

UNITED STATES DISTRICT COURT
Northern District of California
450 Golden Gate Avenue Room 16-1120
San Francisco, California 94012

Request for Quotation

RFQ Number: 14-Transit-01
Request Date: 11/6/2013

Special Notes:

This is a request for **Open Market Pricing**.

All items should be quoted **F.o.b. Origin** unless free shipping is offered.

Quotes may be e-mailed to the below listed address by **12:00 p.m. (PST) on Wednesday, November 20, 2013**. **Submit a quotation by using the attached quote sheet.**

A fixed price award from this RFQ will be made based on the lowest priced, technically acceptable offer.

Quotes and questions concerning this RFQ should be addressed to Mildred Barrientos at Mildred_Barrientos@cand.uscourts.gov.

The **Delivery Address** for this purchase will be: U.S. District, 450 Golden Gate Avenue, Room 16-1120, San Francisco, CA 94102

Sincerely,


Helene McVanner
Contracting Officer

Attachment

Quote Sheet for RFQ Number: 14-Transit-01

Item No.	Description	Quantity	Unit	Unit Price	Extended Price
1	<i>Transit Coupons to be redeemed for various transit passes in the SF Bay Area in the following denominations: \$20, \$30, \$35, \$45, \$65, \$75 (there might be other denominations required).</i>	Monthly	Per Order		<i>\$11,000 - \$14,000/mnth</i>
2	<i>Handling - per month</i>		Per Order		
3	<i>Shipping (over-night)</i>		Per Order		
				TOTAL	<i>(contractor will fill in)</i>

Vendor's Name

Vendor's Phone Number/fax number/e-mail address

Vendor's Street Address

Vendor's City, State, and Zip Code

Signature of Person Authorized to Sign Quote

Date

Printed or Typed Name of Signator

DUNS Number

Discount Terms or Net 30?

Delivery Date (if other than stated in RFQ)

Quantity Discount or Trade-in amount *(delete if not applicable)*

APPLICABLE JUDICIARY TERMS AND CONDITIONS

1) **Provision B-1, Solicitation Provisions Incorporated by Reference (SEP 2010)**

This solicitation incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the contracting officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this address: <http://www.uscourts.gov/procurement.aspx>

1) **Clause B-5, Clauses Incorporated by Reference (SEP 2010)**

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the contracting officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <http://www.uscourts.gov/procurement.aspx>

(end)

2) The following clauses are included by reference:

Clause 3-3, Provisions, Clauses, Terms and Conditions - Small Purchases (APR 2013)

Clause 2-130, Energy Efficiency in Energy-Consuming Products (APR 2013)
(applicable if this purchase will require providing energy-consuming products)

3) **Provision 3-5, Taxpayer Identification and Other Offeror Information (APR 2011)**

(a) *Definitions.*

“Taxpayer Identification (TIN),” as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a social security number or an employer identification number.

(b) All offerors shall submit the information required in paragraphs (d) and (e) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the government to collect and report on any delinquent amounts arising out of the offeror’s relationship with the government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to payment recording requirements, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror’s TIN.

(d) *Taxpayer Identification Number (TIN):* _____

TIN has been applied for.

TIN is not required, because:

Offeror is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

Offeror is an agency or instrumentality of a foreign government;

Offeror is an agency or instrumentality of the federal government.

(e) *Type of organization:*

sole proprietorship;

- partnership;
- corporate entity (not tax-exempt);
- corporate entity (tax-exempt);
- government entity (federal, state or local);
- foreign government;
- international organization per 26 CFR 1.6049-4;
- other _____.

(f) *Contractor representations.*

The offeror represents as part of its offer that it is , is not, 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group(s) below:

- Women Owned Business
- Minority Owned Business (if selected, then one sub-type is required)
 - Black American
 - Hispanic American
 - Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians)
 - Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)
 - Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal)
 - Individual/concern, other than one of the preceding.

(end)

(The contracting officer will attach any other applicable standard judiciary provisions or clauses. The contracting officer will not include provisions or clauses which are already in the Clause 3-3. CO Note: Before including additional provisions or clauses refer to the Guide, Volume 14, Appendix 1C to determine, if the provision or clause can be included by reference or must be included in full text. If additional provisions are included by reference, then B-1 also must be included.)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

VENDOR INFORMATION/TIN CERTIFICATION
Mandatory Information that MUST be provided before submission

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address		Bank Information	
Name:		Address:	
Business Name: <i>(if different from above)</i>		City:	
Address 1:		State: Zip Code:	
Address 2:		Phone #:	
City:		Description: <i>(If needed)</i>	
State: Zip Code:			
Phone #: E-mail:			
Taxpayer Identification #: <i>(TIN, SS, or EIN number)</i>			
DUNS #			
Bank Information			
Bank Name:		Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i>	
City:		Account #:	
State: Zip Code:		Type of Account: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Type of Organization for 1099 reporting:

- | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ; | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider; | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
 - Asian-Pacific American Black American Subcontinent Asian (Asian-Indian)American
 - Hispanic American Native American Other: _____

Date: _____

Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: Addition Change Vendor Code: _____ (*make entry only if change*)
 Active Inactive Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:		
Contact Name: _____	Email: _____	
Telephone Number: _____	_____	

Identification of person making this request:		
Name: _____	_____	
Telephone Number: _____	Originating Office: _____	

Please type or print clearly. For "AO" FAS4T Users only, e-mail the completed form to: AODB_OFBCS@uscourts.gov. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242. For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDS at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.