ORDER FOR SUPPLIES AND SERVICES

IMPORTANT: See instructions in GSAR 553.370-300-1 for distribution

PAGE 1 OF 1 PAGE(S)

1. DATE OF ORDER	2. ORDER NUMBER	3. CONTRACT NUMBER	4. ACT NUMBER
08/06/2019	47QFPA19F0060	GS00Q14OADU122	A21625040

Important

- This form is not to be used as an invoice. See reverse for invoice requirements and payment information.
- The invoice remit to address must be the same as Block 12. Notify the contracting/ordering officer if the information in Block 12 is incorrect.
- Failure to show the ACT number (Block 4) on invoice will delay payment and render the invoice improper.
- Failure to mail invoice to address in Block 24 will delay payment.
- Failure of service contractors to provide information in Block 9A will result in 20% of payment being withheld (26 U.S.C. 3406(a)).

7. TO: CONTRACTOR *(Name, address and zip code)*
Mark Budy
LEIDOS, INC.
11951 FREEDOM DR
RESTON, VA 20190-5640
United States
571-526-7028

8. TYPE OF ORDER
B. DELIVERY

REFERENCE YOUR

Please furnish the following on the terms specified on both sides of the order and the attached sheets, if any, including delivery as indicated.

This delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above numbered contract.

C. MODIFICATION NO.
P00000
TYPE OF MODIFICATION:

AUTHORITY FOR ISSUING

9A. EMPLOYER'S IDENTIFICATION NUMBER
(b) (4) [redacted]

9B. CHECK, IF APPROP WITHHOLD 20%

Except as provided herein, all terms and conditions of the original order, as heretofore modified, remain unchanged.

10A. CLASSIFICATION
Contracts and Grants

10B. TYPE OF BUSINESS ORGANIZATION
C. Corporation

11. ISSUING OFFICE *(Address, zip code, and telephone no.)*
GSA Region 09
John W Rhoden
3375 KOAPAKA ST
HONOLULU, HI 96819-1800
United States
(808) 541-1774

12. REMITTANCE ADDRESS *(MANDATORY)*
LEIDOS, INC.
PO Box 223058
Pittsburgh,PA 15251-2058
United States

13. SHIP TO*(Consignee address, zip code and telephone no.)*
David Pena
25 E Streeet Suite F214
Hickam AFB HI 96853-5417
Honolulu, HI 96853
United States
(808) 449-4455

14. PLACE OF INSPECTION AND ACCEPTANCE
David Pena
25 E Streeet Suite F214
Hickam AFB HI 96853-5417
Honolulu, HI 96853
United States

15. REQUISITION OFFICE *(Name, symbol and telephone no.)*
Mark J. Schimmelbusch
GSA Region 9
50 United Nations Plaza, 2nd Floor
San Francisco, CA 94102
United States
(415) 436-8743

16. F.O.B. POINT	17. GOVERNMENT B/L NO.	18. DELIVERY F.O.B. POINT ON OR BEFORE	19. PAYMENT/DISCOUNT TERMS
Destination		05/31/2020	NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS

20. SCHEDULE

The United States Government, acting by and through the General Services Administration, Federal Acquisition Service (FAS) hereby makes award to Leidos, Inc. pursuant to the terms and conditions set forth in the Request for Proposal, dated June 18, 2019, Performance Work Statement (PWS), dated August 06, 2019, Leidos proposal, dated July 22, 2019, and the underlying Leidos OASIS Contract No. GS00Q140ADU122, Pool 1 and this Form 300 with continuations pages.

The Project ID number for this award is: ID09190019.

Period of Performance:
Transition Period: 06 Aug 2019 - 24 Sep 2019
Base Period: 25 Sep 2019 - 31 Mar 2020

Option Periods/Services: To the extent applicable and described in the solicitation, the Government also evaluated, but to date has not exercised, certain options, which may increase the applicable period of performance or services for this project, if exercised by the Government at its discretion as provided in FAR Subpart 17.2. Applicable Options for this Award are descr bed within the continuation pages.

ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	Phase Intel	(b) (4) [redacted]			
0002	Phase in Ops				
0003	Phase in ODC's				
0005	CAF (0.1%) Access Fee				
1001	Base Year Intel				

ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1002	Base Year Ops	(b) (4) [redacted]			
1003	Base ODC's				
1004	Base travel				
1005	CAF (0.1%) Access Fee				

21. RECEIVING OFFICE *(Name, symbol and telephone no.)*
PACAF, (808) 449-4980

TOTAL From 300-A(s)

22. SHIPPING POINT
Specified in QUOTE

23. GROSS SHIP WT.

GRAND TOTAL **$5,666,112.12**

24. MAIL INVOICE TO: *(Include zip code)*

General Services Administration (FUND)
The contractor shall follow these Invoice Submission Instructions. The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance Center (neither by mail nor via electronic submission).

25A. FOR INQUIRIES REGARDING PAYMENT CONTACT:
GSA Finance Customer Support

25B. TELEPHONE NO.
816-926-7287

26A. NAME OF CONTRACTING/ORDERING OFFICER*(Type)*
John W Rhoden

26B. TELEPHONE NO.
(808) 541-1774

26C. SIGNATURE
John W Rhoden 08/07/2019

GENERAL SERVICES ADMINISTRATION | **1. PAYING OFFICE** | **GSA** FORM **300** (REV. 2-93)