

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>			THIS RFQ <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-0412	2. DATE ISSUED 09/22/14	3. REQUISITION/PURCHASE REQUEST NO. 71-0302-14	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			6. DELIVER BY (Date) TBD		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY		
NAME Michelle R. Waters		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
		AREA CODE 202	NUMBER 767-2243	9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Avenue SW	
c. STREET ADDRESS			c. CITY Washington		
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC	e. ZIP CODE 20375-5329
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 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			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE AREA CODE
b. STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		NUMBER
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)	

**NAME OF OFFEROR CONTRACTOR**  
 All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Product #SIM900/1, programmable mainframe for small instrumentation modules, 8 slots with GPIB interface	4	EA		
0002	Product #0900RM, rack mount kit for line item 0001 above	4	EA		
0003	Product #SIM910, 1 MHz JFET high input impedance preamplifier SIM module	8	EA		
0004	Product #SIM964, 1 MHz analog limiter SIM module	8	EA		
0005	Product #SIM965, 1 MHz Bessel and Butterworth (switchable) filter, high or low pass (switchable) SIM module	16	EA		
	<p>Brand Name or Equal</p> <p>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202)767-6678.</p> <p>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.</p>				