

| | | | | |
|---|----------------|--|--|------------------------|
| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | | THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE | | PAGE OF PAGES X X |
| 1. REQUEST NO. | 2. DATE ISSUED | 3. REQUISITION/PURCHASE REQUEST NO. Ordering Agency's Number | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 | RATING |
| 5a. ISSUED BY | | | 6. DELIVER BY (Date) | |
| 5b. FOR INFORMATION CALL (NO COLLECT CALLS) | | | 7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | |
| NAME | | TELEPHONE NUMBER | | 9. DESTINATION |
| | | AREA CODE | NUMBER | |
| 8. TO: | | | a. NAME OF CONSIGNEE | |
| a. NAME | | b. COMPANY Must be a BOA Holder | | b. STREET ADDRESS |
| c. STREET ADDRESS | | | c. CITY | |
| 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. | | |

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

| ITEM NO. (a) | SUPPLIES/ SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
|-----------------|---------------------------|-----------------|-------------|-------------------|---------------|
| | See continuation page... | | | | |

| | | | | | |
|---------------------------------|-------------------------|-------------------------|-------------------------|------------------|------------|
| 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 | | |
| c. COUNTY | | | a. NAME (Type or print) | | b. TELEPHONE |
| d. CITY | | | | | AREA CODE |
| e. STATE | | f. ZIP CODE | c. TITLE (Type or print) | | NUMBER |

Subject: DLA Basic Ordering Agreement (BOA) RFP SP0600-15-R-0416

[Ordering Agency RFQ # xxxxxx ---- All elements in RED are fillable by the Ordering Agency]

Continuation of Standard Form 18, Block 11

1. **This is a Request for Quotation (RFQ)** issued in accordance with the terms and clause of DLA Energy BOA RFP SP0600-15-R-0416 for the Supply of Renewable Energy Certificates (RECs).
2. **Instructions to BOA Holder or Offeror:** *If your firm does not currently hold a BOA with DLA Energy, immediately refer to RFP SP0600-15-R-0416 and contact the individuals listed on the SF1449, Block 7a and 7b.* Provide a price for the following CLIN(s) in accordance with SP0600-15-R-0416, Section B, SUPPLIES TO BE FURNISHED and Section C, STATEMENT OF WORK/SPECIFICATIONS.

(Tailor the table as necessary)

| Contract Line Item Number | REC Type/ Source | Quantity (listed in MWh) | Price (\$/MWh) |
|----------------------------------|---|---------------------------------|-----------------------|
| CLIN0001 | Any Source | TBD | \$ |
| CLIN0002 | Solar Sources | TBD | \$ |
| CLIN0003 | Wind Sources | TBD | \$ |
| CLIN0004 | Landfill Gas Sources | TBD | \$ |
| CLIN0005 | Biomass Sources | TBD | \$ |
| CLIN0006 | eGRID Sources | TBD | \$ |
| CLIN0007 | Any Source, LEED Certified | TBD | \$ |
| CLIN0008 | Any Source, Green-e Certified | TBD | \$ |
| CLIN0009 | Solar Sources, Green-e Certified | TBD | \$ |
| CLIN0010 | Wind Sources, Green-e Certified | TBD | \$ |
| CLIN0011 | Landfill Gas Sources, Green-e Certified | TBD | \$ |
| CLIN0012 | Biomass Sources, Green-e Certified | TBD | \$ |

3. **ORDERING AGENCY LOCAL PROVISIONS AND CLAUSES:**
All subject DLA BOA terms and clauses are hereby incorporated by reference.

[If the Option Form 347-12b is not used] the Ordering Agency must include, at a minimum, the following:

- **Delivery Period pursuant to Section F of the BOA Terms.**
- **Local Invoicing and Payment terms**
- **Delivery Location (supply furnished and invoice location)**
- **Acceptable method of delivery (i.e. electronic, etc...)**