# SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL PRODUCTS AND COMMERCIAL SERVICES

*NOTE: OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30.*

1. REQUISITION NUMBER



2. CONTRACT NUMBER

3. AWARD/EFFECTIVE DATE

4. ORDER NUMBER

5. SOLICITATION NUMBER
140D0426Q0640

6. SOLICITATION ISSUE DATE
06/29/2026

7. FOR SOLICITATION INFORMATION CALL:

a. NAME
Cynthia Garrison

b. TELEPHONE NUMBER *(No collect calls)*
703-964-8840

8. OFFER DUE DATE/ LOCAL TIME
06/30/2026 1000 MD

9. ISSUED BY CODE D15

Interior Business Center, AQD
Acquisition Services Directorate
381 Elden Street
Suite 2000A
Herndon VA 20170

10. THIS ACQUISITION IS [X] UNRESTRICTED OR [ ] SET ASIDE: % FOR:

[ ] SMALL BUSINESS
[ ] HUBZONE SMALL BUSINESS
[ ] SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB)
[ ] WOMEN-OWNED SMALL BUSINESS (WOSB)
[ ] ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)
[ ] 8(A)

NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 621399

SIZE STANDARD: $10

11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED
[X] SEE SCHEDULE

12. DISCOUNT TERMS

[ ] 13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
[X] REQUEST FOR QUOTE (RFQ) [ ] INVITATION FOR BID (IFB) [ ] REQUEST FOR PROPOSAL (RFP)

15. DELIVER TO CODE
See Schedule

16. ADMINISTERED BY CODE D15
See Schedule

17a. CONTRACTOR/ OFFEROR CODE FACILITY CODE

TELEPHONE NUMBER

[ ] 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED [ ] SEE ADDENDUM

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|---|---|---|---|---|---|
| | ADMINISTERED BY:<br>Interior Business Center, AQD<br>Acquisition Services Directorate<br>381 Elden Street<br>Suite 2000A<br>Herndon VA 20170 USA<br>Continued...<br>*(Use Reverse and/or Attach Additional Sheets as Necessary)* | | | | |

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Government Use Only)*

[ ] 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA [ ] ARE [ ] ARE NOT ATTACHED

[ ] 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA [ ] ARE [ ] ARE NOT ATTACHED

[X] 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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

[ ] 29. AWARD OF CONTRACT: REFERENCE _____ 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)*

30b. NAME AND TITLE OF SIGNER *(Type or print)*

30c. DATE SIGNED

31b. NAME OF CONTRACTING OFFICER *(Type or print)*
Cynthia Garrison

31c. DATE SIGNED

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|---|---|---|---|---|---|
| | The requirement for the Department of the Department of the Interior (DOI), Interior Business Center, Acquisition Services Directorate is issuing this sole source Request for Quote (RFQ) on behalf of the Armed Forces Retirement Home (AFRH). This is an RFQ issued in accordance with Revolutionary FAR Overhaul (RFO) Subpart 12.2 - Solicitation, Evaluation, and Award. The Government contemplates issuing a contract for the requirements in the attached Performance Work Statement (PWS) entitled, "Pharmacy Services and Related Services for the Armed Forces Reitrement Home in Washington, D.C."<br><br>Refer to the continuation pages for further information.<br><br>Period of Performance: 07/01/2026 to 03/31/2027 | | | | |
| 00010 | Base Period: PHARMACY SERVICES: Facility Prescriptions<br><br>This is a Firm Fixed Price line item.<br><br>Product/Service Code: Q517<br>Product/Service Description: PHARMACY SERVICES<br><br>Delivery: 12/31/2026<br>Continued... | | | | |

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<br>32g. EMAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE |
|---|---|
| | |

| 33. SHIP NUMBER | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT | 37. CHECK NUMBER |
|---|---|---|---|---|
| ☐ PARTIAL ☐ FINAL | | | ☐ COMPLETE ☐ PARTIAL ☐ FINAL | |

| STOCK RECORD (S/R) | | 40. PAID BY |
|---|---|---|
| 38. S/R ACCOUNT NUMBER | 39. S/R VOUCHER NUMBER | |

| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT | | 42a. RECEIVED BY *(Print)* | |
|---|---|---|---|
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 41c. DATE | 42b. RECEIVED AT *(Location)* | |
| | | 42c. DATE RECEIVED *(MM/DD/YYYY)* | 42d. TOTAL CONTAINERS |

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|---|---|---|---|---|---|
| | Period of Performance: 07/01/2026 to 12/31/2026 | | | | |
| 00020 | Base Period: PHARMACY SERVICES: Facility Unscheduled Medicines, Over-the-Counter<br><br>This is a Time & Materials line item. This is a not-to-exceed amount. If the Contractor exceeds the amount funded, it is at its own risk.<br><br>Product/Service Code: Q517<br>Product/Service Description: PHARMACY SERVICES<br><br>Delivery: 12/31/2026<br>Period of Performance: 07/01/2026 to 12/31/2026 | | | | |
| 01010 | Option Period 1: PHARMACY SERVICES: Facility Prescriptions<br><br>This is a Firm Fixed Price line item.<br><br>Product/Service Code: Q517<br>Product/Service Description: PHARMACY SERVICES<br><br>Delivery: 03/31/2027<br>Period of Performance: 01/01/2027 to 03/31/2027 | | | | |
| 01020 | Option Period 1: PHARMACY SERVICES: Facility Unscheduled Medicines, Over-the-Counter<br><br>This is a Time & Materials line item.<br><br>This is a time and materials line item. This is a not-to-exceed amount. If the Contractor exceeds the amount funded, it is at its own risk.<br><br>Product/Service Code: Q517<br>Product/Service Description: PHARMACY SERVICES<br><br>Delivery: 03/31/2027<br>Period of Performance: 01/01/2027 to 03/31/2027 | | | | |