

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

1. REQUISITION NUMBER: N/A  
 PAGE 1 OF 7  
 2. CONTRACT NO.: SPM300-04-D-V070  
 3. AWARD/EFFECTIVE DATE: [Blank]  
 4. ORDER NUMBER: N/A  
 5. SOLICITATION NUMBER: SP0300-04-R-D024  
 6. SOLICITATION ISSUE DATE: 04/29/2004

7. FOR SOLICITATION INFORMATION CALL: [Arrow pointing to 7a]  
 7a. NAME: JOAN L. SLAUGHTER  
 b. TELEPHONE NUMBER (No collect calls): 215-737-7975  
 8. OFFER DUE DATE/LOCAL TIME: 05/21/04 1:00 pm

9. ISSUED BY: [Blank] CODE: SP0300  
 DEFENSE SUPPLY CENTER PHILADELPHIA  
 DIRECTORATE OF SUBSISTENCE, BLDG 6  
 700 ROBBINS AVENUE  
 PHILADELPHIA, PA 19111-5092  
 NOTE: Mail/Handcarry/Transmit offer as specified on page 3  
 10. THIS ACQUISITION IS:  
 UNRESTRICTED  
 SET ASIDE: % FOR  
 SMALL BUSINESS  
 HUBZONE SMALL BUSINESS  
 8(A)  
 NAICS: 31151131152  
 SIZE STANDARD: 500  
 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED:  
 SEE SCHEDULE  
 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)  
 12. DISCOUNT TERMS: [Blank]  
 13b. RATING: N/A  
 14. METHOD OF SOLICITATION:  
 RFP  IFB  RFP

15. DELIVER TO: [Blank] CODE: [Blank]  
 SHEPPARD AFB, TX; NORTH TEXAS JCC; FT HOOD, TX; GOODFELLOW AFB, TX DYESS AFB, TX  
 16. ADMINISTERED BY: [Blank] CODE: [Blank]

17a. CONTRACTOR/OFFEROR: CODE: 1DJW2 FACILITY CODE: 48-3302  
 OAK FARMS DAIRY  
 P.O. Box 1097  
 WACO, TX. 76703  
 18a. PAYMENT WILL BE MADE BY: [Blank] CODE: [Blank]

TELEPHONE NO.: [Blank]  
 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER  
 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
	MILK AND ICE CREAM PRODUCTS  CONTRACT PERIOD: 05 SEP 04 - 02 SEP 06  (24 MONTHS)				

MASTER FILE:

25. ACCOUNTING AND APPROPRIATION DATA: DV071, DV072, DV073, DV074, DV075 Estimated 25% \$249,587.90  
 26. TOTAL AWARD AMOUNT (For Govt Use Only): \$998,351.60

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212 1, 52.212 3, 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 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 HEREIN.  
 29. AWARD OF CONTRACT: REF. SP03004RD024 OFFER DATED [Blank] 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: [Signature]  
 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER): [Signature]

30b. NAME AND TITLE OF SIGNER (Type or print): Mckey Williams V.P./Gen. Mgr.  
 30c. DATE SIGNED: 5/19/04  
 31b. NAME OF CONTRACTING OFFICER (Type or print): RAYMOND W. POPLAS  
 31c. DATE SIGNED: 8/24/04

MILK AND MILK PRODUCTSGROUP II - FT. HOOD, TX - TROOP & DARNALL HOSPITAL AT FT HOOD, TX

	ITEMS	EST TOTAL QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<b>WHOLE MILK</b>				
20.	HALF PINT	92,000	1/2 PT	<u>.21</u>	\$ <u>19,320.00</u>
21.	GALLON	15,00	GL	<u>3.06</u>	\$ <u>45,900.00</u>
	<b>REDUCED FAT MILK (2% MF)</b>				
22.	HALF PINT	30,000	1/2 PT	<u>.21</u>	\$ <u>6,300.00</u>
	<b>LOWFAT MILK (1% MF)</b>				
23.	HALF PINT	90,000	1/2 PT	<u>.21</u>	\$ <u>18,900.00</u>
24.	BULK, 5 GL CO. PRICE PER CO <u>14.40</u>	80,000	GL	<u>2.88</u>	\$ <u>94,000.00</u>
	<b>FAT FREE MILK (SKIM)</b>				
25.	HALF PINT	111,000	1/2 PT	<u>.20</u>	\$ <u>22,200.00</u>

