REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE	PAGE 1 OF PAGES 23

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
PR9599070	12/17/2020	PR9599070		

5a. ISSUED BY	6. DELIVER BY (Date)
Embassy of the United States, Managua	01/08/2021

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY
NAME	TELEPHONE NUMBER		☐ FOB DESTINATION ☒ OTHER (See Schedule)
	AREA CODE	NUMBER	9. DESTINATION
Claudia Coleman, 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)

01/08/2021

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.

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	Wall Upgrade at New Chief of Mission Residence Location: New CMR (Residencial Sto Domingo) General Scope: Installation of a square tube structure separated from the perimeter wall. It will be anchored to the ground with concrete and lined with 8 ft # 26 gauge die-cut sheet. It will be painted black and secured with a Zinc sheet bolt. Attached: Statement of Work Contractual Clauses	1	ea		

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