

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30				1. REQUISITION NUMBER HE125420060190007		PAGE 1 OF 5	
2. CONTRACT NO. GS-07F-0030N		3. AWARD/EFFECTIVE DATE 29-Sep-2006		4. ORDER NUMBER HE1254-06-F-1049		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME		b. TELEPHONE NUMBER (No Collect Calls)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY DOD EDUCATION ACTIVITY ATTN: PROCUREMENT DIVISION 4040 NORTH FAIRFAX DRIVE ARLINGTON VA 22203-1635 TEL: FAX:		CODE HE1254		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: 339920 SIZE STANDARD:		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) 13b. RATING 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO SEE SCHEDULE		CODE		16. ADMINISTERED BY SEE ITEM 9		CODE	
17a. CONTRACTOR/OFFEROR CREATIVE HEALTH PRODUCTS ROBIN LARSEN MACK 5148 SADDLE RIDGE RD PLYMOUTH MI 48170-0583 TEL. 734-996-5900		CODE 1LBG4 FACILITY CODE 1LBG4		18a. PAYMENT WILL BE MADE BY DFAS-INDIANAPOLIS ATTN: DFAS-BVD/IN 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-1500		CODE HQ0347	
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input checked="" type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/ SERVICES		21. QUANTITY		22. UNIT	
		SEE SCHEDULE				23. UNIT PRICE	
						24. AMOUNT	
25. ACCOUNTING AND APPROPRIATION DATA See Schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$73,642.50	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1. 52.212-4. FAR 52.212-3. 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input 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							
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>0</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 HEREIN.				29. AWARD OF CONTRACT: REFERENCE RFQ153529-RMZ <input checked="" type="checkbox"/> OFFER DATED <u>27-Jul-2006</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: SEE SCHEDULE			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)		31c. DATE SIGNED	
				<i>Vicki A. Leidel</i>		29-Sep-2006	
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) Vicki A. Leidel / Contracting Officer TEL: EMAIL:			

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

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	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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				

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>)
	42d. TOTAL CONTAINERS

Section SF 1449 - CONTINUATION SHEET

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001		675	Each	\$109.10	\$73,642.50
	InstaPulse BSI-107 FFP See Statement of Work. Unit Price includes Express Shipping. FOB: Destination PURCHASE REQUEST NUMBER: HE125420060190007				
				NET AMT	\$73,642.50
ACRN AA					\$73,642.50

DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	UIC
0001	29-OCT-2006	675	N/A FOB: Destination	

STATEMENT OF WORK**STATEMENT OF WORK****1.0 PURPOSE AND INTENT**

The Department of Defense Education Activity (DoDEA) seeks to contract for hand-held Insta-Pulse® Model 107 Heart Rate Monitors, for implementing a cardiovascular endurance program aligned to DoDEA elementary physical education standards for kindergarten through grade six physical education students.

2.0 REQUIREMENTS

DoDEA requires:

- a. Six hundred and seventy five (675) portable, compactly designed Insta-pulse® Model 107 hand-held heart rate monitors, featuring state of the art technology, automatic on off, water and shock resistance, wrist strap, carrying case, a standard 9-volt Alkaline battery and a one year warranty.
- b. Shipping to 145 stateside/overseas school locations for arrival during the time that the school is open. FPO/APO will be provided to vendor no later than one week after date of contract.

3.0 DELIVERABLES

The contractor will deliver:

Reference	Deliverable
2.a.	A total of 675 Model 107 Insta-pulse® hand-held heart rate monitors.
2.b.	A total of 145 shipments to schools.

ADMINISTRATION INFORMATION

1. Points of Contact

For contractual questions contact:

Anissa Burley, Contract Specialist
anissa.burley@hq.dodea.edu
 703-588-3618

For technical questions contact:

Barbara Weigand
 703-588-3125

Vendor:
 See block 17a

2. Invoice Instructions

a. The Contractor shall submit an original invoice to:

Mail: DoDEA PROCUREMENT DIVISION
 ATTN: INVOICE PROCESSING
 4040 N FAIRFAX DRIVE, 4th FLOOR
 ARLINGTON VA 22203-1 635
 Fax: 703-588-3713 ATTN: INVOICE PROCESSING

b. To ensure prompt payment, vendor invoices must include the following information:

- Purchase Order Number (See block #2)
- Invoice Date
- Invoice Number
- Vendor POC name and telephone number

ACCOUNTING AND APPROPRIATION DATA

AA: 9760100.6010 P2200 1125 2607 DEAC60197A37WW S49451 99DA
AMOUNT: \$73,642.50
CIN HE1254200601900070001: \$73,642.50