	ITEMS	EST TOTAL QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<b>BUTTERMILK, ACIDIFIED OR CULTURED 1% LOW FAT</b>				
26.	HALF GALLON	96	1/2 GL	<u>1.60</u>	\$ <u>153.60</u>
	<b>REDUCEC FAT MILK LOWFAT CHOCOLATE MILK 1%</b>				
27.	HALF PINT	69,000	1/2 GL	<u>.21</u>	\$ <u>14,490.00</u>
28.	BULK, 5 GL CO. PRICE PER CO <u>14.60</u>	28,000	GL	<u>2.92</u>	\$ <u>32,900.00</u>
	<b>LIGHT WHIPPING CREAM, FRESH OR ULTRA PASTEURIZED</b>				
29.	HALF PINT	5,000	1/2 PT	<u>.69</u>	\$ <u>3,450.00</u>
	<b>EGGNOG (SEASONAL)</b>				
30.	QUART	3,050	QT	<u>1.40</u>	\$ <u>4,270.00</u>

ITEMS	EST TOTAL QUANTITY	UNIT	UNIT PRICE	AMOUNT
<b>LOWFAT OR REDUCED FAT BUTTERMILK, ACIDIFIED OR CULTURED</b>				
31. HALF PINT	1,800	1/2 PT	<u>.21</u>	\$ <u>378.00</u>
<b>SOUR CREAM ACIDIFIED OR CULTURED</b>				
32. HALF PINT	31,000	1/2 PT	<u>.69</u>	\$ <u>21,390.00</u>
<b>SOUR CREAM, FAT FREE ACIDIFIED OR CULTURED</b>				
33. PINT	22,000	PT	<u>1.29</u>	\$ <u>28,380.00</u>
<b>LOWFAT COTTAGE CHEESE, SMALL OR LARGE CURD</b>				
34. 5 LB PKG. PRICE PER PKG. <u>5.75</u>	84,000	LB	<u>1.33</u>	\$ <u>37,950.00</u>
<b>NONFAT COTTAGE CHEESE, SMALL OR LARGE CURD</b>				
35. 16 OZ PKG.	140,000	LB	<u>1.30</u>	\$ <u>182,000.00</u>

ITEMS	EST TOTAL QUANTITY	UNIT	UNIT PRICE	AMOUNT
<b>PLAIN, YOGURT, LOWFAT, CHILLED,</b>				
36. 8 OZ CONT.	135,000	CO	<u>.46</u>	\$ <u>62,100.00</u>
<b>LOWFAT YOGURT, ASSORTED, CHILLED,</b>				
37. 8 OZ CONT. FLAVORS: <u>Strawberry, Strawberry/banana, , Blueberry, Peach,</u>	115,000	CO	<u>.46</u>	\$ <u>52,900.00</u>
<b>NONFAT YOGURT, ASSORTED, CHILLED,</b>				
38. 8 OZ CONT. FLAVORS: <u>Blueberry, Black cherry, Peach, Raspberry, Strawberry, Strawberry/banana</u>	144,000	CO	<u>.46</u>	\$ <u>66,240.00</u>
<b>ORANGE JUICE, CHILLED, 100% JUICE FROM CONCENTRATE</b>				
39. HALF PINT	30,000	1/2 PT	<u>.29</u>	\$ <u>8,700.00</u>
<b>FRUIT FLAVORED DRINK, CHILLED</b>				
40. PINT, <u>CITRUS</u>	30,000	PT	<u>.29</u>	\$ <u>8,700.00</u>
41. PINT, <u>TROPICAL</u>	30,000	PT	<u>.29</u>	\$ <u>8,700.00</u>

**ESTIMATED TOTAL GROUP II: \$ 998,351.60**

<u>PLANT</u>	<u>ITEM</u>	<u>CODE</u>
Oak Farms Waco, TX	20-28, 31	1324
Oak Farms Dallas, TX	30, 34-35	1324
Sulphur Springs Sulphur Springs, TX	29, 32-33, 36-38	1322
Foremost Dairy Shreveport, LA	39-41	1322

**BULK MILK CONTAINERS:**

THE BULK MILK/JUICE DISPENSER CONTAINER SHALL BE A SINGLE SERVICE DISPENSER CONTAINER (MULTI-GALLON POLYETHYLENE BAG) AND SHALL BE DELIVERED IN A SINGLE SERVICE SHIPPING CONTAINER (CORRUGATED CARDBOARD BOX) OR A MULTI-SERVICE SHIPPING CONTAINER (PLASTIC/METAL HOLDER / KEEPER CASE) WHICH DOES NOT REQUIRE A TRANSFERRING OF THE SINGLE SERVICE DISPENSER CONTAINER (POLYETHYLENE BAG) TO A HOLDER / KEEPER CASE OR DISPENSER CASE AT POINT OF USE.

