

**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 OF OF \_\_\_\_\_

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. SOLICITATION NUMBER	5. SOLICITATION TYPE <input type="checkbox"/> SEALED BIDS (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	6. SOLICITATION ISSUE DATE
7. ISSUED BY _____ CODE _____		8. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> LABOR SURPLUS AREA CONCERNS <input type="checkbox"/> SET ASIDE: _____ % FOR <input type="checkbox"/> COMBINED SMALL BUSINESS & LABOR SURPLUS AREA CONCERNS <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> OTHER SIC: _____ SIZE STANDARD: _____		
9. (AGENCY USE) NO COLLECT CALLS				

10. ITEMS TO BE PURCHASED (BRIEF DESCRIPTION)  
 SUPPLIES     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. \_\_\_\_\_  
 CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

15. PROMPT PAYMENT DISCOUNT \_\_\_\_\_

16. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION     10 U.S.C. 2304     41 U.S.C. 253  
 (    )    (    )

SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK:

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.

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:

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 \_\_\_\_\_