# Contractor Response Form

**Sources Sought / Request for Information**
**Notice Number:** FA461326Q1041
**Description:** Time Division Multiplexing (TDM) Phone Switch Removal

## Company Information

Company Name (as registered in SAM.gov):

Company Doing Business As (if applicable):

Cage Number: Unique Entity ID:

CMMC UID:

Socioeconomic Status (SB, SDB, WOSB, EDWOSB, VOSB, SDVOSB, 8(a), 8(a) JV, HUBZone):

Point of Contact:

Email: Phone number:

Mailing Address:

Registered in SAM under NAICS 238210 as a small business (mark one): Yes ☐ No ☐

Offer valid through 1 October 2026 IAW RFO 52.212-1(b) (mark one): Yes ☐ No ☐

Proposed Period of Performance (PoP): _____ days

Past experience IAW RFO 52.212-2(a)(i) provided (mark one): Yes ☐ No ☐

CMMC Level 1 score of 110 and/or have POA&M IAW RFO 52.212-2(a)(ii) (mark one): Yes ☐ No ☐