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|---|------------------------------------|---|------------------|--|---|---|----------------|--|--|
| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i> | | | | 1. REQUISITION NUMBER HQCCAG80730002000 | | PAGE 1 OF 33 | | | |
| 2. CONTRACT NO. HDEC0518C0007 | | 3. AWARD/EFFECTIVE DATE 01-Sep-2018 | | 4. ORDER NUMBER | | 5. SOLICITATION NUMBER HDEC0518Q0013 | | 6. SOLICITATION ISSUE DATE 27-Jul-2018 | |
| 7. FOR SOLICITATION INFORMATION CALL: | | a. NAME DAVID M. SHINGLETON JR | | | | b. TELEPHONE NUMBER (No Collect Calls) 804-734-8000 EXT 86530 | | 8. OFFER DUE DATE/LOCAL TIME 04:00 PM 14 Aug 2018 | |
| 9. ISSUED BY DEFENSE COMMISSARY AGENCY ENTERPRISE ACQUISITION DIVISION 1300 E AVENUE FORT LEE VA 23801-1800 TEL: FAX: | | | CODE HDEC05 | | 10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB NAICS: 484122 <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) SIZE STANDARD: \$27,500,000 | | | | |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE | | 12. DISCOUNT TERMS | | | <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | | 13b. RATING | | |
| 15. DELIVER TO GREAT LAKES COMMISSARY 2630 GREENBAY ROAD BLDG 3451 GREAT LAKES IL 60088-5129 | | CODE HQCCAG | | 16. ADMINISTERED BY SEE ITEM 9 | | | | | |
| 17a. CONTRACTOR/OFFEROR A1 PURCHASING LLC BROOKE ANANIADIS 1528 MEADOW VIEW LN STEVENS POINT WI 54482-8778 TELEPHONE NO. 715- 252-4760 | | CODE 6NNV1 | | 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 | 23. UNIT PRICE | 24. AMOUNT | |
| SEE SCHEDULE | | | | | | | | | |
| 25. ACCOUNTING AND APPROPRIATION DATA See Schedule | | | | | | 26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$187,200.00 | | | |
| <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 type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 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) David Hoag / Division Chief TEL: 804-734-8000 ext 48414 EMAIL: david.hoag@deca.mil | | | 31c. DATE SIGNED 31-Aug-2018 | |

**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 |

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|--|--------------------|---------------------------------|--|------------------|
| 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 |
|--|--------------------|---------------------------------|--|------------------|

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|------------------------|------------------------|-------------|
| 38. S/R ACCOUNT NUMBER | 39. S/R VOUCHER NUMBER | 40. PAID BY |
|------------------------|------------------------|-------------|

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|---|-----------------------------------|--------------------------------------|-----------------------|
| 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 | <p>Great Lakes Transportation Service FFP Contractor shall provide a minimum of one 18-28 foot Chill (Refrigerated) Truck with driver to pick-up and deliver meat, produce, dry groceries and other merchandise from Great Lakes Commissary, 2630 Greenbay Rd, Bldg 3451, Great Lakes, IL 60088-3303 to Fort McCoy Commissary, 1537 South J St., Fort McCoy, WI 54656 in accordance with the Statement of Work.</p> <p>Great Lakes Commissary POC: Ms. Claudia Smith, Store Director, (847) 688-2644; email: Claudia.Smith@deca.mil</p> <p>Fort McCoy Commissary POC: Ms. Cindy Perry, Store Director, (608) 388-3542; email: cindy.perry@deca.mil</p> <p>Period of Performance: September 1, 2018 - August 31, 2019 PURCHASE REQUEST NUMBER: HQCCAG80730002000</p> | | | | \$0.00 |
| NET AMT | | | | | \$0.00 |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|------|------------|--------------|
| 0001AA | | 156 | Each | \$1,200.00 | \$187,200.00 |

Transportation Truck & Driver
FFP

Contractor shall provide all costs associated with travel from the contractors hub to Great Lakes, IL, loading of truck, travel to Fort McCoy, WI, unloading of truck and all costs associated with the return trip and delivery of items to Great Lakes from Fort McCoy, WI, and returning to hub in accordance with the Statement of Work 3 days per week.

Cost per trip: \$1,200.00 x 156 = Total Line Item Cost \$187,200.00
(156 = 3/week X 52 weeks)

The following information is provided for purpose of calculating fuel adjustments:

Number of Miles per Round Trip: 657

Number of Gallons per Round Trip: 73

Fuel Price Adjustments will be authorized once every six months based on the average price of diesel fuel per gallon for the previous six month period. Adjustments may be made up or down when the difference exceeds 10%. IAW FAR 52.216-4 Economic Price Adjustment

The following website will be used to determine the average price per gallon:
<http://www.eia.gov/petroleum/gasdiesel/>

Full History spreadsheet (Monthly Diesel All Types) will be used to determine the average for the previous six months. Adjustments will be made each December and June. Type: Midwest No. 2 diesel retail Prices Monthly History. Current fuel base line rate as of 6/30/2018 is \$3.185 per gallon. This will be the baseline cost per gallon. Once an adjustment is made, that average cost per gallon will become the new baseline.

The EPA price adjustment will be incorporated in the quoted cost per trip.

EXAMPLE: Baseline price per gallon: \$3.185 - New Avg price per gallon: \$3.243
(\$3.243 - \$3.185 = 0.058 X 75 (gallons per trip) = \$4.35 Increase per trip).
FOB: Destination

NET AMT \$187,200.00

ACRN AA \$187,200.00
CIN: 00000000000000000000000000000000