

|  |                              |   |  |  |
|--|------------------------------|---|--|--|
| <b>REQUEST FOR QUOTATION<br/>(THIS IS NOT AN ORDER)</b>  |                              | THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE  |  | PAGE OF PAGES<br>1   11                      |
| 1. REQUEST NO.<br>N00173-14-Q-0237   | 2. DATE ISSUED<br>06/02/2014 | 3. REQUISITION/PURCHASE REQUEST NO.<br>69-0112-14   | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1   | RATING                                       |
| 5a. ISSUED BY<br>Supply Officer (Code 3410) NRL Washington DC 20375  |                              |   | 6. DELIVER BY (Date)<br>7/15/2014  |  |
| 5b. FOR INFORMATION CALL (NO COLLECT CALLS)  |                              |   | 7. DELIVERY<br><input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) |  |
| NAME<br>Georgianna Romero  |                              | TELEPHONE NUMBER<br>AREA CODE: 202 NUMBER: 767-2022   |  | 9. DESTINATION                               |
| 8. TO:   |                              |   | a. NAME OF CONSIGNEE<br>Naval Research Laboratory  |  |
| a. NAME<br>All Quoters   |                              | b. COMPANY  |  | b. STREET ADDRESS<br>4555 Overlook Avenue SW |
| c. STREET ADDRESS  |                              |   |  | c. CITY<br>Washington                        |
| d. CITY  |                              | e. STATE  | f. ZIP CODE  | d. STATE<br>DC                               |
|  |                              |   |  | e. ZIP CODE<br>20375-5329                    |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)<br>6/12/2014 |                              | 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.<br>(a)  | SUPPLIES/ SERVICES<br>(b)        | QUANTITY<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(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              |  |          | 16. SIGNER   |                          | b. TELEPHONE          |        |
| b. STREET ADDRESS              |  |          |  |                          |                       |        |
| c. COUNTY                      |  |          | a. NAME (Type or print)                              |                          | AREA CODE             |        |
| d. CITY                        |  | e. STATE | f. ZIP CODE  | c. TITLE (Type or print) |                       | NUMBER |

CONTINUATION SHEET

N00173-14-Q-0237

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT

| ITEM NO. | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|---|----------|------|------------|--------|
| 001      | <p>Carbon Fiber Botle Brush<br/>4" brush diameter<br/>48" brush part length<br/>60" overall length<br/>Carbon Fiber, Panex 35 fill material, 0.0003" diameter, black color, level crimp; titanium CP2 base wire material; 11 guage base wire diameter; 6" stem length on either end</p> <p>P/N 499330-5</p> <p>Item must be 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 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.</p> | 250      | EA   |            |        |