

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1   1
1. REQUEST NO. BBG45-Q-15-00569	2. DATE ISSUED 09/17/2015	3. REQUISITION/PURCHASE REQUEST NO. 1088-15-FQ-00569	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY BBG/OCB - Mary Amps			6. DELIVER BY (Date) 10/01/2015	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Mary A Amps, mamps@bbg.gov		TELEPHONE NUMBER AREA CODE: 305 NUMBER: 437-7031		9. DESTINATION
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
c. STREET ADDRESS			c. CITY Miami	
d. CITY	e. STATE	f. ZIP CODE	d. STATE FL	e. ZIP CODE 33166
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/28/2015		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.		

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

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	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-16 funds.  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	1	YR		

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			16. SIGNER		b. TELEPHONE	
b. STREET ADDRESS					AREA CODE	
c. COUNTY			a. NAME (Type or print)		NUMBER	
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)		