

SOLICITATION/CONTRACT

BIDDER/OFFEROR TO COMPLETE BLOCKS 11, 13, 15, 21, 22, & 27.

1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350) RATING

PAGE 1 OF

2. CONTRACT NO.

3. AWARD/EFFECTIVE DATE

4. SOLICITATION NUMBER

5. SOLICITATION TYPE

SEALED BIDS (IFB) NEGOTIATED (RFP)

6. SOLICITATION ISSUE DATE

7. ISSUED BY

CODE

8. THIS ACQUISITION IS

UNRESTRICTED

SET ASIDE: % FOR

SMALL BUSINESS

LABOR SUPPLUS AREA CONCERNS

COMBINED SMALL BUSINESS &

LABOR SUPPLUS AREA CONCERNS

OTHER

NO COLLECT CALLS

SIC:

SIZE STANDARD:

9. (AGENCY USE)

10. ITEMS TO BE PURCHASED (BRIEF DESCRIPTION)

SUPPLIES SERVICES

11. IF OFFER IS ACCEPTED BY THE GOVERNMENT WITHIN CALENDAR DAYS (80 CALENDAR DAYS UNLESS OFFEROR INSERTS A DIFFERENT PERIOD) FROM THE DATE SET FORTH IN BLK 9 ABOVE. THE CONTRACTOR AGREES TO HOLD ITS OFFERED PRICES FIRM FOR THE ITEMS SOLICITED HEREIN AND TO ACCEPT ANY RESULTING CONTRACT SUBJECT TO THE TERMS AND CONDITIONS STATED HEREIN.

12. ADMINISTERED BY

CODE

13. CONTRACTOR OFFEROR CODE

FACILITY CODE

14. PAYMENT WILL BE MADE BY

CODE

TELEPHONE NO.

DUNS NO.

CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFEROR'S SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK:

15. PROMPT PAY DISCOUNT

16. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION

10 U.S.C. 2304 (C) ()

41 U.S.C. 253 (C) ()

17. ITEM NO.

18. SCHEDULE OF SUPPLIES/SERVICES

19. QUANTITY

20. UNIT

21. UNIT PRICE

22. AMOUNT

23. ACCOUNTING AND APPROPRIATION DATA

24. TOTAL AWARD AMOUNT (FOR GOVERNMENT USE ONLY)

25. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY CONTINUATION SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.

26. AWARD OF CONTRACT: YOUR OFFER ON SOLICITATION NUMBER SHOWING IN BLOCK 4 INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

27. SIGNATURE OF OFFEROR/CONTRACTOR

28. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

NAME AND TITLE OF SIGNER (TYPE OR PRINT)

DATE SIGNED

NAME OF CONTRACTING OFFICER

DATE SIGNED

NO RESPONSE FOR REASONS CHECKED

CANNOT COMPLY WITH SPECIFICATIONS		CANNOT MEET DELIVERY REQUIREMENT	
UNABLE TO IDENTIFY THE ITEM(S)		DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED	
OTHER (Specify)			
WE DO		WE DO NOT, DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF ITEM(S) INVOLVED	
NAME AND ADDRESS OF FIRM (Include Zip Code)		SIGNATURE	
		TYPE OR PRINT NAME AND TITLE OF SIGNER	

FROM:

AFFIX
STAMP
HERE

TO:

SOLICITATION NO. _____

DATE AND LOCAL TIME: _____