

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE OF PAGES 1 12	
1. REQUEST NO. N00173-14-Q-0345		2. DATE ISSUED 08/12/14		3. REQUISITION/PURCHASE REQUEST NO. 57-2118-14		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 ▶	
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 <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Lillian M Moore			TELEPHONE NUMBER AREA CODE NUMBER 202 767-3320			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 e. ZIP CODE DC 20735
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 08/19/14			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. (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 <input type="checkbox"/> are <input type="checkbox"/> 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							
c. COUNTY				a. NAME (Type or print)		b. TELEPHONE AREA CODE	
d. CITY			e. STATE	f. ZIP CODE		NUMBER	
c. TITLE (Type or print)							

NAME OF OFFEROR CONTRACTOR

To all Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>RF Multicoupler, 30 MHz - 6 GHz, Wide-Band 8 input, 32 output (8 1x4) Channel to channel isolation: Over 60 dB Output to output isolation minimum: 30 dB Input 1-dB GC: -10dBm min. Noise Figure: 12dB max.</p> <p>Model #8MDP-206000E or equal</p> <p>See additional requirements (Attachment 1)</p> <p>Please fax quotation to Lillian Moore @202-767-1708 or email to: lillian.moore@nrl.navy.mil. You may also FEDEX to: Attn: Lillian Moore, Naval Research Laboratory, 4555 Overlook Ave, SW, Code 3411, Washington DC 20375.</p> <p>Note: Any questions concerning this Request for Quotation (RFQ) should be emailed to SolQnA@nrl.navy.mil at least five (5) days prior to the closing date shown in Block 10 on page 1 of this RFQ.</p> <p>Please attach a Published Price List or a Cost Breakdown to the quotation.</p>	1	ea		