

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1   16
1. REQUEST NO. N00173-15-Q-0189	2. DATE ISSUED 04/16/15	3. REQUISITION/PURCHASE REQUEST NO. 81-0616-15	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 Kerry Callahan		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-6985		9. DESTINATION a. NAME OF CONSIGNEE Naval Research Laboratory	
8. TO: a. NAME ALL QUOTERS			b. STREET ADDRESS 4555 Overlook Ave SW		
b. COMPANY			c. CITY Washington		
c. STREET ADDRESS			d. STATE DC		e. ZIP CODE 20375
d. CITY			f. ZIP CODE		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 05/01/2015			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 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  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			c. TITLE (Type or print)		NUMBER
e. STATE		f. ZIP CODE			

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101	<b>CONTINUATION SHEET</b>	REF. NO. OF DOC. BEING CONT'D N00173-15-Q-0189	PAGE OF 2		
NAME OF OFFEROR CONTRACTOR					
ALL QUOTERS					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	TL12UO, 1.25kW, 13.75 - 14.5 GHz SuperLinear Hub Mount TWT High Power Amplifier, as per attached specs.	1	EA		
002	T05KO, 450W CW Ka-Band 27.5 - 31.0 GHz, TWT Outdoor Hub Mount TWT High Power Amplifier, as per attached specs. Communications System Toolbox (CMDWL)	1	EA		
<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: <a href="mailto:kerry.callahan@nrl.navy.mil">kerry.callahan@nrl.navy.mil</a></p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to <a href="mailto:SolOnA@nrl.navy.mil">SolOnA@nrl.navy.mil</a> at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.</p>					