**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**
*OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30*

| 1. REQUISITION NUMBER | PAGE | OF |
|---|---|---|
| 1173302 | 1 | 4 |

| 2. CONTRACT NO. | 3. AWARD/ EFFECTIVE DATE | 4. ORDER NUMBER | 5. SOLICITATION NUMBER | 6. SOLICITATION ISSUE DATE |
|---|---|---|---|---|
| | | | 1232SA26Q1055 | 08/27/2026 |

| 7. FOR SOLICITATION INFORMATION CALL: | a. NAME | b. TELEPHONE NUMBER (No collect calls) | 8. OFFER DUE DATE/LOCAL TIME |
|---|---|---|---|
| | AARON DIMEO | (608)-416-0027 | 09/04/2026 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: 100.00 % 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): 811310

SIZE STANDARD: $12.5

| 11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED | 12. DISCOUNT TERMS | 13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700) | 13b. RATING |
|---|---|---|---|
| ☒ SEE SCHEDULE | | ☐ | 14. METHOD OF SOLICITATION: ☒ REQUEST FOR QUOTE (RFQ) ☐ INVITATION FOR BID (IFB) ☐ REQUEST FOR PROPOSAL (RFP) |

15. DELIVER TO — CODE ARS-127B20

SEA SUGARCANE RESEARCH
5883 USDA ROAD
HOUMA LA 70360

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: 12/31/2026<br>Period of Performance: 09/15/2026 to 12/31/2026 | | | | |
| 0001 | Parts<br>Product/Service Code: J037<br>Product/Service Description: MAINT/REPAIR/REBUILD OF EQUIPMENT- AGRICULTURAL MACHINERY AND EQUIPMENT | 1 | EA | | |
| 0002 | Labor<br>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)* | 31c. DATE SIGNED |
|---|---|---|---|
| | | KRISTINE M. STOUT | |

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|---|---|---|---|---|---|
| | Product/Service Code: J037<br>Product/Service Description: MAINT/REPAIR/REBUILD OF EQUIPMENT- AGRICULTURAL MACHINERY AND EQUIPMENT | | | | |
| 0003 | Transport (Pick Up & Return)<br>Product/Service Code: J037<br>Product/Service Description: MAINT/REPAIR/REBUILD OF EQUIPMENT- AGRICULTURAL MACHINERY AND EQUIPMENT | 2 | EA | | |

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. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE |
|---|---|
| | |

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

| 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 |

United States Department of Agriculture

Research, Education, and Economics
Agricultural Research Service

**Solicitation Title:** Repair of a Louisiana 4-Cylinder Sugarcane Dump Harvest Wagon - RFQ

**Solicitation Number:** 1232SA26Q1055

**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: 811310 (with a small business threshold of under $12.5 Million ) – please check ALL that apply:

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

◯ 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 Complete: _____ ◯ days ◯ weeks ◯ months

**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: _____