

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE 1 of PAGES	
1. REQUEST NO. Q4770090611	2. DATE ISSUED 07/07/2009	3. REQUISITION/PURCHASE REQUEST NO. R4770090611	4. CERT. FOR NAT. DEF. UNDER BDSA REF. 2 AND/OR DMS REF. 1		RATING	
5a. ISSUED BY NER - COLO Colonial National Historical Park P.O. Box 210 Yorktown, VA 23690			6. DELIVER BY (Date) 12/03/2009			
5b. FOR INFORMATION CALL (No collect calls)			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)			
NAME Laura Etheridge		TELEPHONE NUMBER (757) 898-2406		9. DESTINATION		
8. TO:			a. NAME OF CONSIGNEE No Destination Addresses Defined ATTN:			
a. NAME None Specified			b. STREET ADDRESS			
b. 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) 08/07/2009		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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations 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)	
SEE LINE ITEM DETAIL						
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 <input type="checkbox"/> are <input type="checkbox"/> 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			
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE	
					AREA CODE	

d. CITY	e. STATE f. ZIP CODE	c. TITLE (Type or print)	NUMBER
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STANDARD FORM 18 (REV. 6/95)  
Prescribed by GSA - FAR (48 CFR) 53.213(a)

## Line Items

*There will be a site visit on July 15, 2009 at 9:00 a.m. at the Petersburg National Battlefield Visitor Center, 5001 Seige Road Petersburg, VA For directions please contact Greg Sprinkle @ 804-732-3531 X 213*

Line Item Number	Description	Delivery Date	Quantity	Unit of Issue	Unit Price	Total Cost (Includes Discounts)
0001	Petersburg Visitor Center	12/03/2009	1.00	job	\$ _____	\$ _____

**Period of Performance:** -

**Extended Description**

Contractor to provide all supplies, materials, labor and supervision for the replacement of floor finishes and upgrades to public restrooms at the Petersburg National Battlefield Park per the specifications contained in Section C of this solicitation.

Contractor must be registered in the CCR to be awarded a contract.

# Address Detail

## Shipping Addresses

Address	Referenced Lines
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Please see the main form.

## Invoice Addresses

Address	Referenced Lines
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Please see the main form.