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

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
19UK5626Q0032	06/11/2026			

5a. ISSUED BY	6.DELIVER BY (Date)
Procurement Office, US Embassy, London	09/01/2026

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7.DELIVERY
NAME	TELEPHONE NUMBER		[ ] FOB DESTINATION [X] OTHER (See Schedule)
	AREA CODE	NUMBER	9. DESTINATION
Donna Martins da Silva Procurement Office		Procurement_Box2@state.gov	a. NAME OF CONSIGNEE
8. TO:			US Consulate General, Hamilton
a. NAME	b. COMPANY		b. STREET ADDRESS
c. STREET ADDRESS			c. CITY Hamilton, Bermuda
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)	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.
06/30/2026	

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1.	In accordance with the Government's attached Statement of Work and FAR Clauses, the Vendor shall provide the following services:				
a)	Cleaning Services - Monthly Rate 5 days per week (Monday to Friday)				
	Base Year	12	mo		
	Option Year 1	12	mo		
	Option Year 2	12	mo		
	Option Year 3	12	mo		
	Option Year 4	12	mo		
	Each monthly rate shall include: insurance, necessary materials and all items stated within the Statement of Work.				

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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