

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i>				1. REQUISITION NUMBER HQCKL151440001000		PAGE 1 OF 42				
2. CONTRACT NO. HDEC05-15-P-0057		3. AWARD/EFFECTIVE DATE 01-Aug-2015		4. ORDER NUMBER		5. SOLICITATION NUMBER HDEC05-15-T-0031		6. SOLICITATION ISSUE DATE 16-Jun-2015		
7. FOR SOLICITATION INFORMATION CALL:		a. NAME LOIS S. MALONE				b. TELEPHONE NUMBER (No Collect Calls) (804) 734-8000X86062		8. OFFER DUE DATE/LOCAL TIME 02:00 PM 02 Jul 2015		
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: WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB 8(A)		NAICS: 561710 SIZE STANDARD: \$11 mil		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFP <input type="checkbox"/> IFB <input type="checkbox"/> RFP		
15. DELIVER TO MCCLELLAN AIR FORCE BASE COMMISSARY 5507 DUDLEY BOULEVARD MCCLELLAN AFB CA 95652-6290		CODE HQCKL1		16. ADMINISTERED BY SEE ITEM 9						
17a. CONTRACTOR/OFFEROR APPLIED PEST MANAGEMENT, INC DBA: PARATEX PARAMOUNT 2425 SONOMA BLVD VALLEJO CA 94590-5155 TELEPHONE NO.		CODE 1EDQ3		FACILITY CODE 1EDQ3		18a. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P.O. BOX 369016 COLUMBUS OH 43236-9016				
<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 See Schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$3,690.00				
<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 0 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 checked="" 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: SEE SCHEDULE					
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Loria Samples Hile</i>						
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 30-Jul-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
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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	McClellan - Integrated Pest Management FFP				\$0.00
	Contractor shall provide pest management services using Integrated Pest Management (IPM) techniques in accordance with the Statement of Work (SOW) and with incorporated Contractor's IPM Plan.				
	Any chemical not previously submitted on a Pesticide Use Proposal (PUP) and approved by the McClellan Entomology Office, must be submitted to that office for approval prior to use. A copy of each approved PUP shall be provided to the commissary and the Contracting Officer.				
	Base Period: August 1, 2015 through July 31, 2016				
	LOCATION: McClellan AFB Commissary 5507 Dudley Boulevard McClellan, CA 95652				
	Ship To DODAAC: HQCKL1				
	POC: Monica Sciortino: (916) 569-4747, ext. 3300 Brian Aipperspach: (916) 569-4747, ext. 3301				
	FOB: Destination				
	PURCHASE REQUEST NUMBER: HQCKL151440001000				
				NET AMT	\$0.00

PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AA	Initial Set-Up Equip & 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 inceptors, as needed. Contractor shall provide separate breakdown of proposed equipment, materials, labor and transportation for the initial set-up. Replacement cost of initial equipment and materials should be included in the scheduled monthly service cost. FOB: Destination	1	Each	\$360.00	\$360.00

NET AMT	\$360.00
ACRN AA CIN: HQCKL1514400010000001AA	\$360.00

PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AB	Scheduled Pest Management Services FFP Contractor to provide pest management services once a month. FOB: Destination	12	Each	\$90.00	\$1,080.00

NET AMT	\$1,080.00
ACRN AA CIN: HQCKL1514400010000001AB	\$1,080.00

PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AC		12	Each	\$100.00	\$1,200.00

Flying Insect Program
 FFP
 Contractor to provide fly light trapping devices for indoor fly/moth control and service each trap once a month in accordance with the SOW.

Number of estimated traps required: 5

Monthly cost per trap: \$20.00

Additional trapping devices must be preapproved by Commissary Management and Contracting Officer.
 FOB: Destination

NET AMT	\$1,200.00
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ACRN AA CIN: HQCKL1514400010000001AC	\$1,200.00
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PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AD		1,050	Each	\$1.00	\$1,050.00

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

Normal Hourly Rate: \$60.00
 Monday thru Friday, 0600-1800

Overtime Rate: \$90.00
 (Other than normal duty hours, to include holidays)

Trip Charge: No Charge
 (Round Trip from Contractor's Business to commissary and return)

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 a Not To Exceed (NTE) amount for Unscheduled Pest Control Services 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 additional supplies/materials are due to the Contractor's negligence or 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	\$1,050.00
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ACRN AA	\$1,050.00
CIN: HQCKL1514400010000001AD	