

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24 & 30			1. REQUISITION NUMBER 15B30923PR000064	PAGE 1 OF 9
2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER RFQP03092300001	6. SOLICITATION ISSUE DATE 11/21/2022
7. FOR SOLICITATION INFORMATION CALL:	a. NAME rrivera@bop.gov R. Rivera		b. TELEPHONE NUMBER (No collect calls)	8. OFFER DUE DATE / LOCAL TIME 12/09/2022 12:00 ET

9. ISSUED BY Federal Bureau of Prisons FCC Coleman 846 N.E. 54th Terrace Coleman, FL 33521-1029	CODE 15B302	10. THE ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: 445299 SIZE STANDARD: Employees
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11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS NET 30	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>	13b. RATING
		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	

15. DELIVER TO Federal Bureau of Prisons FCI Miami 15801 SW 137th Ave Miami, FL 33177	CODE 15B309	16. ADMINISTERED BY CODE
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17a. CONTRACTOR/OFFEROR TELEPHONE NO.	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Federal Bureau of Prisons FCI Miami 15801 SW 137th Ave Miami, FL 33177	CODE 15B309	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
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<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER	<input type="checkbox"/> 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED
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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Quotes will be evaluated by Lowest Bid, Items that Meet the Required Specifications, and Past Performance. Deliveries will be made to the Federal Correctional Institution: 15801 SW 137th Avenue, Miami, FL 33177. Items must be received within 30 days of ARO. Failure to deliver within the specified date range may result in awarding to the next lowest vendor. Firm Fixed Price See Continuation Sheet(s) <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>				

25. ACCOUNTING AND APPROPRIATION DATA	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
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<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA	<input type="checkbox"/> ARE	<input checked="" type="checkbox"/> ARE NOT ATTACHED
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA	<input type="checkbox"/> ARE	<input type="checkbox"/> ARE NOT ATTACHED

<input type="checkbox"/> 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.	<input type="checkbox"/> 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:
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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 THE CONTRACTING OFFICER (TYPE OR PRINT)	31c. DATE SIGNED
		Raul Rivera-Ferrer	11/21/2022

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT

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
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY (<i>Print</i>)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT (<i>Location</i>)
		42c. DATE REC'D (<i>YY/MM/DD</i>)

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Section 2 - Commodity or Services Schedule

SCHEDULE OF SUPPLIES/SERVICES

CONTINUATION SHEET

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>Kosher Margarine, 500 Count Per 21 Case _____ Kosher Margarine, ½ Ounce Sealed Individual Package. EACH, Refrigerated or Shelf Stable, Certified Kosher Parve. *Each individual package must be marked with the kosher certification hechsher. Total amount may be adjusted to the next highest case count.</p> <p>Kosher Margarine, 500 Count Per 21 Case _____ Kosher Margarine, ½ Ounce Sealed Individual Package. EACH, Refrigerated or Shelf Stable, Certified Kosher Parve. *Each individual package must be marked with the kosher certification hechsher. Total amount may be adjusted to the next highest case count.</p> <p>PSC: 8945</p>	21	CS	\$ _____	\$ _____
0002	<p>Kosher Beverage, Ind. 1000 ct/cs Kosher Fruit Flavored Drink Powder, Individual Serving Packet, Each Packets Makes 1 - 8 Ounce Serving When Reconstituted. EACH. Total amount may be adjusted to the next highest case count. Certified Kosher Parve.</p> <p>PSC: 8945</p>	10	CS	\$ _____	\$ _____
0003	<p>Kosher Coffee, Ind. 1000 ct Kosher Coffee, Instant, Individual Serving Packet, Each Packets Makes 1 - 8 Ounce Serving When Reconstituted. EACH. Total amount may be adjusted to the next highest case count. Certified Kosher. *Each individual package must be marked with the kosher certification hechsher</p> <p>PSC: 8945</p>	3	CS	\$ _____	\$ _____
0004	<p>Kosher Dressing, Low Cal, Ind. Pk., 1638 Each _____ Kosher Dressing, Fat Free, Individual Packet. EACH. 9 Gram - 28.35 Gram Packet, Certified Kosher Parve, CID A-A-20162B. *Each individual package must be marked with the kosher certification hechsher. Specify Type, Class, Style, and size on bid. Total amount may be adjusted to the next highest case count.</p> <p>PSC: 8945</p>	1,638	EA	\$ _____	\$ _____
0005	<p>Kosher Farina, Ind. each Kosher Farina, Ind. 200 Count Case 11 Kosher Farina, Instant, Plain, Individual Packet. 1 ounce Package. EACH. Total amount may be adjusted to the next highest case count.</p> <p>PSC: 8945</p>	11	CS	\$ _____	\$ _____

