

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. DAAE20-02-A-0028		3. Award/Effective Date 2002DEC18		4. Order Number 0001		5. Solicitation Number	
6. Solicitation Issue Date		7. For Solicitation Information Call:		A. Name JUDY PAGLIARO		B. Telephone Number (No Collect Calls) (309)782-5086	
8. Offer Due Date/Local Time		9. Issued By TACOM-ROCK ISLAND AMSTA-LC-CT ROCK ISLAND IL 61299-7630		Code W52H09		10. This Acquisition Is	
				<input checked="" type="checkbox"/> Unrestricted		11. Delivery For FOB Destination Unless Block Is Marked	
				<input type="checkbox"/> Set Aside: % For		<input checked="" type="checkbox"/> See Schedule	
				<input type="checkbox"/> Small Business		<input checked="" type="checkbox"/> 13a. This Contract Is A Rated Order Under DPAS (18 CFR 700)	
				<input type="checkbox"/> Small Disadv Business		13b. Rating DOA5	
				<input type="checkbox"/> 8(A)		14. Method Of Solicitation	
				SIC:		<input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
				Size Standard:			
e-mail: PAGLIAROJ@RIA.ARMY.MIL							
15. Deliver To SEE SCHEDULE		Code		16. Administered By PR TACOM-RI ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000			
				Code W52H09			
Telephone No.							
17. Contractor/Offeror TDF CORPORATION ROCK ISLAND ARSENAL BLDG 110, NE CORNER, GROUND FLOOR P O BOX 5164 ROCK ISLAND IL 61299-5001		Code OPL65		Facility		18a. Payment Will Be Made By DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009	
						Code HQ0304	
Telephone No.							
<input type="checkbox"/> 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 <input type="checkbox"/> See Addendum					
19. Item No.		20. Schedule Of Supplies/Services				21. Quantity	
		SEE SCHEDULE				22. Unit	
						23. Unit Price	
						24. Amount	
(Attach Additional Sheets As Necessary)							
25. Accounting And Appropriation Data ACRN: AA 21 32020000036D6D02P42212325FB S11116 W52H09						26. Total Award Amount (For Govt. Use Only) \$19,477.92	
<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) HOWARD J LEWIS /SIGNED/ LEWISH@RIA.ARMY.MIL (309)782-3506		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		34. Voucher Number	
				<input type="checkbox"/> Partial <input type="checkbox"/> Final		35. Amount Verified Correct For	
32b. Signature Of Authorized Government Representative		32c. Date		36. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		37. Check Number	
				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 Recd (YYMMDD)		42d. Total Containers	

CONTINUATION SHEET**Reference No. of Document Being Continued****Page 2 of 5**

PIIN/SIIN DAAE20-02-A-0028/0001

MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

SUPPLEMENTAL INFORMATION

AEPS CLOWDAT

This task order establishes CLIN 0001 to incorporate Scope of Work for AEPS CLOWDAT.

The labor category hour amounts and not-to-exceed ceilings are that which follow:

Project Manager (Proj Mgr	25 hours	\$1,920.25
Systems Development Manager IV (SDM4)	8 hours	\$622.16
Systems Development Manager III (SDM3)	209 hours	\$14,448.17
Systems Analyst III (SA3)	61 hours	\$2,460.13
Junior Data Entry Clerk (JDEC)	2 hours	\$24.00
Travel		<u>\$3.21</u>
		\$19,477.92

The performance completion date is 28 Feb 03.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET

Reference No. of Document Being Continued

PIIN/SIIN DAAE20-02-A-0028/0001

MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG	JOB	ACCOUNTING	OBLIGATED			
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN STAT</u>	<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>			
0001AA	M139R003M1	AA 2	21	32020000036D6D02P42212325FB S11116	3LKM44	W52H09	\$	19,477.92
42212300000								
TOTAL							\$	19,477.92

SERVICE	ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	W52H09	\$ 19,477.92
TOTAL		\$ 19,477.92

CONTINUATION SHEET**Reference No. of Document Being Continued****Page 5 of 5**

PIIN/SIIN DAAE20-02-A-0028/0001

MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

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	SCOPE OF WORK FOR AEPS CLOWDAT	10-DEC-2002	004	