

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM</b> Offeror To Complete Block 12, 17, 23, 24, & 30				<b>1. Requisition Number</b> SEE SCHEDULE		<b>Page</b> 1 <b>Of</b> 5	
<b>2. Contract No.</b> SPRDL1-13-D-0016		<b>3. Award/Effective Date</b> 2015JAN05		<b>4. Order Number</b> 0007		<b>5. Solicitation Number</b>	
<b>7. For Solicitation Information Call:</b>		<b>A. Name</b> CRAIG LATHER			<b>B. Telephone Number (No Collect Calls)</b> (586)282-3195		<b>6. Solicitation Issue Date</b>
<b>9. Issued By</b> DLA LAND WARREN WARREN, MI 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL			<b>Code</b> SPRDL1	<b>10. This Acquisition is</b> <input type="checkbox"/> Unrestricted <b>OR</b> <input checked="" type="checkbox"/> <b>Set Aside: 100 % For:</b>			
				<input checked="" type="checkbox"/> <b>Small Business</b> <input type="checkbox"/> <b>Women-Owned Small Business (WOSB)</b> Eligible Under the Women-Owned Small Business Program			
				<input type="checkbox"/> <b>Hubzone Small Business</b> <input type="checkbox"/> <b>EDWOSB</b>			
				<input type="checkbox"/> <b>Service-Disabled Veteran-Owned Small Business</b> <b>NAICS: 332439</b>			
				<input type="checkbox"/> <b>8(A)</b> <b>Size Standard:</b>			
<b>11. Delivery For FOB Destination Unless Block Is Marked</b> <input type="checkbox"/> See Schedule		<b>12. Discount Terms</b>		<input checked="" type="checkbox"/> <b>13a. This Contract Is A Rated Order Under DPAS (15 CFR 700)</b>		<b>13b. Rating</b> DOA4	
<b>15. Deliver To</b> SEE SCHEDULE				<b>Code</b> W9ONT5	<b>14. Method Of Solicitation</b> <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		
<b>16. Administered By</b> DCMA PHILADELPHIA 700 ROBBINS AVENUE, BLDG 4-A P.O. BOX 11427 PHILADELPHIA PA 19111-0427				<b>Code</b> S3915A			
<b>17a. Contractor/Offeror</b> SEA BOX INC 700 UNION LANDING RD CINNAMINSON, NJ 08077-1910		<b>Code</b> OFXA9	<b>Facility</b>	<b>18a. Payment Will Be Made By</b> DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266			
<b>Code</b> HQ0337							
<input type="checkbox"/> <b>17b. Check If Remittance Is Different And Put Such Address In Offer</b>				<input type="checkbox"/> <b>18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked</b> <input type="checkbox"/> See Addendum			
<b>19. Item No.</b>	<b>20. Schedule Of Supplies/Services</b>			<b>21. Quantity</b>	<b>22. Unit</b>	<b>23. Unit Price</b>	<b>24. Amount</b>
	SEE SCHEDULE						
							(Use Reverse and/or Attach Additional Sheets As Necessary)
<b>25. Accounting And Appropriation Data</b> SEE CONTRACT ADMINISTRATION DATA						<b>26. Total Award Amount (For Govt. Use Only)</b> \$41,544.00	
<input type="checkbox"/> <b>27a. Solicitation Incorporates By Reference FAR 52.212-1, 52.212-4, FAR 52.212-3 And 52.212-5 Are Attached. Addenda</b> <input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.							
<input checked="" type="checkbox"/> <b>27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-4, FAR 52.212-5 Is Attached. Addenda</b> <input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached.							
<input type="checkbox"/> <b>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.</b>				<input type="checkbox"/> <b>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:</b>			
<b>30a. Signature Of Offeror/Contractor</b>				<b>31a. United States Of America (Signature Of Contracting Officer)</b> /SIGNED/			
<b>30b. Name And Title Of Signer (Type Or Print)</b>		<b>30c. Date Signed</b>		<b>31b. Name Of Contracting Officer (Type Or Print)</b> KAREN KACZOROWSKI KAREN.L.KACZOROWSKI.CIV@MAIL.MIL (586)282-3143		<b>31c. Date Signed</b> 2015JAN05	

19. Item No.	20. Schedule Of Supplies/Services	21. Quantity	22. Unit	23. Unit Price	24. Amount

32a. Quantity In Column 21 Has Been

Received  Inspected  Accepted, And Conforms To The Contract, Except As Noted: \_\_\_\_\_

32b. Signature Of Authorized Government Representative		32c. Date	32d. Printed Name and Title of Authorized Government Representative			
32e. Mailing Address of Authorized Government Representative			32f. Telephone Number of Authorized Government Representative			
			32g. E-Mail of Authorized Government Representative			
33. Ship Number		34. Voucher Number	35. Amount Verified Correct For	36. Payment		37. Check Number
<input type="checkbox"/> Partial	<input type="checkbox"/> Final			<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		
38. S/R Account No.	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 Rec'd (YY/MM/DD)	42d. Total Containers		

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5****PIIN/SIIN** SPRDL1-13-D-0016/0007**MOD/AMD****Name of Offeror or Contractor:** SEA BOX INC

## SUPPLEMENTAL INFORMATION

Buyer Name: CRAIG LATHER

Buyer Office Symbol/Telephone Number: ZGA/(586)282-3195

Type of Contract 1: Firm Fixed Price

Kind of Contract: Supply Contracts and Priced Orders

Type of Business: Other Small Business Performing in U.S.

Surveillance Criticality Designator: A

\*\*\* End of Narrative A0000 \*\*\*



CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN SPRDL1-13-D-0016/0007 MOD/AMD

Name of Offeror or Contractor: SEA BOX INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p><u>Inspection and Acceptance</u>            INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u>            DOC SUPPL  <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u>            001 W57S9X43450501 W90NT5 J 2  <u>DEL REL CD QUANTITY DEL DATE</u>            001 8 02-FEB-2015</p> <p>FOB POINT: Destination</p> <p>SHIP TO:            (W90NT5) PR 0034 AR HQ CO A OPS CO DIV            13865 S ROBERT TRL            ROSEMOUNT, MN, 55068-3438</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u>            SPRDL1-13-D-0016/0007</p>				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** SPRDL1-13-D-0016/0007

**MOD/AMD**

**Name of Offeror or Contractor:** SEA BOX INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ MIPR/ <u>ITEM</u>	OBLG <u>STAT</u>	JO NO/ <u>ACCT ASSIGN</u>	<u>ACRN</u>		<u>OBLIGATED AMOUNT</u>
0072AA	S65S81593V SM2B1100000	2		AA	\$	41,544.00
TOTAL						\$ 41,544.00

<u>ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>OBLIGATED AMOUNT</u>
AA	97 X4930AC9D 6D		26KB S20113	W56HZV	\$	41,544.00
TOTAL						\$ 41,544.00

LINE	<u>ITEM</u>	<u>ACRN</u>	<u>EDI/SFIS ACCOUNTING CLASSIFICATION</u>		
0072AA	AA	97	0X0X4930AC9D	S20113	6D0000SM2B110000026KB S20113 W56HZV