REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [x] IS [ ] IS NOT A SMALL BUSINESS SET-ASIDE

PAGE 1 OF 11 PAGES

1. REQUEST NO. N00173-12-Q-0067

2. DATE ISSUED 01/04/12

3. REQUISITION/PURCHASE REQUEST NO. 55-4048-12

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 20375-5329

6. DELIVER BY (Date) 01/15/12

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME: Ruth Bradford

TELEPHONE NUMBER: AREA CODE 202 NUMBER 404-1708

7. DELIVERY
[x] FOB DESTINATION [ ] OTHER (See Schedule)

8. TO:

a. NAME: ALL QUOTERS

b. COMPANY:

c. STREET ADDRESS:

d. CITY:

e. STATE:

f. ZIP CODE:

9. DESTINATION

a. NAME OF CONSIGNEE: Naval Research Laboratory

b. STREET ADDRESS: 4555 Overlook Ave SW Bldg 49

c. CITY: Washington

d. STATE: DC

e. ZIP CODE: 20375-5320

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 01/13/12

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 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

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 NUMBER

c. TITLE (Type or print)

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition not usable

STANDARD FORM 18 (REV. 6-95)
Prescribed by GSA-FAR (48 CFR) 53.215-1(a)

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-0067	PAGE 2 OF 11

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Cavium Development Kit with OCTEON II CN- 6800-CDK-PR11 Brand name or Equal If available please include a published price list or a cost breakdown and return the RFQ package to the following Fax number (202) 767-3875. Any question concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ.	1	EA		