

<b>REQUEST FOR QUOTATION (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 1 12
1. REQUEST NO. N00173-14-Q-0372	2. DATE ISSUED 09/02/14	3. REQUISITION/PURCHASE REQUEST NO. 81-2066-14	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 AREA CODE NUMBER 202 767-3320		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
8. TO:			9. DESTINATION		
a. NAME To all Quoters		b. COMPANY		a. NAME OF CONSIGNEE Naval Research Laboratory	
c. STREET ADDRESS			b. STREET ADDRESS 4555 Overlook Ave SW		
d. CITY			c. CITY Washington		
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) 09/11/14		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  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					
b. STREET ADDRESS			16. SIGNER		
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE
d. CITY			c. TITLE (Type or print)		AREA CODE
e. STATE		f. ZIP CODE	NUMBER		

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101	<b>CONTINUATION SHEET</b>	REF. NO. OF DOC. BEING CONT'D N00173-14-Q-0372	PAGE OF 2 12		
NAME OF OFFEROR CONTRACTOR To all Quoters					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>Floating License</p> <p>Upgrade from Feko Silver Sequential Premium Floating License to Gold Parallel, 2 CPU Premium Floating License</p> <p>Part # Feko Upgrade, brand name or equal</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		