

**REQUEST FOR QUOTATION**  
**(THIS IS NOT AN ORDER)**

THIS RFO  IS  IS NOT A SMALL BUSINESS SET-ASIDE

PAGE OF PAGES  
1 16

1. REQUEST NO. N00173-15-Q-0323  
2. DATE ISSUED 6/30/15  
3. REQUISITION/PURCHASE REQUEST NO. 67-0015-15  
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 202 NUMBER 767-6985  
7. DELIVERY  FOB DESTINATION  OTHER (See Schedule)  
9. DESTINATION

8. TO: a. NAME ALL QUOTERS b. COMPANY  
a. NAME OF CONSIGNEE Naval Research Laboratory

b. STREET ADDRESS 4555 Overlook Ave SW  
c. CITY Washington

d. CITY Washington e. STATE DC f. ZIP CODE 20375

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 7/15/2015  
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  
a. NAME OF QUOTER  
b. STREET ADDRESS  
c. COUNTY  
d. CITY e. STATE f. ZIP CODE  
14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION  
15. DATE OF QUOTATION  
16. SIGNER  
a. NAME (Type or print) b. TELEPHONE AREA CODE  
c. TITLE (Type or print) NUMBER

CONTINUATION SHEET

N00173-15-Q-0323

2 16

NAME OF OFFEROR CONTRACTOR

ALL QUOTERS

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>Part #CAP591-38604A-1 CLEAN ROOM - Rigid Wall; CAP591-14x27x8H; ISO Class 7, Class 10,000; -(10) Filter Units - CAP117-424 variable speed control; (7) lights-CAP1210-2x4; Upgrade to a prefab wire kit for the filter units and lights-PWK591-10F7L; (2) doors - 44Wx84H anodized aluminum frame transparent clear acrylic panel; Upgrade to (1) internal rigid wall gown room - 6x4; (2) Magnehelic pressure gages; Transparent clear acrylic wall panels on (2) 14ft sides and gown room walls; White painted aluminum wall panels with polypropylene core on (2) 27ft sides; Upgrade to full wall recirculation on (2) 27ft walls; Double wall construction on (2) sides for air return, outside walls seal to the floor on both sides, roof panels on top to create a plenum, perimeter doors have a door sweep, fixed bottom;</p> <p>Quote should not include: Temperature/Humidity controls, flooring, sprinklers and installation.</p>	1	EA		
002	<p>Upgrade to an A/C System - 10 ton, cooling only; Rejects heat to the existing space; Existing space should be large relative to the clean room; frame and duct work to connect to the clean room;Unit sets on the existing floor 480 volt, 3 Phase.</p> <p>Quote should not include condensate drain plumbed, wiring to building and permits</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		