			6. DELIVER BY (Date)		
5B. FOR INFORMATION CALL: (No collect calls)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
NAME Sonya Maxwell		TELEPHONE NUMBER AREA CODE & NUMBER 202-598-6488		9. DESTINATION See attached Statement of Work	
8. TO: To All Prospective Small Business GSA Scheduled Offerors					
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) July 30, 2020 11:00am EST		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)
	Armed Guard Services (See attached Statement of Work)				0.00
					0.00
					0.00
					0.00
				GRAND TOTAL	\$0.00
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 <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER All Interested Offerors shall include the following information: 1. GSA Schedule Number: 2. DUNS Number: 3. Cage Code Number: 4. TAX ID Number:		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
		16. SIGNER			
		a. NAME (Type or Print)		b. TELEPHONE	
				AREA CODE & NUMBER	
		c. TITLE (Type or Print)			