

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE	PAGE OF 1	PAGES 33
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1. REQUEST NO. 45310021Q0016	2. DATE ISSUED 04/08/2021	3. REQUISITION/PURCHASE REQUEST NO. RIL210040	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY Equal Employment Opportunity Commission	6. DELIVER BY (Date)
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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NAME Anthony J. Godwin	TELEPHONE NUMBER AREA CODE 202	NUMBER 921-2868	9. DESTINATION
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8. TO:		a. NAME OF CONSIGNEE EEOC, ORIP
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a. NAME	b. COMPANY	b. STREET ADDRESS 131 M Street N.E.
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c. STREET ADDRESS	c. CITY Washington
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d. CITY	e. STATE DC	f. ZIP CODE 20507
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 04/07/2021	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.
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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	See attached Instructions for RFQ45310021Q0016 contained in Attachment 1 and FAR Clauses 12-Month Subscription renewal to Law 360, Employment Section of Online database Period of Performance: 07/02/21 thru 7/01/22		1 YR	17,470.00	17,470.00

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

c. COUNTY			AREA CODE
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d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER
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