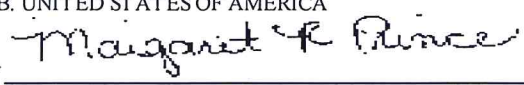


<b>AWARD/CONTRACT</b>		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)			RATING	PAGE OF PAGES 1   61		
2. CONTRACT (Proc. Inst. Ident.) NO. HDEC08-12-C-0022		3. EFFECTIVE DATE 30 Jun 2012		4. REQUISITION/PURCHASE REQUEST/PROJECT NO. HQCMDG11190001				
5. ISSUED BY DEFENSE COMMISSARY AGENCY STORE SERVICES SUPPORT DIVISION 1300 E AVENUE FORT LEE VA 23801-1800		CODE HDEC08	6. ADMINISTERED BY (If other than Item 5)			CODE		
		<b>See Item 5</b>						
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, state and zip code) W. HARRIS, GOVERNMENT SERVICES CONTRACTO CICC ADMIN: RPB 10/14/04 PMB 227 104 E FAIRVIEW AVE MERIDIAN ID 83642-1733				8. DELIVERY [ ] FOB ORIGIN [X] OTHER (See below)				
				9. DISCOUNT FOR PROMPT PAYMENT				
				10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:	ITEM  <b>Block 12</b>			
CODE 1DKN5		FACILITY CODE						
11. SHIP TO/MARK FOR HOLLOMAN AIR FORCE BASE COMMISSARY 751 NEW MEXICO AVENUE HOLLOMAN AFB NM 88330-8286		CODE HQCMDG	12. PAYMENT WILL BE MADE BY DEF FINANCE & ACCOUNTING SVC "EFT: T" DFAS-CVDA/AA/CO P O BOX 369016 COLUMBUS OH 43236-9016			CODE HQ0131		
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: [ ] 10 U.S.C. 2304(c)( ) [ ] 41 U.S.C. 253(c)( )			14. ACCOUNTING AND APPROPRIATION DATA <b>See Schedule</b>					
15A. ITEM NO.	15B. SUPPLIES/ SERVICES		15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT		
<b>SEE SCHEDULE</b>								
<b>15G. TOTAL AMOUNT OF CONTRACT</b>						<b>\$724,107.52 EST</b>		
16. TABLE OF CONTENTS								
(X)	SEC.	DESCRIPTION		PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
<b>PART I - THE SCHEDULE</b>				<b>PART II - CONTRACT CLAUSES</b>				
X	A	SOLICITATION/ CONTRACT FORM		1	X	I	CONTRACT CLAUSES	45 - 60
X	B	SUPPLIES OR SERVICES AND PRICES/ COSTS		2 - 34	<b>PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS</b>			
X	C	DESCRIPTION/ SPECS/ WORK STATEMENT		35	X	J	LIST OF ATTACHMENTS	61
	D	PACKAGING AND MARKING			<b>PART IV - REPRESENTATIONS AND INSTRUCTIONS</b>			
X	E	INSPECTION AND ACCEPTANCE		36		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE		37		L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA		38 - 39		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS		40 - 44				
<b>CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE</b>								
17. [X] CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)				18. [ ] AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number HDEC08-11-R-0008-0005				
				including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.				
19A. NAME AND TITLE OF SIGNER (Type or print)				20A. NAME OF CONTRACTING OFFICER MARGARET R PRINCE / CONTRACTING OFFICER TEL: (804) 734-8000 EXT 48616 EMAIL: margaret.prince@deca.mil				
19B. NAME OF CONTRACTOR		19C. DATE SIGNED		20B. UNITED STATES OF AMERICA 		20C. DATE SIGNED 30-Jun-2012		
BY _____ (Signature of person authorized to sign)				BY _____ (Signature of Contracting Officer)				

Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SERVICES: NON-PERSONAL FFP Provide all of the necessary supervision, personnel, supplies, and equipment to perform shelf stocking, receiving/storage/holding area (RSHA), and custodial operations for the Holloman AFB Commissary, located in Holloman AFB, New Mexico, in accordance with Attachment 1 (PWS) and all terms and conditions herein.  BASE PERIOD: August 1, 2012 through July 31, 2013 FOB: Destination PURCHASE REQUEST NUMBER: HQCMDG11190001				\$0.00
NET AMT					\$0.00

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AA	SHELF STOCKING OPERATIONS FFP Perform Shelf Stocking Operations (includes overwrites between 0% and 7%) as specified in paragraph 4.3.3.8 of the PWS.  Note: The quantity shown is an estimated quantity. FOB: Destination PURCHASE REQUEST NUMBER: HQCMDG11190001	316,752	Case	\$0.8283	\$262,365.68
NET AMT					\$262,365.68
ACRN AA					\$262,365.68
CIN: HQCMDG1119000100000000000001AA					

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AB		12,000	Case	\$0.497	\$5,964.00

PAYMENT FOR EXCESS OVERWRITES  
FFP

Overwrite cases exceeding 7% of the total monthly cases, as specified in paragraph 4.3.3.8. of the PWS, will be paid at a unit price of 60% of the case price located in SubClin AA above.

