


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30				1. REQUISITION NUMBER HQCAA61240001000		PAGE 1 OF 21	
2. CONTRACT NO. GS-10F-0253V		3. AWARD/EFFECTIVE DATE 18-May-2016		4. ORDER NUMBER HDEC05-16-F-0002		5. SOLICITATION NUMBER HDEC05-16-T-0013	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME LUANNE E STAMPER				b. TELEPHONE NUMBER (No Collect Calls) 804-734-8000	
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"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> EDWOSB NAICS: 541618 <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) SIZE STANDARD: \$15,000,000			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30 Days		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING	
15. DELIVER TO SEE SCHEDULE		CODE		16. ADMINISTERED BY SEE ITEM 9			
17a. CONTRACTOR/OFFEROR BOSTON CONSULTING GROUP, INC., THE SHARON MARCIL 4800 HAMPDEN LANE STE 500 BETHESDA MD 20814-2938 TELEPHONE NO. 301-664-7407		CODE 3DA23		FACILITY CODE		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
		SEE SCHEDULE					23. UNIT PRICE
							24. AMOUNT
25. ACCOUNTING AND APPROPRIATION DATA See Schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$6,845,901.96 EST	
<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 type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input 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) 			
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) JILL A. CRAFT / CONTRACTING OFFICER TEL: 804-734-8000 X 86294 EMAIL: jill.craft@deca.mil		31c. DATE SIGNED 18-May-2016	

**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	Pilot Design & Administration FFP	12	Months	\$415,104.08	\$4,981,248.96

Base Year: Pilot Design/Pilot Administration
Inclusive of Travel

The contractor shall perform and accomplish the services as stated within the attached Statement of Work (SOW).

FOB: Destination
PURCHASE REQUEST NUMBER: HQCAAA61240001000

NET AMT	\$4,981,248.96
---------	----------------

ACRN AA CIN: HQCAAA612400010000001	\$4,981,248.96
---------------------------------------	----------------

PSC CD: R799

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002		12	Months	\$147,887.75	\$1,774,653.00
	Program Management, Change Management, Communicatons FFP				

Base Year: Program Management/Change Management/Communications
Inclusive of Travel

The contractor shall perform and accomplish the services as stated within the
attached Statement of Work (SOW).

FOB: Destination
PURCHASE REQUEST NUMBER: HQCAAA61240001000

NET AMT \$1,774,653.00

ACRN AA \$1,774,653.00
CIN: HQCAAA612400010000003

PSC CD: R799

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0003		12	Months		\$90,000.00
	Travel for Briefings COST				

Base Year: Travel for Briefings

All travel, airfare, per diem, and car rental, required and authorized by the COR,
shall be performed and invoiced IAW FAR 31.205-46 and the Joint Travel
Regulation, Volume 2, DoD Civilian Personnel Appendix A, in effect at the time
travel is performed. Costs shall be allowable only if the following information is
documented -- (i) Date and place (city, town, or other similar designation) of the
expenses; (ii) Purpose of the trip; and (iii) Name of person on trip and that
person's title or relationship to the Contractor.

FOB: Destination
PURCHASE REQUEST NUMBER: HQCAAA61240001000

ESTIMATED COST \$90,000.00 (EST.)

ACRN AA \$90,000.00
CIN: HQCAAA612400010000004

PSC CD: R799

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT NSP
---------	-------------------	----------	------	------------	---------------

0004	eCMRA Reporting FFP	1	Each		
------	------------------------	---	------	--	--

Base Year: Enterprise-wide Contractor Manpower Reporting

There is no cost associated with this CLIN.

NOTE:

This CLIN is provided to capture the contractor cost for completing the administrative process of reporting.

The contractor shall report all contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Defense Commissary Agency via a secure data collection site. The contractor is required to completely fill in all required fields using the following web address - <http://www.ecrma.mil/>

All data shall be reported NLT October 31st of each year.

FOB: Destination

NET AMT