

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 2003SEP17		4. Order Number 0022		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 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. (630)245-1000							
<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	22. Unit
		SEE SCHEDULE					
		(Attach Additional Sheets As Necessary)					
						23. Unit Price	24. Amount
25. Accounting And Appropriation Data ACRN: AA 97 X4930AC5GX6D6D02PSM2A11252B S11116 W52H09						26. Total Award Amount (For Govt. Use Only) \$100,000.00	
<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 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 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	35. Amount Verified Correct For
				<input type="checkbox"/> Partial	<input type="checkbox"/> Final		
32b. Signature Of Authorized Government Representative				36. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		37. Check Number	
32c. Date				38. S/R Account Number		39. S/R Voucher Number	40. Paid By
				42a. Received By (Print)			
41a. I Certify This Account Is Correct And Proper For Payment				42b. Received At (Location)			
41b. Signature And Title Of Certifying Officer				42c. Date Recd (YYMMDD)		42d. Total Containers	
41c. Date							

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

PIIN/SIIN DAAE20-02-A-0028/0022

MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

SUPPLEMENTAL INFORMATION

AEPS Support

This Task Order incorporates the Scope of Work for
AEPS Support.

The not-to-exceed ceiling amounts for labor categories
and hours are that which follow:

Proj Mgr	200 hours	\$15,362.00
SA3	180 hours	\$7,259.40
JDEC	302 hours	\$3,624.00
SDM2	418 hours	\$22,475.86
SDM3	550 hours	\$38,021.50
MCSS	300 hours	\$13,254.00
		<u>\$3.24</u>
		\$100,000.00

The performance completion date is 30 Dec 04.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET

Reference No. of Document Being Continued
 PIIN/SIIN DAAE20-02-A-0028/0022 MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT									
	SUPPLIES OR SERVICES AND PRICES/COSTS													
0022	SECURITY CLASS: Unclassified													
0022AA	<p>SERVICES LINE ITEM</p> <p>NOUN: AEPS SUPPORT PRON: M139R061M1 PRON AMD: 01 ACRN: AA AMS CD: SM2A1100000</p> <p><u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u></p> <table border="0" data-bbox="259 829 771 913"> <tr> <td>DLVR SCH</td> <td></td> <td>PERF COMPL</td> </tr> <tr> <td><u>REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DATE</u></td> </tr> <tr> <td>001</td> <td>0</td> <td>30-DEC-2004</td> </tr> </table> <p style="text-align: right;">\$ 100,000.00</p>	DLVR SCH		PERF COMPL	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	30-DEC-2004				\$ 100,000.00
DLVR SCH		PERF COMPL												
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>												
001	0	30-DEC-2004												

CONTINUATION SHEET

Reference No. of Document Being Continued

PIIN/SIIN DAAE20-02-A-0028/0022 **MOD/AMD**

Name of Offeror or Contractor: TDF CORPORATION

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>	
0022AA	M139R061M1	AA	2	97	X4930AC5GX6D6D02PSM2A11252B	S11116	3LKAEP	W52H09	\$	100,000.00
	SM2A1100000									
							TOTAL	\$		100,000.00

SERVICE						ACCOUNTING		OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>STATION</u>		<u>STATION</u>		<u>AMOUNT</u>
Army	AA	97	X4930AC5GX6D6D02PSM2A11252B	S11116		W52H09	\$	100,000.00
						TOTAL	\$	100,000.00

CONTINUATION SHEET

Reference No. of Document Being Continued

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PIIN/SIIN DAAE20-02-A-0028/0022

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	SOW FOR AEPS SUPPORT	16-SEP-2003	006	