1. THIS CONTRACT IS A RATED											RATING			PAGE OF PAGES		
SOLICITATION, OFFER AND AWARD ORDER UNDER DPA							5 CFR 70	u)						1	429	
2 CONTRACT NUMBER					3 SOLICITATION NUMBER 89303319REM000055				4 TYPE OF SOLICITATIO			5 DATE ISSUED		REQUISITION/P	URCHASE N	UMBER
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		E Submissions, Modifications, A. NAME	and Withdrawals: See	Sectio	n L, Provision No. 52.2	214-7 or	52.215-1.			ect to all te NE (NO CO				ation.		
10. FOR INFORMATION							REA COL	CODE		NUMBER		EXT. jodi.gordon@emc		ucbc.doe	.gov	
CALL: Jodi L. Gordon							51	3	744-09		977					2.29
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(X)	SEC.	DESCRIPTION				PAGE	:(S)	(X)	SEC.	DESCRI	PTION	- 25				PAGE(S)
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	A	SOLICITATION/CONTRACT				1		X	1		ACT CLAU			TAOU		28
	BC	SUPPLIES OR SERVICES AND PRICES/COSTS DESCRIPTION/SPECS./WORK STATEMENT				81		X	J		T OF DOCUMENTS, EXHIBITS AND OTHER ATTACH. ST OF ATTACHMENTS					110
X	D	PACKAGING AND MARKING		3				- REPRESENTATIONS AND INSTRUCTIONS						110		
X	E	INSPECTION AND ACCEPTANCE						X	K REPRESENTATIONS, CERTIFICATIONS AND						Ì	17
X	Ē	DELIVERIES OR PERFORM		4		3308	OTHER STATEMENTS OF OFFERORS							439453		
X	G	G CONTRACT ADMINISTRATION DATA						X L INSTRS., CONDS., AND NOTICES TO OFFERORS X M EVALUATION FACTORS FOR AWARD							67	
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		s not apply if the solicitation i ith the above, the undersigned							calendar	lavs unless	a different	period is inserted				
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3. DISCOUNT FOR PROMPT PAYMENT 10 CALENDAR DAYS (%)							20 CALEN	NDAR DA	YS (%)	30 CALENDAR DAYS			6) CALENDAR DAYS (%)			%)
(See Section 1, Clause No. 52.232.8) 4. ACKNOWLEDGEMENT OF AMENDMENTS AME									DATE		AMENDMENT NO.			DATE		
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amendments to the SOLICITATION for offerors									0.3925-5	/2020 0003			11/16/2020 11/17/2020			
and related documents numbered and dated):				12					6. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER			SIGN OFFER	09/22/2	021		
AN	D	CODE	344		FACILITY					(Type or						
AD OF	DRESS	h 			5 8 1											
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		Savannah Rive	r Mission Completion,	пс												
		109 Ramsey P Lynchburg, VA	ace	LLO						3	Cenneth R.	Camplin, Director				
		Cynonburg, VA	24501													
E4 00	15B. TELEPHONE NUMBER 15C. CHECK IF REMITTANCE ADDRESS A CODE NUMBER EXT. □ IS DIFFERENT FROM ABOVE - ENTER								1	7. SIGNAT	RE		1	1	18. OFF	ER DATE
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2 AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION] 10 U.S.C. 2304 (c) ()] 141 U.S.C. 253 (c) ())								23 SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)								
		D BY (If other than Item 7)	(2) 30	ODE			6367	25. PAY	MENT WI	LL BE MAD	EBY		CODE			
NAR	OFCOM		nrint)		5.			27. UNITED STATES OF AMERICA 28. AWARD DATE								
		ITRACTING OFFICER (Type o	print)					27. UNI	IEU SIA	ES OF AM	ERICA				28. AWA	ND DATE
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		rd will be made on this Form, or LOCAL REPRODUCTION	on Standard Form 26	, or by	other authorized officia	l written	notice.						67	ANDARD FORM	33 /Per 9 0	2)
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