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| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | 1. REQUISITION NUMBER PR 8884731 | | PAGE 1 OF 2 PAGES | | | | | |
| 2. CONTRACT NO. | | 3. AWARD/EFFECTIVE DATE | | 4. ORDER NUMBER | | 5. SOLICITATION NUMBER 19TC1220R0001 | | 6. SOLICITATION ISSUE DATE 01/16/2019 | | | |
| 7. FOR SOLICITATION INFORMATION CALL: | | | | a. NAME Kevin Allen | | b. TELEPHONE NUMBER(No collect calls) +97143094076 | | 8. OFFER DUE DATE/ LOCAL 02/10/2020 16:00 | | | |
| 9. ISSUED BY AMERICAN CONSULATE GENERAL DUBAI First Street, Umm Hurair 1 Box No: 121777, ATTN: GSO DUBAI UNITED ARAB EMIRATES | | | | CODE TC120 | | <input checked="" type="checkbox"/> THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE:____% FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS (WOSB) ELLIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB EMERGING SMALL BUSINESS 8 (A) SIZE STANDARD: | | | | | |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE | | 12. DISCOUNT TERMS | | 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | | 13b. RATING 14. METHOD OF SOLICITATION RFQ IFB RFP | | | | | |
| 15. DELIVER TO AMERICAN CONSULATE GENERAL DUBAI First Street, Umm Hurair 1 Box No: 121777, ATTN: GSO DUBAI UNITED ARAB EMIRATES | | | | 16. ADMINISTERED BY AMERICAN CONSULATE GENERAL DUBAI First Street, Umm Hurair 1 Box No: 121777, ATTN: GSO DUBAI UNITED ARAB EMIRATES | | | | | | | |
| 17a. CONTRACTOR/OFFEROR CODE 123456787 FACILITY CODE | | | | 18a. PAYMENT WILL BE MADE BY Finance Office AMERICAN CONSULATE GENERAL DUBAI First Street, Umm Hurair 1 Box No: 121777, ATTN: GSO DUBAI UNITED ARAB EMIRATES | | | | | | | |
| 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/> | | | | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM | | | | | | | |
| 19. ITEM NO. | | 20. SCHEDULE OF SUPPLIES/SERVICES | | 21. QUANTITY | | 22. UNIT | | 23. UNIT PRICE | | 24. AMOUNT | |
| | | Swimming Pool Repair and maintenance IAW attached scope of work base year <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i> | | 12 | | months | | | | | |
| 25. ACCOUNTING AND APPROPRIATION DATA | | | | | | | | 26. TOTAL AWARD AMOUNT (For Govt. Use Only) | | | |
| <input type="checkbox"/> 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 | | | | | | | | <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | | | |
| <input checked="" type="checkbox"/> 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 | | | | | | | | <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. <u>V2-7635</u> 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 (SIGNATURE OF CONTRACTING OFFICER) | | | | | |
| 30b. NAME AND TITLE OF SIGNER (Type or print) | | | | 30c. DATE SIGNED | | 31b. NAME OF CONTRACTING OFFICER (Type or print) Mely Jacobson | | | | 31c. DATE SIGNED | |

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| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT | 24. AMOUNT |
|-----------------|--|-----------------|-------------|-------------|---------------|
| | Pool maintenance services IAW attached SOW for option year one | 12 | month | | |
| | Pool maintenance services IAW attached SOW for option year one | 12 | month | | |

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 <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 37. CHECK NUMBER |
| 38. S/R ACCOUNT NO. | 39. S/R VOUCHER NO. | 40. PAID BY | | | |
| 41.a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT | | | 42a. RECEIVED BY (<i>Print</i>) | | |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | 41c. DATE | 42b. RECEIVED AT (<i>Location</i>) | | |
| | | 42c. DATE REC'D (YY/MM/DD) | 42d. TOTAL CONTAINERS | | |

