REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET-ASIDE

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
N00173-14-Q-0189	04/23/2014	11-0076-14		

5a. ISSUED BY
Supply Officer (Code 3410) NRL Washington DC 20375

6. DELIVER BY *(Date)*
06/05/2014

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Kimala R. Winfield	202	767-2819

7. DELIVERY
[X] FOB DESTINATION [ ] OTHER *(See Schedule)*

8. TO:

a. NAME	b. COMPANY
All Quoters	

c. STREET ADDRESS

d. CITY | e. STATE | f. ZIP CODE

9. DESTINATION

a. NAME OF CONSIGNEE
Naval Research Laboratory

b. STREET ADDRESS
4555 Overlook Avenue, SW

c. CITY
Washington

d. STATE: DC | e. ZIP CODE: 20375-5329

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
05/05/2014

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

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
NUMBER

c. TITLE *(Type or print)*

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 N00173-14-Q-0189	PAGE OF 2 OF 11

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	The Naval Research Laboratory has a requirement for a Contractor to overhaul the MJB3 Mask Aligner: S/N 2162R, to include: Test Basic Function, Test of Process (Resist, Exposure, Mask Alignment, Under-Exposure, Over-Exposure, Line Widths, Resolution), Basic Sub-Assemblies, Overhaul Test and Repair, Machine Input, Interlock Box, Interlocks, Circuit Breakers, Exposure Modes (Basic Design), Adjustment, Maintenance & Check Routines, WEC Head and Z-Axis P/N: MJB3. 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 202-767-1708. 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		