AWARD/CONTRACT 1. THIS CONTRACT IS A RAUNDER DPAS (15 CFR 70												PAGE 1	OF 	PAGES 48	
2. CONTRACT (Proc. Inst. Idem.) NO. HDECO8-14-C-0010 3. EFFECTIVE DATE						4. REQUISITION/PURCHASE REQUEST/I						OJECT 1	NO.	-10	
5. ISSUED BY CODE HDEC08							6. ADMINISTERED BY (If other than I tem 5) CODE								
DEFENSE COMMISSARY AGENCY STORE SERVICES SUPPORT DIVISION 1300 E AVENUE FORT LEE VA 23801-1800						See Item 5									
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, state as PRODYN LLC							8. DELIVERY [] FOB ORIGIN [X] OTHER (See below)							low)	
JASON M. BURTON 560 BELLERIVE RD STE 5-C ANNAPOLIS MD 21409-4602									9. DISC	COUNTFOR PROMPTPAY	MENT				
							10. SUBMIT INVOICES					ITEM			
							(4 copies unless otherwi. TO THE ADDRESS SHOWN IN:					В	lock	12	
CODE 3			FACILITY CODE HQCMC5		12. I	PAYM	ENT W	TLL BE MA			CODE	HQ0131			
KINGSVILLE BUILDING 7	NAS CO				112. PAYMENT WILL BE MADE BY CODE HOUST DFAS-WIDE AREA WORK FLOW DFAS - CVDAAACO										
4764 ROSEN	NDAHL				P.O. E	3OX 3690	16	2010							
KINGSVILLE	: NAS TX 7	78363-5014			COLU	IMBUS C)H 43236 -9	U 16							
1 .		Y FOR USING OTHER TH	AN FULL AND OF	EN	14. ACCOUNTING AND APPROPRIATION DATA										
	IPETIT 0 U.S.C.		U.S.C. 253(c)()	See	See Schedule									
15A. ITE	M NO.	15B. SUP	PLIES/ SERVICES		15C.	QUA	YTITY	15D. UN	IT	15E. UNIT PRIC	Œ	15F.	AM	OUNT	
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							15G. TOTAL AMOUNT OF CONTRACT \$109,045.33 E							5 22 EST	
<u> </u>		······	16.	TABLE C	OF CONTENTS										
(X) SEC.		DESCRIPTION	N	PAGE(S)	(X)	SEC.				DESCRIPTION				PAŒ(S)	
V	Toor ro	PARTI - THE SCH		14	-	T T	CONTT			CONTRACT CLAUS	<u>ES</u>			24 47	
X A SOLICITATION/ CONTRACT FORM 1 X B SUPPLIES OR SERVICES AND PRICES/ COSTS 2 - 21						X I CONTRACT CLAUSES 31 - 47 PART III - LIST OF DO CUMENTS, EXHIBITS AND OTHER ATTACHMENTS									
X C	C DESCRIPTION/ SPECS./ WORK STATEMENT 22						X J LIST OF ATTACHMENTS 48								
D		AGING AND MARKING	PART IV - REPRESENTATIONS AND INSTRUCTIONS REPRESENTATIONS, CERTIFICATIONS AND												
X E		ECTION AND ACCEPTAN VERIES OR PERFORMAN		23		K			,	OF OFFERORS					
X G		RACT ADMINISTRATIO		25 - 26						NOTICES TO OFFERO	RS				
X H SPECIAL CONTRACT REQUIREMENTS 27 - 30							M EVALUATION FACTORS FOR AWARD								
							LL COMPLETE ITEM 17 OR 18 AS APPLICABLE 18. AWARD (Contractor is not required to sign this document) Your offer on Solicitation Number								
document and return 1 copies to issuing office.) Contractor agrees to furnish and deliver all						18. [] AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number HDEC08-13-R-0010-0001									
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						including the additions or changes made by you which additions or changes are set forth in full									
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,						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									
as are attached or incorporated by reference herein. (Attachments are listed herein.)						(b) this award/contract. No further contractual document is necessary.									
						20A NAME OF CONTRACTING OFFICER 804-734-8000 Ext 48616 margaret.prince@deca.mil									
Table of the second of the sec						TEL: EMAIL:									
19B. NAME OF CONTRACTOR 19C. DATE SIGNED						20B. UNITED STATES OF AMERICA 20C. DATE SIGNED									
			12/21/	′13	- 19	7	00	· Oca-	4.	TUPIONICE	0 %	101	AL	13	
BYB (Signatufe of person authorized to sign)						(Sizeatire of Contracting Officer)									
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AWARD/CONTRACT				1. THIS CONTRA UNDER DPAS						RATING		PAGE OF PAGES 1 48		
2. CONTRACT (Proc. Inst. Ident.) NO. HDEC08-14-C-0010				3. EFFECTIVE DA						JISITION/PURCHASE REQUEST/PROJECT NO.				
5. ISSUED BY CODE HDEC08 DEFENSE COMMISSARY AGENCY STORE SERVICES SUPPORT DIVISION 1300 E AVENUE FORT LEE VA 23801-1800						6. ADMINISTERED BY (If other than Item 5) CODE See Item 5								
7. NAME AND ADDRESS OF CONTRACTOR PRODYN LLC JASON M. BURTON 580 BELLERIVE RD STE 5-C ANNAPOLIS MD 21409-4602							ode)			9. DISCO	FOB ORIGIN [UNTFOR PROMPTPA MITINVOICES		THER (See E	pelow)
COL	NE 0	4000		ELON ITH CODE					(4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:			Block 12		
CODE 313R9 FACILITY CODE 11. SHIP TO/MARK FOR KINGSVILLE NAS COMMISSARY BUILDING 720 4764 ROSENDAHL KINGSVILLE NAS TX 78363-5014 13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN							12. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P.O. BOX 369016 COLUMBUS OH 43236-9016 14. ACCOUNTING AND APPROPRIATION DATA							
COMPETITION: [X] 10 U.S.C. 2304(c)(5) [] 41 U.S.C. 253(c)()						See	See Schedule							
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X	B C D	DESC! PACK	LIES OR SERVICES AND RIPTION/ SPECS./ WORK AGING AND MARKING	PART III - LIST OF DO CUMENTS, EXHIBITS AND OTHER ATTACHMENTS X J LIST OF ATTACHMENTS 48 PART IV - REPRESENTATIONS AND INSTRUCTIONS										
X X X	E F G	DELI	ECTION AND ACCEPTAN VERIES OR PERFORMAN FRACT ADMINISTRATIO	CE	23 24 25 - 26		K REPRESENT ATIONS, CER OTHER STATEMENTS OF L INSTRS., CONDS., AND NO				FOFFERORS			
Χ	Н	SPEC	IAL CONTRACT REQUIF		27 - 30	M EVALUATION FACTORS FOR AWARD								
17. [X] CONTRACTOR'S NEGOTIATED AGREEMENT Contractor is required to sign this document and return1 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.) 19A. NAME AND TITLE OF SIGNER (Type or print)							Its. [] AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number HDEC08-13-R-0010-0001 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. 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 BY						20B.	UNITE	D ST A	TES OF A	MERICA			20C. DATE 24-Dec-20	
(Signature of person authorized to sign)									(Signature o					

