**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**

OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. **REQUISITION NUMBER**
   - PAGE 1 OF

2. **CONTRACT NO.**
3. **AWARD/EFFECTIVE DATE:** 09/13/2017
4. **ORDER NUMBER:** PR6607009
5. **SOLICITATION NUMBER:** SUZ0017Q004
6. **SOLICITATION ISSUE DATE:** 12/22/2016
7. **FOR SOLICITATION INFORMATION CALL**
   - **a. NAME:** Procurement office
   - **b. TELEPHONE NUMBER:** +998 71 1205450
8. **OFFER DUE DATE/LOCAL TIME:** 09/27/2017 / 12:00 pm

9. **ISSUED BY**
   - **CODE**
   - **NAME:** General Services Office
   - **American Embassy Tashkent, Uzbekistan**
   - **3, MOYKURGHON STREET**
   - **YUNUSOBOD DISTRICT, TASHKENT 700093**
   - **NAICS:**
   - **SIZE STD:**

10. **THIS ACQUISITION IS**
   - **a. UNRESTRICTED**
   - **b. SET ASIDE:**
   - **% FOR SMALL BUSINESS**
   - **c. HUBZONE SMALL BUSINESS**
   - **d. W/8A**

11. **DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED**
   - **a. SEE SCHEDULE**

12. **DISCOUNT TERMS**
   - **13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)**
   - **13b. RATING**

13. **METHOD OF SOLICITATION**
   - **a. RFQ**
   - **b. IFB**
   - **c. RFP**

14. **METHOD OF PAYMENT**
   - **15. DELIVER TO**
   - **CODE**
   - **American Embassy Tashkent**
   - **GSO, Procurement**

16. **ADMINISTERED BY**
   - **CODE**

17. **CONTRACTOR/FACILITY CODE**
   - **a. PAYMENT WILL BE MADE BY**
   - **CODE**
   - **BUDGET AND FINANCE DEPARTMENT**

18. **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 (USD)**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Freeze Dried Food Kits (sample link is below) OR similar</td>
<td>334</td>
<td>bucket</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. **ACCOUNTING AND APPROPRIATION DATA**
26. **TOTAL AWARD AMOUNT** (For Govt. Use Only)

27a. **SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE NOT ATTACHED.**
27b. **CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA 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: 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**
30b. **NAME AND TITLE OF SIGNER (TYPE OR PRINT)**
30c. **DATE SIGNED**

31a. **UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)**
31b. **NAME OF CONTRACTING OFFICER (Type or Print)**
31c. **DATE SIGNED**

**STANDARD FORM 1449** (REV 4/2002)

Prescribed by GSA - FAR (48 CFR) 53.212
|-------------|----------------------------------|--------------|---------|----------------|-----------|

32a. QUANTITY IN COLUMN 21 HAS BEEN received, inspected, accepted, and conforms to the contract, except as noted:

☐ received ☐ inspected ☐ accepted, and conforms to the contract, except as noted: ____________________________

<table>
<thead>
<tr>
<th>32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</th>
<th>32c. DATE</th>
<th>32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</td>
<td>32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE</td>
<td>32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE</td>
</tr>
<tr>
<td><a href="mailto:TashkentProcurement@state.gov">TashkentProcurement@state.gov</a></td>
<td><a href="mailto:TashkentProcurement@state.gov">TashkentProcurement@state.gov</a></td>
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</table>

<table>
<thead>
<tr>
<th>33. SHIP NUMBER</th>
<th>34. VOUCHER NUMBER</th>
<th>35. AMOUNT VERIFIED CORRECT FOR</th>
<th>36. PAYMENT</th>
<th>37. CHECK NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ PARTIAL ☐ FINAL</td>
<td>☐ COMPLETE ☐ PARTIAL ☐</td>
<td></td>
<td>☐ ☐ ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>38. S/R ACCOUNT NO</th>
<th>39. S/R VOUCHER NO</th>
<th>40. PAID BY</th>
<th>41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT</th>
<th>42a. RECEIVED BY (PRINT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
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<thead>
<tr>
<th>41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</th>
<th>41c. DATE</th>
<th>42b. RECEIVED AT (Location)</th>
<th>42c. DATE REC'D (YY/MM/DD)</th>
<th>42d. TOTAL CONTAINERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐</td>
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<td>☐ ☐ ☐ ☐</td>
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STANDARD FORM 1449 (REV. 4/2002) BACK