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.: SPM300-10-D-3371
3. AWARD/EFFECTIVE DATE: 5/13/10
4. ORDER NUMBER
5. SOLICITATION NUMBER
6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL: Paulette Gary
b. TELEPHONE NUMBER (No collect calls): 215-737-2789
8. OFFER DUE DATE/ LOCAL TIME

9. ISSUED BY — CODE SPM300
DEFENSE SUPPLY CENTER PHILADELPHIA
DIRECTOR OF SUBSISTENCE
700 ROBBINS AVENUE
ATTN: FTAS/BLDG 6
PHILADELPHIA, PA 19111-5092

10. THIS ACQUISITION IS
☐ UNRESTRICTED OR ☐ SET ASIDE: % FOR:
☐ SMALL BUSINESS ☐ EMERGING SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS ☐ 8(A)
NAICS:
SIZE STANDARD:

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
SEE SCHEDULE

16. ADMINISTERED BY — CODE
SEE AS BLOCK #9

17a. CONTRACTOR/ OFFEROR — CODE OYK55 — FACILITY CODE
SYSCO CENTRAL FLORIDA
200 WEST STORY ROAD
OCOEE, FL 34761
TELEPHONE NO.

18a. PAYMENT WILL BE MADE BY — CODE
DFAS COLUMBUS CENTER
DFAS / CO-SEPS
P.O. BOX 182317
Columbus, OH 43218-6260

☐ 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
	This is an award under other than full and open competition IAW 10 U.S.C. 2304(C)(1). All terms and conditions of contract SPM300-08-D-3097 and bridge contract SPM300-10-D-3317 are extended under this contract for Prime Vendor full line food service for Central Florida, Honduras and surrounding areas. The contract extension period is May 16, 2010 to No LATER THAN May 14, 2011. Distribution prices				

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

25. ACCOUNTING AND APPROPRIATION DATA
10% Minimum is $1,607,394.06

26. TOTAL AWARD AMOUNT (For Govt. Use Only)
$16,073,940.61 (Est-One Year)

☐ 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)

30b. NAME AND TITLE OF SIGNER (Type or print): SCOTT CONNELLMAN, POE
30c. DATE SIGNED: 5/13/10

31b. NAME OF CONTRACTING OFFICER (Type or print): JOHN E. RICCIO
31c. DATE SIGNED: 5/13/10

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	remain the same. The Government intends to place orders under the aforementioned extended contract period only until such time as a new contract utilizing full and open competition is awarded and capable of accepting orders. A modification will be forthcoming to notify Sysco Central Florida for contract performance if other than May 14, 2011. In the event of emergencies and/or mobilization, the government reserves the right to unilaterally execute an alternate maximum ceiling of 350% of the estimated dollar value. The guaranteed 10% minimum is $1,607,394.06 and Defense Supply Center Philadelphia is only obligated for this minimum.				

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. TELPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER ☐ PARTIAL ☐ FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT ☐ COMPLETE ☐ PARTIAL ☐ FINAL	37. CHECK NUMBER
38. S/R ACCOUNT NO.	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