

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1   --   12
1. REQUEST NO. N00173-14-Q-0340	2. DATE ISSUED 8/20/2014	3. REQUISITION/PURCHASE REQUEST NO. 61-0737-14	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			6. DELIVER BY (Date) TBD	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				
NAME Cheryl Benthall		TELEPHONE NUMBER		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
		AREA CODE 202	NUMBER 767-0288	9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW Bldg 49
c. STREET ADDRESS			c. CITY Washington	
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC
				e. ZIP CODE 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 9/2/2014		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 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			
b. STREET ADDRESS		16. SIGNER	
c. COUNTY		a. NAME (Type or print)	b. TELEPHONE
d. CITY			AREA CODE
e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER

**NAME OF OFFEROR CONTRACTOR**

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	C15-40FX/SSEXT-H2-SYS FLEXPPOWER Gas Compressor System: Process Gas: Hydrogen Maximum discharge pressure: 1500 psig Inlet pressure range: at least 1000 psi to 10,000 psi Capacities at 80 deg F inlet: minimum 50 SCF for inlet pressure of 1000 psi and output pressure of 15,000 psi minimum 100 SCF for inlet pressure of 2000 psi and output pressure of 15,000 psi Motor: 40HP NEMA Class 1 Division 2 TEFC Power requirement: 460v, 3ph, 50hz Control power requirement: 24vDC Ambient operating temperature: 50 to 100 deg F Cooling requirement: 10gpm at 60-80 deg F Installation location: Outdoors in a container, see below Compressor includes: -Full length distance pieces -Stainless steel wet ends -Explosion-proof reciprocating circuit -Breather isolation -Explosion-proof oil reservoir heater -Explosion-proof control and piping' system. Controller to be mounted outside container in a safe location -Vent stack System includes: -20 ft standard container with steel floor, (1) man door and (1) roll-up door, primed and painted -Vent fan, explosion proof Class I, Div. 1, Gr. C&D -Explosion-proof lighting -Main electrical connection -Compressor inlet and discharge bulkhead connections -Cooling fluid inlet and discharge bulkhead connections -Oxygen monitor to be mounted in a safe location	1	Ea		

**NAME OF OFFEROR CONTRACTOR**  
 All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	Pre-cooler	3	Ea		
0003	Tie rod measuring tool	1	Ea		
0004	Explosion-proof hydrogen detector	1	Ea		
0005	Spare parts kits for C15-40FX/SSEXT-H2 includes: -Two high-pressure packing charges, one check valve rebuild and two motive cylinder seal changes -One hydraulic oil filter and two hydraulic power unit soft seal changes  Attachment 1 - Additional Specifications  "Brand Name or Equal"  If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202)767-6678.  Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ.	1	Ea		