REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE	PAGE 1 OF PAGES 1

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
PR10370344	02/18/2022	PR10370344		

5a. ISSUED BY	6. DELIVER BY (Date)
Embassy of the United States, Managua	02/18/2022

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY
NAME	TELEPHONE NUMBER		☐ FOB DESTINATION ☒ OTHER (See Schedule)
	AREA CODE	NUMBER	9. DESTINATION
Tyler Johnston, S/GSO Contracting Officer	505	2252-7100	a. NAME OF CONSIGNEE: Embassy of the United States, Managua

8. TO:			
a. NAME	b. COMPANY		b. STREET ADDRESS: Km. 5.5 Carretera Sur
c. STREET ADDRESS			c. CITY: Managua
d. CITY	e. STATE	f. ZIP CODE	d. STATE: MG / e. ZIP CODE: N/A

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 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 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.
03/03/2022	

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	ELABORATION AND INSTALLATION OF FURNITURE FOR REMODELING HEALTH UNIT. Location: Embassy Compound General Scope: Kind of wood: Cedro Macho Finish: Esmalte acrílico cinco big blanco (See in SOW details of furniture and dimensions). Attached: 1) RFQ. Standard Form SF-18) 2) SOW-Statement Of Work (Alcance del trabajo) 3) Purchase Order Standard Clauses	1	ea		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 ☐ 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	
			a. NAME (Type or print)	b. TELEPHONE AREA CODE
c. COUNTY				
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER