REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

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

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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
70Z02926QNEWO0182	8/3/2026	71108PR260000082		

5a. ISSUED BY
U.S. Coast Guard Base New Orleans

6. DELIVER BY *(Date)*

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
SK2 Alexis Liner	206	827-4641

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

9. DESTINATION
a. NAME OF CONSIGNEE

8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS
IS1 Ryan Smiley	USCG Heartland District	

c. STREET ADDRESS	c. CITY
Room 1340, 500 Poydras St.	

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
New Orleans	LA	70130		

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

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)
	United States Coast Guard Base New Orleans, LA is accepting proposals from qualified individuals or firms to inspect, maintain, and repair the intrusior detection system (IDS) for the Sensitive Compartmented Information Facility (SCIF). Please see attached Statement of Work for detailed specifications. Base Year: 01 SEP 2026 -31 AUG 2027 Option Year 1: 01 SEP 2027 -31 AUG 2028 Option Year 2: 01 SEP 2028 -31 AUG 2029 Option Year 3: 01 SEP 2029 -31 AUG 2030 Option Year 4: 01 SEP 2030 -31 AUG 2031				

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
NUMBER
c. TITLE *(Type or print)*

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STANDARD FORM 18 (REV. 6/1995)
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