

<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-0289	2. DATE ISSUED 07-15-2014	3. REQUISITION/PURCHASE REQUEST NO. 56-6053-14	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) TBD		
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   NUMBER 202   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   e. ZIP CODE DC   20375

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)  
07/25/2014

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			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)			

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	PAGE OF
				N00173-14-Q-0289	2 12
NAME OF OFFEROR CONTRACTOR					
All Quoters					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>Storeserver TSM Enterprise Appliance Upgrade, Including:</p> <ul style="list-style-type: none"> <li>-EBA 1202-S TSM Enterprise Backup Appliance; SSD Database; de-dup capable; IBM M4 class server; Xeon 2630, 128 GB memory; 5 TB daily changes.</li> <li>-RAID controller for existing Xyratex system</li> <li>-FC Adapter, dual port 8 Gbps installed in server</li> <li>-Second CPU for server, including 3 additional PCIe slots</li> <li>-Intergration for one existing SATABeast</li> <li>-Silver solutuion support, one year</li> </ul> <p>Part No: EBA1202-TSM</p> <p>Brand Name or Equal.</p> <p>If available please include published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-0685or email nicole.coleman@nrl.navy.mil.</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 the RFQ.</p>	1	EA		