

1. REQUEST NO. N00173-15-Q-0190	2. DATE ISSUED 04/14/2015	3. REQUISITION/PURCHASE REQUEST NO. 81-0609-15	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329	6. DELIVER BY (Date) TBD
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY
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NAME Jean Copes	TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION	<input type="checkbox"/> OTHER (See Schedule)
	AREA CODE 202	NUMBER 404-1714	9. DESTINATION	

8. TO:		a. NAME OF CONSIGNEE Pommonkey Field Site
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a. NAME All Quoters	b. COMPANY	b. STREET ADDRESS Bumpy Oak Road
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c. STREET ADDRESS		c. CITY La Plata	
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d. CITY	e. STATE	f. ZIP CODE	d. STATE MD	e. ZIP CODE 20646
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 04/17/2015	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.
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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 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		

b. STREET ADDRESS	16. SIGNER	
	a. NAME (Type or print)	b. TELEPHONE
c. COUNTY		AREA CODE

d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER
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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 N00173-15-Q-0190	PAGE OF 2 16
NAME OF OFFEROR CONTRACTOR					
All Quoters					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	3100 Pedestal Upgrade Design, manufacture and test as per attached SOW	1	ea		
002	Spare Parts Kit as per attached SOW Brand Name or Equal If available please include a published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-1708 or email to jean.copes@nrl.navy.mil . 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.	1	ea		