

<b>REQUEST FOR QUOTATION</b> (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET ASIDE		PAGE 1 OF 2 PAGES
1. REQUEST NO. 28321326RI0000034	2. DATE ISSUED 06/16/2026	3. REQUISITION/PURCHASE REQUEST NO. 3303-26-1159	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1	RATING
5a. ISSUED BY Social Security Administration Office of Acquisition and Grants 00000			6. DELIVERY BY (Date) 1 Days After Award	
			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
			9. DESTINATION	
5b. FOR INFORMATION CALL: (No collect calls)			a. NAME OF CONSIGNEE Social Security Administration	
NAME ADRIANE RIGGIN		TELEPHONE NUMBER AREA CODE 410 NUMBER 965-4904		b. STREET ADDRESS After 4pm-Call First 410-965-4070 Rcvg Hrs: 7:30a-6:00p Robert M. Ball Bldg Loading Dock 6401 Security Blvd
8. TO:				
a. NAME		b. COMPANY		
c. STREET ADDRESS			c. CITY Baltimore	
d. CITY		e. STATE	f. ZIP CODE	d. STATE MD e. ZIP CODE 21235-0001
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 07/01/2026 1200 ED		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)
	This is a Request for Information (RFI) for market research and planning purposes only and shall not be construed as an obligation or commitment on the part of the Social Security Administration (SSA or agency). This is not a Request for Quote (RFQ)/Request for Proposal (RFP); the agency is neither obligated to issue an RFQ/RFP or award a contract pursuant to this RFI or any responses received in reference to this effort. The agency will not pay any costs incurred in preparing information for responding to this RFI or in relation to the agency's use of such information. Through issuance of this notice, the Social Security Administration (SSA or agency) seeks to identify the availability and technical capability of all qualified businesses Continued ...				

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					
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER	

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## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>that believe they can provide the supplies and/or services described in this announcement. *****</p> <p>RFI - Printer and Multifunctional Device (MFD) BPA</p> <p>Delivery: 1 Days After Award *****</p> <p>Attachments: *****</p> <p>Attachment 1- Request for Information *****</p> <p>Contact Information *****</p> <p>Adriane Riggin Contract Specialist Adriane.Riggin@ssa.gov</p>				