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| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | 1. REQUISITION NUMBER 1102425 | | PAGE OF 1 3 | | |
| 2. CONTRACT NO. | | 3. AWARD/ EFFECTIVE DATE | 4. ORDER NUMBER | | 5. SOLICITATION NUMBER 1240LP23Q0091 | | 6. SOLICITATION ISSUE DATE 07/13/2023 | |
| 7. FOR SOLICITATION INFORMATION CALL: | | a. NAME JANE PEDROTTI | | | b. TELEPHONE NUMBER (No collect calls) | | 8. OFFER DUE DATE/LOCAL TIME 07/21/2023 1500 MD | |
| 9. ISSUED BY USDA-FS CSA INTERMOUNTAIN 4 324 25TH ST OGDEN UT 84401-2310 | | | | CODE 40LP | 10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) <input type="checkbox"/> 8(A) NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 541380 SIZE STANDARD: \$19 | | | |
| 11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE | | 12. DISCOUNT TERMS | | 13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700) <input type="checkbox"/> | | 13b. RATING 14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> REQUEST FOR QUOTE (RFQ) <input type="checkbox"/> INVITATION FOR BID (IFB) <input type="checkbox"/> REQUEST FOR PROPOSAL (RFP) | | |
| 15. DELIVER TO NORTHERN HILLS RANGER DISTRICT 2014 N MAIN SPEARFISH SD 57783 | | | | CODE 67T8 | 16. ADMINISTERED BY USDA-FS CSA INTERMOUNTAIN 4 324 25TH ST OGDEN UT 84401-2310 | | | |
| 17a. CONTRACTOR/ OFFEROR | | CODE | FACILITY CODE | 18a. PAYMENT WILL BE MADE BY | | | | CODE |
| TELEPHONE NO. | | | | <input type="checkbox"/> 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 | |
| | Solicitation #1240LP23Q0091 for Procurement of Services for BASE Year Plus Option Year 1 to complete EDB Well Testing at the Nemo Work Center Area for the Black Hills NF/Northern Hills RD RESPONSES DUE by July 21, 2023 no later than 3:00 PM MDT INTERESTED VENDORS COMPLETE BLOCKS 17A AND 30A-30C ON PAGE ONE OF THE SF1449, AND ALL (Use Reverse and/or Attach Additional Sheets as Necessary) | | | | | | | |
| 25. ACCOUNTING AND APPROPRIATION DATA | | | | | | 26. TOTAL AWARD AMOUNT (For Government Use Only) | | |
| <input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA | | | | | | <input checked="" 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: REFERENCE _____ 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 | | |
| | | | | CURTIS R. LANDRETH | | | | |

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0001 | <p>HIGHLIGHTED FIELDS WITHIN THE SF1449 (SECTIONS B & F), NOTING SECTION E, THE EVALUATING FACTORS; RETURN THE SF1449 IN ITS ENTIRETY TO JANE.PEDROTTI@USDA.GOV, WITH ALL REQUIRED DOCUMENTATION LISTED IN SECTION E, BY THE DUE DATE LISTED ABOVE. IT MUST BE RECEIVED IN LISTED EMAIL INBOX BY THE DUE DATE/TIME OR IT WILL BE CONSIDERED A LATE QUOTE. INCOMPLETE QUOTES OR LATE QUOTES WILL NOT BE ACCEPTABLE.</p> <p>All vendors submitting quotes must be currently registered in the System for Award Management (www.sam.gov) and provide their Unique Entity Identifier (UEI#) number on their quote. Payment to the successful bidder will be made following receipt and acceptance of the items.</p> <p>All payments are made electronically through the Government's payment system, IPP, (Invoice Processing Platform) at www.ipp.gov. Period of Performance: 08/01/2023 to 07/31/2024</p> <p>BASE YEAR To conduct EDB monitoring well testing. Product/Service Code: R499 Product/Service Description: SUPPORT-PROFESSIONAL: OTHER Requisition No: 1102425</p> <p>Delivery: 07/31/2024 Continued ...</p> | | | | |

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

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|---|------------------------|---------------------------------|---|------------------|
| 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 | |

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0002 | Option Year #1 EDB Well Testing (Option Line Item) Product/Service Code: R499 Product/Service Description: SUPPORT- PROFESSIONAL: OTHER Requisition No: 1102425 Delivery: 07/31/2025 Period of Performance: 08/01/2024 to 07/31/2025 | | | | |
| 0003 | BASE Year Added Funds Product/Service Code: R499 Product/Service Description: SUPPORT- PROFESSIONAL: OTHER Delivery: 07/31/2024 | | | | |