REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE

PAGE 1 OF 2 PAGES

1. REQUEST NUMBER	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NUMBER	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
140F1S26Q0101	08/11/2026	0044043997		

5a. ISSUED BY
FWS IT Services
FWS, IT Services
5275 Leesburg Pike
Falls Church VA 22041

6. DELIVER BY *(Date)*

7. DELIVERY
☒ FOB DESTINATION ☐ OTHER *(See Schedule)*

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Melissa Niemi	612	713-5216

9. DESTINATION

a. NAME OF CONSIGNEE
FWS SANDY POINT NWR

8. TO:

a. NAME

b. COMPANY

b. STREET ADDRESS
FEDERAL BUILDING
3013 ESTATE GOLDEN ROCK, SUITE 167

c. STREET ADDRESS

c. CITY
CHRISTIANSTED

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
			VI	00820-4355

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
08/27/2026 1700 ED

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 NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	The U.S. Fish and Wildlife Service (USFWS) requires a professional maintenance contractor to maintain federal buildings, grounds, and facilities located at Sandy Point NWR, St. Croix, US Virgin Islands, under RFQ# 140F1S26Q00101. Please see the attached Instructions to Offerors and Statement of Work (SOW) for additional details. Period of Performance: 10/01/2026 to 09/30/2031				
00010	Maintenance Worker Support Base Year Continued...				

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	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER		
b. STREET ADDRESS	16. SIGNER	
	a. NAME *(Type or print)*	b. TELEPHONE AREA CODE
c. COUNTY		
d. CITY / e. STATE / f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition not usable

STANDARD FORM 18 (REV. 6/1995)
Prescribed by GSA-FAR (48 CFR) 53.215-1(a)

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 10/01/2026 to 09/30/2027				
00020	Maintenance Worker Support Option Year 1 Period of Performance: 10/01/2027 to 09/30/2028				
00030	Maintenance Worker Support Option Year 2 Period of Performance: 10/01/2028 to 09/30/2029				
00040	Maintenance Worker Support Option Year 3 Period of Performance: 10/01/2029 to 09/30/2030				
00050	Maintenance Worker Support Option Year 4 Period of Performance: 10/01/2030 to 09/30/2031				