

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</i>			1. REQUISITION NUMBER See Schedule		PAGE OF 1 29	
2. CONTRACT NO. GS-35F-0034W		3. AWARD/ EFFECTIVE DATE 09/24/2018	4. ORDER NUMBER HHSP233201800315G		5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME Wallace Cruz		b. TELEPHONE NUMBER <i>(No collect calls)</i>	8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY DHHS/PSC/AMS/DAM 7700 Wisconsin Avenue 8th Floor Bethesda MD 20814			CODE DAM	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:		<input type="checkbox"/> SMALL BUSINESS      WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM      NAICS: <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A)      SIZE STANDARD:
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING	
15. DELIVER TO Multiple Destinations			CODE	16. ADMINISTERED BY DHHS/PSC/AMS/DAM 7700 Wisconsin Avenue 8th Floor Bethesda MD 20814		CODE DAM
17a. CONTRACTOR/ OFFEROR		CODE 1396114	FACILITY CODE	18a. PAYMENT WILL BE MADE BY FMS		CODE FMS
SECURITY RISK SOLUTIONS, INC 1396114 JOHNATHAN COLEMAN 698 FISHERMANS BND MOUNT PLEASANT SC 294648148			TELEPHONE NO. 843-4429104	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM		
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER						
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE
1	Tax ID Number: 20-8133845 DUNS Number: 192835390 Period of Performance: 09/24/2018 to 09/23/2019  Companion Requisition to OS220724 FY18 electronic Long Term Services and Support (eLTSS) COR Anastasia Perchem CO Wallace Cruz Requisition No: OS228755, OS229151 <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>					600,000.00
25. ACCOUNTING AND APPROPRIATION DATA See schedule					26. TOTAL AWARD AMOUNT <i>(For Govt. Use Only)</i> \$600,000.00	
<input 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 type="checkbox"/> ARE NOT ATTACHED. <input checked="" 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 checked="" type="checkbox"/> ARE NOT ATTACHED.						
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> 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 checked="" type="checkbox"/> 29. AWARD OF CONTRACT: _____ OFFER DATED <u>09/24/2018</u> . 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 <i>(SIGNATURE OF CONTRACTING OFFICER)</i>		
30b. NAME AND TITLE OF SIGNER <i>(Type or print)</i>		30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER <i>(Type or print)</i>		31c. DATE SIGNED	
			JOSEPH J. E. PIRNONE			

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Delivery: 09/20/2018 Delivery Location Code: OS-ONC-Switzer Bldg OS-ONC-Switzer Bldg Department of Health and Human Serv Office of the National Coordinator 330 C Street SW Rm 1200 Washington DC 20201 US Amount: \$562,673.28 Project Data: 126556.1.HA00OS01000.25235-ALL OTR SVCS.09/17/2018 Accounting Info: 2018.199TWMN.25235 Appr. Yr.: 2018 CAN: 199TWMN Object Class: 25235 Funded: \$562,673.28  Delivery Location Code: HHS HHS 200 Independence Avenue, SW Washington DC 20201 US Amount: \$37,326.72 Project Data: 126556.1.HA00OS01000.25235-ALL OTR SVCS.09/19/2018 Accounting Info: 2018.199TWMN.25235 Appr. Yr.: 2018 CAN: 199TWMN Object Class: 25235 Funded: \$37,326.72				

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> )