| REQUEST FOR QUOTATIONS                                                                                            |                                               | THIS RFQ IS IS NOT A SMALL BUSINESS SET-ASIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | PAGE OF                                               | PAGES<br>6  |     |  |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------|-------------|-----|--|
| 1. REQUEST NO.<br>SPE7M1-15-T-7311                                                                                | 2. DATE ISSUED<br>2014 NOV 19                 | 3. REQUISITION/PURCHASE REQUEST NO. 0055529769 4. CERT.FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                       | RATING DO   | -C9 |  |
| 5. ISSUED BY DLA LAND AND MARITIME                                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 6. DELIVER BY (Date) 59 DAYS ADO                      |             |     |  |
| MARITIME SUPPLY CHAIN PO BOX 3990 COLUMBUS OH 43218-3990                                                          |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 7. DELIVERY    FOB DESTINATION   OTHER (See Schedule) |             |     |  |
| USA Name: Tracy McKibben Buyer Code:PMCMXCA Tel: 614-692-7887 Fax: 614-693-1506 Email: DSCC-FMSBb.lnquiry@dla.mil |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 9. DESTINATION a. NAME OF CONSIGNEE                   |             |     |  |
| 8. TO:                                                                                                            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | See Schedule |                                                       |             |     |  |
|                                                                                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | b. STREET                                             | ADDRESS     |     |  |
|                                                                                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | c. CITY      |                                                       |             |     |  |
|                                                                                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | d. STATE                                              | e. ZIP CODE |     |  |
| 10. PLEASE FURNISH QUOTATIONS T<br>ISSUING OFFICE IN BLOCK 5 ON C<br>BEFORE CLOSE OF BUSINESS (Da<br>2014 DEC 01  | indicate on the incurred in the origin unless | ETANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so e on this form and return it to the address in Block 5. This request does not commit the Government to pay any costs d in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must upleted by the quoter. |              |                                                       |             |     |  |
| 11. SCHEDULE (See Continuation Sheets)                                                                            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                       |             |     |  |

### POC INFORMATION:

DRAWINGS MAY BE OBTAINED AT https://pcf1.bsm.dla.mil/cfolders DISCREPANCIES FOUND IN BIDSETS SHOULD BE E-MAILED TO Dscr.PdmdDistribution@dla.mil

ALL OTHER QUESTIONS (SOLICITATION REQUIREMENTS, ITEM DESCRIPTION, AWARD CHOICE, ETC.), PLEASE CONTACT THE BUYER SHOWN ABOVE.

QUESTIONS REGARDING OPERATION OF THE DLA-BSM INTERNET BID BOARD SYSTEM SHOULD BE E-MAILED to DibbsBSM@dla.mil

FOR IMMEDIATE ASSISTANCE, PLEASE REFER TO THE FREQUENTLY ASKED QUESTIONS (FAQS) ON BSM DIBBS AT: https://www.dibbs.bsm.dla.mil/Refs/help/DIBBSHelp.htm OR PHONE 1-855-DLA-0001 (1-855-352-0001).

### MASTER SOLICITATION

THIS SOLICITATION INCORPORATES THE TERMS AND CONDITIONS SET FORTH IN THE DLA MASTER SOLICITATION FOR EPROCUREMENT AUTOMATED SIMPLIFIED ACQUISITIONS (PART 13) REVISION 25 (OCTOBER 14, 2014) WHICH CAN BE FOUND ON THE WEB AT: http://www.dla.mil/Acquisition/Documents/EProcurement\_DLA\_Automated\_Master\_Solicitation\_REV25OCT2014.docx

| a. 10 CALENDAR DA                                                     |          |           | DAYS (%)                                   | b. 20 CALENDAR DAYS (%) c. 30 CALENDAR DAYS (%) |                              | d. CALENDAR DAYS |        |            |  |
|-----------------------------------------------------------------------|----------|-----------|--------------------------------------------|-------------------------------------------------|------------------------------|------------------|--------|------------|--|
| 12. DISCOUNT FOR PROMPT PAYMENT                                       |          |           |                                            |                                                 |                              |                  | NUMBER | PERCENTAGE |  |
|                                                                       |          |           |                                            |                                                 |                              |                  |        |            |  |
| NOTE: Additional provisions and representations are are not attached. |          |           |                                            |                                                 |                              |                  |        |            |  |
| 13. NAME AND ADDRESS OF QUOTER                                        |          |           | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN |                                                 | 15. Date of Quotation        |                  |        |            |  |
| a. NAME OF QUOTER CA                                                  | GE       |           |                                            |                                                 | QUOTATION                    |                  |        |            |  |
|                                                                       |          |           |                                            |                                                 | 1                            |                  |        |            |  |
|                                                                       |          |           |                                            |                                                 |                              |                  |        |            |  |
| b. STREET ADDRESS                                                     |          |           |                                            | 16. SIGNER                                      |                              |                  |        |            |  |
|                                                                       |          |           |                                            | a. NAME (Type or Print)                         |                              | b. TELEPHONE     |        |            |  |
| c. COUNTY                                                             |          |           |                                            |                                                 |                              | AREA CODE        |        |            |  |
|                                                                       |          |           |                                            |                                                 |                              |                  |        |            |  |
| d. CITY                                                               | e. STATE | f. ZIP CO | DE                                         |                                                 | c. TITLE (Type or Print) NUM |                  | NUMBER | IBER       |  |
|                                                                       |          |           |                                            |                                                 |                              |                  |        |            |  |

