

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE20-02-D-0048	2. DELIVERY ORDER/CALL NO. 0003	3. DATE OF ORDER/CALL (YYYYMMDD) 2003AUG25	4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE	5. PRIORITY DOA5
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6. ISSUED BY TACOM-ROCK ISLAND AMSTA-AQ-ARCC LORRIE SCHMIDT (309)782-0673 ROCK ISLAND IL 61299-7630 EMAIL: SCHMIDTL@RIA.ARMY.MIL	CODE	W52H09	7. ADMINISTERED BY (if other than 6) DCMA MANCHESTER 2 WALL ST MANCHESTER NH 03101-1518	CODE	S3319A	8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)
			SCD: C PAS: NONE ADP PT: HQ0337			

9. CONTRACTOR SAINT-GOBAIN PERFORMANCE PLASTICS CORP 701 DANIEL WEBSTER HWY MERRIMACK, NH. 03054-2713	CODE	55926	FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE	11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED
NAME AND ADDRESS				12. DISCOUNT TERMS		
TYPE BUSINESS: Large Business Performing in U.S.				13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15		

14. SHIP TO SEE SCHEDULE	CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266	CODE	HQ0337	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2
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16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.
	PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____, furnish the following on terms specified herein.
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.			

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE
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18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders				

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	24. UNITED STATES OF AMERICA MARGARET C TUFTEE /SIGNED/ TUFTEEM@RIA.ARMY.MIL (SIGNED) 782-7163	25. TOTAL	\$114,500.00
	BY: _____	26. DIFFERENCES	

27a. QUANTITY IN COLUMN 20 HAS BEEN
 INSPECTED RECEIVED ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____

b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	c. DATE (YYYYMMDD)	d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	28. SHIP. NO.	29. D.O. VOUCHER NO.	30. INITIALS
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f. TELEPHONE NUMBER	g. E-MAIL ADDRESS	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	33. AMOUNT VERIFIED CORRECT FOR
		31. PAYMENT		34. CHECK NUMBER

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.

a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	35. BILL OF LADING NO.
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37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.
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CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-02-D-0048/0003 MOD/AMD	Page 2 of 4
Name of Offeror or Contractor: SAINT-GOBAIN PERFORMANCE PLASTICS CORP		

SUPPLEMENTAL INFORMATION

- 1, The purpose of this modification is to incorporate testing requirements needed to obtain NFPA Certification for the Improved Toxocological Agent Protective Ensemble (ITAP) as specified in P00005 of the basic contract.
2. Statement of Work (SOW) dated 21 Aug 2003, establishes the work to be performed by the contractor for the initial phase of National Fire Protection Agency (NFPA) testing that will be required for the ITAP ensemble to be certified to NFPA 1994, Class 2 and is included at Attachment 0001.
3. The required tests shall be in accordance with (IAW) NFPA 1994, Standard on Protective Ensembles for Chemical/Biological Terrorism Incidents, 2001 Edition (Attachment 0002), and test protocols outlined in the NFPA 1994 Class II Certification of ITAP Suit (Attachment 0003).
4. The cost of incorporating this SOW shall not exceed \$114,500.00
5. All other terms and conditions remain unchanged.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET

Reference No. of Document Being Continued
 PIIN/SIIN DAAE20-02-D-0048/0003 MOD/AMD

Name of Offeror or Contractor: SAINT-GOBAIN PERFORMANCE PLASTICS CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT									
	SUPPLIES OR SERVICES AND PRICES/COSTS													
0007	SECURITY CLASS: Unclassified													
0007AA	<p><u>TEST SERVICES</u></p> <p>NOUN: NFPA TEST ITAP CERTIFICATION PRON: S63KSSL6SB PRON AMD: 01 ACRN: AA AMS CD: 42212300000</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-AUG-2004</td> </tr> </table> <p style="text-align: right;">\$ 114,500.00</p>	DLVR SCH		PERF COMPL	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	30-AUG-2004		EA		\$ 114,500.00
DLVR SCH		PERF COMPL												
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>												
001	0	30-AUG-2004												

CONTINUATION SHEET

Reference No. of Document Being Continued

PIIN/SIIN DAAE20-02-D-0048/0003

MOD/AMD

Name of Offeror or Contractor: SAINT-GOBAIN PERFORMANCE PLASTICS CORP

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>
0007AA	S63KSSL6SB	AA	2	21	32020000036N6N40P4221232512	S19130	36KSSL	W91A2K \$ 114,500.00
	42212300000							
							TOTAL	\$ 114,500.00

SERVICE						ACCOUNTING		OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>		<u>AMOUNT</u>
Army	AA	21	32020000036N6N40P4221232512	S19130		W91A2K	\$	114,500.00
						TOTAL	\$	114,500.00