

|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|------------------------------|
| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b><br><b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  | 1. REQUISITION NUMBER<br>N/A                                                                                                                                                                                                                                                                                                                   |          | PAGE 1 OF<br>2                                     |                              |
| 2. CONTRACT NO.<br>DABV01-04-D                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3. AWARD/EFFECTIVE DATE                                                                                                                                                                                                                                                             |  | 4. ORDER NUMBER<br>BASIC                                                                                                                                                                                                                                                                                                                       |          | 5. SOLICITATION NUMBER<br>DABV01-04-R-0041         |                              |
| 6. SOLICITATION ISSUE DATE<br>11 Apr 04                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. FOR SOLICITATION INFORMATION CALL:<br>MAJ ELLEN ADAMS                                                                                                                                                                                                                            |  | 8. OFFER DUE DATE/ LOCAL TIME<br>18 Apr04/1700                                                                                                                                                                                                                                                                                                 |          |                                                    |                              |
| 9. ISSUED BY<br>CPA - CONTRACTING ACTIVITY<br>REPUBLICAN PRESIDENTIAL COMPOUND<br>BAGHDAD, IRAQ<br>APO AE 09335                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10. THIS ACQUISITION IS<br><input checked="" type="checkbox"/> UNRESTRICTED<br><input type="checkbox"/> SET ASIDE: % FOR<br><input type="checkbox"/> SMALL BUSINESS<br><input type="checkbox"/> HUBZONE SMALL BUSINESS<br><input type="checkbox"/> 8(A)<br>NAICS:<br>SIZE STANDARD: |  | 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><input type="checkbox"/> SEE SCHEDULE<br><br><input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)<br>13b. RATING<br>14. METHOD OF SOLICITATION<br><input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP |          | 12. DISCOUNT TERMS                                 |                              |
| 15. DELIVER TO<br>TO BE CITED ON INDIVIDUAL ORDERS                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16. ADMINISTERED BY<br>SAME AS BLOCK 9                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    |                              |
| 17a. CONTRACTOR/ OFFEROR<br>CODE                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18a. PAYMENT WILL BE MADE BY<br>TO BE CITED ON INDIVIDUAL DELIVERY ORDERS                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    |                              |
| TELEPHONE NO.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    |                              |
| <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    |                              |
| 19. ITEM NO.                                                                                                                                                                                                                                                        | 20. SCHEDULE OF SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |  | 21. QUANTITY                                                                                                                                                                                                                                                                                                                                   | 22. UNIT | 23. UNIT PRICE                                     | 24. AMOUNT                   |
|                                                                                                                                                                                                                                                                     | Award will be Firm Fixed Price, Indefinite Delivery, Indefinite Quantity (IDIQ) Contract. Award is subject to the availability of funds.<br>See Attachment # 1 for Schedule of Items. Quantities are estimated at the sum of the orders to be placed against the basic contract. Award made on a all or none Basis<br>Contract minimum: \$5,000.00<br>Contract Maximum: \$20,000,000.00<br><br><i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i> |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    | 0.00<br><br>0.00<br><br>0.00 |
| 25. ACCOUNTING AND APPROPRIATION DATA<br>TO BE CITED ON INDIVIDUAL ORDERS                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                |          | 26. TOTAL AWARD AMOUNT <i>(For Govt. Use Only)</i> |                              |
| 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    |                              |
| 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                |          |                                                    |                              |
| 28. 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 ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  | 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:                                                                                                                                                             |          |                                                    |                              |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  | 31a. UNITED STATES OF AMERICA <i>(SIGNATURE OF CONTRACTING OFFICER)</i>                                                                                                                                                                                                                                                                        |          |                                                    |                              |
| 30b. NAME AND TITLE OF SIGNER <i>(Type or print)</i>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30c. DATE SIGNED                                                                                                                                                                                                                                                                    |  | 31b. NAME OF CONTRACTING OFFICER <i>(Type or print)</i>                                                                                                                                                                                                                                                                                        |          | 31c. DATE SIGNED                                   |                              |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     |  | ELLEN A. ADAMS, Maj, USAF                                                                                                                                                                                                                                                                                                                      |          |                                                    |                              |

| 19.<br>ITEM NO. | 20.<br>SCHEDULE OF SUPPLIES/SERVICES | 21.<br>QUANTITY | 22.<br>UNIT | 23.<br>UNIT PRICE | 24.<br>AMOUNT |
|-----------------|--------------------------------------|-----------------|-------------|-------------------|---------------|
|                 |                                      |                 |             |                   | 0.00          |
|                 |                                      |                 |             |                   | 0.00          |
|                 |                                      |                 |             |                   | 0.00          |
|                 |                                      |                 |             |                   | 0.00          |
|                 |                                      |                 |             |                   | 0.00          |
|                 |                                      |                 |             |                   | 0.00          |
|                 |                                      |                 |             |                   | 0.00          |

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

|                                                                 |                        |                                      |                                                                                                   |                       |
|-----------------------------------------------------------------|------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------|
| 32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE          |                        | 32c. DATE                            | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                               |                       |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE    |                        |                                      | 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                     |                       |
|                                                                 |                        |                                      | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                               |                       |
| 33. SHIP NUMBER                                                 | 34. VOUCHER NUMBER     | 35. AMOUNT VERIFIED CORRECT FOR      | 36. PAYMENT                                                                                       | 37. CHECK NUMBER      |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                        |                                      | <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                       |
| 38. S/R ACCOUNT NUMBER                                          | 39. S/R VOUCHER NUMBER | 40. PAID BY                          |                                                                                                   |                       |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT   |                        | 42a. RECEIVED BY ( <i>Print</i> )    |                                                                                                   |                       |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                  |                        | 42b. RECEIVED AT ( <i>Location</i> ) |                                                                                                   |                       |
|                                                                 |                        | 42c. DATE REC'D ( <i>YY/MM/DD</i> )  |                                                                                                   | 42d. TOTAL CONTAINERS |

Reset

STANDARD FORM 1449 (REV. 4/2002) BACK