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

1. REQUISITION NUMBER

PAGE 1 OF 30

2. CONTRACT NO.

3. AWARD/ EFFECTIVE DATE

4. ORDER NUMBER

5. SOLICITATION NUMBER: FINAL NNL15527797Q

6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:
a. NAME: Krista Jensen
b. TELEPHONE NUMBER (No collect calls): 757-864-3346

8. OFFER DUE DATE/LOCAL TIME: 1/23/15 2:00pm

9. ISSUED BY CODE LARC

NASA/Langley Research Center
5 Langley Blvd., Bldg. 2101
M/S 12
Hampton VA 23681-2199

10. THIS ACQUISITION IS ☐ UNRESTRICTED OR ☒ SET ASIDE: 100.00 % FOR:

☐ SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
☐ WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM
☐ EDWOSB
☒ 8(A)

NAICS: 621999

SIZE STANDARD: $15.0

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 CODE

NASA/ Langley Research Center
Hampton VA 23681-2199

16. ADMINISTERED BY CODE LARC

NASA/Langley Research Center
5 Langley Blvd., Bldg. 2101
M/S 12
Hampton VA 23681-2199

17a. CONTRACTOR/ OFFEROR CODE

FACILITY CODE

TELEPHONE NO.

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE NSSC

NASA/ Shared Services Center Financial
Management Division (FMD) Accounts Payable
Bldg. 11, C Road
NSSC-AccountsPayable@nasa.gov
Stennis Space Center, MS 39529-6000

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
	INCO TERMS 2: Destination				
000	Phase-In: 30-Day Period Prior to the Period of Performance Start Date in accordance with Statement of Work Section 8.0 (Firm-Fixed-Price)	1	Lot	$	$
001	Base Period: NASA LaRC Occupational Health Program Support Services in accordance with the Statement of Work Sections 1.0 through 5.0. Continued ...	1	Lot	$	$

(Use Reverse and/or Attach Additional Sheets as Necessary)

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*

☒ 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 1 Original and 3 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: _____ 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)*

31c. DATE SIGNED

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	(Firm-Fixed- Price)				
002	Base Period: Other Direct Costs (Not-To-Exceed) per COR Approval in accordance with Statement of Work Section 6.0.	1	Lot	$51,000.00	$51,000.00 NTE
003	Base Period: Optional Fitness Center Hours Monday-Friday up to Four (4) Additional Hours per Day. (Firm-Fixed-Price per Hour) (Option Line Item)	1040	HR	$_____	$_____
004	Option Period 1: NASA LaRC Occupational Health Program Support Services in accordance with the Statement of Work Sections 1.0 through 5.0. (Firm-Fixed- Price) (Option Line Item)	1	Lot	$_____	$_____
005	Option Period 1: Other Direct Costs (Not-To-Exceed) per COR Approval in accordance with Statement of Work Section 6.0. (Option Line Item)	1	Lot	$51,000.00	$51,000 NTE
006	Option Period 1: Optional Fitness Center Hours Monday-Friday up to Four (4) Additional Hours per	1040	HR	$_____	$_____

Continued ...

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
☐ PARTIAL ☐ FINAL			☐ COMPLETE ☐ PARTIAL ☐ 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

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Day. (Firm-Fixed-Price per Hour) (Option Line Item)				
007	Option Period 2: NASA LaRC Occupational Health Program Support Services in accordance with the Statement of Work Sections 1.0 through 5.0. (Firm-Fixed- Price) (Option Line Item)	1	Lot	$_____	$_____
008	Option Period 2: Other Direct Costs (Not-To-Exceed) per COR Approval in accordance with Statement of Work Section 6.0. (Option Line Item)	1	Lot	$51,000.00	$51,000.00 NTE
009	Option Period 2: Optional Fitness Center Hours Monday-Friday up to Four (4) Additional Hours per Day. (Firm-Fixed-Price per Hour) (Option Line Item)	1040	HR	$_____	$_____
010	Option Period 3: NASA LaRC Occupational Health Program Support Services in accordance with the Statement of Work Sections 1.0 through 5.0. (Firm-Fixed- Price) (Option Line Item)	1	Lot	$_____	$_____
011	Option Period 3: Other Direct Costs (Not-To-Exceed) per COR Approval in accordance with Statement of Work Section 6.0. (Option Line Item)	1	Lot	$51,000.00	$51,000.00 NTE
012	Option Period 3: Optional Fitness Center Hours Monday-Friday up to Four (4) Additional Hours per Day. (Firm-Fixed-Price per Hour) (Option Line Item)	1040	HR	$_____	$_____
013	Option Period 4: NASA LaRC Occupational Health Program Support Services in accordance with the Statement of Work Sections 1.0 through 5.0. (Firm-Fixed- Price) (Option Line Item) Continued ...	1	Lot	$_____	$_____

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
014	Option Period 4: Other Direct Costs (Not-To-Exceed) per COR Approval in accordance with Statement of Work Section 6.0. (Option Line Item)	1	Lot	$51,000.00	$51,000.00 NTE
015	Option Period 4: Optional Fitness Center Hours Monday-Friday up to Four (4) Additional Hours per Day. (Firm-Fixed-Price per Hour) (Option Line Item)	1040	HR	$_____	$_____