

2. CONTRACT NO.
HDEC04-14-P-0124

3. AWARD/EFFECTIVE DATE
16-Sep-2014

4. ORDER NUMBER

5. SOLICITATION NUMBER
HDEC04-14-T-0104

6. SOLICITATION ISSUE DATE
22-Jul-2014

7. FOR SOLICITATION INFORMATION CALL:

a. NAME
PAMELA H. JACKSON

b. TELEPHONE NUMBER (No Collect Calls)
(804) 734-8000 EXT 48767

8. OFFER DUE DATE/LOCAL TIME
04:00 PM 22 Aug 2014

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
 UNRESTRICTED OR SET ASIDE: 100 % FOR:
 SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB)
 HUBZONE SMALL BUSINESS ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) NAICS: **813110**
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS 8(A) SIZE STANDARD: **\$7.5M**

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
 SEE SCHEDULE

12. DISCOUNT TERMS

13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
 RFQ IFB RFP

15. DELIVER TO
 C E KELLY COMMISSARY
 1 CAREY ROAD
 OAKDALE PA 15071

CODE **HQCNFA**

16. ADMINISTERED BY
SEE ITEM 9

CODE

17a. CONTRACTOR/OFFEROR
 C2G, LTD CO.
 TOM COPELAND
 110 MALLOCK CT
 GOOSE CREEK SC 29445-5446
 TELEPHONE NO. 843-879-0941 EXT 105

CODE **55DJ0** FACILITY CODE **55DJ0**

18a. PAYMENT WILL BE MADE BY
 DFAS-WIDE AREA WORK FLOW
 DFAS - CVDAAA/CO
 P.O. BOX 369016
 COLUMBUS OH 43236-9016

CODE **HQ0131**

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 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
See Schedule

26. TOTAL AWARD AMOUNT (For Govt. Use Only)
\$10,375.00


27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1. 52.212-4. FAR 52.212-3. 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED

27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED

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.
 REF: HDEC04-14-T-0104

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: SEE SCHEDULE

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
 16-Sep-2014

**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> | |
| | 42b. RECEIVED AT <i>(Location)</i> | |
| | 42c. DATE REC'D <i>(YY/MM/DD)</i> | 42d. TOTAL CONTAINERS |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 41c. DATE | |

Section SF 1449 - CONTINUATION SHEET

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|------|------------|--------|
| 0001 | | | | | \$0.00 |

CE Kelly - MHE
 FFP
 Maintenance and Repair on Material Handling Equipment
 Base: September 16, 2014 – August 31, 2015

Contractor shall provide service and repair on the material handling equipment (Gas/Electric) for the specified commissary location. Contractor shall perform in accordance with the performance work statement (PWS) attached. The award will allow labor and expenses up to the pre-determined specified total cost allocated to the commissary classification.

The contractor is responsible for capturing costs to complete the administrative process of manpower reporting. See PWS attached.

FOB: Destination
 PURCHASE REQUEST NUMBER: HQCNFA41642700000

| | |
|---------|--------|
| NET AMT | \$0.00 |
|---------|--------|

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|-------|------------|------------|
| 0001AA | | 45 | Hours | \$75.00 | \$3,375.00 |

PM/Repair Hourly Rate
 FFP
 Hourly labor shall include all labor, supervision, equipment, tools, materials, transportation of employees, permits and other necessary items to perform the various services identified in this PWS. See equipment list attached.
 FOB: Destination

| | |
|---------|------------|
| NET AMT | \$3,375.00 |
|---------|------------|

| | |
|--------------------------------|------------|
| ACRN AA | \$3,375.00 |
| CIN: HQCNFA41642700LP AE0001AA | |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|------------|
| 0001AB | Parts FFP Part Markup Rate ___0___ % FOB: Destination | 7,000 | Each | \$1.00 | \$7,000.00 |

NET AMT \$7,000.00

ACRN AA \$7,000.00
CIN: HQCNFA41642700LP AE0001AB

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------------|---|----------|------|------------|--------|
| 1001 OPTION | CE Kelly - MHE FFP Maintenance and Repair on Material Handling Equipment Option 1: September 1, 2015 – August 31, 2016 | | | | \$0.00 |

Contractor shall provide service and repair on the material handling equipment (Gas/Electric) for the specified commissary location. Contractor shall perform in accordance with the performance work statement (PWS) attached. The award will allow labor and expenses up to the pre-determined specified total cost allocated to the commissary classification.

The contractor is responsible for capturing costs to complete the administrative process of manpower reporting. See PWS attached.

FOB: Destination

NET AMT \$0.00