

PROPOSAL: INTERFACE MESSAGE PROCESSORS FOR THE ARPA
COMPUTER NETWORK

RFQ No. DAHC15 69 Q 0002
BBN Proposal No. IMP P69-IST-5

"This data furnished in response to RFQ No. DAHC15 69 Q 0002 shall not be disclosed outside the Government or be duplicated, used or disclosed in whole or in part for any purpose other than to evaluate the quotation; provided, that if a contract is awarded to this quoter as a result of or in connection with the submission of such data, the Government will have the right to duplicate, use, or disclose this data to the extent provided in the contract. This restriction does not limit the Government's right to use information contained in such data if it is obtained from another source."

6 September 1968

Submitted to:

Department of the Army
Defense Supply Service-Washington
The Pentagon, Room 1D 245
Washington, D.C. 20310

BOLT BERANEK AND NEWMAN INC.
50 Moulton Street
Cambridge, Massachusetts 02138

STANDARD FORM 18, JULY 1966 GENERAL SERVICES ADMINISTRATION FD. PROC. REG. (41 CFR) 1-16.201		REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		PAGE	OF
1. REQUEST NO. DAHCL5 69 Q 0002		2. DATE ISSUED 1968 July 29	3. REQUISITION/PURCHASE REQUEST NO. 1001/2 (C-69-515)	4. CERTIFIED FOR NATIONAL DEFENSE UNDER DOSA REG. 2 AND/OR DMS REG. 1 RATING:	
5. ISSUED BY DEFENSE SUPPLY SERVICE-WASHINGTON Room 1D 245, The Pentagon Washington, D. C. 20310 Mr. Daniel B. Dawkins FOR INFORMATION CALL (Name and tel. no.) (No collect calls) OXFord 5-0494			6. DELIVER BY (Date) See sample Contract		
8. TO NAME AND ADDRESS (Street, City, State and ZIP Code)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
9. DESTINATION (Consignee and address including ZIP code) See Sample Contract			10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE 4:30 p.m. Local time ^(Date) 9/9/68 SUPPLIES ARE OF DOMESTIC ORIGIN UNLESS OTHERWISE INDICATED BY QUOTER. 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. THIS REQUEST DOES NOT COMMIT THE GOVERNMENT TO PAY ANY COSTS INCURRED IN THE PREPARATION OR THE SUBMISSION OF THIS QUOTATION, OR TO PROCURE OR CONTRACT FOR SUPPLIES OR SERVICES.		
SCHEDULE					
11. ITEM NO.	12. SUPPLIES/SERVICES	13. QUANTITY	14. UNIT	15. UNIT PRICE	16. AMOUNT
	SERVICES NECESSARY TO COMPLETE THE WORK DESCRIBED IN THE SAMPLE CONTRACT, ATTACHED. Total Estimated Cost Fixed Fee Total Estimated Cost Plus Fixed Fee NOTE THE CERTIFICATION OF NONSEGREGATED FACILITIES IN THIS SOLICITATION. Bidders, offerors and applicants are cautioned to note the "Certification of Non-Segregated Facilities" in the solicitation. The certification provides that if the amount of the bid or proposal exceeds \$10,000, the bidder, offeror or applicant, by signing this bid or offer certifies that he does not and will not maintain or provide for his employees facilities which are segregated on a basis of race, creed, color or national origin, whether such facilities are segregated by directive or on a de facto basis. Failure of a bidder or offeror to agree to the certification will render his bid or offer nonresponsive to the terms of solicitations involving awards of contracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity clause. (Mar. 68)				\$ _____ \$ _____
17. PRICES QUOTED INCLUDE APPLICABLE FEDERAL, STATE, AND LOCAL TAXES. DISCOUNT FOR PROMPT PAYMENT _____ % 10 CALENDAR DAYS; _____ % 20 CALENDAR DAYS; _____ % 30 CALENDAR DAYS; _____ % _____ CALENDAR DAYS.					
NOTE: Reverse must also be completed by the quoter.					
18. NAME AND ADDRESS OF QUOTER (Street, city, county, State, including ZIP Code)		19. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		20. DATE OF QUOTATION	
		21. SIGNER'S NAME AND TITLE (Type or print)		22. TELEPHONE NO. (Include area code)	