### SECTION A

THIS BUY MAY BE A CANDIDATE FOR AUTOMATED AWARD. HOWEVER, AUTOMATED SOLICITATIONS CONTAINING FIRST ARTICLE TEST REQUIREMENTS ARE NOT CANDIDATES FOR AN AUTOMATED AWARD. ALL QUOTES MUST BE SUBMITTED VIA THE DLA INTERNET BID BOARD SYSTEM (DIBBS) AT https://www.dibbs.bsm.dla.mil.MICRO-PURCHASE QUOTES MAY BE AWARDED PRIOR TO RETURN DATE.

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM 332996 SEE http://www.sba.gov/content/table-small-business-size-standards FOR THE CORRESPONDING SMALL BUSINESS SIZE STANDARD.

DESTINATION INSPECTION REQUIRED - FAR 52.246-2 APPLIES.

Offerors are encouraged to submit price break information with their quotes. Solicitations which are manually evaluated and awarded at increased quantities may be awarded based on the price break information submitted with the offeror's original quotation without further solicitation or discussion.

If you anticipate quoting on a solicitation after the closing date, please submit a DIBBS quote with a bid type of "No Bid" and place an anticipated quote date or the reason you are not willing to quote. This does not prevent you from submitting an actual quote on DIBBS at a later date. It will overlay your previous no quote. This informs buyers of your intention to quote and prevents multiple calls for updates and cancelling of requirements assumed to be non-procurable due to no quotes/sources. The submission of an anticipated quote date does not preclude DLA from making an award to another acceptable timely offer.

## CONTINUED ON NEXT PAGE

**Continuation Sheet** 

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## SECTION A

Procurement History for NSN/FSC:011073438/4710

| CAGE  | Contract Number   | Quantity | Unit Cost | AWD Date |
|-------|-------------------|----------|-----------|----------|
|       |                   |          |           |          |
| 4AHY9 | SPM7M409V3545     | 37.000   | 31.15000  | 20090831 |
| 55127 | SP075004D5C850001 | 107.000  | 20.67364  | 20031118 |
| 3R148 | SP075003VX322     | 48.000   | 23.25000  | 20030821 |
| 3R148 | DAAE0793P0229     | 0.000    | 11.50000  | 19921119 |
| 22467 | DAAE0789P0444     | 130.000  | 11.95000  | 19890206 |
| 80212 | DAAE0780G00010021 | 78.000   | 0.00000   | 19820414 |
| 80212 | DAAE0780G00010009 | 39.000   | 0.00000   | 19810601 |

This solicitation is being issued under the First Destination Transportation (FDT) program. If this acquisition is for Foreign Military Sales (FMS) or has an APO/FPO ship-to address, FDT will not apply and normal procedures should be followed. For FDT program transportation requirements, see DLAD clauses 52.247-9059 F.O.B. Origin, Government Arranged Transportation and 52.247-9058, First Destination Transportation (FDT) Program - Shipments Originating Outside the contiguous United States (OCONUS). Additional information about FDT can be found on the FDT website (http://www.dla.mil/FDTPI/).

Continuation Sheet

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#### SECTION B

PR: 0055529769

NSN/MATERIAL:4710011073438

ITEM DESCRIPTION
TUBE, BENT, METALLIC

TUBE, BENT, METALLIC.

THIS ITEM HAS TECHNICAL DATA SOME OR ALL OF WHICH IS SUBJECT TO EXPORT-CONTROL REGULATIONS. DISTRIBUTION OF THE TECHNICAL DATA AND ELIGIBILITY FOR AWARD ARE LIMITED TO THOSE SUPPLIERS QUALIFIED THROUGH JCP CERTIFICATION, OR TO THOSE LICENSED BY EITHER THE DEPARTMENTS OF STATE OR COMMERCE; OR TO FOREIGN SUPPLIERS PURSUANT TO INTERNATIONAL AGREEMENTS.

TO APPLY FOR JCP CERTIFICATION, COMPLETE DD FORM 2345, "MILITARY CRITICAL TECHNICAL DATA AGREEMENT," FORM IS AVAILABLE AT THE WORLD WIDE WEB ADDRESS HTTP://WWW.DLIS.DLA.MIL/JCP OR BY WRITING TO:

DLA LOGISTICS INFORMATION SERVICE FEDERAL CENTER 74 WASHINGTON AVE., NORTH BATTLE CREEK, MI 49037-3084

TO MANUFACTURE THIS ITEM, NON-JCP CERTIFIED SUPPLIERS MUST SUBMIT A CURRENT MANUFACTURING LICENSE AGREEMENT, TECHNICAL ASSISTANCE AGREEMENT, DISTRIBUTION AGREEMENT OR OFF-SHORE PROCUREMENT AGREEMENT APPROVED BY THE DIRECTORATE OF DEFENSE TRADE CONTROLS WITH THE OFFER, UNLESS AN EXEMPTION UNDER THE PROVISIONS OF ITAR SECTION, 125.4 "EXEMPTIONS OF GENERAL APPLICABILITY," AND/OR EAR PART 740 ARE APPLICABLE.

