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. SPM-300-11-D-3452	3. AWARD/EFFECTIVE DATE 15 May 2011	4. ORDER NUMBER	5. SOLICITATION NUMBER SPM300-03-R-D029	6. SOLICITATION ISSUE DATE 11/21/03
7. FOR SOLICITATION INFORMATION CALL:	a. NAME Angela Vitale - FTAA		b. TELEPHONE NUMBER *(No collect calls)* (215) 737-9108	8. OFFER DUE DATE/ LOCAL TIME

9. ISSUED BY CODE SPM300

DLA Troop Support
Directorate of Subsistence, Bldg 6
700 Robbins Avenue
Philadelphia, PA 19111-5098

10. THIS ACQUISITON 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 BLOCK 9

17a. CONTRACTOR/ OFFEROR CODE 0YK55 FACILITY CODE

Sysco Central Florida
200 West Story Road
Ocoee, FL 34761

TELEPHONE NO.

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

18a. PAYMENT WILL BE MADE BY CODE S33150

DFAS Columbus Center
DFAS/CO-SEPS
P.O. Box 182317
Columbus, OH 43218-6260

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 SPM300-10-D-3371 are extended under this contract. Prime Vendor Full Line Food Service for the Central Florida area for contract period of 15 May 2011 through 12 May 2012. All referenced FAR, DFAR, DLAD and DSCP clauses in contract SPM300-10-D-3371 are hereby updated to *(Use Reverse and/or Attach Additional Sheets as Necessary)*				

25. ACCOUNTING AND APPROPRIATION DATA
97X49305X 5022304 65002600 CBX 001 S33189

26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*
$3,396,833.84 (EST- 12 MONTHS)

☐ 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 01 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)*
Marilynne Davis

30b. NAME AND TITLE OF SIGNER *(Type or print)*
Paul Costello

30c. DATE SIGNED
5/9/11

31b. NAME OF CONTRACTING OFFICER *(Type or print)*
Marilynne Davis Marilynne Davis

31c. DATE SIGNED
13 May 2011

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)
Prescribed by GSA - FAR (48 CFR) 53.212

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	the current dated version. This includes FAR Clauses 52.212-3 (Jan 2011) Alternate I (Apr 2002), 52.212-4 (Jun 2010), 52.212-5 (Jan 2011), and DFAR Clauses 252.212-7000 (Jun 2005) and 252.212-7001 (Mar 2011). All Distribution Fees remain unchanged and all other terms and conditions of this contract remain unchanged. 10 % Minimum: $339,683.38 125% Maximum: $4,246,042.30				

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 AUTHORZED 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