**BULK MILK DISPENSING EQUIPMENT**

CONTRACTOR IS REQUIRED TO FURNISH DISPENSING EQUIPMENT AS REQUESTED, IN ACCORDANCE WITH CLAUSE 52.217-9P04. IT IS ESTIMATED THAT THE FOLLOWING DISPENSING EQUIPMENT WILL BE REQUIRED:

***TWENTY-FIVE (25) BULK MILK DISPENSERS ARE REQUIRED FOR USE BY FT. HOOD DINING FACILITIES DURING THIS CONTRACT PERIOD, FOR ITEMS #24 AND 28***

ALL CUSTOMERS, EXCEPT DARNALL HOSPITAL, ARE CURRENTLY USING THE STORES OPERATING SYSTEM. AS A RESULT, ALL CUSTOMER ORDERS, EXCEPT DARNALL HOSPITAL, WOULD BE SENT TO YOUR COMPANY VIA FAX. FOR ORDERING PURPOSES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

**POINT OF CONTACT FOR PLACING ORDERS:** Danny Bowden  
**TELEPHONE NUMBER WHERE ORDERS ARE TO BE PLACED:** 254-756-5421  
**FAX NUMBER WHERE ORDERS ARE TO BE SENT:** 254-791-1471

FOR PAYMENT QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

**POINT OF CONTACT FOR INVOICES AND/OR PAYMENTS:** Nettie Keyes  
**TELEPHONE NUMBER FOR INVOICE/PAYMENT INQUIRIES:** 254-756-5421  
**FAX NUMBER FOR INVOICE/PAYMENT INQUIRIES:** 254-756-3627

**TELEPHONE NUMBER WHERE DARNALL HOSPITAL ORDERS ARE TO BE PLACED:** 254-771-1806

**MILK & ICE CREAM PRODUCTS**  
**GROUP II- FT. HOOD, TX**

FIVE (5) DAYS PER WEEK, MONDAY THRU FRIDAY, BETWEEN 6:30 AM AND 3:30 PM. NATIONAL LEGAL HOLIDAYS ARE INCLUDED WHEN NECESSARY.

**TO THE FOLLOWING BUILDINGS:**

- 9420                      10022    12005    12007
- 21002    27004    31008    34008
- 36000    36006    39041    41007
- 56425    56447    57003    87017
- 91226
- NORTH FORT HOOD – 56471, 56425
- TISA WAREHOUSE – 89100
- DAY CARE CENTERS    113, 4819, 52024, 85016
- POC: CLIFFORD HARPER/254-287-6595

**GROUP II – DARNALL HOSPITAL AT FT HOOD, TX.**

FIVE (5) DAYS PER WEEK, MONDAY THRU FRIDAY, BETWEEN 6:30 AM AND 3:30 PM. NATIONAL LEGAL HOLIDAYS ARE INCLUDED WHEN NECESSARY.

TWO TIMES A WEEK, THURSDAY AND FRIDAY, BETWEEN 8:00 AM AND 10:00 AM.

**INSPECTION REQUIREMENTS:**

CONTRACTOR'S DELIVERY VEHICLES WILL STOP AND REPORT TO THE VETERINARY INSPECTION POINT AS DESIGNATED FOR INSPECTION OF HIS PRODUCTS BEFORE PROCEEDING TO ANY OTHER DESIGNATED DELIVERY POINTS.

**GROUP II – FT. HOOD, TX AND DARNALL HOSPITAL AT FT HOOD, TX.**  
**INVOICES SHOULD BE MAILED TO AND PAYMENT WILL BE MADE BY:**

DFAS - COLUMBUS CENTER  
ATTN: DFAS-CO-SES  
P.O. BOX 182317  
COLUMBUS, OH 43218-6260