

<b>REQUEST FOR QUOTATION</b> <i>(THIS IS NOT AN ORDER)</i>			THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 1 PAGES
1. REQUEST NO. 8-5436-100-15057	2. DATE ISSUED 9-24-2008	3. REQUISITION/PURCHASE REQUEST NO. 8-5436-100-15057	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 <input checked="" type="checkbox"/>		RATING
5a. ISSUED BY USDA-ARS-NPA, 2150 Centre Ave, Bldg D, Fort Collins CO 80526			6. DELIVER BY (Date)		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
NAME Gail Wenaas FAX 970-492-7031		TELEPHONE NUMBER AREA CODE 970 NUMBER 492-7046		9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE USDA-ARS-NPA-NPARL		
a. NAME		b. COMPANY		b. STREET ADDRESS 1500 North Central Ave	
c. STREET ADDRESS			c. CITY Sidney		
d. CITY		e. STATE MT	f. ZIP CODE 59270		d. STATE MT
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 9-26-2008		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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations 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)
	<p>AMENDMENT 1 TO REQUEST FOR QUOTE</p> <p>This amendment is to extend the closing date for the RFQ for the walk-in cooler until 9-26-2008. All references to installation in the specifications are deleted - no installation is required.</p> <p>Due to time limitations, vendor must be registered in BOTH CCR and ORCA at the time the quote is received or the quote will not be considered.</p>	1			

12. DISCOUNT FOR PROMPT PAYMENT <input checked="" type="checkbox"/>	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						
c. COUNTY			a. NAME (Type or print)		AREA CODE	
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER