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

1. REQUISITION NUMBER
PAGE 1 OF 3

2. CONTRACT NO. NNJ09JA02B/T09
3. AWARD/ EFFECTIVE DATE 01/16/2013
4. ORDER NUMBER
5. SOLICITATION NUMBER
6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL: a. NAME Matrenia Anumele
b. TELEPHONE NUMBER (No collect calls) 281-483-4144
8. OFFER DUE DATE/LOCAL TIME

9. ISSUED BY CODE JSC

NASA/Johnson Space Center
Attn: Matrenia R. Anumele/BR2
2101 NASA Parkway
Houston TX 77058-3696

10. THIS ACQUISITION IS X UNRESTRICTED OR ☐ SET ASIDE % FOR:
☐ SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
☐ WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM
☐ EDWOSB
☐ 8(A)
NAICS: 561410
SIZE STANDARD: $6.5

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED ☐ SEE SCHEDULE
12. DISCOUNT TERMS Net 30 days
X 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)
13b. RATING DO-C9
14. METHOD OF SOLICITATION ☐ RFQ ☐ IFB ☐ RFP

15. DELIVER TO CODE

16. ADMINISTERED BY CODE JSC

NASA/Johnson Space Center
Attn: Matrenia R. Anumele/BR2
2101 NASA Parkway
matrenia.r.anumele@nasa.gov
281-483-4144
Houston TX 77058-3696

17a. CONTRACTOR/ OFFEROR CODE 55PQ3 FACILITY CODE

R C N S S
5700 BULLARD AVE STE 300
NEW ORLEANS LA 70128-2820

TELEPHONE NO.

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE NSSC

NASA/Shared Services Center
Financial Management Division (FMD)
Accounts Payable
Bldg 1111, C Road
NSSC-AccountsPayable@nasa.gov
Stennis Space Center MS 39529-6000

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED X SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	INCO TERMS 1: FOB INCO TERMS 2: Destination The purpose of this task order is to order the following services for a permanent part time for the period of performance (01/06/2013 - 04/27/2013) see attached spreadsheets for detailed information. Order Services for year 4: 04/29/12 - 04/27/2013 JASS PID: 1P-EA Secretary II 1 384 (b) (4) *(Use Reverse and/or Attach Additional Sheets as Necessary)*				

25. ACCOUNTING AND APPROPRIATION DATA
See Schedule

26. TOTAL AWARD AMOUNT *(For Govt. Use Only)*
$64,473,249.17

☐ 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.
X 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☐ ARE X 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.

☐ 29. AWARD OF CONTRACT: REF. _____ 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 *(Type or print)*
30c. DATE SIGNED

31b. NAME OF CONTRACTING OFFICER *(Type or print)* Rose Herrera
31c. DATE SIGNED 1/16/13

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 2/2012)
Prescribed by GSA - FAR (48 CFR) 53.212

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Total for Task Order, excluding travel and overtime (b) (4)				

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

Task Order 9 - Permanent Part-time Employees - Proposed Cost

Position Number	JASS PID	Secretary Level	Period of Performance	No. of Hours	Hourly Billing Rate	Proposed Labor Costs	OT Hours	Overtime Hourly Rate	Proposed Overtime Cost	Total Proposed Labor	Proposed Travel	Total Proposed Cost
1	1P-EA	2	1/6/13 - 4/27/13	384.0	(b) (4)	[redacted]	-	(b) (4)	[redacted]	[redacted]	$ -	(b) (4) [redacted]
Total Proposed Cost				384.0			-				-	

Notes:

The data contained on this page is Company Proprietary Information.