

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30				1. REQUISITION NUMBER MMP2004SSA0063		PAGE 1 OF 21				
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER M67001-14-Q-0232		6. SOLICITATION ISSUE DATE 30-Jun-2014		
7. FOR SOLICITATION INFORMATION CALL:			a. NAME NANCY B. PETERSON			b. TELEPHONENUMBER (No Collect Call's) 910-451-1582		8. OFFER DUE DATE LOCAL TIME 12:00 PM 11 Jul 2014		
9. ISSUED BY CONTRACTING DEPARTMENT P O BOX 8368 (BLDG 1116) CAMP LEJEUNE NC 28547-8368 TEL: FAX: 910-451-2331			CODE M67001		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED SET ASIDE: % FOR <input type="checkbox"/> SB <input type="checkbox"/> HUBZONE SB <input type="checkbox"/> 8(A) <input type="checkbox"/> SVC-DISABLED VET-OWNED SB <input type="checkbox"/> EMERGING SB SIZE STD: NAICS:			11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/> 13b. RATING		12. DISCOUNT TERMS
15. DELIVER TO			CODE		16. ADMINISTERED BY			CODE		
SEE SCHEDULE										
17a. CONTRACTOR/OFFEROR			CODE		18a. PAYMENT WILL BE MADE BY			CODE		
TEL.			FACILITY CODE							
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER			18b. SUBMIT INVOICES TO A ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE A DDENDUM							
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/ SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT		
		SEE SCHEDULE								
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Govt. Use Only)				
<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 type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input 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 <input type="checkbox"/> 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)			31c. DATE SIGNED				
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)						
				TEL: EMAIL:						

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV 3/2005)
Prescribed by GSA
FAR (48 CFR) 53.212

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS (CONTINUED)					PAGE 2 OF 21	
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
	SEE SCHEDULE					
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: _____						
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 NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY				
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 (YY/MM/DD)		42d. TOTAL CONTAINERS

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STANDARD FORM 1449 (REV 3/2005) BACK
Prescribed by GSA
FAR (48 CFR) 53.212

Section SF 1449 - CONTINUATION SHEET

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001		192	Each		

MULTI-FUNCTION CHAIR

FFP

CHAIR, MULTI-FUNCTION, TASK

Brand name or equal to: SAUDER TREY 702-0651, or U-LOFT VECTOR 80186

SPECIFICATIONS:

- a. Convertible rocker chair disconnects from rolling task tray/stool
- b. Injection-molded black plastic, black metal seat plate and pneumatic gas lift
- c. Tilt lock control, adjustable tilt tension and height adjustment
- d. Mechanism 12-gauge steel, electro-coated for corrosion resistance
- e. Easy removal latch on back or sides of seat for panels; flush fasteners to prevent snagging
- f. Accomodates weight min 250 lb to max 300 lb
- g. Hard plastic casters, (5) star rolling base
- h. Task tray
- i. 360-degree swivel tilt
- j. Without arms
- k. Ergonomic seat and back contour and positioning
- l. Color Black; similar to Maharam Lariat or Valley Forge Springbuk
- m. Upholstered seat padding contoured high-density polyurethane foam 1-5/8" thick minimum
- n. Vinyl upholstery, minimum of 140,000 rubs, using Wyzenbeek standards; resistant to temperature change, stiffening and cracking
- o. Seat height: min 17" to max 21"
- p. Seat width: min 19" to max 21"
- q. Height adjustability: min 2" to max 3"
- r. Back width: min 18" to max 20"
- s. Overall height min 31" to max 36"
- t. Removable upholstered panels
- u. Fully assembled
- v. Manufacturer's warranty minimum 10 years

LIST MANF: _____ P/N: _____
OF THE PRODUCT YOU ARE QUOTING

FOB: Destination
MILSTRIP: MMP20014SS00063
PURCHASE REQUEST NUMBER: MMP20014SSA0063

NET AMT