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|--|---|-------------------------------|--|---|---|---|-------------------------------|
| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i> | | | | 1. REQUISITION NUMBER WN01079Y2017T | | PAGE OF 1 14 | |
| 2. CONTRACT NO. HSFE70-17-C-0220 | | 3. AWARD/ EFFECTIVE DATE | 4. ORDER NUMBER | | 5. SOLICITATION NUMBER | | 6. SOLICITATION ISSUE DATE |
| 7. FOR SOLICITATION INFORMATION CALL: | | a. NAME Amanda Morgan | | | b. TELEPHONE NUMBER <i>(No collect calls)</i> | | 8. OFFER DUE DATE/LOCAL TIME |
| 9. ISSUED BY FEDERAL EMERGENCY MANAGEMENT AGENCY 500 C STREET SW WASHINGTON DC | | | CODE FEMA | 10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: SIZE STANDARD: | | | |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE | | 12. DISCOUNT TERMS | | 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/> | | 13b. RATING DO-N1 | |
| 15. DELIVER TO FEMA SAN JUAN INDUSTRIAL PARK PR-1KM-25 QUEBRADA ARENAS WARD 04 FEDAAC 70F337 CARGUS PR 00725 | | CODE | 16. ADMINISTERED BY FEDERAL EMERGENCY MANAGEMENT AGENCY 500 C STREET SW WASHINGTON DC 20472 | | CODE FEMA | 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP | |
| 17a. CONTRACTOR/OFFEROR AMERIQUAL GROUP LLC 225 WEST MORGAN AVE EVANSVILLE IN 47710 | | CODE 130027592 | FACILITY CODE | 18a. PAYMENT WILL BE MADE BY FEMA FINANCE CENTER PO BOX 9001 WINCHESTER VA 22604 | | CODE FEMA | |
| TELEPHONE NO. <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER | | | | 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 |
| | This is a firm fixed price contract for 7,568,640 meals. In addition to the terms and conditions provided as an addendum to this contract, the contractor agrees to the following: (a) To provide a variety of nutrient dense foods that reflect the basic food groups. (b) To track all shipments and drivers and provide an accurate status to FEMA upon request. (c) To complete an Advance Shipping Notification (ANS) spreadsheet, provided by FEMA, with all trailer/truck numbers, license plate numbers and the estimated time of arrival for each trailer/truck. <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i> | | | | | | |
| 25. ACCOUNTING AND APPROPRIATION DATA (b)(4) | | | | | 26. TOTAL AWARD AMOUNT <i>(For Govt. Use Only)</i> \$33,754,329.60 | | |
| <input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 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. | | | | <input type="checkbox"/> 29. AWARD OF CONTRACT: _____ 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) | | | |
| 30b. NAME AND TITLE OF SIGNER <i>(Type or print)</i> John D. Knapp, Executive Vice President | | 30c. DATE SIGNED 9/28/2017 | | 31b. NAME OF CONTRACTING OFFICER <i>(Type or print)</i> Monique Park | | 31c. DATE SIGNED 9/28/2017 | |

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>(d) To shrink wrap all sides of the pallets, excluding the top and bottom, with a minimum of 10 layers of shrink wrap. The contractor must ensure pallets can be double stacked, without compromising the sturdiness of the load and without the load requiring re-stacking prior to being issued to survivors or stored in warehouses.</p> <p>The delivery location is outlined below:</p> <p>CROWLEY CROSS-DOCK FACILITY 2061 SEABOARD COAST LINE DR JACKSONVILLE FL 32209</p> <p>This is a rated order certified for national defense, emergency preparedness, and energy program use, and the Contractor shall follow all the provisions of the Defense Priorities and Allocations System regulation (15 CFR 700).</p> <p>Period of Performance: September 28, 2017 - November 27, 2017</p> | | | | |

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 <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 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 |
|--|--------------------|---------------------------------|--|------------------|

| | | |
|------------------------|------------------------|-------------|
| 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>) | |
| | 42b. RECEIVED AT (<i>Location</i>) | |
| | 42c. DATE REC'D (<i>YY/MM/DD</i>) | 42d. TOTAL CONTAINERS |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 41c. DATE | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSFE70-17-C-0220

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NAME OF OFFEROR OR CONTRACTOR
AMERIQUAL GROUP LLC

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0001 | DO/DPAS Rating: DO-N1 BFY: 2017 Fund Code: 06 Program: 4339DR Organization: 9024 Object Class: 2663 Fund Type: D Meals, start delivery (b)(4) a day starting on (b)(4) 05 Oct 17 for 30 days. Obligated Amount: (b)(4) | | EA | (b)(4) | (b)(4) |
| 0002 | Diversion ((b)(4) rate x (b)(4) miles x (b)(4) trucks) Obligated Amount: (b)(4) | | | | (b)(4) |
| | Delivery Location Code: FEMA FEDERAL EMERGENCY MANAGEMENT AGENCY Amount: (b)(4) | | | | |

Section B - Continuation of any block from SF 1449

(1) Block 18B-Invoices:

(i) Invoice Approval

The following FEMA individual (in addition to the Contracting Officer) is hereby delegated authority to accept goods and services and to review and approve invoices for this contract:

Authorized Invoice Approver:

Name: Isolyn Duncan

Title: COR

Phone: 202-646-2907

Email: Isolyn.Duncan@fema.dhs.gov

(ii) Identification of Government Officials

The Government Officials assigned to this contract are as follows:

Administrative Contracting Officer:

Name: Monique Park

Phone: 202-279-0649

Email: Monique.Park@fema.dhs.gov

Contract Specialist:

Name: Amanda Morgan

Phone: 202-212-5936

Email: Amanda.Morgan.2@fema.dhs.gov

(iii) Billing Instructions

Contractors will use Standard Form 1034 (Public Voucher for Purchases and Services Other Than Personal) located at <http://www.gsa.gov/portal/forms/type/SF> when submitting a payment request. A payment request means any invoice or request for contract financing payment requesting reimbursement for supplies or services rendered. The Contractor shall not be paid more frequently than on a monthly basis.

