

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER
WN00892Y2017T

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2. CONTRACT NO.
HSFE70-17-C-0205

3. AWARD/
EFFECTIVE DATE
09/18/2017

4. ORDER NUMBER

5. SOLICITATION NUMBER

6. SOLICITATION
ISSUE DATE

7. FOR SOLICITATION
INFORMATION CALL:

a. NAME
Isaac Chapple

b. TELEPHONE NUMBER (No collect calls)
202-646-3924

8. OFFER DUE DATE/LOCAL TIME

9. ISSUED BY CODE FEMA HQ

FEMA HQ
FEDERAL EMERGENCY MANAGEMENT AGENCY
OFFICE OF CHIEF PROCUREMENT OFFICE
500 C STREET SW
3RD FLOOR
WASHINGTON DC 20472

10. THIS ACQUISITION IS UNRESTRICTED OR SET ASIDE: % FOR:
 SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS
 HUBZONE SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 488330
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS EDWOSB 8(A) SIZE STANDARD: \$38.5

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

12. DISCOUNT TERMS

13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
 RFQ IFB RFP

15. DELIVER TO CODE FEMA HQ

FEMA HQ
FEDERAL EMERGENCY MANGEMENT AGENCY
ACQUISITION MANAGEMENT
500 C STREET SW
3RD FLOOR
WASHINGTON DC 20472

16. ADMINISTERED BY CODE FEMA HQ

FEMA HQ
FEDERAL EMERGENCY MANAGEMENT AGENCY
ACQUISITION MANAGEMENT
500 C STREET SW
3RD FLOOR
WASHINGTON DC 20472

17a. CONTRACTOR/OFFEROR CODE 080513408 FACILITY CODE

PARADISE CRUISE LINE OPERATOR LTD INC
2419 E COMMERCIAL BLVD STE 302
FORT LAUDERDALE FL 33308-4042

18a. PAYMENT WILL BE MADE BY CODE FEMA

FEMA FINANCE CENTER
FEMA FINANCE CENTER
PO BOX 9001
WINCHESTER VA 22604

TELEPHONE NO.

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 SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 080513408 The purpose of this contract is to provide accommodation to the survivors and first responders in the US Virgin Island. The total value of this contract is \$25,750,000.00. DO/DPAS Rating: DO-N1 Delivery: 7 Days After Award BFY: 2017 Fund Code: 06 Program: 4335DR Organization: 9024 Object Class: 2580 Fund Type: D Period of Performance: 09/18/2017 to 12/17/2017 Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA
2017-06-4335DR-9024--2580

26. TOTAL AWARD AMOUNT (For Govt. Use Only)
\$25,750,000.00

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.

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.

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)
LASHAWN L SMITH
DN: c=US, o=U.S. Government, ou=Department of Homeland Security, ou=FEMA, ou=People, cn=LASHAWN L SMITH,
0923421920030010011-0936065242 FEMA
Date: 2017.09.22 31b. DATE SIGNED

30b. NAME AND TITLE OF SIGNER (Type or print)
David Sprechman, CFO

30c. DATE SIGNED
9/22/17

31b. NAME OF CONTRACTING OFFICER (Type or print)
LaShawn Smith

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	Grand Celebration Cruise Ship Obligated Amount: \$25,750,000.00				25,750,000.00

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
 PARTIAL FINAL COMPLETE PARTIAL 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 (*Print*)
 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE 42b. RECEIVED AT (*Location*)
 42c. DATE REC'D (*YY/MM/DD*) 42d. TOTAL CONTAINERS

