

PART A:

A1 Type of Report:
 A2 Report Number:
 A3A Reporting Agency Code:
 A3B Contracting Office Code:
 A4 Name of Contracting Office

PARTB:

B1A Contract Number: **FA877104D0008**
 B1B Origin of Contract: **A**
 B1C Bundled Contract: **N**
 B1D Bundled Contract Exception:
 B1E Performance-Based Service Contract:
 B2A Order Number:
 B2B Modification Number:
 B3 Action Date:
 B4 Completion Date:
 B5A DUNS: **019710586**
 B5B Government Agency: **N**
 B5D Contractor Name/Division: **LOCKHEED MARTIN CORPORATION**
 B5E Street: **9500 GOODWIN DR.**
 B5E City: **MANASSAS**
 B5E State: **VA**
 B5E Zip: **201104147**
 B5F Contractor TIN: **521893632**
 B5G Parent TIN:
 B5H Parent Name:
 B6A City or Place Code: **48952**
 B6B State or Country Code: **51**
 B6C City or Place Name: **MANASSAS - MANASSAS**
 B6C State or Country Name: **VIRGINIA**
 B7 Type of Obligation:
 B8 Obligated or Deobligated Dollars: **\$**
 B9 Foreign Military Sale: **N**
 B10 Multiyear Contract: **N**
 B11 Estimated Total Contract Value: **\$9,000,000,000.00**
 B12A FSC or SVC Code:
 B12B DoD Claimant Program Code:
 B12C MDAP, MAIS or Other Program Code: **000**
 B12D NAICS Code:
 B12E Name or Description: **NETWORK CENTRIC SOLUTIONS**
 B12F EPA-Designated Products: **E**
 B12G Recovered Material Clauses:
 B13A Contract or Order: **3**
 B13B Type of Indefinite Delivery Contract: **B**
 B13C Multiple or Single Award IDC: **M**
 B13D Modification:
 B13E Multiple Award Fair Opportunity: **A**
 B13F Indefinite-Delivery Contract Use:
 B13G ID Contract Order Period End Date:
 B14 CICA Applicability: **B**
 B15 Information Technology Products or Services: **A**
 B16 Clinger-Cohen Act Planning Compliance: **N**

PART C:

C1 Synopsis: **A**
 C2 Reason Not Synopsized:

C3 Extent Completed: **A**
C4 Sea Transportation: **N**
C5 Type of Contract: **J**
C6 Number of Offerors Solicited: **2**
C7 Number of Offers Received: **18**
C8 Solicitation Procedures: **B**
C9 Authority for Other than Full and Open Competition:
C10 Subject to Labor Standards Statutes: **A**
C11 Cost or Pricing Data: **Y**
C12 Contract Financing: **Z**
C13A Place of Manufacture:
C13B Country of Origin Code:
C14 Commercial Item: **N**

PART D:

D1A Type of Entity: **C**
D1B Women-Owned Business: **N**
D1C HUBZone Representation:
D1D Ethnic Group:
D1E Veteran Owned Small Business:
D2 Reason Not Awarded To Small Disadvantaged Business (SDB): **Z**
D3 Reason Not Awarded To Small Business (SB): **Z**
D4A Type of Set-Aside: **A**
D4B Type of Preference: **A**
D4C Premium Percent:
D7 Small Business Innovation Research (SBIR Program): **A**
D8 Subcontracting Plan SB, SDB, HBCU or MI: **C**
D9 Small Business Competitiveness Demonstration Program: **N**
D10 Size of Small Business:
D11 Emerging Small Business:

PART E:

E1 Contingency Operation:
E2 Cost Accounting Standards Clause: **Y**
E3 Non-DoD Requesting Agency Code (FIPS 95):
E4 Requesting Activity Code:
E5 Number of Actions: **1**
E6 Payment by Government-Wide Purchase Card:

PART F:

F1 Contracting Officer or Representative:
F2 Signature:
F3 Telephone Number:
F4 Date: