REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

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

PAGE 1 OF 3 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
140FS326Q0105	07/27/2026	0044043133		

5a. ISSUED BY
FWS SAT Team 3
FWS SAT Team 3
5275 Leesburg Pike
Falls Church VA 22041

6. DELIVER BY *(Date)*
09/30/2027

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

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Chantal Bashizi	703	358-1854

9. DESTINATION
a. NAME OF CONSIGNEE
FWS OCCOQUAN BAY NWR

8. TO:

a. NAME

b. COMPANY

b. STREET ADDRESS
C/O POTOMAC RIVER NWR COMPLEX
12638 Darby Brook Court

c. STREET ADDRESS

c. CITY
WOODBRIDGE

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
			VA	22192

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
07/31/2026 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)
	This solicitation is a quote request, Firm Fixed Price, Small Business set-aside for Office Cleaning Services per attached Statement of Work at FWS OCCOQUAN BAY NWR. This acquisition will consist of One (1) year - base period and four (4) option years to be exercised upon availability of funds. Please read all attached documents and submit your quote/proposal VIA EMAIL directly to me including your Unique Entity Identifier (UEI) number, a narrative description of your business capability with any other relevant information required in the SOW, and price with MONTHLY RATE, YEARLY and 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

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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)
	GRAND TOTAL for all 5 years. Site Visit is available upon request. SPECIAL INSTRUCTIONS _____ 1. Please submit your proposal as a single consolidated PDF file with number of pages do not exceed 15; ONLY ONE ATTACHMENT is acceptable. 2. Your quote shall reflect Monthly Rate, Yearly, and Grand Total. 3. Your quote shall not provide/repeat information already provided in the solicitation such as clauses etc. 4. To make an appointment for site visit, please call our field station at: (703) 490-4979 or email Charles Hanschel at: charles_henschel@fws.gov. Please note: Failure to adhere to these instructions may lead to the disqualification of your quote/proposal. Period of Performance: 07/27/2026 to 07/31/2026				
00010	BASE YEAR - Non-personal services: MONTHLY Office cleaning IAW the attached Statement of work. Period of Performance: 10/01/2026 to 09/30/2027				
00020	OPTION YEAR 1 - Non-personal services: MONTHLY Office cleaning IAW the attached Statement of work. (Option Line Item) Anticipated Exercise Date 10/01/2027 Period of Performance: 10/01/2027 to 09/30/2028				
00030	OPTION YEAR 2 - Non-personal services: MONTHLY Office cleaning IAW the attached Statement of work. (Option Line Item) Anticipated Exercise Date 10/01/2028 Continued...				

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 10/01/2028 to 09/30/2029				
00040	OPTION YEAR 3 - Non-personal services: MONTHLY Office cleaning IAW the attached Statement of work. (Option Line Item) Anticipated Exercise Date 10/01/2029 Period of Performance: 10/01/2029 to 09/30/2030				
00050	OPTION YEAR 4 - Non-personal services: MONTHLY Office cleaning IAW the attached Statement of work. (Option Line Item) Anticipated Exercise Date 10/01/2030 Period of Performance: 10/01/2030 to 09/30/2031				