

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE OF PAGES 1 12			
1. REQUEST NO. N00173-15-Q-0096		2. DATE ISSUED 03/17/2015		3. REQUISITION/PURCHASE REQUEST NO. 71-3014-15		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				5b. FOR INFORMATION CALL (NO COLLECT CALLS)				6. DELIVER BY (Date) TBD	
NAME Kerry Callahan			TELEPHONE NUMBER AREA CODE . NUMBER 202 767-6985			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		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) 04/01/15			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 sheet								
	DUNS :								
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 <input type="checkbox"/> are <input type="checkbox"/> 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	

CONTINUATION SHEET

N00173-15-Q-0096

2 12

NAME OF OFFEROR, CONTRACTOR

ALL QUOTERS

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>Multi-Platform Mission Computer - Compact DRFM FPGA Processor P/N: MPMC-9321</p> <p>Items must be brand name or equal.</p> <p>If available, please include a published price list or a cost breakdown and return the RFQ package to Kerry Callahan at the following email: kerry.callahan@nrl.navy.mil</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolOnA@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		