

1. REQUEST NUMBER 140G0126Q0176	2. DATE ISSUED 06/10/2026	3. REQUISITION/PURCHASE REQUEST NUMBER 0044048500	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
------------------------------------	------------------------------	--	--	--------

5a. ISSUED BY USGS NATIONAL ACQUISITION BRANCH 205 NATIONAL CENTER 12201 SUNRISE VALLEY DRIVE RESTON VA 20192	6. DELIVER BY (Date) 60 Days After Award
--	---

5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
---	--	--

NAME Brian Baker	TELEPHONE NUMBER AREA CODE: 000 NUMBER: 000-0000	9. DESTINATION a. NAME OF CONSIGNEE USGS FL CFWRU
---------------------	---	---

8. TO:		b. STREET ADDRESS Bldg 810
a. NAME	b. COMPANY	

c. STREET ADDRESS		c. CITY Gainesville
d. CITY	e. STATE FL	f. ZIP CODE 32611-0485

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 06/26/2026 1300 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)
	<p>Please provide firm-fixed, discounted, pricing for the following in accordance with the applicable clauses in Attachment A - Instructions to Vendors and Statement of Need.</p> <p>Submit all quotation package documents as One (1) PDF File.</p> <p>For questions regarding this solicitation, please contact:</p> <p>Contracting Officer Brian Baker brian_baker@ios.doi.gov</p> <p style="text-align: right;"><i>Continued</i></p>				

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			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION		
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE AREA CODE		
b. STREET ADDRESS							
c. COUNTY			a. NAME (Type or print)				
d. CITY			e. STATE		f. ZIP CODE		c. TITLE (Type or print)
							NUMBER

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00010	TRAVEL TRAILER - FLORIDA Product/Service Code: 2330 Product/Service Description: TRAILERS Delivery: 60 Days After Award	1	EA		