

<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   11	
1. REQUEST NO. N00173-14-Q-0104		2. DATE ISSUED 01-27-2014		3. REQUISITION/PURCHASE REQUEST NO. 53-2005-14		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 RATING	
5a. ISSUED BY Naval Research Laboratory (Supply Officer) Code 3410						6. DELIVER BY (Date) 03/20/2014	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Nicole Coleman			TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-2474			9. DESTINATION	
8. TO:						a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME 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 20375							
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 02/07/2014			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.				
<b>11. SCHEDULE (Include applicable Federal, State and local taxes)</b>							
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 <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		a. NAME (Type or print)	
b. STREET ADDRESS						b. TELEPHONE AREA CODE	
c. COUNTY				c. TITLE (Type or print)		NUMBER	
d. CITY		e. STATE		f. ZIP CODE			

CONTINUATION SHEET

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>Items are components of a HFSWR system to be barcoded upon completion.</p> <p>Part no: EK-V6-ML605-G Manufacturer: Xilinx Virtex 6 FPGA Board</p> <p>If available please include published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-0685 or email <a href="mailto:nicole.coleman@nrl.navy.mil">nicole.coleman@nrl.navy.mil</a>.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be e-mailed to <a href="mailto:SolQnA@nrl.navy.mil">SolQnA@nrl.navy.mil</a> at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.</p>	84	EA		