

<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   16
1. REQUEST NO. N00173-15-Q-0307	2. DATE ISSUED 6/22/15	3. REQUISITION/PURCHASE REQUEST NO. 75-056H-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		
NAME Kerry Callahan		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
		AREA CODE 202	NUMBER 767-6985	9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME ALL QUOTERS	b. COMPANY		b. STREET ADDRESS 7 Grace Hopper Ave, Bldg 702		
c. STREET ADDRESS			c. CITY Monterey		
d. CITY	e. STATE	f. ZIP CODE	d. STATE CA	e. ZIP CODE 93943-5502	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 07/07/2015		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  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			c. TITLE (Type or print)		NUMBER
d. CITY	e. STATE	f. ZIP CODE			

**NAME OF OFFEROR CONTRACTOR**

**ALL QUOTERS**

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	DS424X-R6	1	EA		
002	OS-ONTAP-CAP1-OP-QS	960	EA		
003	X5526A-R6 Rackmount Kit, 4-post, Universal, R6	1	EA		
004	DS4246-0796-24A-QS-R-6. DSK Shelf, 24x4.OTB, 72.K, 6G, QS	1	EA		
005	X800E-R6, Power Cable North America, R6	2	EA		
006	X6558-R6, Cable, SAS Cntrl Shelf/Shelf-Shelf/HA, 2M	4	EA		
007	X6560-R6, Cable, Ethernet, 0.5M RJ45 CAT6	1	EA		
008	X6561-R6, Cable, Ethernet, 2M, RJ45 CAT6	2	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>					