

<b>SOLICITATION, OFFER AND AWARD</b>		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	RATING	PAGE OF PAGES 1   71	
2. CONTRACT NUMBER HSHQDC-16-D-P2022		3. SOLICITATION NUMBER	4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	5. DATE ISSUED	6. REQUISITION/PURCHASE NUMBER RUPC-16-00199
7. ISSUED BY U.S. Dept. of Homeland Security Office of Procurement Operations Enterprise Acquisitions Division 245 Murray Lane, SW, #0115 Washington DC 20528-0115		CODE DHS/OPO/EAD	8. ADDRESS OFFER TO (If other than Item 7)		

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

**SOLICITATION**

9. Sealed offers in original and \_\_\_\_\_ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in \_\_\_\_\_ until \_\_\_\_\_ (Hour) local time \_\_\_\_\_ (Date)

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.

<b>10. FOR INFORMATION CALL:</b>	A. NAME LaShonda C. Keith	B. TELEPHONE (NO COLLECT CALLS)			C. E-MAIL ADDRESS lashonda.keith@hq.dhs.gov
	AREA CODE 202	NUMBER 447-5644	EXT.		

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**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 \_\_\_\_\_ 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 <i>(See Section I, Clause No. 52.232.8)</i>	10 CALENDAR DAYS (%)	20 CALENDAR DAYS (%)	30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
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14. ACKNOWLEDGEMENT OF AMENDMENTS <i>(The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):</i>	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE 6203606980000	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER <i>(Type or print)</i>
SCIOLEX CORPORATION ATTN SCIOLEX CORPORATION 4511 SINGER CT STE 100 CHANTILLY VA 201511748			

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.	<input type="checkbox"/>		

**AWARD (To be completed by government)**

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT \$250.00	21. ACCOUNTING AND APPROPRIATION See schedule	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) ( ) <input type="checkbox"/> 41 U.S.C. 253 (c) ( )		23. SUBMIT INVOICES TO ADDRESS SHOWN IN <i>(4 copies unless otherwise specified)</i>	ITEM
24. ADMINISTERED BY (If other than Item 7) See Schedule G	CODE DHS/OPO/EAD	25. PAYMENT WILL BE MADE BY See Schedule G	CODE CFO/OFO
26. NAME OF CONTRACTING OFFICER (Type or print) LaShonda C. Keith		27. UNITED STATES OF AMERICA  <i>(Signature of Contracting Officer)</i>	28. AWARD DATE  7/28/2016

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

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HSHQDC-16-D-P2022

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NAME OF OFFEROR OR CONTRACTOR  
SCIOLEX CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	DUNS Number: 620360698+0000 DO/DPAS Rating: NONE Discount Terms: Net 30 Admin Office: U.S. Dept. of Homeland Security Office of Procurement Operations Enterprise Acquisitions Division 245 Murray Lane SW, #0115 Washington DC 20528-0115 Delivery Location Code: DHS Department of Homeland Security 245 Murray Lane SW, #0115 Washington DC 20528-0115 Accounting Info: NONE016-000-MA-20-00-00-000-02-06-1000-00-00-00-00 -GE-OE-25-14-FY2016 FOB: Destination Period of Performance: 11/01/2016 to 10/31/2021				
0001	IDIQ Base Period Award Type: Indefinite-quantity Min. Qty: N/A   Max. Quantity: N/A Min. Amt: \$0.00   Max. Amount: \$0.00 Minimum Guaranteed: N Product/Service Code: R699 Product/Service Description: SUPPORT- ADMINISTRATIVE: OTHER Period of Performance: 11/01/2016 to 10/31/2018		EA	0.00	0.00
0002	Funding to Meet the Minimum Dollar Guarantee under clause H.2 Award Type: Indefinite-quantity Min. Qty: N/A   Max. Quantity: 1 Min. Amt: \$0.00   Max. Amount: \$250.00 Minimum Guaranteed: Y Product/Service Code: R699 Product/Service Description: SUPPORT- ADMINISTRATIVE: OTHER Period of Performance: 07/28/2016 to 10/31/2018 This funding is being obligated in accordance with Clause H.2 "Minimum Dollar Guarantee and Maximum Contract Limitation". Pursuant to Continued ...	1	DO	250.00	250.00

NAME OF OFFEROR OR CONTRACTOR  
SCIOLEX CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	paragraph H.2 "Minimums", funding in the amount of \$250.00 is hereby being provided. As of the date of the base contract award, the minimum guarantee for this contract is satisfied.				
1001	Option Year One: This line item will be exercised solely at the discretion of the Government. Award Type: Indefinite-quantity Min. Qty: N/A  Max. Quantity: N/A Min. Amt: \$0.00  Max. Amount: \$0.00 Minimum Guaranteed: N Amount: \$0.00 (Option Line Item) Product/Service Code: R699 Product/Service Description: SUPPORT-ADMINISTRATIVE: OTHER  Period of Performance: 11/01/2018 to 10/31/2019		EA	0.00	0.00
2001	Option Year Two: This line item will be exercised solely at the discretion of the Government. Award Type: Indefinite-quantity Min. Qty: N/A  Max. Quantity: N/A Min. Amt: \$0.00  Max. Amount: \$0.00 Minimum Guaranteed: N Amount: \$0.00 (Option Line Item) Product/Service Code: R699 Product/Service Description: SUPPORT-ADMINISTRATIVE: OTHER  Period of Performance: 11/01/2019 to 10/31/2020		EA	0.00	0.00
3001	Option Year Three: This line item will be exercised solely at the discretion of the Government. Award Type: Indefinite-quantity Min. Qty: N/A  Max. Quantity: N/A Min. Amt: \$0.00  Max. Amount: \$0.00 Minimum Guaranteed: N Amount: \$0.00 (Option Line Item) Product/Service Code: R699 Product/Service Description: SUPPORT-ADMINISTRATIVE: OTHER  Period of Performance: 11/01/2020 to 10/31/2021  The total amount of award: \$250.00. The obligation for this award is shown in box 20.		EA	0.00	0.00