Section B - Supplies or Services and Prices

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

Services, Nonpersonal

FFP

Provide all the supervision, personnel, supplies, and equipment necessary to perform Shelf Stocking, Receiving/Storage/Holding Area (RSHA) and Custodial operations for the Kingsville NAS Commissary located at Kingsville, Texas in accordance with the Performance Work Statement (PWS) as set forth at Attachment 1 and all terms and conditions contained herein.

BASE YEAR: February 1, 2014 through January 31, 2015

FOB: Destination

PURCHASE REQUEST NUMBER: HQCMC530290001

NET AMT \$0.00

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 0001AA 16,248 Case \$1.0807 \$17,559.21 EST

Shelf Stocking Operations

FFP

Perform Shelf Stocking Operations in accordance with Attachment 1 (PWS). 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: HQCMC530290001

NET AMT \$17,559.21 (EST.)

ACRN AA \$17,559.21

Page 3 of 48

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 0001AB 1,000 Case \$0.6484 \$648.40 EST

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 is an ESTIMATED QUANTITY.)

FOB: Destination

PURCHASE REQUEST NUMBER: HQCMC530290001

NET AMT \$648.40 (EST.)

ACRN AA \$648.40

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 0001AC 100 Hours \$22.58 \$2,258.00 EST

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: HQCMC530290001

NET AMT \$2,258.00 (EST.)

ACRN AA \$2,258.00

Page 4 of 48

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 0001AD 12 Months \$1,174.16 \$14,089.92

Receiving/Storage/Holding Area Oper.

FFP

Perform RSHA Operations in accordance with Attachment 1 (PWS).

FOB: Destination

PURCHASE REQUEST NUMBER: HQCMC530290001

NET AMT \$14,089.92

ACRN AA \$14,089.92

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 0001AE 16 Hours \$18.40 \$294.40 EST

MHE Support Inventories

FFP

Perform MHE Support for Inventories in accordance with Attachment 1 (PWS).

(Note: The quantity shown is an ESTIMATED QUANTITY.)

FOB: Destination

PURCHASE REQUEST NUMBER: HQCMC530290001

NET AMT \$294.40 (EST.)

ACRN AA \$294.40

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\$13,355.16

ITEM NO SUPPLIES/SERVICES **QUANTITY** UNIT **UNIT PRICE AMOUNT** 0001AF 12 Months \$5,070.02 \$60,840.24 Custodial Operations - Admin/Store Perform Custodial Operations in accordance with Attachment 1 (PWS) for all areas except the receiving/storage/holding area and outside areas. FOB: Destination PURCHASE REQUEST NUMBER: HQCMC530290001 **NET AMT** \$60,840.24 ACRN AA \$60,840.24 ITEM NO SUPPLIES/SERVICES **QUANTITY** UNIT **UNIT PRICE AMOUNT** 0001AG Months \$1,112.93 \$13,355.16 12 Custodial Operations - RSHA/Outside Perform Custodial Operations in accordance with Attachment 1 (PWS) for the receiving/storage/holding area and all outside areas. FOB: Destination PURCHASE REQUEST NUMBER: HQCMC530290001 **NET AMT** \$13,355.16

ACRN AA