


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30					1. REQUISITION NUMBER		PAGE 1 OF 2							
2. CONTRACT NO.			3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER			5. SOLICITATION NUMBER 140D0423Q0552		6. SOLICITATION ISSUE DATE 06/27/2023				
7. FOR SOLICITATION INFORMATION CALL: 			a. NAME Quinn Greene			b. TELEPHONE NUMBER (No collect calls) 571-560-0895			8. OFFER DUE DATE/LOCAL TIME 07/05/2023 1700 ED					
9. ISSUED BY  Interior Business Center, AQD Acquisition Services Directorate 381 Elden Street Suite 2000A Herndon VA 20170					CODE D25		10. THIS ACQUISITION IS <input checked="" 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 <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 334510 <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) SIZE STANDARD: 1,250							
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE			12. DISCOUNT TERMS			<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)			13b. RATING					
14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			15. DELIVER TO CODE											
16. ADMINISTERED BY  Interior Business Center, AQD Acquisition Services Directorate 381 Elden Street Suite 2000A Herndon VA 20170					CODE D25		17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE							
18a. PAYMENT WILL BE MADE BY  TELEPHONE NO.					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		
00001			AudioScan Verifit 2 Advanced Hearing Aid verification system. Part number: 8521179 ETY-3547. Product/Service Code: 6515 Product/Service Description: MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES			1		EA						
00002			AudioScan NOAH module. Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)			1		EA						
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"/> 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"/> 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.										<input type="checkbox"/> 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) Shavonda Jamison					31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
00003	Product/Service Code: 6515 Product/Service Description: MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES  Installation: Contractor will install the AudioScan VeriFit equipment in the rehabilitation department audiology room. Specified room and placement of the AudioScan VeriFit will be determined by the audiologist and contractor based on space and functionality. Contractor will work with local IT department staff to connect AudioScan Verifit equipment to the current NOAH system to ensure full functionality.	1	EA		
00004	Product/Service Code: 6515 Product/Service Description: MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES  Training: Training of audiology department staff on device functions will be completed after installation of equipment.	1	EA		
	Product/Service Code: 6515 Product/Service Description: MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES				

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		41c. DATE	42b. RECEIVED AT ( <i>Location</i> )	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS