

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE 1 OF 1
2. CONTRACT NO. MACP24061	3. AWARD/EFFECTIVE DATE 12/13/2023	4. ORDER NUMBER MACP24061	5. SOLICITATION NUMBER	6. SOLICITATION ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME	b. TELEPHONE NUMBER (No collect calls)	8. OFFER DUE DATE/ LOCAL TIME	
9. ISSUED BY Medicaid and CHIP Payment and Access Commission 1800 M Street, NW Suite 650 South Washington, DC 20036		CODE	10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS _____ <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: _____ <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB SIZE STANDARD: _____ <input type="checkbox"/> 8 (A)		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING	
15. DELIVER TO Medicaid and CHIP Payment and Access Commission 1800 M Street, NW, Suite 650 South Washington, DC 20036		CODE	16. ADMINISTERED BY Same as block 9.		
17a. CONTRACTOR/ OFFEROR Sweet Tea Editorial, LLC 3425 Lucky Penny Lane Billings, MT 59106	CODE	FACILITY CODE SAM UEI: F5DYC7N4KC18 Cage: 8ZEY8	18a. PAYMENT WILL BE MADE BY Medicaid and CHIP Payment and Access Commission 1800 M Street, NW Suite 650 South Washington, DC 20036		
TELEPHONE NO. 325.864.3810		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER					
19. ITEM NO. 1	20. SCHEDULE OF SUPPLIES/SERVICES FY 2024 copy editing services for reports and ad hoc publications. Period of performance: 01/02/2024-09/30/2024 See the statement of work for details. <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>		21. QUANTITY 20	22. UNIT HR	23. UNIT PRICE \$60.00
			24. AMOUNT \$1,200.00		
25. ACCOUNTING AND APPROPRIATION DATA BBFY: 2024, Fund: 709.24, OC: 25, SOC: H02			26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$1,200.00		
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA		<input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED			
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA		<input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED			
<input checked="" type="checkbox"/> 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		<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ 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 Lori Ryan		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print) Lori Ryan, Owner and Senior Editor	30c. DATE SIGNED 12/14/23	31b. NAME OF CONTRACTING OFFICER (Type or print) Katherine Massey		31c. DATE SIGNED	