

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

1 REQUISITION NUMBER: REQ-4400-10-0034
PAGE OF: 1 7
2 CONTRACT NO: GS-07F-0058H
3 AWARD/EFFECTIVE DATE: 06/23/2010
4 ORDER NUMBER: CPSC-F-10-0082
5 SOLICITATION NUMBER:
6 SOLICITATION ISSUE DATE:

7. FOR SOLICITATION INFORMATION CALL: Peter Nerret
TELEPHONE NUMBER (No collect calls): 301-504-7033
8 OFFER DUE DATE/LOCAL TIME:

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:
 UNRESTRICTED OR
 SET ASIDE
% FOR:
 SMALL BUSINESS
 EMERGING SMALL BUSINESS
NAICS:
 HUBZONE SMALL BUSINESS
 SOLE SOURCE
SIZE STANDARD:
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
 (8)(A)

11 DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
 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: CONSUMER PRODUCT SAFETY COMMISSION
DIRECTORATE FOR ENGINEERING SCI
4330 EASTWEST HIGHWAY
ROOM 611-16
BETHESDA MD 20814
CODE: ES
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: DAVIS SERVICE CENTER INC
ATTN BRETT CONNELLY
2380 EAST MAIN STREET
MONTROSE CO 81401
CODE:
FACILITY CODE:
17b TELEPHONE NO: (970) 249-8161
18a PAYMENT WILL BE MADE BY: CONSUMER PRODUCT SAFETY COMMISSION
DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522
BETHESDA MD 20814
CODE: FMPS

17c 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
	DUNS Number: [REDACTED] THE CONTRACTOR SHALL PROVIDE THE FOLLOWING: Delivery: 07/30/2010 Fund: 0100A10DPS FISCAL YEAR: 2010 BPAC: 2263800000-Organization: EXHR004400-Object Class: 261K0				
0001	Yamaha, Rhino 700 FL, Automatic Transmission, Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)	1	EA	11,323.17	11,323.17

25 ACCOUNTING AND APPROPRIATION DATA: 0100A10DPS-2010-2263800000-EXHR004400-261K0
26 TOTAL AWARD AMOUNT (For Govt. Use Only): \$11,323.17

27a SOLICITATION INCORPORATES BY REFERENCE FAR 52 212-1, 52 212-4 FAR 52 212-3 AND 52 212-5 ARE ATTACHED
 27b CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52 212-4 FAR 52 212-5 IS ATTACHED
 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 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: [REDACTED]
31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER): [Signature]
30b NAME AND TITLE OF SIGNER (Type or print):
30c DATE SIGNED:
31b NAME OF CONTRACTING OFFICER (Type or print): Robert J. Frost
31c DATE SIGNED: 6/23/10

19 ITEM NO	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24 AMOUNT
	<p>4x4, Model year 2011.</p> <p>CPSC PROJECT OFFICER: MS. CAROLEENE PAUL @ (301) 504-7540</p> <p>DELIVERY LOCATION:</p> <p>CONSUMER PRODUCT SAFETY COMMISSION DIRECTORATE FOR LABORATORY SCIENCES 10901 DARNESTOWN ROAD GAITHERSBURG, MD 20878-2611</p> <p>SEE INCLUDED DELIVERY AND BILLING INSTRUCTIONS.</p> <p>The total amount of award: \$11,323.17. The obligation for this award is shown in box 26.</p>				

32a QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED INSPECTED

NOTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS

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 (Print)		
41b SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c DATE	42b RECEIVED AT (Location)		
			42c DATE REC'D (YY/MM/DD)		42d TOTAL CONTAINERS