

|   |                                   |                         |  |  |   |  |  |   |             |  |
|---|-----------------------------------|-------------------------|--|--|---|--|--|---|-------------|--|
| <b>SOLICITATION/CONTRACT</b>  |                                   |                         |  | 1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)  |   | RATING   |  | PAGE OF OF                                  |             |  |
| BIDDER/OFFEROR TO COMPLETE BLOCKS 11, 13, 15, 21, 22, & 27  |                                   |                         |  |  |   |  |  |   |             |  |
| 2. CONTRACT NO.   |                                   | 3. AWARD/EFFECTIVE DATE |  | 4. SOLICITATION NUMBER   |   | 5. SOLICITATION TYPE<br><input type="checkbox"/> SEALED BIDS (IFB) <input type="checkbox"/> NEGOTIATED (RFP) |  | 6. SOLICITATION ISSUE DATE                  |             |  |
| 7. ISSUED BY CODE   |                                   |                         |  | 8. THIS ACQUISITION IS<br><input type="checkbox"/> UNRESTRICTED<br><input type="checkbox"/> SET ASIDE: % FOR<br><input type="checkbox"/> SMALL BUSINESS<br>SIC: SIZE STANDARD: |   |  |  |   |             |  |
|   |                                   |                         |  | <input type="checkbox"/> LABOR SURPLUS AREA CONCERNS<br><input type="checkbox"/> COMBINED SMALL BUSINESS & LABOR SURPLUS AREA CONCERNS<br><input type="checkbox"/> OTHER       |   |  |  |   |             |  |
| 9. (AGENCY USE)   |                                   |                         |  | NO COLLECT CALLS   |   |  |  |   |             |  |
| 10. ITEMS TO BE PURCHASED (BRIEF DESCRIPTION)<br><input type="checkbox"/> SUPPLIES <input type="checkbox"/> SERVICES  |                                   |                         |  |  |   |  |  |   |             |  |
| 11. IF OFFER IS ACCEPTED BY THE GOVERNMENT WITHIN CALENDAR DAYS (60 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.<br><input type="checkbox"/> CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER   |                                   |                         |  | SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK:   |   |  |  |   |             |  |
| 15. PROMPT PAYMENT DISCOUNT   |                                   |                         |  | 16. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION <input type="checkbox"/> 10 U.S.C. 2304 ( ) <input type="checkbox"/> 41 U.S.C. 253 ( )                            |   |  |  |   |             |  |
| 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 GOVT. 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.<br><input type="checkbox"/>   |                                   |                         |  |  | 26. AWARD OF CONTRACT: YOUR OFFER ON SOLICITATION NUMBER SHOWN IN BLOCK 4 INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:<br><input type="checkbox"/> |  |  |   |             |  |
| 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**

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| <input type="checkbox"/>                           | CANNOT COMPLY WITH SPECIFICATIONS | <input type="checkbox"/>               | CANNOT MEET DELIVERY REQUIREMENT  |
| <input type="checkbox"/>                           | UNABLE TO IDENTIFY THE ITEM(S)    | <input type="checkbox"/>               | DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED   |
| <input type="checkbox"/>                           | OTHER <i>(Specify)</i>            |  |   |
| <input type="checkbox"/>                           | WE DO                             | <input type="checkbox"/>               | 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 <i>(Include ZIP Code)</i> |                                   | SIGNATURE                              |   |
|  |                                   | TYPE OR PRINT NAME AND TITLE OF SIGNER |   |

FROM:

AFIX  
STAMP  
HERE

TO:

SOLICITATION NO. \_\_\_\_\_

DATE AND LOCAL TIME \_\_\_\_\_