

REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFO IS IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO. N00173-14-Q-0448
2. DATE ISSUED 09/22/14
3. REQUISITION/PURCHASE REQUEST NO. 56-9557-14
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
5b. FOR INFORMATION CALL (NO COLLECT CALLS)

6. DELIVER BY (Date) TBD
7. DELIVERY FOB DESTINATION OTHER (See Schedule)
9. DESTINATION

8. TO: a. NAME b. COMPANY

To all Quoters
c. STREET ADDRESS

d. CITY e. STATE f. ZIP CODE

DC 20735

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/26/14
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
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
c. TITLE (Type or print)
NUMBER

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-0448	PAGE OF 2 12		
NAME OF OFFEROR CONTRACTOR All Quoters					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>SHF 611C 3-bit digital-to-analog converter (DAC)</p> <p>Part No: SHF 611C</p> <p>Brand Name or Equal</p> <p>If available please include a published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-1708 or email to lillian.moore@nrl.navy.mil and jean.copes@nrl.navy.mil.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.</p>	3	ea		