

**REQUEST FOR QUOTATION  
(THIS IS NOT AN ORDER)**

THIS RFQ  IS  IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO. SGT50016Q0005	2. DATE ISSUED 10/26/2015	3. REQUISITION/PURCHASE REQUEST NO. PR4799969	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY AMERICAN EMBASSY GUATEMALA CITY Avenida Reforma 7-01, Zona 10, ATTN: GSO - PROCUREMENT SECTION Guatemala,		6. DELIVER BY (Date) 12/01/2015		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				
NAME Valerie M Valdez		TELEPHONE NUMBER 502-2326-4232		7. DELIVERY _ FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)
8. TO:		9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY GUATEMALA CITY		
a. NAME N/A	b. COMPANY NOVENDOR		b. STREET ADDRESS 1A CALLE 37-84 ZONA 11 COLONIA TOLEDO, ATTN: GSO-WAREHOUSE	
c. STREET ADDRESS		c. CITY GUATEMALA		
d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 11/16/2015		<b>IMPORTANT:</b> 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)
	SEE LINE ITEMS				

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			16. SIGNER		b. TELEPHONE
STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		AREA CODE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER

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	<p>The American Embassy-INL-DEA requires for its offices located at PNC Station SDGAIA, Km. 101 (Puerto Quetzal). High Speed Internet Connectivity network through a local ISP of 5Mbps availability for 10 Public IP addresses, (consecutive) additional IP's will be provided if requested. Includes a redundant full duplex Internet service through Fiber Optical redundant, 1:1 wire By-Polar, as detailed in the attached Scope of Work (SOW). In accordance to FAR Clauses, no advance payments, 30 days credit, IVA to be included, An IVA Form will be provided for 12% tax.</p> <p>Funding Information: Total: 0.00 ----- 0.00</p>	1.00	YR	0.00	0.00