

REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ IS IS NOT A SMALL BUSINESS SET-ASIDE

PAGE OF PAGES
1 11

1. REQUEST NO. N00173-14-Q-0251
2. DATE ISSUED 06-18-2014
3. REQUISITION/PURCHASE REQUEST NO. 68-1071-14
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
5b. FOR INFORMATION CALL (NO COLLECT CALLS)
6. DELIVER BY (Date) 07/15/2014

NAME Nicole Coleman
TELEPHONE NUMBER
AREA CODE 202 NUMBER 767-2474
7. DELIVERY FOB DESTINATION OTHER (See Schedule)
9. DESTINATION

8. TO: a. NAME All Quoters b. COMPANY
a. NAME OF CONSIGNEE Naval Research Laboratory

b. STREET ADDRESS 4555 Overlook Ave SW

c. STREET ADDRESS c. CITY Washington

d. CITY DC e. STATE DC f. ZIP CODE 20375

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 06/30/2014
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.

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 b. STREET ADDRESS 16. SIGNER

c. COUNTY a. NAME (Type or print) b. TELEPHONE
AREA CODE

d. CITY e. STATE f. ZIP CODE c. TITLE (Type or print) NUMBER

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	Standard 200N Tensile/Compression Stage with one loadcell, travel 10-20mm or 25-35mm	1	ea		
002	Additional 20N loadcell	1	ea		
003	3 & 4 point bending clamps for standard 200N stage	1	ea		
004	Short travel base plate to reduce stroke from 10-20mm to 1-11mm	1	ea		
	<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) 767-0685 or email to nicole.coleman@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>				