

| | | | | | | |
|---|--|--|---|---|---|-------|
| 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. REQUEST NO. N00173-12-Q-0187 | | | 2. DATE ISSUED 5/29/2012 | | 3. REQUISITION/PURCHASE REQUEST NO. 81-2048-12 | |
| 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 | | | | 5b. FOR INFORMATION CALL (NO COLLECT CALLS) | | |
| 6. DELIVER BY (Date) 07/20/12 | | | 7. DELIVERY | | | |
| NAME Jodi Fields | | | TELEPHONE NUMBER | | | |
| AREA CODE 202 | | | NUMBER 767-6198 | | | |
| 8. TO: | | | <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | | | |
| a. NAME All Quoters | | | b. COMPANY | | | |
| c. STREET ADDRESS | | | 9. DESTINATION | | | |
| d. CITY | | | a. NAME OF CONSIGNEE Naval Research Laboratory | | | |
| e. STATE | | | b. STREET ADDRESS 4555 Overlook Ave SW Bldg 49 | | | |
| f. ZIP CODE | | | c. CITY Washington | | | |
| d. STATE DC | | | 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) 06/07/2012 | | | 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. | SUPPLIES/ SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|----------------------------------|----------|------|------------|--------|
| (a) | (b) | (c) | (d) | (e) | (f) |
| | See attached continuation sheets | | | | |

| | | | | | |
|---------------------------------|-------------------------|-------------------------|-------------------------|------------------|------------|
| 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 | | | | | AREA CODE | |
| c. COUNTY | | | a. NAME (Type or print) | | NUMBER | |
| d. CITY | | | c. TITLE (Type or print) | | | |
| e. STATE | | f. ZIP CODE | | | | |

CONTINUATION SHEET.

N00173-12-Q-0187

2 11

NAME OF OFFEROR CONTRACTOR

All Quoters

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|--|----------|------|------------|--------|
| 0001 | <p>GPS Signal Generator, 8 channel P/N: GSG-54</p> <p>Brand name or equal</p> <p>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202) 767-1708.</p> <p>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.</p> | 3 | EA | | |