

NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)

1. REQUEST NUMBER OSAN-F-24Q0020	2. DATE ISSUED 28 Jun 2024	3. PURCHASE REQUEST NUMBER OSANF40088
4a. ISSUED BY: NAF Accounting Office 51 FSS/FSRA UNIT# 2065 APO, AP 96278-2065 Mr. Chin, Email chun.chin.kr@us.af.mil Voice: 82-31-661-8471 Fax: 82-31-661-6469		5. DELIVERY BY (Date) 30 Sep 2024
4b. FOR INFORMATION CALL: (Name and telephone number) (No collect calls) Mr. Chin at 0505-784-8471		6. DELIVERY TERMS <input type="checkbox"/> FOB Destination <input type="checkbox"/> FOB Origin
7. TO: (Name and Address, including Zip Code)		8. SHIP TO (Consignee and address, including Zip Code) Outdoor Recreation Center 51 FSS/FSWO UNIT #2065 APO, AP 96278-2065

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 23 Jul 2024

IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please indicate on this form and return to the address in block 4a. 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 representation and/or certifications attached to this Request for Quotations must be completed by the quoter.

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Installation of Indoor Freestyle Climbing Wall See attached Statement of Work (SOW) and drawing.	1	SV		
ATCH01	ATTACHMENTS OSANF24Q0020_SOW_Indoor Climbing Wall Installation.pdf (3 MB)				
ATCH02	OSANF24Q0020_Drawing_Indoor Climbing Wall Installation.pdf (2 MB)				
ATCH03	Nonappropriated Fund Standard Clauses (1 May 2024).docx (65 KB)				
NOTE01	NOTES A site visit is strongly recommended: Date/time: 11 Jul 24/1000 hrs Location: Outdoor Recreation, bldg. 1304 at Osan AB You may contact Mr. Hong, Chun Yong at 010-9089-8072 or Ms. Burleigh at christa.burleigh.1@us.af.mil as the point of contact (POC)for this Request for Quotations.				

11. DISCOUNT FOR PROMPT PAYMENT - %	10 CALENDAR DAYS - %	20 CALENDAR DAYS - %	30 CALENDAR DAYS - %	CALENDAR DAYS - %
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12. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP)	13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	14. DATE OF QUOTATION
	15. NAME AND TITLE OF SIGNER (Type or print)	16. TELEPHONE NO. (include area code)