

1. REQUEST NO. BBG45-13-Q-00893	2. DATE ISSUED 09/12/2013	3. REQUISITION/PURCHASE REQUEST NO. 1088-13-FQ-00893	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY BBG/OCB - Mary Amps	6. DELIVER BY (Date) 10/01/2013
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY
NAME	TELEPHONE NUMBER	<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)

AREA CODE NUMBER 305 437-7031	9. DESTINATION
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8. TO:	a. NAME OF CONSIGNEE
	BBG, Office of Cuba Broadcasting

a. NAME All Prospective Offerors	b. COMPANY	b. STREET ADDRESS 4201 NW 77th Avenue
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c. STREET ADDRESS	c. CITY Miami
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d. CITY	e. STATE FL	f. ZIP CODE 33166	d. STATE	e. ZIP CODE 33166
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/21/2013	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 NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	<p>The Broadcasting Board of Governors(BBG), Office of Cuba Broadcasting (OCB) has a requirement for non-exclusive, non-transferable license to use their Graphics Bank(images) which will be used solely for the purpose of video programming to be broadcast to Cuba. Any firm interested in providing a Graphics Bank license may submit a response, which if timely received, will be considered by the Agency. This procurement award is contingent upon Congressional Appropriations and FY-14 funds.</p> <p>Please submit responses to Contracting Officer Mary Ann Amps via email mamps@bbg.gov by the due date indicated in Block #10 of the RFQ.</p>				

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

c. COUNTY	AREA CODE	NUMBER
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d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER
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