REQUEST FOR QUOTATION *(THIS IS NOT AN ORDER)*	THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET ASIDE	PAGE 1 OF PAGES 1

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
70Z02726RFQ000053	07/31/2026	31040PR260001053		

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
Jamie Bridges, SKC	USCG Base Portsmouth

c. STREET ADDRESS: 4000 Coast Guard Blvd

d. CITY	e. STATE	f. ZIPCODE
Portsmouth	VA	23703

9. DESTINATION

a. NAME OF CONSIGNEE: USCG Base Portsmouth Wheelhouse

b. STREET ADDRESS: 4000 Coast Guard Blvd

c. CITY: Portsmouth

d. STATE	e. ZIP CODE
VA	23703

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS *(date)*: 08/26/2026

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	Restore, repair, and polish the concrete flooring at the Wheelhouse	1	JB		0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
	Emails Quotes to: Jamie.C.Bridges@uscg.mil				0.00
					0.00
					0.00
	Invoices MUST be submitted through IPP, Invoice Processing Platform www.ipp.gov				0.00
					0.00
					0.00
	Vendors doing business with the USCG must be registered in SAM (and ACTIVE), www.sam.gov				0.00
					0.00
					0.00

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)*

Previous edition not usable

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

Reset