Contractors must submit vouchers electronically in pdf format to the FEMA Finance Center at FEMA-Finance-Vendor-Payments@fema.dhs.gov. A copy of the voucher must be submitted electronically to the contracting officer identified within this contract. The submission of vouchers electronically will reduce correspondence and other causes for delay to a minimum and will facilitate prompt payment to the Contractor. Paper vouchers mailed to the finance center will not be processed for payment. If the Contractor is unable to submit a payment request in electronic form, the contractor shall submit the payment request using a method mutually agreed to by the Contractor, the Contracting Officer, and the payment office.

(iv) Defective or Improper Invoices

Name, title, phone number, and email of officials of the business concern who are to be notified when the Government receives an improper invoice.

Name:
Title:
Phone:
Email:

(v) Invoice Instructions

Invoices shall be submitted as follows:

Contractors will use Standard Form 1034 (Public Voucher for Purchases and Services Other Than Personal) and SF 1035 Continuation sheet when requesting payment for supplies or services rendered. The voucher must provide a description of the supplies or services, by line item (if applicable), quantity, unit price, and total amount. The item description, unit of measure, and unit price must match those specified in the contract. Invoices that do not match the line item pricing in the contract will be considered improper and will be returned to the Contractor.

SF 1034 and 1035 instructions:
SF 1034 -Fixed Price

The information which a contractor is required to submit in its Standard Form 1034 is set forth as follows:

- (1) U.S. Department, Bureau, or establishment and location insert the names and address of the servicing finance office unless the contract specifically provides otherwise.
- (2) Date Voucher Prepared - insert date on which the public voucher is prepared and submitted.
- (3) Contract/Delivery Order Number and Date - insert the number and date of the contract and delivery order, if applicable, under which reimbursement is claimed.
- (4) Requisition Number and Date - leave blank.
- (5) Voucher Number - insert the appropriate serial number of the voucher. A separate series of consecutive numbers, beginning with Number 1, shall be used by the contractor for each new contract. When an original voucher was submitted, but not paid in full because of suspended costs, resubmission vouchers should be submitted in a separate invoice showing the original voucher number and designated with the letter "R" as the last character of the number. If there is more

than one resubmission, use the appropriate suffix (R2, R3, etc.) The last voucher of every contract or task order should be marked with the next sequential number, with the words "FINAL" (e.g. Invoice No. 1234-FINAL).

(6) Schedule Number; Paid By; Date Invoice Received - leave blank.

(7) Discount Terms - enter terms of discount, if applicable.

(8) Payee's Account Number - this space may be used by the contractor to record the account or job number(s) assigned to the contract or may be left blank.

(9) Payee's Name and Address - show the name of the contractor exactly as it appears in the contract and its correct address, except when an assignment has been made by the contractor, or the right to receive payment has been restricted, as in the case of an advance account. When the right to receive payment is restricted, the type of information to be shown in this space shall be furnished by the Contracting Officer.

(10) Shipped From; To; Weight Government BIL Number - insert for supply contracts.

(11) Date of Delivery or Service - show the month, day and year, beginning and ending dates of supplies or services delivered.

(12) Articles and Services - insert the following: "For detail, see Standard Form I035 total amount claimed transferred from Page ___ of Standard Form I035." Type the following certification, signed by an authorized official, on the face of the Standard Form 1034.

"I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the contract."

(Name of Official)

(Title)

(13) Quantity; Unit Price - insert for supply contracts

(14) Amount - insert the amount claimed for the period indicated in (11) above. This amount should be transferred from the total per the SF I 035 Continuation Sheet.

INVOICE PREPARATION INSTRUCTIONS SF 1035

The SF 1035 will be used to identify the specific item description, quantities, unit of measure, and prices for each category of deliverable item or service. Suitable self-designed

forms may be submitted instead of the SF 1035 as long as they contain the information required.

The information which a contractor is required to submit in its Standard Form 1035 is set forth as follows:

U.S. Department, Bureau, or Establishment - insert the name and address of the servicing finance office. Voucher Number - insert the voucher number as shown on the Standard Form 1034.

Schedule Number - leave blank.

Sheet Number - insert the sheet number if more than one sheet is used in numerical sequence. Use as many sheets as necessary to show the information required.

Number and Date of Order - insert payee's name and address as in the Standard Form 1034.

Articles or Services - insert the contract number as in the Standard Form I 034.

Amount - insert the total quantities contract value, and amount and type of fee payable (as applicable).

A summary of claimed current and cumulative goods and services delivered and accepted to date. - Invoices shall include an itemization of all goods and services delivered and accepted for the period by item and by CLIN. Each invoice shall include sufficient detail to identify goods and services as compared to and in accordance with contract terms and conditions. Invoices that do not match the line item pricing in the contract will be considered improper and returned to the contractor. In addition, each invoice shall detail the total charges: by showing current and cumulative goods and services both currently invoiced and cumulative to date.

