REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

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

PAGE 1 OF 1 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
70Z02426Q0000012	08/10/2026	30241PR260000012		

5a. ISSUED BY
RST 1, USCG BASE BOSTON, 427 COMMERCIAL ST., BOSTON, MA 02109-1027

6. DELIVER BY *(Date)*
9/21/2026

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
BEVERLY A. PRIMM	571	610-0476

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

8. TO:

a. NAME	b. COMPANY

c. STREET ADDRESS	d. CITY	e. STATE	f. ZIP CODE

9. DESTINATION

a. NAME OF CONSIGNEE
USCG STATION SHINNECOCK

b. STREET ADDRESS
100 FOSTER AVE.

c. CITY
HAMPTON BAYS

d. STATE	e. ZIP CODE
NY	11946-3233

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
08/18/2026

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 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)
00001	Contractor shall furnish all labor, materials, equipment, transportation, disposal, and supervision necessary to remove and replace existing failed boiler equipment at USCG Station Shinnecock, Hampton Bay, NY 11946-3223 per the attached Scope of Work. Quote should be a firm fixed price quote and should include a detailed quote breakdown and the lead time on the replacement boiler. Service Contract Labor Standards FAR 52.222-41 applies. Email quotes to Beverly.a.primm@uscg.mil. NAICS: 238220 SIZE: $19M PSC: Z2AA	01 UEI			

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
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)