SOLICITATION, OFFER AND AWARD

1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	RATING	PAGE	OF PAGES
		1	294

2. CONTRACT NUMBER	3. SOLICITATION NUMBER	4. TYPE OF SOLICITATION	5. DATE ISSUED	6. REQUISITION/PURCHASE NO.
	CMS-2007QIO9thSOWNAHC	☐ SEALED BID (IFB) X NEGOTIATED (RFP)	January 22, 2008	

7. ISSUED BY	CODE	8. ADDRESS OFFER TO *(If other than Item 7)*
Centers for Medicare & Medicaid Services Office of Acquisition and Grants Management 7500 Security Blvd. Baltimore, Maryland 21244		Centers for Medicare & Medicaid Services Office of Acquisition and Grants Management Attn: Naomi A. Haney-Ceresa 7500 Security Blvd Baltimore, Maryland 21244

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder"

SOLICITATION

9. Sealed offers in accordance with Section L, furnishing the supplies or services in the Schedule will be received at the place specified in Block 8 above, or if handcarried, in the depository located in Block 7 above until **12:00 pm** local time on Tuesday, March 11, 2008. **SEE SECTION L. FOR COMPLETE INSTRUCTIONS.**

CAUTION — LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION ***E-MAIL***:	A. NAME:	B. TELEPHONE *(NO COLLECT CALLS)*			C. E-MAIL ADDRESS
		AREA CODE	NUMBER	EXT.	
	Naomi A. Haney-Ceresa *Please e-mail all inquiries*	410	786-1607	N/A	Naomi.haneyceresa@cms.hhs.gov

11. TABLE OF CONTENTS

(✓)	SEC.	DESCRIPTION	PAGE(S)	(✓)	SEC.	DESCRIPTION	PAGE(S)
		PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES	
X	A	SOLICITATION/CONTRACT FORM	**1**	X	I	CONTRACT CLAUSES	**215**
X	B	SUPPLIES OR SERVICES AND PRICE/COST	**7**			PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.	
X	C	DESCRIPTION/SPECS./WORK STATEMENT	**14**	X	J	LIST OF ATTACHMENTS	**219**
X	D	PACKAGING AND MARKING	**125**			PART IV - REPRESENTATIONS AND INSTRUCTIONS	
X	E	INSPECTION AND ACCEPTANCE	**126**	X	K	REPRESENTATIONS, CERTIFICATIONS	**220**
X	F	DELIVERIES OR PERFORMANCE	**127**			AND OTHER STATEMENTS OF OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	**166**	X	L	INSTRS., CONDS., AND NOTICES TO OFFERORS	**230**
X	H	SPECIAL CONTRACT REQUIREMENTS	**191**	X	M	EVALUATION FACTORS FOR AWARD	**284**

OFFER *(Must be fully completed by offeror)*

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within **__180___** calendar days *(60 calendar days unless a different period is inserted by the offeror)* from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT *(See Section I, Clause No. 52.232-8)*	10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %

14. ACKNOWLEDGMENT OF AMENDMENTS *(The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):*	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER *(Type or print)*

15B. TELEPHONE NUMBER			☐ 15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.	17. SIGNATURE	18. OFFER DATE
AREA CODE	NUMBER	EXT.			

AWARD *(To be completed by Government)*

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION

22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: ☐ 10 U.S.C. 2304(c) ( ) ☐ 41 U.S.C. 253(c)( )	23. SUBMIT INVOICES TO ADDRESS SHOWN IN *(4 copies unless otherwise specified)*	ITEM

24. ADMINISTERED BY *(If other than Item 7)*	CODE	25. PAYMENT WILL BE MADE BY	CODE

26. NAME OF CONTRACTING OFFICER *(Type or print)*	27. UNITED STATES OF AMERICA *(Signature of Contracting Officer)*	28. AWARD DATE

IMPORTANT -- Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

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