

<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   6
1. REQUEST NO. N00173-15-Q-0247	2. DATE ISSUED 05/14/15	3. REQUISITION/PURCHASE REQUEST NO. 63-6077-15	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 20375-5329			6. DELIVER BY (Date) TBD	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				
NAME Cheryl Benthall		TELEPHONE NUMBER AREA CODE NUMBER 202 767-0288		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
8. TO:			9. DESTINATION	
a. NAME All Quoters		b. COMPANY		a. NAME OF CONSIGNEE Naval Research Laboratory
c. STREET ADDRESS			b. STREET ADDRESS 4555 Overlook Ave SW Bldg 49	
d. CITY			c. CITY Washington	
e. STATE		f. ZIP CODE		d. STATE DC
e. STATE		f. ZIP CODE		e. ZIP CODE 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 05/21/15		IMPORTANT: This is a request for information and quotations furnished are not offers. 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 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			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE
b. STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		AREA CODE
d. CITY		e. STATE	f. ZIP 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		PAGE OF	
				N00173-15-Q-0247		2 6	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	<p>Upgrade NRL's existing probe station to include electromagnet to produce horizontal field at sample of 0.6 Tesla, with 3 year warranty</p> <p>Includes cost of return and installation</p> <ul style="list-style-type: none"> <li>-Probe station, vacuum chamber: <ul style="list-style-type: none"> <li>-hardcoated aluminum construction</li> <li>-four ports for micromanipulation probes</li> <li>-cover plate with window mount</li> <li>-quartz window for microscope</li> </ul> </li> <li>Radiation shield <ul style="list-style-type: none"> <li>-polished OFHC copper</li> <li>-sapphire cold window</li> </ul> </li> <li>Sample holder (grounded) <ul style="list-style-type: none"> <li>-1" square sample holder, OFHC copper</li> <li>-325 K Max Temp</li> </ul> </li> <li>Annodized aluminum table for electromagnet</li> </ul> <p>Part No: PSG-10-4-1</p>	1	EA				
0002	<p>Instrumentation for temperature control</p> <ul style="list-style-type: none"> <li>-installed on 32-pin hermetic feedthrough</li> <li>-temperature sensors</li> <li>-cryocooler cold tip diagnostics: (1) Si diode, LS-670B-SD</li> <li>-sample chuck temperature control (1) cernox, CX-1070-SD</li> <li>-sample sensor, calibrated. (1) cernox, CX-1070-CU-4L</li> <li>-radiation shield sensor: (1) Si diode, LS-670B-SD heaters: <ul style="list-style-type: none"> <li>-sample chuck temperature control (1) 50W cartridge heater</li> <li>-radiation shield rapid warm-up (2) 50 W cartridge heaters</li> </ul> </li> </ul> <p>Part No: CI-PS-1</p>	1	EA				
0003	<p>Electromagnet Probe station: horizontal Field</p> <ul style="list-style-type: none"> <li>-up to (4) four micromanipulated probe arms may be used</li> <li>-water cooled electromagnet and power supply</li> <li>-Expected Horizontal Field (at sample): - 0.6T</li> <li>-Sample Plate Size: 1in. square</li> <li>76 mm Pole Face</li> <li>Max Continuous Power: 50A, 25V, 1.25 kW</li> <li>Water Requirements: 2 liters/min, 0.8 bar (0.5 US GPM, 12 PS</li> <li>-Includes power supply, controller and cabling for magnet operation. Sample temperature sensor becomes calibrated</li> </ul> <p>Cernox</p> <p>Part No: EM-1T-H</p>	1	EA				

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	
				N00173-15-Q-0247		2 A 6	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0004	Seal replacement for exisiting DE-204P cryocooler -returns cryocooler to orig. operating performance.	1	EA				
0005	Standard 3 year warranety includes cryocooler	1	EA				
0006	Return, installation and training service	1	EA				
"Brand Name or Equal"							
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.							
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.							