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|--|------------------------------------|--|--|--|--|---|--|
| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b><br><i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i>  |                                    |  |  | 1. REQUISITION NUMBER  |  | PAGE 1 OF 27  |  |
| 2. CONTRACT NO.<br>HDEC05-16-D-0005  |                                    | 3. AWARD/EFFECTIVE DATE<br>30-Sep-2016   |  | 4. ORDER NUMBER  |  | 5. SOLICITATION NUMBER<br>HDEC05-16-R-0005  |  |
| 7. FOR SOLICITATION INFORMATION CALL:  |                                    | a. NAME<br>MICHAEL BARNES  |  |  | b. TELEPHONE NUMBER (No Collect Calls)<br>804-734-8000 X86180          |   | 8. OFFER DUE DATE/LOCAL TIME<br>02:00 PM 29 Jul 2016 |
| 9. ISSUED BY<br>DEFENSE COMMISSARY AGENCY<br>ENTERPRISE ACQUISITION DIVISION<br>1300 E AVENUE<br>FORT LEE VA 23801-1800<br><br>TEL:<br>FAX: (804) 734-8669   |                                    | CODE<br>HDEC05   | 10. THIS ACQUISITION IS<br><input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR:<br><input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB)<br>ELIGIBLE UNDER THE WOMEN-OWNED<br>SMALL BUSINESS PROGRAM<br><input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> EDWOSB<br>NAICS:<br>541910<br><input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)<br>SIZE STANDARD:<br>\$15,000,000 |  |  |   |  |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><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<br><input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP |  |
| 15. DELIVER TO<br><br><b>SEE SCHEDULE</b>  |                                    | CODE   |  | 16. ADMINISTERED BY<br><br><b>SEE ITEM 9</b>   |  | CODE  |  |
| 17a. CONTRACTOR/OFFEROR<br>RETAIL DATA, LLC<br>BRIANNE PORTER<br>11013 W BROAD ST STE 300<br>GLEN ALLEN VA 23060-6017<br>TELEPHONE NO. 804-678-7429  |                                    | CODE<br>7LPE6  | FACILITY CODE  | 18a. PAYMENT WILL BE MADE BY<br>DFAS-WIDE AREA WORK FLOW<br>DFAS - CVDAAA/CO<br>P.O. BOX 369016<br>COLUMBUS OH 43236-9016  |  | CODE<br>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   |
|  | <b>SEE SCHEDULE</b>                |  |  |  |  |   |  |
| 25. ACCOUNTING AND APPROPRIATION DATA  |                                    |  |  |  | 26. TOTAL AWARD AMOUNT (For Govt. Use Only)<br><br><b>\$299,135.66</b> |   |  |
| <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 checked="" type="checkbox"/> 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. |                                    |  |  | <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)<br><br>                                     |  |   |  |
| 30b. NAME AND TITLE OF SIGNER<br>(TYPE OR PRINT)   |                                    | 30c. DATE SIGNED   |  | 31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)<br>JILL A. CRAFT / CONTRACTING OFFICER<br>TEL: 804-734-8000 X 86294<br>EMAIL: jill.craft@deca.mil   |  | 31c. DATE SIGNED<br>30-Sep-2016   |  |

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

| 19.<br>ITEM NO.            | 20.<br>SCHEDULE OF SUPPLIES/ SERVICES | 21.<br>QUANTITY | 22.<br>UNIT | 23.<br>UNIT PRICE | 24.<br>AMOUNT |
|----------------------------|---------------------------------------|-----------------|-------------|-------------------|---------------|
| <p><b>SEE SCHEDULE</b></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<br><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT<br><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    |                   | 1            | Each | \$299,135.66 | \$299,135.66 |

Initial Price Shop  
FFP

Initial price shop - Contractor shall provide all labor, supplies, & transportation required to complete Task 2 – Initial Price Shop IAW SOW. Initial price shop shall be conducted at locations specified by DeCA . The Contractor shall, within 45 days of contract award, conduct the initial price shop at the locations specified by DeCA. This will include approximately 708 locations comprised of 177 commissaries and three designated commercial grocery stores or supercenters which are mostly located within 20 miles of each commissary. Where an item on the list of SKUs is on sale at either the commercial grocery store or the commissary, the contractor will record the regular and the sale price for each item.

The contractor is responsible for all of the following: supervision of price shops conducted, labor hired, tools used, and travel (not reimbursed) to accomplish the tasks defined in the SOW.

Performance to be completed within 45 days of contract award.

FOB: Destination

MAX  
NET AMT

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\$299,135.66