

**Iowa Army National Guard  
RFQ# W912LP-23-Q-4527**

**CONTACT INFORMATION TABLE**

Company Name	
Point of Contact (POC) Name	
POC Phone	
POC Email	
CAGE Code	
UEI Number	
Tax ID Number	
Prompt Payment Discount Terms (Net 30 unless otherwise noted)	
Business Size/Socio-economic Group(s) <i>(Must correspond with FAR 52.212-3 and/or 52.219-1 representations and certifications completed within SAM)</i>	
Period of Performance	

**PRICING TABLE**

Item #	Description	Qty	Unit	Unit Price	Extended Amt
0001	Paramedic Ventilator Training Services	1	JOB	\$	\$
TOTAL					\$