SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS

OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: 1173705

PAGE 1 OF 6

2. CONTRACT NO.

3. AWARD/ EFFECTIVE DATE

4. ORDER NUMBER

5. SOLICITATION NUMBER: 1232SA26Q0960

6. SOLICITATION ISSUE DATE: 08/05/2026

7. FOR SOLICITATION INFORMATION CALL:

a. NAME: AARON DIMEO

b. TELEPHONE NUMBER (No collect calls): (608)-416-0027

8. OFFER DUE DATE/LOCAL TIME: 08/13/2026 2359 CT

9. ISSUED BY CODE ARS-1232SA

USDA ARS ACQUISITION AND PROPERTY D
5601 SUNNYSIDE AVENUE
RM 3-2102
BELTSVILLE MD 20705

10. THIS ACQUISITION IS ☒ 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): 334516

SIZE STANDARD: 1,000

11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED
☒ 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
☒ REQUEST FOR QUOTE (RFQ) ☐ INVITATION FOR BID (IFB) ☐ REQUEST FOR PROPOSAL (RFP)

15. DELIVER TO CODE ARS-126538

PA U.S. MEAT ANIMAL RESEARCH CENTER
P.O. BOX 166, STATE SPUR 18D
CLAY CENTER NE 68933

16. ADMINISTERED BY CODE ARS-1232SA

USDA ARS ACQUISITION AND PROPERTY D
5601 SUNNYSIDE AVENUE
RM 3-2102
BELTSVILLE MD 20705

17a. CONTRACTOR/ OFFEROR CODE

FACILITY CODE

TELEPHONE NO.

☐ 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
	Delivery: 30 Days After Award Period of Performance: 09/30/2026 to 10/30/2026				
0001	Blots and Gels Imaging System Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		
0002	White Sample Tray Continued ...	1	EA		

(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.

☒ 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)*: KRISTINE M. STOUT

31c. DATE SIGNED

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES				
0003	Blue Sample Tray Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		
0004	Image Lab Software Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		
0005	hFAB Rhodamine Anti-Tubulin Primary Antibody Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		
0006	Precision Plus Protein Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		
	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
	32g. E-MAIL 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	

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 *(Print)*	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT *(Location)*	
		42c. DATE REC'D *(YY/MM/DD)*	42d. TOTAL CONTAINERS

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0007	Clarity Max Western ECL Substrate Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		
0008	4-20% Mini-Protean TGX Stain-Free Protein Gels Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		
0009	Shipping/Freight/Delivery Product/Service Code: 6640 Product/Service Description: LABORATORY EQUIPMENT AND SUPPLIES	1	EA		

Solicitation Title: Blots and Gels Imaging System with Accompanying Supplies - RFQ

Solicitation Number: 1232SA26Q0960

Company Information:

Currently Registered and Active in the System for Award Management (SAM): ☐ Yes ☐ No

SAM Unique Entity Identifier (UEI) Number: _____

Company Legal Name: _____

Doing Business As (if applicable): _____

Company Address as registered in the System for Award Management (SAM):

_____

_____

_____

_____

CAGE Code(s): _____

Socio-economic status for the NAICS code: 334516 (with a small business threshold of under 1,000 Employees) – please check ALL that apply:

- ☐ Small Business Concern
- ☐ SBA-certified 8(a) Program Participant
- ☐ Veteran Owned
- ☐ Woman-Owned
- ☐ Other Than Small Business Concern
- ☐ Disadvantaged
- ☐ SBA-certified HUB Zone Business
- ☐ Service-Disabled Veteran Owned
- ☐ Economically Disadvantaged Woman Owned

☐ I confirm that my company is registered in the System for Award Management (SAM) with the socio-economic status identified above and the NAICS code specified or that my firm qualifies for the selected the socio-economic status under the applicable NAICS code.

Quote Information:

Quote Number: _____

Quote Date: _____

Quote Expiration Date: _____

Quoted Price:

Offeror's shall insert the Total Quoted Price in the cell below. The Total Quoted Price is to be the sum of all Line-Item Total Amounts from the SF1449 (including all options).

Total Quoted Price: _____

Period of Performance:

Time to Deliver: _____ ◯ days ◯ weeks ◯ months

Country of Manufacture Information:

Product Name(s) and Part Number(s): _____

Manufacturer's Legal Name: _____

Product is Manufactured in the United States of America (is a domestic product): ◯ Yes ◯ No

Manufacturing Address (for domestic products):

_____

_____

_____

_____

Country of Origin (for nondomestic products): _____

◯ I confirm that a written certification of the above information was obtained from the product's manufacturer and is included in the support documents submitted with this quote.

Certification:
I understand that incomplete sections, failure to provide all required documentation, and/or failure to sign this certification may remove my company's quote from being put into consideration by the Government for award.

Signature: _____

Name: _____

Title: _____

Contact Information: _____

Date: _____