

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS

OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30

1. REQUISITION NUMBER
HQCSJW50610002000

PAGE 1 OF 37

2. CONTRACT NO. HDEC05-15-P-0045	3. AWARD/EFFECTIVE DATE 01-Aug-2015	4. ORDER NUMBER	5. SOLICITATION NUMBER HDEC05-15-T-0022	6. SOLICITATION ISSUE DATE 17-Apr-2015
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7. FOR SOLICITATION INFORMATION CALL:	a. NAME ELAINE M KELLEY	b. TELEPHONE NUMBER (No Collect Calls) (804) 734-8000 EXT 48247	8. OFFER DUE DATE/LOCAL TIME 04:00 PM 15 May 2015
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9. ISSUED BY DEFENSE COMMISSARY AGENCY ENTERPRISE ACQUISITION DIVISION 1300 E AVENUE FORT LEE VA 23801-1800 TEL: FAX: (804) 734-8669	CODE HDEC05	10. THIS ACQUISITION IS <input checked="" 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) <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) <input type="checkbox"/> 8(A) NAICS: 561710 SIZE STANDARD: \$11 Million
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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 checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP
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15. DELIVER TO FORT BENNING COMMISSARY STORE DIRECTOR BUILDING 9230 MARINE ROAD COLUMBUS GA 31905-6203	CODE HQCSJW	16. ADMINISTERED BY SEE ITEM 9	CODE
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17a. CONTRACTOR/OFFEROR HARMONY CREEK PEST CONTROL DENNIS A JORDAN 5410 ROCKHURST DR COLUMBUS GA 31907-4034 TELEPHONE NO. 706-565-9300	CODE 1SSB5	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
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<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
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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) \$3,037.50
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<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
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<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:
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30a. SIGNATURE OF OFFEROR/CONTRACTOR	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Loria Samples Hile</i>
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30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) LORIA SAMPLES HILE / CONTRACTING OFFICER TEL: (804) 734-8000 EXT 48630 EMAIL: loria.samples@deca.mil	31c. DATE SIGNED 18-Jun-2015
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**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
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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
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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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

Fort Benning Pest Management
 FFP
 Contractor shall provide pest management services using the Integrated Management (IPM) techniques in accordance with the Statement of Work (SOW) and with incorporated IPM Plan. Commissary square footage: 42,200.

Any chemical not previously submitted on a PUP must be submitted to the Mr. Ted Roever, Integrated Pest Management Program Manager at DPW, (706) 545-2643, prior to use. A copy of each approved PUP shall be provided to the Commissary and Contracting Officer.

Store Location:
 Fort Benning Commissary
 9230 Marne Road
 Fort Benning, GA 31905-6203

POC: Bernard Mott, (706) 544-3965 or the Commissary Officer, (706) 544-3965, x-351.

Base Period: August 1, 2015 - July 31, 2016
 FOB: Destination
 PURCHASE REQUEST NUMBER: HQCSJW50610002000

NET AMT	\$0.00
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PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AA		1	Each	\$310.00	\$310.00

Initial Set Up Equipment & Materials
 FFP
 Initial Materials consist of installation of secured exterior tamper resistant bait stations and interior mechanical traps to include bait stations, tin cats, glue boards, snap traps and interceptors, and lights, as needed.

Replacement cost of initial equipment and materials should be included in the scheduled monthly service cost.

Contractor shall provide separate breakdown of proposed equipment, materials, labor and transportation for initial set-up.

FOB: Destination

NET AMT \$310.00

ACRN AA \$310.00
 CIN: HQCSJW506100020000001AA

PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AB		12	Months	\$195.00	\$2,340.00

Scheduled Pest Management Service
 FFP
 Contractor to provide pest management services once a month to include changing glueboards and bulbs in flylights as needed.
 FOB: Destination

NET AMT \$2,340.00

ACRN AA \$2,340.00
 CIN: HQCSJW506100020000001AB

PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AC		1	Each	\$387.50	\$387.50

Unscheduled Services
FFP

Special requests and emergency service, such as animal control, bird baiting/trapping, special equipment, etc. that are required outside the normal scheduled services to maintain the IPM Plan in accordance with the SOW.

Hourly Rate: \$10.50 x 10 hours = \$105.00 (A)
(indicate days of week Monday thru Friday and time 8:00 am to 5:00 pm)

Overtime Rate: \$15.75 x 10 hours = \$ 157.50 (B)
(Other than normal duty hours, to include holidays)

Trip Charge: \$25.00 x 5 trips = \$125.00 (C)
(Round Trip from Contractor's Business to commissary and return)

Total of A + B + C (above) = \$387.50

The above hours are estimated amounts for evaluation purposes only and are not to be construed as guaranteed quantities or actual number of hours. The Government will insert Not to Exceed (NTE) amount for Unscheduled Pest Control at the time of award.

The contractor may request to be reimbursed for materials and supplies furnished or used while performing Unscheduled Service Calls, unless the supplies are due to the Contractor's negligence or they are already covered under another CLIN. Cost for materials and supplies will be no greater than that charged to the Contractor's commercial customer. Materials and supplies shall be itemized and billed as separate items on the Contractor's invoice in addition to the hourly rate.
FOB: Destination

NET AMT \$387.50

ACRN AA \$387.50
CIN: HQCSJW506100020000001AC