


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30				1. REQUISITION NUMBER		PAGE 1 OF 31		
2. CONTRACT NO. HDEC04-15-D-0014		3. AWARD/EFFECTIVE DATE 01-Sep-2015	4. ORDER NUMBER		5. SOLICITATION NUMBER HDEC04-15-R-0042		6. SOLICITATION ISSUE DATE 15-Jul-2015	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME TRINA L. BARNES			b. TELEPHONE NUMBER (No Collect Calls) (804) 734-8000 EXT 48348		8. OFFER DUE DATE/LOCAL TIME 04:00 PM 05 Aug 2015	
9. ISSUED BY DEFENSE COMMISSARY AGENCY SUPPLY & EQUIPMENT DIVISION BUILDING P 11200 1300 E AVENUE FORT LEE VA 23801-1800 TEL: FAX: (804) 734-8269/8886		CODE HDEC04	10. THIS ACQUISITION IS <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS		<input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100% FOR: <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input checked="" type="checkbox"/> 8(A) NAICS: 335222 SIZE STANDARD: 1000			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING		
						14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP		
15. DELIVER TO SEE SCHEDULE		CODE		16. ADMINISTERED BY SEE ITEM 9		CODE		
17a. CONTRACTOR/OFFEROR SUPERIOR EQUIPMENT AND SUPPLY, CO. MIKE MAHMOOD 4550 S BRUST AVE SAINT FRANCIS WI 53235-5322 TELEPHONE NO. 414-671-1200X1010		CODE 4Y2K4	FACILITY CODE	18a. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P.O. BOX 369016 COLUMBUS OH 43236-9016		CODE HQ0131		
<input type="checkbox"/> 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 <input type="checkbox"/> SEE ADDENDUM				
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
	SEE SCHEDULE							
25. ACCOUNTING AND APPROPRIATION DATA					26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$55,230.65			
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1. 52.212-4. FAR 52.212-3. 52.212-5 ARE ATTACHED.				ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED				
<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED.				ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED				
<input type="checkbox"/> 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.				<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				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 				
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) DESSIE MILLS / CONTRACTING OFFICER TEL: (804) 734-8000 EXT 48511 EMAIL: dessie.mills@deca.mil		31c. DATE SIGNED 31-Aug-2015		

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
(CONTINUED)**

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<p>SEE SCHEDULE</p>					

32a. QUANTITY IN COLUMN 21 HAS BEEN
 RECEIVED INSPECTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
--	-----------	---

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
--	--------------------	---------------------------------	--	------------------

38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
------------------------	------------------------	-------------

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY (<i>Print</i>)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT (<i>Location</i>)	
		42c. DATE REC'D (<i>YY/MM/DD</i>)	42d. TOTAL CONTAINERS

Section SF 1449 - CONTINUATION SHEET

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0001	CED 2A04, Refrigerator-Freezers, FFP Household	47	Each	\$795.00	\$37,365.00

Base Year: September 1, 2015 - August 31, 2016

This line item does not apply to Alaska and Hawaii.

Manufacturer: Frigidaire

Model: FFHT1514QW

Warranty Period: 1 Year MFG Parts & Labor

Warranty POC: Imran Mahmood, 414-671-1200

Note: This CLIN is applicable for both CONUS and OCONUS store locations EXCEPT Alaska and Hawaii locations. For CONUS, the contractor is responsible for direct delivery to the final store destination. For all other OCONUS delivery locations, the contractor is responsible to deliver the shipment to the appropriate port in CONUS IAW packing and marking instructions as specified in the order IAW 52.212-4(g)(1)(v). The unit price includes transportation charges to the final destination (CONUS) or port specified.

FOB: Destination

MAX NET AMT	\$37,365.00
----------------	-------------

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0002		8	Each	\$1,254.58	\$10,036.64

CED 2A04, Refrigerator-Freezers,
FFP
Household, HAWAII

Base Year: September 1, 2015 - August 31, 2016

Manufacturer: Frigidaire

Model: FFHT1514QW

Warranty Period: 1 Year MFG Parts & Labor

Warranty POC: Imran Mahmood, 414-671-1200

This CLIN is applicable to orders shipped directly to Hawaii locations only. The unit price includes all costs for providing the refrigerator-freezers, including transportation.

Note: The contractor is responsible for direct delivery to the final store destination.

FOB: Destination

MAX NET AMT	\$10,036.64
----------------	-------------

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0003	CED 2A04, Refrigerator-Freezers, FFP Household, ALASKA	7	Each	\$1,118.43	\$7,829.01

Base Year: September 1, 2015 - August 31, 2016

Manufacturer: Frigidaire

Model: FFHT1514QW

Warranty Period: 1 Year MFG Parts & Labor

Warranty POC: Imran Mahmood, 414-671-1200

This CLIN is applicable to orders shipped directly to Alaska locations only. The unit price includes all costs for providing the refrigerator-freezers, including transportation.

Note: The contractor is responsible for direct delivery to the final store destination.

FOB: Destination

MAX NET AMT	\$7,829.01
----------------	------------