

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF	PAGES
1. REQUEST NO. N00173-13-Q-0070		2. DATE ISSUED 01/04/2013		1   1	
3. REQUISITION/PURCHASE REQUEST NO. 68-5012-13		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING	
5a. ISSUED BY Supply officer (Code 3410) NRL Washington DC 20375-5329		5b. FOR INFORMATION CALL (NO COLLECT CALLS)		6. DELIVER BY (Date) 02/14/2013	
NAME Lillian Moore		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-3320		7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
8. TO:		a. NAME OF CONSIGNEE Naval Research Laboratory		9. DESTINATION	
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW	
c. STREET ADDRESS		c. CITY Washington		d. STATE DC	
d. CITY		e. STATE		f. ZIP CODE 20475-5320	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 01/14/2013		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 attached continuation sheet				

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

**CONTINUATION SHEET**

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**NAME OF OFFEROR CONTRACTOR**

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	ADS CORE, LAYOUT, HARMONIC BALANCE BUNDLED LICENSE Part No: W2202BP	1	EA		
002	R-35A-001-A NODE LOCKED LICENSE Part No: R-35A-001-A	1	EA		
003	R-36A-001-L 12 MONTHS UPGRADE AND SUPPORT Part No: R-36A-001-A	12	MO		
0004	E8900K-030 USB HARDWARE KEY FOR EEsof 2011 OR LATER VERSION SOFTWARE AND 64 BIT OS Part No: E8900K	1	EA		
	BRAND NAME OR EQUAL				
	If available please include a published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-3320.				
	If emailing quote send to <a href="mailto:lillian.moore@nrl.navy.mil">lillian.moore@nrl.navy.mil</a> .				
	Any questions concerning this Request for Quotation (RFQ) must be e-mailed to <a href="mailto:SolQnA@nrl.navy.mil">SolQnA@nrl.navy.mil</a> at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.				