NON-JCP CERTIFIED SUPPLIERS SEEKING EXPORT CONTROLLED TECHNICAL DATA ARE REQUIRED TO PROVIDE THE CONTRACTING OFFICER WITH AN APPLICABLE AGREEMENT OR IDENTIFY WHICH ITAR/EAR EXEMPTION APPLIES TO RECEIVE A COPY OF THE EXPORT CONTROLLED TECHNICAL DATA.

NOTE: JCP CERTIFIED CONTRACTORS WHO RECEIVE TECHNICAL DATA PURSUANT TO THEIR DD FORM 2345 CERTIFICATION MAY NOT FURTHER DISSEMINATE SUCH DATA UNLESS FURTHER DISSEMINATION OF THE TECHNICAL DATA IS EXPRESSLY PERMITTED BY DODD 5230.25."

CLASS I OZONE DEPLETING CHEMICALS ARE NOT TO BE USED NOR INCORPORATED IN ANY ITEMS TO BE DELIVERED UNDER THIS CONTRACT. THIS PROHIBITION SUPERSEDES ALL SPECIFICATION REQUIREMENTS BUT DOES NOT ALLEVIATE ANY PRODUCT REQUIREMENTS. SUBSTITUTE CHEMICALS MUST BE SUBMITTED FOR APPROVAL UNLESS THEY ARE AUTHORIZED BY THE SPECIFICATION REQUIREMENTS.

FULL AND OPEN COMPETITION APPLY

IAW BASIC DRAWING NR 19207 12297395 REVISION NR C DTD 06/17/1992 PART PIECE NUMBER:

IAW REFERENCE DRAWING NR 19207 12297395 REVISION NR DTD 10/29/2014 PART PIECE NUMBER:

CONTINUED ON NEXT PAGE

**Continuation Sheet** 

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#### SECTION B

<u>CLIN PR PRLI UI QUANTITY UNIT PRICE TOTAL PRICE</u> 0001 0055529769 0001 EA 81.000

NSN/MATERIAL:4710011073438

DELIVERY (IN DAYS):0059

DELIVER FOB: ORIGIN

QTY VARIANCE: PLUS 0% MINUS 0% INSPECTION POINT: DESTINATION ACCEPTANCE POINT: DESTINATION

PREP FOR DELIVERY:
PKGING DATA-QUP:001

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

Markings Paragraph

When ASTM D3951, Commercial Packaging is specified, the following apply: •,,All Section "D" Packaging and Marking Clauses take precedence over ASTM D3951.

- •,,In addition to requirements in MIL-STD-129, when Commercial Packaging is used, the Method of Preservation for all MIL-STD-129 marking and labeling shall be "CP" Commercial Pack.
- $\, \bullet \,$ ,,The Unit of Issue (U/I) and Quantity per Unit Pack (QUP) as specified in the contract take precedence over QUP in ASTM D3951.

### PARCEL POST ADDRESS:

W25G1U
W1BG DLA DISTRIBUTION
DDSP NEW CUMBERLAND FACILITY
2001 NORMANDY DRIVE DOOR 113 TO 134
NEW CUMBERLAND PA 17070-5002

FOR TRANSPORTATION ASSISTANCE SEE DLAD 52.247-9034. FOR FIRST DESTINATION TRANSPORTATION (FDT) AWARDS SEE DLAD 52.247-9059 AND CONTRACT INSTRUCTIONS INSTEAD.

FREIGHT SHIPPING ADDRESS:

W25G1U
W1BG DLA DISTRIBUTION
DDSP NEW CUMBERLAND FACILITY
2001 NORMANDY DRIVE DOOR 113 TO 134
NEW CUMBERLAND PA 17070-5002
US

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| Continuation Sheet                                                                                         | Reference No. of Document Being Continued: SPE7M1-15-T-7311 | Page 6 of 6 |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------|--|--|--|--|--|
| SECTION B                                                                                                  |                                                             |             |  |  |  |  |  |
|                                                                                                            |                                                             |             |  |  |  |  |  |
| PR: 0055529769 PRLI: 0001 CONT'D                                                                           |                                                             |             |  |  |  |  |  |
| Need Ship Date:00/00/0000 Original Required Delivery Date:10/15/2014 * * * * * * * * * * * * * * * * * * * |                                                             |             |  |  |  |  |  |
|                                                                                                            |                                                             |             |  |  |  |  |  |
|                                                                                                            |                                                             |             |  |  |  |  |  |
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|                                                                                                            |                                                             |             |  |  |  |  |  |
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|                                                                                                            |                                                             |             |  |  |  |  |  |
|                                                                                                            |                                                             |             |  |  |  |  |  |
|                                                                                                            |                                                             |             |  |  |  |  |  |
|                                                                                                            |                                                             |             |  |  |  |  |  |