0006	Kosher Mustard, Ind. Pks, each Kosher Mustard, Ind. Pks.- 200 Count 50 Case _____ Kosher Mustard, Prepared, Yellow (Salad Style), Individual Packet. EACH. 4.5 Gram - 9 Gram Packet, Certified Kosher Parve, CID AA20036C, Type I. *Each individual package must be marked with the kosher certification hechsher. Specify packet size on bid. Total amount may be adjusted to the next highest case count. PSC: 8945	50	EA	\$ _____	\$ _____
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0007	Kosher Oatmeal, Ind. each Kosher Oatmeal, Ind. 200 Count Case 16 _____ Kosher Oatmeal, Instant, Plain, Individual Packet. EACH. 1 ounce Package. Total amount may be adjusted to the next highest case count. PSC: 8945	16	EA	\$ _____	\$ _____
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0008	Kosher Sugar, Substitute, Individual Pks., each _____ Kosher Sugar, Substitute, Individual 15036 Pks., each _____ Kosher Sugar Substitute, Non-Carbohydrate, Saccharin, Acesulfame K, Aspartame, Sucralose, Neotame, or Rebaudioside A, Granular, Packaged in Envelopes/Packets EACH. Total amount may be adjusted to the next highest case count. Certified Kosher. *Each individual package must be marked with the kosher certification hechsher PSC: 8945	15,036	EA	\$ _____	\$ _____
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009	Kosher Cheese Omelet Meal. 12 ct 15 _____ Kosher Dairy - 7 Ounce Cheese Omelet Meal consisting of: - 3 ounce-weight Plain Egg Omelet - 1 ounce cheese - 3 ounce Potatoes PSC: 8945	15	EA	\$ _____	\$ _____
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010	Kosher Chicken Wing Meal, each 42 _____ Kosher Meat - 16 ounce Chicken Wing Meal consisting of: - 5 ounce-weight Bone-in Chicken Wings - 2 ounce-weight BBQ Sauce - 5 ounce-weight Mashed Potatoes - 4 ounce-weight Mixed Vegetables PSC: 8945	42	EA	\$ _____	\$ _____
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011	Kosher Fish Fillet Meal, 12 ct 31 _____ Kosher Parve - 14 ounce Fish Fillet Meal consisting of: - 4 ounce-weight Fish Fillet cut from solid muscle fillet block flounder, cod, tilapia: or other white fish flesh fillet (not Breaded) - 2 ounce-weight Tomato Sauce - 4 ounce-weight White Rice - 4 ounce-weight Mature Lima Beans PSC: 8945	31	EA	\$ _____	\$ _____
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0012	Kosher Jelly Assorted, 200/Case 28 _____ _____	28	CS	\$ _____	\$ _____

<p>Kosher Jelly, Fruit, Standardized, Variety, Apple, Apricot, Cherry, Grape, Orange, Peach, Raspberry or Strawberry. Regular or reduced sugar, U.S. Grade A or equivalent. (CID A-A-20078D), Type II, kind A, B, F, M, R, S, Y, or AA, Style 1 or 2. Finished product quality a or b. 10 gram individual portion. EACH. Total amount may be adjusted to the next highest case count. *Each individual package must be marked with the kosher certification hechsher.</p>				
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PSC: 8945

Section 3 - Contract Clauses

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Section 4 - List of Attachments

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Section 5 - Solicitation Provisions

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