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

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

PAGE 1 OF 12 PAGES

1. REQUEST NO: N00173-04-Q-0153
2. DATE ISSUED: 08/30/04
3. REQUISITION/PURCHASE REQUEST NO: 63-8070-04
4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1
RATING: DO-C9

5a. ISSUED BY
Supply Officer (Code 3410) Naval Research Laboratory Washington DC 20375-5329

6. DELIVER BY *(Date)*: 45 days ARO

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME: Ogee Eckard, Code 3411
TELEPHONE NUMBER: AREA CODE 202 NUMBER 767-6330

7. DELIVERY: [X] FOB DESTINATION [ ] OTHER *(See Schedule)*

9. DESTINATION
a. NAME OF CONSIGNEE: Naval Research Laboratory
b. STREET ADDRESS: 4555 Overlook Ave. SW
c. CITY: Washington DC
d. STATE
e. ZIP CODE: 20375

8. TO:
a. NAME
b. COMPANY: All Quoters
c. STREET ADDRESS
c. CITY
d. STATE
e. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*: 09/09/04

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 Attached 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
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)*

| 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 | PAGE OF |
|---|---|---|---|
| | | N00173-04-Q-153 | 2 12 |

NAME OF OFFEROR CONTRACTOR

All Quoters

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---|---|---|---|---|---|
| 0001 | Electrostatic Spherical Deflector, 15 degrees with radius equal to 5m, gap equals 50 mm with 6" plate height, 8" OD ConFlat input flange, 6" OD with ConFlat exit flange, 10" OD ConFlat pumping port with two 2.7" ConFlat ports<br>Power supplies, support stand and feedthrus not included | 1 | ea | | |
| | Any questions concerning this Request for Quotation (RFQ) must be submitted in writing (email) five (5) days before the closing date shown in Block 10 on page 1 of this RFQ to:<br>SolQnA@condor.nrl.navy.mil | | | | |
| | If available, please include your company's published price list and/or cost breakdown.<br>Return RFQ package to the following fax number:<br>202-404-7016 | | | | |