REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

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

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1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
30278RFQ270000013	11/06/2026	30278PR270000013	▶	

5a. ISSUED BY: USCG Base Portsmouth

6. DELIVERY BY *(Date)*:

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Jamie Bridges, SKC	206	815-4882

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

8. TO:

a. NAME	b. COMPANY	c. STREET ADDRESS	d. CITY	e. STATE	f. ZIPCODE
Jamie Bridges, SKC	USCG Base Portsmouth	4000 Coast Guard Blvd	Portsmouth	VA	23703

9. DESTINATION

a. NAME OF CONSIGNEE	b. STREET ADDRESS	c. CITY	d. STATE	e. ZIP CODE
USCG Station Cape Charles	1 MARINA RD	Cape Charles	VA	23310

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS *(date)*: 11/16/2026

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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations 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)
1	The contractor must provide all personnel, equipment,tools, materials, supervision, and other items and services necessary to provide sewage lift station pump out service,in accordance with the statement of work 3x per week.				0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
	Base Period-18NOV26-17MAY2027	6	MO		0.00
	Option Period 1-18MAY2027-17NOV2027	6	MO		0.00
	Emails Quotes to:				0.00
	Jamie.C.Bridges@uscg.mil				0.00
					0.00
	Invoices MUST be submitted through IPP,				0.00
	Invoice Processing Platform				0.00
	www.ipp.gov				0.00
	Vendors doing business with the USCG				0.00
	must be registered in SAM (and ACTIVE),				0.00
	www.sam.gov				0.00

12. DISCOUNT FOR PROMPT PAYMENT: ▶

a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER	d. CALENDAR DAYS 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)*

Previous edition not usable

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

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