



SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER RCS-E-2024-00036		PAGE OF 1 40	
2. CONTRACT NO. 86615324C00014		3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER		5. SOLICITATION NUMBER 86615124Q00018		6. SOLICITATION ISSUE DATE 09/28/2024
7. FOR SOLICITATION INFORMATION CALL: 		a. NAME ERIC TAYLOR			b. TELEPHONE NUMBER (No collect calls)		8. OFFER DUE DATE/LOCAL TIME ET
9. ISSUED BY CODE HUD-NPR US DEPARTMENT OF HUD OFFICE OF THE CHIEF PROCUREMENT OFFICER 451 SEVENTH STREET SW ROOM 5256 WASHINGTON DC 20410-1000				10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <div><input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB NAICS: 541310 <input type="checkbox"/> 8(A) SIZE STANDARD: \$12.5</div>			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS NET 30 PROMPT PAY		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING	
15. DELIVER TO CODE HUD-E HUD-E 451 7TH STREET SW WASHINGTON DC 20410				16. ADMINISTERED BY CODE HUD-NPR US DEPARTMENT OF HUD OFFICE OF THE CHIEF PROCUREMENT OFFICER 451 SEVENTH STREET SW ROOM 5256 WASHINGTON DC 20410-1000			
17a. CONTRACTOR/ OFFEROR		CODE N375SXUAK5X1	FACILITY CODE	18a. PAYMENT WILL BE MADE BY		CODE ARC/ASD/APB	
UNITED SPINAL ASSOCIATION INC UNITED SPINAL ASSOCIATION 120-34 QUEENS BLVD STE 330 KEW GARDENS NY 11415				ARCASDAPB ARCASDAPB AVERY 3G PO BOX 1328 ACCOUNTSPAYABLEFISCALTREASURYGOV PARKERSBURG WV 26106-1328			
TELEPHONE NO.							
<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 <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	Tax ID Number: 13-5612621 DUNS Number: Not Available Delivery: 10/05/2024 Accounting Info: HUD0479DB2425XX-2024-61000001-251001-HUDFH100G0000 -XXXXXXXXXX-HUDNPS000000-HUD79FH-XXXXXXXXXX-XXXX-XX XXXXXXXXXX-XXXXXXXXXXXX-XXXXXXXXXX-XXXXXXXXXX Period of Performance: 09/30/2024 to 09/29/2025 Base Year - 504 Research Consultant Services Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)						40,000.00
25. ACCOUNTING AND APPROPRIATION DATA See schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$200,000.00	
<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 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 checked="" 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: 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) <div> Eric L. Taylor (Signature of Contracting Officer)</div>			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print)		31c. DATE SIGNED	
				ERIC L. TAYLOR		09/30/2024	
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
	Obligated Amount: \$40,000.00				
0002	Option Year 1 - 504 Research Consultant Services Award Type: Firm-fixed-price (Option Line Item) Period of Performance: 09/30/2025 to 09/29/2026				40,000.00
0003	Option Year 2 - 504 Research Consultant Services Award Type: Firm-fixed-price (Option Line Item) Period of Performance: 09/30/2026 to 09/29/2027				40,000.00
0004	Option Year 3 - 504 Research Consultant Services Award Type: Firm-fixed-price (Option Line Item) Period of Performance: 09/30/2027 to 09/29/2028				40,000.00
0005	Option Year 4 - 504 Research Consultant Services Award Type: Firm-fixed-price (Option Line Item) Period of Performance: 09/30/2028 to 09/29/2029 The obligated amount of award: \$40,000.00. The total for this award is shown in box 26.				40,000.00

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 <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		
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 (YY/MM/DD)	42d. TOTAL CONTAINERS