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

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
EEC45015Q0033	08/04/2015	ITSAB150007		

5a. ISSUED BY	6. DELIVER BY (Date)
Equal Employment Opportunity Commission	45 days ARO

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY
NAME	TELEPHONE NUMBER		[X] FOB DESTINATION [ ] OTHER (See Schedule)
	AREA CODE	NUMBER	9. DESTINATION
Melisza L Coates	202	663-4109	a. NAME OF CONSIGNEE: OIT

8. TO:			
a. NAME	b. COMPANY		b. STREET ADDRESS: 131 M Street N.E.
c. STREET ADDRESS			c. CITY: Washington
d. CITY	e. STATE	f. ZIP CODE	d. STATE: DC / e. ZIP CODE: 20507

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)

8/14/2015

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)
0001	C8S26A#0D1 Factory Integrated	12	ea		0.00
0002	H7H34A5#1N7 MSA2000 G3 Support	1	ea		0.00
0003	HA114A1#J0 HP P2000 MSA System Installation SVS	1	ea		0.00
0004	C8S75A#0D1 Factory Integrated	2	ea		0.00
0005	Part# C8R14A-HP MSA 2040 SAN DC LFF Storage	1	ea		0.00
0006	Part# C8R26A-HP MSA 4TB 6G SAS 7.2K 3.5 in	12	ea		0.00
0007	Part# C8S75A-HP MSA 2040 1Gb SW iSCSi SFP 4 PK	2	ea		0.00
0008	Part# H7J34A5-HP 5 yr Foundation CAR 24 x 7 Service	1	ea		0.00
0009	Part# HA114A1-HP Installation and Startup Service	1	ea		0.00
	****See attachment#1, Instructions for Solicitation EEC45015Q0033 and attachment#2 Evaluation Factors for Award****				

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

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