


<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i>				1. REQUISITION NUMBER		PAGE 1 OF 41		
2. CONTRACT NO. HDEC04-15-D-0012		3. AWARD/EFFECTIVE DATE 04-Aug-2015	4. ORDER NUMBER		5. SOLICITATION NUMBER HDEC04-15-R-0007		6. SOLICITATION ISSUE DATE 16-Apr-2015	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME KATHY P. PULLEN			b. TELEPHONE NUMBER (No Collect Calls) 804-734-8000 X.52860		8. OFFER DUE DATE/LOCAL TIME 04:00 PM 18 May 2015	
9. ISSUED BY  DEFENSE COMMISSARY AGENCY SUPPLY & EQUIPMENT DIVISION BUILDING P 11200 1300 E AVENUE FORT LEE VA 23801-1800  TEL: FAX: (804) 734-8269/8886		CODE HDEC04	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS		<input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100% FOR: <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A)		NAICS: 333924  SIZE STANDARD: 750	
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING		
15. DELIVER TO  <b>SEE SCHEDULE</b>		CODE		16. ADMINISTERED BY  <b>SEE ITEM 9</b>		CODE		
17a. CONTRACTOR/OFFEROR AMIGO MOBILITY INTERNATIONAL, INC. BETH THIEME 6693 DIXIE HWY BRIDGEPORT MI 48722-9725 TELEPHONE NO. (989) 921-5019		CODE 0DB34	FACILITY CODE	18a. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P.O. BOX 369016 COLUMBUS OH 43236-9016		CODE HQ0131		
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				<input type="checkbox"/> 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	23. UNIT PRICE	24. AMOUNT	
<b>SEE SCHEDULE</b>								
25. ACCOUNTING AND APPROPRIATION DATA					26. TOTAL AWARD AMOUNT (For Govt. Use Only)  <b>\$428,775.00 EST</b>			
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1. 52.212-4. FAR 52.212-3. 52.212-5 ARE ATTACHED.				ADDENDA <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				
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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.  REF: HDEC04-15-R-0007				<input type="checkbox"/> 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: SEE SCHEDULE				
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) DESSIE MILLS / CONTRACTING OFFICER TEL: (804) 734-8000 EXT 48511 EMAIL: dessie.mills@deca.mil		31c. DATE SIGNED 04-Aug-2015		

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>SEE SCHEDULE</b>				

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
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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 <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				

38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY ( <i>Print</i> )
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE
	42b. RECEIVED AT ( <i>Location</i> )
	42c. DATE REC'D ( <i>YY/MM/DD</i> )      42d. TOTAL CONTAINERS

Section SF 1449 - CONTINUATION SHEET

ITEM NO	SUPPLIES/SERVICES	ESTIMATED QUANTITY	UNIT	UNIT PRICE	ESTIMATED AMOUNT
0001	CED 1E00 Electric Handicap Shopping Cart FFP Base Year: August 4, 2015 - July 31, 2016				\$0.00
	All DeCA store locations both CONUS and worldwide may utilize this RTC. However, for CONUS, AK and HI, the contractor is responsible for delivery to the final destination. For all other delivery locations, the contractor is responsible to deliver the shipment to the appropriate port.				
	FOB: Destination				
				ESTIMATED NET AMT	<hr/> \$0.00

PSC CD: 3590

ITEM NO	SUPPLIES/SERVICES	ESTIMATED QUANTITY	UNIT	UNIT PRICE	ESTIMATED AMOUNT
0001AA		95	Each	\$1,495.00	\$142,025.00

CED 1E00 Elec Handicap Shop Cart-CONUS  
FFP  
CONUS STORES ONLY.

Base Year: August 4, 2015 - July 31, 2016

Manufacturer: Amigo Mobility International, Inc.

Model: Amigo SmartShopper

Warranty Period: 5 year maintenance agreement

Warranty POC Name: Beth Thieme

Warranty Phone Number: 989-921-5062

Five year repair maintenance included for CONUS stores only, see Addendum 52.212-4(o).

Shipping charges are included at CLIN 0002.  
FOB: Destination

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ESTIMATED  
NET AMT

\$142,025.00

ITEM NO	SUPPLIES/SERVICES	ESTIMATED QUANTITY	UNIT	UNIT PRICE	ESTIMATED AMOUNT
0001AB		30	Each	\$1,225.00	\$36,750.00

CED 1E00 Elec Handicap Shop Cart-OCONUS  
FFP  
OCONUS STORES (including ALASKA & HAWAII)

Base Year: August 4, 2015 - July 31, 2016

Manufacturer: Amigo Mobility International, Inc.

Model: Amigo SmartShopper

Shipping charges are included at CLIN 0002.

Five year repair maintenance NOT included for any OCONUS locations.

FOB: Destination

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ESTIMATED  
NET AMT

\$36,750.00

PSC CD: 3590

ITEM NO	SUPPLIES/SERVICES	ESTIMATED QUANTITY	UNIT	UNIT PRICE	ESTIMATED AMOUNT
0002	Shipping Charge FFP Base Year: August 4, 2015 - July 31, 2016	125	Each	\$2,000.00	\$250,000.00 EST

In accordance with the Addendum to 52.212-4 - Prior to placing delivery orders, the Government will contact the vendor for shipping cost for specific location(s). The vendor will be paid for actual shipping charges supported by a copy of the prepaid freight/shipping bill.

Note: Contractors will be responsible for all shipping arrangements associated with direct delivery to Alaska and Hawaii commissaries identified in the delivery orders.

FOB: Destination

ESTIMATED  
NET AMT

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\$250,000.00 (EST.)

PSC CD: 3590