

1. REQUEST NO. N00173-14-Q-0267 2. DATE ISSUED 06/25/2014 3. REQUISITION/PURCHASE REQUEST NO. 57-4128-14 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) 10/14/2014

5b. FOR INFORMATION CALL (NO COLLECT CALLS) 7. DELIVERY  FOB DESTINATION  OTHER (See Schedule) 9. DESTINATION a. NAME OF CONSIGNEE Naval Research Laboratory

NAME Donna Speight TELEPHONE NUMBER AREA CODE 202 NUMBER 767-0105 8. TO: b. COMPANY

a. NAME All Quoters b. STREET ADDRESS 4555 Overlook Ave SW c. CITY Washington

c. STREET ADDRESS d. CITY e. STATE DC f. ZIP CODE 20375

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 07/07/2014 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 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 a. NAME OF QUOTER b. STREET ADDRESS c. COUNTY d. CITY e. STATE f. ZIP CODE 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION 15. DATE OF QUOTATION 16. SIGNER a. NAME (Type or print) b. TELEPHONE AREA CODE c. TITLE (Type or print) NUMBER

CONTINUATION SHEET

N00173-14-Q-0267

2 12

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>CoaxRF Signal Limit                      ECCN: EAR99                      Insertion Loss: 2.3 dB                      Max Frequency: 18 GHz                      Leakage Power: 100 mW                      Min Frequency: 8000 MHz                      Peak Power: 1000 W                      Connector Type: SMA                      Recovery Time: 1000 ns</p> <p>Part No: 2690-1011</p> <p>Brand Name or Equal</p> <p>If available please include a published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-0685 or email to donna.speight@nrl.navy.mil.</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>	30	ea		