

1. REQUEST NO. N00173-14-Q-0410	2. DATE ISSUED 10/01/2014	3. REQUISITION/PURCHASE REQUEST NO. 71-0315-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 RATING
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5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329	6. DELIVER BY (Date) TBD
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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NAME Georgianna Romero	TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-2022	9. DESTINATION a. NAME OF CONSIGNEE Naval Research Laboratory
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8. TO:		b. STREET ADDRESS 4555 Overlook Ave SW
a. NAME All Quoters	b. COMPANY	c. CITY Washington

c. STREET ADDRESS	d. CITY	e. STATE DC	f. ZIP CODE 20375
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d. CITY	e. STATE DC	f. ZIP CODE 20375
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 10/10/2014	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.
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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					a. NAME (Type or print)	
c. COUNTY			c. TITLE (Type or print)		NUMBER	
d. CITY		e. STATE	f. ZIP CODE			

CONTINUATION SHEET

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>Vector Sensor Array (VSA) to be used in conjunction with a GFE pressure vessel. The VSA will comprise: 110 meter subsea electro-mechanical array cable with 22 Vector Sensor Node assemblies. The housings will be oil-filled to minimize acoustic affects and the sensor to be supported in open-cell foam. The cable will have 20 connectorized breakouts at locations to be determined based upon implementation with the GFE pressure vessel.</p> <p>Manufacturer: Ocean Data Model# VSA100</p> <p>ITEMS 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 Contracting Officer, Georgianna Romero at the following email address: georgianna.romero@nrl.navy.mil or by fax to (202)767-3793.</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>	1	ea		