

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
 OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: REQ-2400-12-0152
 PAGE OF: 1 | 2
 2. CONTRACT NO.: CPSC-D-05-0004
 3. AWARD/EFFECTIVE DATE: _____
 4. ORDER NUMBER: 0015
 5. SOLICITATION NUMBER: _____
 6. SOLICITATION ISSUE DATE: _____

7. FOR SOLICITATION INFORMATION CALL: **Kim Miles**
 a. NAME: _____
 b. TELEPHONE NUMBER (No collect calls): 301-504-7018
 8. OFFER DUE DATE/LOCAL TIME: ES

9. ISSUED BY: CONSUMER PRODUCT SAFETY COMMISSION
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 517
 BETHESDA MD 20814
 CODE: FMPS
 10. THIS ACQUISITION IS: SMALL BUSINESS
 HUBZONE SMALL BUSINESS
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
 UNRESTRICTED OR WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM
 EDWOSB
 8(A)
 SET ASIDE: 100.00 % FOR:
 NAICS: 519190
 SIZE STANDARD: \$6.0

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED: SEE SCHEDULE
 12. DISCOUNT TERMS: Net 30
 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700):
 13b. RATING: _____
 14. METHOD OF SOLICITATION: RFQ IFB RFP

15. DELIVER TO: CONSUMER PRODUCT SAFETY COMMISSION
 OFFICE OF INFORMATION SERVICES
 4330 EASTWEST HIGHWAY
 ROOM 706
 BETHESDA MD 20814
 CODE: EXIT
 16. ADMINISTERED BY: CONSUMER PRODUCT SAFETY COMMISSION
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 517
 BETHESDA MD 20814
 CODE: FMPS

17a. CONTRACTOR/OFFEROR: ARETE ENTERPRISES INC
 ATTN ROBERT E OWENS JR
 13518 MARSH ELDER COURT
 CHESTERFIELD VA 23838
 CODE: _____
 FACILITY CODE: _____
 18a. PAYMENT WILL BE MADE BY: CONSUMER PRODUCT SAFETY COMMISSION
 DIVISION OF FINANCIAL SERVICES
 4330 EAST WEST HWY
 ROOM 522
 BETHESDA MD 20814
 CODE: FMFS
 TELEPHONE NO.: 804-648-3490

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0008	DUNS Number: _____ TASK ORDER 0015 The contractor shall provide Help Desk Support Services in accordance with Contract CPSC-D-05-0004, line items 0008, 0008AB. Period of Performance: 09/22/2012 to 09/21/2013 Two each Level II Help Desk Support Personnel as indicated in paragraph C.3.2 of the performance Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)	12	MO	20,200.32	242,403.84

25. ACCOUNTING AND APPROPRIATION DATA: 0100A12DCC-2012-9994800000-EXIT002400-252M0
 26. TOTAL AWARD AMOUNT (For Govt. Use Only): \$661,724.76

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE 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.
 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 (SIGNATURE OF CONTRACTING OFFICER): *Kim Miles*

30b. NAME AND TITLE OF SIGNER (Type or print): _____
 30c. DATE SIGNED: _____
 31b. NAME OF CONTRACTING OFFICER (Type or print): Kim Miles
 31c. DATE SIGNED: 6-28-12

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0008 AB	<p>work statement.</p> <p>Additional Help Desk Support (four individuals) in accordance with line item 0008AB and paragraph C.6 of the performance work statement and at a rate of \$60.36 per hour.</p> <p>The total amount of award: \$661,724.76. The obligation for this award is shown in box 26.</p>	6947	HR	60.36	419,320.92

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
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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
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. 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 (<i>YY/MM/DD</i>)