DATE: January 28, 2015

TO: All Prospective Proposers

FROM: Valerie Rolandelli
Associate Vice President
301-985-7895

RE: RFP 91268 – Facilities and Equipment Maintenance
Addendum #4 dated 01/28/2015

The following amends the above referenced RFP documents. Receipt of this addendum is to be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda Form" and including it in the Technical Proposal. As well, the addendum number and date should be noted in the appropriate space on the Price Proposal form.

1. Attached please find the Solicitation Questions/Issues Log that responds to questions received from potential Proposers.

2. Any further questions from potential Proposers are to be provided in the format of the Question/Issues Log. We appreciate your cooperation in using a standard format.

3. The due date and time for the Initial Technical Proposal REMAINS as Tuesday, February 10, 2015, on or before 5:00 p.m. Proposals must be delivered to the Issuing Office per Section I, Paragraph 2 of the solicitation document. Refer also to Section I, Paragraph 6 of the solicitation document for further information about the Proposal Closing Date/Due Date and Time. Late proposals cannot be accepted.

End of Addendum 4 dated 01-28-2015
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

RFP NO.: 91268

INITIAL TECHNICAL PROPOSAL DUE DATE:
Tuesday, February 10, 2015 on or before 5:00 pm EDT

RFP FOR: FACILITIES AND EQUIPMENT MAINTENANCE

NAME OF PROPOSER: ____________________________________________

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

- Addendum No. 1 dated 01-20-2015
- Addendum No. 2 dated 01-22-2015
- Addendum No. 3 dated 01-26-2015
- Addendum No. 4 dated 01-28-2015
- Addendum No. _____ dated _________

As stated in the RFP documents, this form is included in our Technical Proposal.

________________________________________
Signature

________________________________________
Name Printed

________________________________________
Title

________________________________________
Date

END OF FORM