

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS				1. Requisition Number SEE SCHEDULE		Page 1 Of 5	
Offeror To Complete Block 12, 17, 23, 24, & 30							
2. Contract No. DAAE20-01-D-0092		3. Award/Effective Date 2003APR10		4. Order Number 0014		5. Solicitation Number	
7. For Solicitation Information Call:		A. Name NANCY MONIKE		B. Telephone Number (No Collect Calls) (309)782-4900		6. Solicitation Issue Date	
9. Issued By TACOM-ROCK ISLAND AMSTA-LC-CAC-C ROCK ISLAND IL 61299-7630		Code W52H09		10. This Acquisition Is <input checked="" type="checkbox"/> Unrestricted <input type="checkbox"/> Set Aside: % For <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadv Business <input type="checkbox"/> 8(A) SIC: Size Standard:		11. Delivery For FOB Destination Unless Block Is Marked <input checked="" type="checkbox"/> See Schedule	
e-mail: MONIKEN@RIA.ARMY.MIL						12. Discount Terms	
15. Deliver To XR UNITED DEFENSE L P GROUND SYSTEMS DIVISON 1100 BAIRS RD PO BOX 15512 YORK PA 17405-1512		Code CK0P12		16. Administered By DCMA ST PETERSBURG 9549 KOGER BLVD GADSDEN BLDG SUITE 200 ST PETERSBURG FL 33702-2455		Code S1109A	
Telephone No.						13a. This Contract Is A Rated Order Under DPAS (18 CFR 700) <input checked="" type="checkbox"/>	
17. Contractor/Offeror HONEYWELL INC, SENSOR AND GUIDANCE PRODUCTS 13350 US HIGHWAY 19 N CLEARWATER FL 33764-7290		Code 0BFA5 Facility		18a. Payment Will Be Made By DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264		Code HQ0338	
Telephone No.						13b. Rating DOA5	
<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		14. Method Of Solicitation <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
19. Item No.		20. Schedule Of Supplies/Services		21. Quantity		22. Unit	
		SEE SCHEDULE					
		(Attach Additional Sheets As Necessary)					
						23. Unit Price	
						24. Amount	
25. Accounting And Appropriation Data ACRN: AA 21 32033000035R5R03P31102831E9 S20113 W56HZV						26. Total Award Amount (For Govt. Use Only) \$5,106,000.00	
<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.						<input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.	
<input checked="" type="checkbox"/> 27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-4. FAR 52.212-5 Is Attached. Addenda						<input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.	
28. Contractor Is Required To Sign This Document And Return _____ Copies <input type="checkbox"/> 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 Herein.				29. Award Of Contract: Reference _____ Offer <input type="checkbox"/> 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) SALLY HUSSON TURKE /SIGNED/ TURKES@RIA.ARMY.MIL (309)782-3798		31c. Date Signed	
32a. Quantity In Column 21 Has Been <input type="checkbox"/> Received <input type="checkbox"/> Inspected <input type="checkbox"/> Accepted And Conforms To The Contract Except As Noted				33. Ship Number <input type="checkbox"/> Partial <input type="checkbox"/> Final		34. Voucher Number	
32b. Signature Of Authorized Government Representative		32c. Date		36. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		35. Amount Verified Correct For	
				38. S/R Account Number		39. S/R Voucher Number	
				42a. Received By (Print)		37. Check Number	
41a. I Certify This Account Is Correct And Proper For Payment				40. Paid By			
41b. Signature And Title Of Certifying Officer		41c. Date		42b. Received At (Location)			
				42c. Date Recd (YYMMDD)		42d. Total Containers	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-01-D-0092/0014 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: HONEYWELL INC,		

SUPPLEMENTAL INFORMATION

1. This Delivery Order awards a quantity of 138 each on Clin 0002AO, Inertial Navigation Units (INUs) for the BFVS A3 Program. See Schedule B.
2. The project liability schedule is adjusted accordingly. See Attachment 001.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET

Reference No. of Document Being Continued
 PIIN/SIIN DAAE20-01-D-0092/0014 MOD/AMD

Name of Offeror or Contractor: HONEYWELL INC,

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																																																						
0002	SUPPLIES OR SERVICES AND PRICES/COSTS NSN: 6650-01-498-1337 FSCM: 19307 PART NR: 12484747 SECURITY CLASS: Unclassified																																																										
0002AP	<p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u></p> <p>NOUN: INERTIAL NAVIGATION UNITS PRON: 723062AG72 PRON AMD: 01 ACRN: AA AMS CD: 31102897002</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u></p> <p>DOC SUPPL</p> <table border="0"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W80KTY3093D001</td> <td>CK0P12</td> <td>M</td> <td></td> <td>1</td> </tr> <tr> <td></td> <td><u>PROJ CD</u></td> <td><u>BRK BLK PT</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="5">GBB</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>18</td> <td>06-JAN-2004</td> </tr> <tr> <td>002</td> <td>15</td> <td>06-FEB-2004</td> </tr> <tr> <td>003</td> <td>15</td> <td>05-MAR-2004</td> </tr> <tr> <td>004</td> <td>15</td> <td>06-APR-2004</td> </tr> <tr> <td>005</td> <td>15</td> <td>06-MAY-2004</td> </tr> <tr> <td>006</td> <td>15</td> <td>04-JUN-2004</td> </tr> <tr> <td>007</td> <td>15</td> <td>06-JUL-2004</td> </tr> <tr> <td>008</td> <td>15</td> <td>06-AUG-2004</td> </tr> <tr> <td>009</td> <td>15</td> <td>07-SEP-2004</td> </tr> </table> <p>FOB POINT: Origin</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u> (CK0P12) XR UNITED DEFENSE L P GROUND SYSTEMS DIVISON 1100 BAIRS RD PO BOX 15512 YORK PA 17405-1512</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-01-D-0092/0014</p>	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W80KTY3093D001	CK0P12	M		1		<u>PROJ CD</u>	<u>BRK BLK PT</u>					GBB					<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	18	06-JAN-2004	002	15	06-FEB-2004	003	15	05-MAR-2004	004	15	06-APR-2004	005	15	06-MAY-2004	006	15	04-JUN-2004	007	15	06-JUL-2004	008	15	06-AUG-2004	009	15	07-SEP-2004	138	EA	\$ 37,000.00000	\$ 5,106,000.00
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MOD/AMD

Name of Offeror or Contractor: HONEYWELL INC,

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG				JOB			
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>ORDER</u>	<u>ACCOUNTING</u>		<u>OBLIGATED</u>
						<u>NUMBER</u>	<u>STATION</u>		<u>AMOUNT</u>
0002AP	723062AG72	AA	2	21	32033000035R5R03P31102831E9	S20113	3ZGBA3	W56HZV	\$ 5,106,000.00
	31102897002								
							TOTAL	\$	5,106,000.00

<u>SERVICE</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>
<u>NAME</u>			<u>STATION</u>	<u>AMOUNT</u>
Army	AA	21 32033000035R5R03P31102831E9 S20113	W56HZV	\$ 5,106,000.00
			TOTAL	\$ 5,106,000.00

CONTINUATION SHEET

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PIIN/SIIN DAAE20-01-D-0092/0014

MOD/AMD

Name of Offeror or Contractor: HONEYWELL INC,

LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Attachment 001	LIABILITY TABLE		001	