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|---|------------------------------|--|--|----------------|---------------------------|
| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | | THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE | | PAGE OF 01 | PAGES 16 |
| 1. REQUEST NO. N00173-15-Q-0286 | 2. DATE ISSUED 05/28/2015 | 3. REQUISITION/PURCHASE REQUEST NO. 57-7066-15 | 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) | | | 7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | | |
| NAME Cynthia V. Offutt | | TELEPHONE NUMBER AREA CODE NUMBER 202 767-3452 | | 9. DESTINATION | |
| 8. IO: a. NAME All Quoters | | | a. NAME OF CONSIGNEE Naval Research Laboratory | | |
| b. COMPANY | | | b. STREET ADDRESS 4555 Overlook Ave S.W. | | |
| 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) 06/04/2015 | | 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 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 |
| 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 |

CONTINUATION SHEET

N00173-15-Q-0286

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NAME OF OFFEROR CONTRACTOR

All Quoters

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|--|----------|------|------------|--------|
| 0001 | Item # : 4886-0 SYNPLIFY PRO XILINX ONLY PERPETUAL NODELOCK LICENSE | 1 | ea | | |
| 0002 | Item # : 0000-0 USB DONGLE Perpetual NE NODELOCK License | 1 | ea | | |
| 0003 | PERPETUAL NODELOCK Maintenance Period of Performance will be determined at time of award 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 202-767-3875/6675. 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 this RFQ. | 1 | yr | | |