

REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i>	THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A BUY-INDIAN SET-ASIDE	PAGE OF PAGES 1 11
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1. REQUEST NUMBER 246-23-Q-0090	2. DATE ISSUED 04/26/2023	3. REQUISITION/PURCHASE REQUEST NUMBER IHS1471906	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY Shawnee	6. DELIVER BY (Date)
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	TELEPHONE NUMBER			
	AREA CODE	NUMBER		9. DESTINATION
	405	951-3740		a. NAME OF CONSIGNEE OEH&E Field Office

	b. COMPANY	b. STREET ADDRESS 1201 Heritage Circle
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	c. CITY Pawnee	d. STATE OK	e. ZIP CODE 74058	
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 04/24/2023	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 NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	<p>Contractor shall furnish and install Flag pole lighting in accordance with the statement of work and Drawing.</p> <p>Additional Provisions and Conditions (10 pages; 2-11 are attached hereto)</p> <p>Scope of Work including Drawings (attached) Statement of Work (9 pages), Photos (2 Pages), Drawing (1 page).</p> <p>Davis Bacon General Wage Decision OK20220051 Dated 01/27/2023 is hereby incorporated, 7 pages (attached)</p> <p>FAR Clause 52.213-4 attached FAR Clause 52.204-7 applies</p> <p>Official Site Visit: see page 10 of Additional Provisions and Conditions</p>	1	JB		

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