Note: The quantity shown above is an estimated quantity.  
FOB: Destination  
PURCHASE REQUEST NUMBER: HQCMDG11190001

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NET AMT	\$5,964.00
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ACRN AA	\$5,964.00
CIN: HQCMDG1119000100000000000001AB	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AC		110	Hours	\$28.52	\$3,137.20

INVENTORY PREPARATION  
FFP

Perform Inventory Preparation Services in accordance with Attachment 1 (PWS).

Note: The quantity shown is an estimated quantity.  
FOB: Destination  
PURCHASE REQUEST NUMBER: HQCMDG11190001

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NET AMT	\$3,137.20
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ACRN AA	\$3,137.20
CIN: HQCMDG1119000100000000000001AC	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AD		64	Hours	\$28.52	\$1,825.28

SHELF STOCKING - MISCELLANEOUS  
FFP

Funds are obligated to accomodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Shelf Stocking personnel.

Note: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification Form (Attachment 3) per occurrence.

Note: The quantity shown is an estimated quantity.  
FOB: Destination

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NET AMT	\$1,825.28
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ACRN AA	\$1,825.28
CIN: HQCMDG1119000100000000000001AD	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AE		12	Months	\$9,638.33	\$115,659.96

RECEIVING/STORAGE/HOLDING AREA OPERATION  
FFP

Perform Receiving/Storage/Holding Area Operations in accordance with Attachment 1 (PWS).

FOB: Destination

PURCHASE REQUEST NUMBER: HQCMDG11190001

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NET AMT	\$115,659.96
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ACRN AA	\$115,659.96
CIN: HQCMDG1119000100000000000001AE	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AF	MHE SUPPORT FOR INVENTORIES FFP Provide Material Handling Equipment (MHE) Support for Inventories in accordance with Attachment 1 (PWS).	16	Hours	\$32.29	\$516.64
<p>Note: The quantity shown is an estimated quantity.                      FOB: Destination                      PURCHASE REQUEST NUMBER: HQCMDG11190001</p>					

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NET AMT \$516.64

ACRN AA \$516.64  
 CIN: HQCMDG1119000100000000000001AF

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AG	RSHA OPER - MISC - FORKLIFT OPERATOR FFP Funds are obligated to accomodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Forklift Operators personnel.	64	Hours	\$32.29	\$2,066.56
<p>Note: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification Form (Attachment 3) per occurrence.</p>					

Note: The quantity shown is an estimated quantity.  
 FOB: Destination

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NET AMT \$2,066.56

ACRN AA \$2,066.56  
 CIN: HQCMDG1119000100000000000001AG

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AH		64	Hours	\$31.56	\$2,019.84

RSHA OPER - MISC - WAREHOUSE FDS  
FFP

Funds are obligated to accomodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Warehouse Worker personnel.

Note: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification Form (Attachment 3) per occurrence.

Note: The quantity shown is an estimated quantity.  
FOB: Destination

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NET AMT	\$2,019.84
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ACRN AA	\$2,019.84
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CIN: HQCMDG1119000100000000000001AH

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AJ		12	Months	\$17,924.00	\$215,088.00

CUSTODIAL OPERATIONS - STORE/ADMIN AREAS  
FFP

Provide Custodial Operations in accordance with Attachment 1 (PWS) for all areas except the meat processing, preparation and wrapping area, receiving/storage/holding area, and outside areas.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCMDG11190001

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NET AMT	\$215,088.00
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ACRN AA	\$215,088.00
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CIN: HQCMDG1119000100000000000001AJ

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AK	CUSTODIAL OPERATIONS - MEAT ROOM FFP Perform Custodial Operations in accordance with Attachment 1 (PWS) for the meat processing, preparation and wrapping area. FOB: Destination PURCHASE REQUEST NUMBER: HQCMDG11190001	12	Months	\$4,909.12	\$58,909.44

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NET AMT \$58,909.44

ACRN AA \$58,909.44  
CIN: HQCMDG11190001000000000000001AK

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AL	CUSTODIAL OPERATIONS - RSHA/OUTSIDE FFP Perform Custodial Operations in accordance with Attachment 1 (PWS) for the receiving/storage/holding area and all outside areas. FOB: Destination PURCHASE REQUEST NUMBER: HQCMDG11190001	12	Months	\$4,576.91	\$54,922.92

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NET AMT \$54,922.92

ACRN AA \$54,922.92  
CIN: HQCMDG11190001000000000000001AL

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AM		64	Hours	\$25.50	\$1,632.00 EST

CUSTODIAL OPERATIONS - MISCELLANEOUS  
FFP

Funds are obligated to accomodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Custodial personnel.

Note: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification Form (Attachment 3) per occurrence.

Note: The quantity shown is an estimated quantity.  
FOB: Destination

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NET AMT	\$1,632.00 (EST.)
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ACRN AA	\$1,632.00
CIN: HQCMDG1119000100000000000001AM	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002					\$0.00

OPTION

SERVICES: NON-PERSONAL  
FFP

Provide all of the necessary supervision, personnel, supplies, and equipment to perform shelf stocking, receiving/storage/holding area (RSHA), and custodial operations for the Holloman AFB Commissary, located in Holloman AFB, New Mexico, in accordance with Attachment 1 (PWS) and all terms and conditions herein.

BASE PERIOD: August 1, 2013 through July 31, 2014

FOB: Destination

PURCHASE REQUEST NUMBER: HQCMDG11190001

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NET AMT	\$0.00
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