

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30

1. REQUISITION NUMBER
 HQCNE54164270000

2. CONTRACT NO.
 HDEC04-14-P-0132

3. AWARD/EFFECTIVE DATE
 29-Sep-2014

4. ORDER NUMBER

5. SOLICITATION NUMBER
 HDEC04-14-T-0103

6. SOLICITATION ISSUE DATE
 24-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 26 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: 811310
 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
 SARATOGA SPRINGS COMMISSARY
 19 J. F. KING DRIVE
 SARATOGA SPRINGS NY 12866-9267

CODE HQCNE5

16. ADMINISTERED BY
SEE ITEM 9

17a. CONTRACTOR/OFFEROR
 C2G, LTD CO.
 RICHARD (KEN) GILMORE
 110 MALLOCK CT
 GOOSE CREEK SC 29445-5446
 TELEPHONE NO. 843-879-0941 EXT 101

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)
\$10,825.00


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 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.

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
 29-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>)		
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	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001					\$0.00

Saratoga Springs - MHE
 FFP
 Maintenance and Repair on Material Handling Equipment
 Base: September 29, 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: HQCNE541642700000

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

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AA		45	Hours	\$85.00	\$3,825.00

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	\$3,825.00
---------	------------

ACRN AA	\$3,825.00
CIN: HQCNE541642700LP 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 CIN: HQCNE541642700LP AE0001AB					\$7,000.00

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