

<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 11
1. REQUEST NO. N00173-12-Q-0144	2. DATE ISSUED 04/13/2012	3. REQUISITION/PURCHASE REQUEST NO. 57-2039-12	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			6. DELIVER BY (Date) 05/02/2012	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME Nicole Coleman		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
		AREA CODE 202	NUMBER 767-2474	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 DC	e. ZIP CODE 20375
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 4/23/2012		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. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See continuation sheet				

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				
b. STREET ADDRESS		16. SIGNER		
c. COUNTY		a. NAME (Type or print)	b. TELEPHONE	
d. CITY		e. STATE	f. ZIP CODE	NUMBER
		c. TITLE (Type or print)		

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-12-Q-0144	PAGE OF 2 11
NAME OF OFFEROR CONTRACTOR					
All Quoters					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	Thrane & Thrane Explorer 727 BGAN Terminal -Transceiver, IP Headset and Antenna	1	EA		
002	Sailor Fleet Broadband 500 Broadband Global Access Terminal-Transceiver, IP Headset and Antenna	1	EA		
<p>If available please include published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-0685 or email <a href="mailto:nicole.coleman@nrl.navy.mil">nicole.coleman@nrl.navy.mil</a>.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be e-mailed to <a href="mailto:SolQnA@nrl.navy.mil">SolQnA@nrl.navy.mil</a> at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.</p>					