

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFO <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1 12
1. REQUEST NO. N00173-14-Q-0330	2. DATE ISSUED 08/07/14	3. REQUISITION/PURCHASE REQUEST NO. 68-8361-14	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) TBD		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY		
NAME Lillian M Moore		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
		AREA CODE 202	NUMBER 767-3320	9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME To all Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW	
c. STREET ADDRESS			c. CITY Washington		
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC	e. ZIP CODE 20735
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 08/18/14		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.	SUPPLIES/ SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(a)	(b)	(c)	(d)	(e)	(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. STREET ADDRESS				a. NAME (Type or print)	
c. COUNTY				AREA CODE	
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)	
				NUMBER	

CONTINUATION SHEET

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NAME OF OFFEROR CONTRACTOR

To all Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>Special Vision 2000-P Quadrupole Mass Spectrometer for process monitoring Process Pressure: 10 Torr, - must integrate with the hardware and software on a RX Particle ALD Reactor System from ALD NanoSolutions installed in the NRL Lab.</p> <p>MKS Model #980-052 or equal</p> <p>Please fax quotation to Lillian Moore @202-767-1708 or email to: lillian.moore@nrl.navy.mil</p> <p>FEDEX to: Naval Research Laboratory, 4555 Overlook Ave SW, Code 3411, Washington DC 20375</p> <p>Note: Any questions concerning this RFQ should be emailed to this account SolQnA@nrl.navy.mil five (5) days prior to the closing date in Block 10 of this RFQ.</p> <p>Please attach a Published Price List or Cost Breakdown to the Quotation.</p>	1	ea		