

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1 11
1. REQUEST NO. N00173-14-Q-0171	2. DATE ISSUED 04/07/2014	3. REQUISITION/PURCHASE REQUEST NO. 75-018Y-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			6. DELIVER BY (Date) TBD		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
NAME Donna Speight		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-0105		9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME ALL QUOTERS		b. COMPANY		b. STREET ADDRESS 7 GRACE HOPPER AVE	
c. STREET ADDRESS			c. CITY MONTEREY		
d. CITY		e. STATE CA	f. ZIP CODE 93943	d. STATE CA	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 04/16/2014			IMPORTANT: This is a request for information, and quotations furnished are not officers. 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 Sheets				

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

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D		PAGE OF	
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NAME OF OFFEROR CONTRACTOR							
ALL QUOTERS							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
001	License Number 341905 MATLAB MAINTENANCE (SUBML) QUANTITY 48	1	YR				
002	CURVE FITTING TOOLBOX MAINTENANCE (SUBCF) QUANTITY 2	1	YR				
003	MATLAB COMPILER MAINTENANCE (SUBCO) QUANTITY 1	1	YR				
004	PARALLEL COMPUTING TOOLBOX MAINTENANCE (SUBDM) QUANTITY 2	10	MO				
005	IMAGE PROCESSING TOOLBOX MAINTENANCE (SUBIP) QUANTITY 4	1	YR				
006	MAPPING TOOLBOX MAINTENANCE (SUBMG) QUANTITY 14	1	YR				
007	MAPPING TOOLBOX MAINTENANCE (SUBMG) QUANTITY 1	2	MO				
008	OPTIMIZATION TOOLBOX MAINTENANCE (SUBOP) QUANTITY 2	1	YR				
009	SIGNAL PROCESSING TOOLBOX MAINTENANCE (SUBSG) QUANTITY 7	1	YR				
010	SYMBOLIC MATH TOOLBOX MAINTENANCE (SUBSM) QUANTITY 1	1	YR				
011	STATISTICS TOOLBOX MAINTENANCE (SUBST) QUANTITY 23	1	YR				
012	STATISTICS TOOLBOX MAINTENANCE (SUBST) QUANTITY 1	2	MO				
PERIOD OF PERFORMANCE WILL BE DETERMINED AT THE TIME OF CONTRACT AWARD.							

CONTINUATION SHEET

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NAME OF OFFEROR CONTRACTOR

ALL QUOTERS

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>BRAND NAME OR EQUAL</p> <p>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.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.</p>				