REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ ☐ IS ☐ IS NOT A SMALL BUSINESS SET-ASIDE	PAGE 2 OF PAGES 26

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
SIS400-14-Q-2909693	11/20/2013	PR2909693		

5a. ISSUED BY	6. DELIVER BY (Date)
American Consulate General Jerusalem	12/04/2013

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY
NAME	TELEPHONE NUMBER		☐ FOB DESTINATION ☐ OTHER (See Schedule)
	AREA CODE	NUMBER	9. DESTINATION
US Consulate-Contracting section	02	649 3037	a. NAME OF CONSIGNEE

8. TO:			
a. NAME	b. COMPANY		b. STREET ADDRESS
c. STREET ADDRESS			c. CITY
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)	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.
12/04/2013	

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	Provide Legal Support Services for the INL Projects in the West bank and in Areas under the Palestinian Authority.				
	Base Year	200	HR		0.00
	1st Option Year	200	HR		0.00
	2nd Option Year	200	HR		0.00
	Travel Expenses				
	Grand Total Including VAT (16%/18%)				

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