

<b>AWARD/CONTRACT</b>		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING	PAGE OF PAGES 1   48		
2. CONTRACT (Proc. Inst. Ident.) NO. HDEC08-14-C-0010		3. EFFECTIVE DATE 12-24-13		4. REQUISITION/PURCHASE REQUEST/PROJECT NO. HQCMC530290001			
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)  <b>See Item 5</b>				
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, state and zip code) PRO DYN LLC JASON M. BURTON 580 BELLERIVE RD STE 5-C ANNAPOLIS MD 21409-4602			8. DELIVERY [ ] FOB ORIGIN [X] OTHER (See below)		9. DISCOUNT FOR PROMPT PAYMENT		
CODE 313R9			FACILITY CODE HQCMC5	10. SUBMIT INVOICES 1 (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:	ITEM <b>Block 12</b>		
11. SHIP TO/MARK FOR KINGSVILLE NAS COMMISSARY BUILDING 720 4764 ROSENDAHL KINGSVILLE NAS TX 78663-5014			CODE HQCMC5	12. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAACO P.O. BOX 369016 COLUMBUS OH 43236-9016			
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: [X] 10 U.S.C. 2304(c)(5) [ ] 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>							
15G. TOTAL AMOUNT OF CONTRACT					<b>\$109,045.33 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	31 - 47
X	B	SUPPLIES OR SERVICES AND PRICES/ COSTS	2 - 21	<b>PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS</b>			
X	C	DESCRIPTION/ SPECS./ WORK STATEMENT	22	X	J	LIST OF ATTACHMENTS	48
	D	PACKAGING AND MARKING		<b>PART IV - REPRESENTATIONS AND INSTRUCTIONS</b>			
X	E	INSPECTION AND ACCEPTANCE	23		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	24		L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	25 - 26		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	27 - 30	<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 1 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 HDEC08-13-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.			
19A. NAME AND TITLE OF SIGNER (Type or print) <b>Jason M. Burton, President</b>			20A. NAME OF CONTRACTING OFFICER 804-734-8000 Ext. 48616 margaret.prince@deca.mil TEL: EMAIL:				
19B. NAME OF CONTRACTOR  BY  (Signature of person authorized to sign)		19C. DATE SIGNED 12/21/13	20B. UNITED STATES OF AMERICA  BY  (Signature of Contracting Officer)		20C. DATE SIGNED 12/24/13		

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Previous edition is usable

STANDARD FORM 26 (REV. 4/2008)

Prescribed by GSA  
FAR (48 CFR) 53.214(a)

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2. CONTRACT (Proc. Inst. Ident.) NO. HDEC08-14-C-0010		3. EFFECTIVE DATE 24 Dec 2013			4. REQUISITION/PURCHASE REQUEST/PROJECT NO. HQCMC530290001					
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) PRO DYN LLC JASON M. BURTON 580 BELLERIVE RD STE 5-C ANNAPOLIS MD 21409-4602					8. DELIVERY [ ] FOB ORIGIN [X] OTHER (See below)					
					9. DISCOUNT FOR PROMPT PAYMENT					
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13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: [X] 10 U.S.C. 2304(c)( 5 ) [ ] 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			
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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  <i>Margaret R Prince</i> BY _____ (Signature of Contracting Officer)			20C. DATE SIGNED 24-Dec-2013		
BY _____ (Signature of person authorized to sign)										



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

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NET AMT \$648.40 (EST.)

ACRN AA \$648.40  
CIN: 00000000000000000000000000000000

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

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NET AMT \$2,258.00 (EST.)

ACRN AA \$2,258.00  
CIN: 00000000000000000000000000000000

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				

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NET AMT \$14,089.92

ACRN AA \$14,089.92  
CIN: 00000000000000000000000000000000

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				

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NET AMT \$294.40 (EST.)

ACRN AA \$294.40  
CIN: 00000000000000000000000000000000

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AF		12	Months	\$5,070.02	\$60,840.24
	Custodial Operations – Admin/Store FFP 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				

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NET AMT \$60,840.24

ACRN AA \$60,840.24  
CIN: 00000000000000000000000000000000

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AG		12	Months	\$1,112.93	\$13,355.16
	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: HQCMC530290001				

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NET AMT \$13,355.16

ACRN AA \$13,355.16  
CIN: 00000000000000000000000000000000