

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 34

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. HQ0147-12-D-0003		2. DELIVERY ORDER/ CALL NO. 001728		3. DATE OF ORDER/ CALL (YYYYMMDD) 2016 Nov 01		4. REQ./ PURCH. REQUEST NO. See Schedule		5. PRIORITY DX-C9	
6. ISSUED BY MISSILE DEFENSE AGENCY (MDA) CONTRACTS DIRECTORATE BLDG 5222 MARTIN RD REDSTONE ARSENAL AL 35898-0001				7. ADMINISTERED BY (if other than 6) DCMA DENVER P.O. BOX 25586 DENVER CO 80225-0586		CODE HQ0147		CODE S0602A	
9. CONTRACTOR NAME AND ADDRESS LOCKHEED MARTIN CORPORATION 9970 FEDERAL DR COLORADO SPRINGS CO 80921-3616				FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
						12. DISCOUNT TERMS		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15	
14. SHIP TO SEE SCHEDULE				15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS OH 43218-2381		CODE HQ0339		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.	
16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.						
	PURCHASE	<input type="checkbox"/>	Reference your quote dated Furnish the following on terms specified herein. REF:						
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: 1									
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE		23. AMOUNT
SEE SCHEDULE									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.			24. UNITED STATES OF AMERICA TEL: (b)(6) EMA: (b)(6) BY: (b)(6)		(b)(6)		25. TOTAL		(b)(4)
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED									
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP NO.	29. DO VOUCHER NO.	30. INITIALS		
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			34. CHECK NUMBER	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.		

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020112	Incremental Funding CLIN 0201	
	ACRN BF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147863194	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010105	Incremental Funding CLIN 0101	
	ACRN BF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147863194	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040206	Incremental Funding CLIN 0402	
	ACRN BF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147863194	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
080106	Travel for CLIN 1006 TI	
	ACRN BE	(b)(4)
	PURCHASE REQUEST NUMBER: NMM17600426BCFUNDING	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
100601	CLIN 1006 - SSA Planning	
	ACRN BE	(b)(4)
	PURCHASE REQUEST NUMBER: NMM17600426BCFUNDING	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1006	CLIN 1006 - SSA Planning TI	(b)(4)	Hours		(b)(4)
	CPFF				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: NMM17600426BCFUNDING				
				ESTIMATED COST	(b)(4)
				FIXED FEE	
				TOTAL EST COST + FEE	(b)(4)

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0010	Contract Data Requirements List COST	1	Lot		NSP
	Data to be delivered under this contract as cited in Exhibit A, Section J. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147755190				
				ESTIMATED COST	(b)(4)

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0101	Materials CPFF	(b)(4)	Cost	\$1.00	(b)(4)
	Material purchases required in support of the Statement of Work (SOW) as described in Attachment 1. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147755190				
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: 7010

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010101	Cost Plus Fixed Fee - Materials	
	ACRN AC	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755190	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010102	CLIN 0101 - Incremental Funding	
	ACRN AH	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755366	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010103	CLIN 0101 - Incremental Funding	
	ACRN AZ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862065	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
010104	Cost Plus Fixed Fee - Materials	
	ACRN BC	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147861332-0002	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0201	Spiral 8.2-5 Pre-design development CPIF Performance of Spiral 8.2-5 Pre-design Development as described in Attachment 1 Statement of Work (SOW). FOB: Destination PURCHASE REQUEST NUMBER: HQ0147755190	(b)(4)	Cost	\$1.00	(b)(4)
				TARGET COST	(b)(4)
				TARGET FEE	
				TOTAL TGT COST + FEE	
				MINIMUM FEE	
				MAXIMUM FEE	
				SHARE RATIO ABOVE TARGET	
				SHARE RATIO BELOW TARGET	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020101	CLIN 0201 - Incremental Funding ACRN AA PURCHASE REQUEST NUMBER: HQ0147755190	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020102	CLIN 0201 - Incremental Funding ACRN AF PURCHASE REQUEST NUMBER: HQ0147755366	(b)(4)

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020103	CLIN 0201 - Incremental Funding	
	ACRN AL	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147756516	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020104	CLIN 0201 - Incremental Funding	
	ACRN AP	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147758387	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020105	Incremental Funding CLIN 0201	
	ACRN AQ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147758672	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020106	Incremental Funding CLIN 0201	
	ACRN AS	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147758993-0001	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020107	CLIN 0201 - Incremental Funding	
	ACRN AT	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147759848	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020108	Incremental Funding	
	ACRN AU	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147861332	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020109	CLIN 0201 - Incremental Funding	
	ACRN AY	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862065	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020110	CLIN 0201 - Incremental Funding	
	ACRN BB	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862083	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020111	CLIN 0201 - Incremental Funding	
	ACRN AX	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862092	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0202	S8.2-5 Planner Software Development CPIF	(b)(4)	Cost	\$1.00	(b)(4)
	Performance of Spiral 8.2-5 Pre-design Planner Development as described in Attachment 1 Statement of Work (SOW).				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: HQ0147755190				
				TARGET COST	(b)(4)
				TARGET FEE	
				TOTAL TGT COST + FEE	
				MINIMUM FEE	
				MAXIMUM FEE	
				SHARE RATIO ABOVE TARGET	
				SHARE RATIO BELOW TARGET	

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020201	CLIN 0201 - Incremental Funding	
	ACRN AA	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755190	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020202	CLIN 0202 - Incremental Funding	
	ACRN AF	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755366	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020203	CLIN 0202 - Incremental Funding	
	ACRN AQ	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147758672-0001	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020204	Incremental Funding	
	ACRN AU	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147861332	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
020205	CLIN 0202 - Incremental Funding	
	ACRN BA	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147862065	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0401	X-Lab CPFF	(b)(4)	Hours		(b)(4)
	Support the X-Lab requirements as defined in the Attachment 1, Statement of Work (SOW). Recognizing that this task order is a term form within the meaning of FAR 16.306(d)(2), the contractor shall provide a level of effort within a range of not less than (b)(4) nor more than (b)(4) without exceeding the cost constraints established in this CLIN in order to earn the full fixed fee. FOB: Destination PURCHASE REQUEST NUMBER: HQ0147755231				
				ESTIMATED COST FIXED FEE	(b)(4)
				TOTAL EST COST + FEE	(b)(4)

FSC CD: AC24

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040101	CLIN 0401 - Incremental Funding	
	ACRN AE	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147755231	

ITEM NO	SUPPLIES/SERVICES	AMOUNT
040102	Funding CLIN 0401, X-Lab	
	ACRN AM	(b)(4)
	PURCHASE REQUEST NUMBER: HQ0147757715	