			ORDER	FOR SU	PPLIES OR SER	VICES					PAGE	OF PAGES	S	
IMPORTANT:	Mark all	packages and papers	s with contract	t and/or ord	ler numbers.						1		3	
	//PORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER 2. CONTRACT NO. (If any)								6. SHIP TO	:				
09/22/2016					a. NAME OF CONSIGNEE									
	10													
3. ORDER NO.			4. REC	QUISITION/R	EFERENCE NO.	Burlington Finance Center								
HSHQDC-1	6-P-0	0152	ROHE	3-16-00	104	24221119001121141100 0011001								
5. ISSUING OFFICE (Address correspondence to) U.S. Dept. of Homeland Security					b. STREET ADDRESS P.O. Box 500									
Office o	of Pro	curement Ope	rations											
OHA Acqu	uisiti	on Division												
245 Murr	ay La	ne, SW, #011	5											
Washington DC 20528-0115					c. CITY	c.CITY Williston				d. STATE	e. ZIP CO			
						WIIIISCOII					VT	05495	1	
7. TO: ELI2	ZABETH	H DROUILLARD				f. SHIP	VIA							
a. NAME OF CO SAN ANTO								8. TY	PE OF ORDER					
b. COMPANY N	AME					X a. P	URCHA	.SF		Пь	DELIVERY	,		
c. STREET ADD	RESS						ENCE Y			5.	DELIVER			
111 SOLE	EDAD S	T STE 500									-	nstructions		
												ery order is		
	Please furnish the following on the terms issued subject							of this form and is						
d. CITY						issued subject to the terms and								
d. CITY e. STATE f. ZIP CODE					and conditions specified on both sides of this order and on the attached sheet, if				conditions of the above-numbered contract.					
SAN ANTO	NIO			TX	782052288	any, inc	ludina d	elivery as indicated.						
9. ACCOUNTIN		PROPRIATION DATA				1		ONING OFFICE nt of Homelar	ıd Securi	tv				
11. BUSINESS	CLASSIFIC	CATION (Check approp	riate box(es))			+					F.O.B. POI	NT		
a. SMALL		b. OTHER THAN SMA	ALL .	c. DISADVA	NTAGEDd. W	OMEN-OWN	ED	e. HUBZone		Des	stinat	-ion		
f. SERVIC	E-DISABL	ED g. WOMEN-	OWNED SMAL	L BUSINES	S (WOSB)	. EDWOSB					o cilia (,1011		
VETER	AN-OWNE	D ELIGIBLE U	JNDER THE W	OSB PROGI	RAM									
		13. PLACE OF			14. GOVERNMENT B/L	.NO.		15. DELIVER TO F.O.B.		16	. DISCOU	NT TERMS	6	
a. INSPECTION	l	b. ACCEP	TANCE					ON OR BEFORE (Date 5 Days After	r Award					
Destinat	tion	Destin	nation									N∈	et 30	
					17. SCHEDULE (S	See reverse fo	or Rejec	ctions)						
						QUANTIT		UNIT				QU	IANTITY	
ITEM NO.	SUPPLIES OR SERVICES					ORDERE (c)	D UNIT	1		OUNT (f)		ACC	ACCEPTED	
(a)	(b) DUNS Number: 066428400+0000						(-)	(e)		(1)			(g)	
					hase Order									
	This is a Firm Fixed Price Purchase Order for Laboratory support of the BioWatch													
	Program. There is no requirement for the laboratory to countersign this purchase													
	order. Continued													
	COILCI	nueu												
	10 0010	PPING POINT		1	19. GROSS SHIPPING	WEICHT		20. INVOICE NO.	1				_I 17(h)	
	16. SHIF	FING FOINT			19. GROSS SHIFFING	VVEIGHT		20. INVOICE NO.					TOTAL	
													(Cont. pages)	
	21. MAIL INVOICE TO:												pages)	
	a. NAME										\$62,500.00			
SEE BILLING	Department of Homeland Sec					curity	urity							
INSTRUCTIONS	b. STREET ADDRESS Burlington Finance Center													
ON REVERSE	(or P.O.	(or P.O. Box) P.O. Box 1000											17(i)	
	Attn: Office of Health Aff						fairs						GRAND	
	InvoiceOHA.Consolidation@i									¢62 500 00		TOTAL		
	c. CITY						d. STATE e. ZIP CODE			\$62,500.00				
	Williston						T	05495						
22. UNITED	STATES O)F						23. NAME (Typed)						
	ABY (Sig.							Heather Po	indexter					
	. 3							TITLE: CONTRACTING	ORDERING O	FFICER				

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

2

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSHODC-16-P-00152 09/22/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (b) (c) (e) (g) Enclosures: Attachment 1: SOW Attachment 2: Terms and Conditions Attachment 3: Invoice Instructions DO/DPAS Rating: NONE Admin Office: U.S. Dept. of Homeland Security Office of Procurement Operations Domestic Nuclear Detect. Office Acquisition Division 245 Murray Lane, SW, Mailstop 0115 Washington DC 20528-0115 Accounting Info: HTR0016-000-HA-13-14-00-000-05-00-0000-00-00 -00-00-GE-OE-25-37-000000 Period of Performance: 09/22/2016 to 09/21/2017 0001 San Antonio Metropolitan Health District, 62,500.00 Bioterrorism Preparedness Laboratory for technical and infrastructure support. COR: CDR Mark Scheckelhoff Attn: Office of Health Affairs (OHA) ALC: 70-09-7024 TIN: 26-1623625 Dun: 827414181 FY Appropriated: FY 2016 Appropriation Title: One-Year OHA program funds, 2016 TAS: 70-0117 TAFS: 7060117 Amount: \$62,500.00 Lead Support Staff: Katheryn Payton Award Distribution: OHAprocurements@dhs.gov Payment Office: Burlington Finance Center P. O. Box 500 Williston, VT 05495-500 Attn: InvoiceOHA.Consolidation@ice.dhs.gov Continued ... \$62,500.00 TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

3

 IMPORTANT: Mark all packages and papers with contract and/or order numbers.

 DATE OF ORDER 09/22/2016
 CONTRACT NO.
 ORDER NO.

 HSHQDC-16-P-00152

09/22/2			_	11511Q	DC-10-P-00132	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)

	*****		İ			
	Please distribute award documents to the					
	following:					
	Department Fiscal Administrator					
	San Antonio Metropolitan Health District -					
	Fiscal Division 332 W. Commerce, Suite 101					
	San Antonio, TX 78205					
	DUNS: 66428400					
	TIN: 17460020708					
	1710020700					
	PH Laboratory Director: Mark Wade					
	mark.wade@sanantonio.gov		İ			
	210-207-8747					
	Director of Financial Services: Janie					
	Flores					
	Janie.flores@sanantonio.gov					
	210-207-8749					
	Department of Homeland Security					
	Office of Procurement Operations					
	Contracting Officer Washington, DC 20528					
	Office: (202) 254-2332					
	Email: heather.poindexter@hq.dhs.gov					
	Email: Heather.pointexterenq.ans.gov					
	The total amount of award: \$62,500.00. The					
	obligation for this award is shown in box					
	17(i).		İ			
			İ			
			İ			
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\triangleright			\$0.00	NAL FORM 249 (D 4/0000)