REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [X] 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
140F1S26Q0062	06/17/2026	0044050862		

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

6. DELIVER BY *(Date)*

7. DELIVERY
[X] 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 JOHN HEINZ NWR AT TINICUM

8. TO:

a. NAME	b. COMPANY

b. STREET ADDRESS
8601 LINDBERGH BOULEVARD

c. STREET ADDRESS

c. CITY
PHILADELPHIA

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
			PA	19153-2501

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
07/01/2026 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 John Heinz National Wildlife Refuge (NWR) at Tinicum, in Philadelphia, PA, seeks a contract for a replacement intrusion Detection System (IDS) and Fire Alarm Control Panel (FACP) under RFQ# 140F1S26Q0062. Please see the attached Instructions to Offerors and Statement of Work (SOW) for additional details. Period of Performance: 07/07/2026 to 07/06/2027				
00010	Replacement Intrusion Detection System and Fire Alarm Control Panel				

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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