

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1   11
1. REQUEST NO. VA797S-17-Q-0002	2. DATE ISSUED 10/21/2016	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Daniel W Cugler, Contract Specialist		6. DELIVER BY (Date)		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)		
NAME Daniel W Cugler	TELEPHONE NUMBER AREA CODE: 708 NUMBER: 786.7674		9. DESTINATION a. NAME OF CONSIGNEE Department of Veteran Affairs	
8. TO:		b. STREET ADDRESS P.O. Box 76 1st Avenue		
a. NAME	b. COMPANY		c. CITY Hines	
c. STREET ADDRESS		d. STATE IL		
d. CITY	e. STATE	f. ZIP CODE	e. ZIP CODE 60141	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 11/04/2016		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)
	Base Year (12/1/2016-11/30/2017)				
0001	Weekly Refuse Pickup	52	WK		
0002	Weekly Cleaning/Sanitizing	52	WK		
	Option Year One (12/01/2017-11/30/2018)				
1001	Weekly Refuse Pickup	52	WK		
1002	Weekly Cleaning/Sanitizing	52	WK		
	Option Year Two (12/01/2018-11/30/2019)				
2001	Weekly Refuse Pickup	52	WK		
2002	Weekly Cleaning/Sanitizing	52	WK		
	Option Year Three (12/01/2019-11/30/2020)				
3001	Weekly Refuse Pickup	52	WK		
3002	Weekly Cleaning/Sanitizing	52	WK		
	Option Year Four (12/01/2020-11/30/2021)				
4001	Weekly Refuse Pickup	52	WK		
4002	Weekly Cleaning/Sanitizing	52	WK		
	6 Month Extension in accordance with 52.217-8				
5001	Weekly Refuse Pickup	26	WK		
5002	Weekly Cleaning/Sanitizing	26	WK		
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 checked="" type="checkbox"/> are <input type="checkbox"/> 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		
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE
					AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER