


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30</i>				1. REQUISITION NUMBER HQCAA8250002000		PAGE 1 OF 34					
2. CONTRACT NO. GS 00F 279DA		3. AWARD/EFFECTIVE DATE 18-Jan-2019		4. ORDER NUMBER HDEC0519F0012		5. SOLICITATION NUMBER HDEC0519Q0003		6. SOLICITATION ISSUE DATE			
7. FOR SOLICITATION INFORMATION CALL:		a. NAME MICHAEL BARNES				b. TELEPHONE NUMBER (No Collect Calls) 804-734-8000 X86180		8. OFFER DUE DATE/LOCAL TIME			
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 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: 541211 <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) SIZE STANDARD: \$20,500,000							
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
15. DELIVER TO DEFENSE COMMISSARY AGENCY 1300 E AVENUE FORT LEE VA 23801-1800			CODE HQCAA	16. ADMINISTERED BY SEE ITEM 9					CODE		
17a. CONTRACTOR/OFFEROR CLIFTONLARSONALLEN LLP 6406 IVY LN STE 200 GREENBELT MD 20770-1441 TELEPHONE NO.		CODE 6NAQ9	FACILITY CODE	18a. PAYMENT WILL BE MADE BY DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P.O. BOX 369016 COLUMBUS OH 43236-9016						CODE HQ0131	
<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) \$619,264.65 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-Jan-2019				

**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
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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
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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	Auditing Services for DeCA CFO Statements FFP CONTRACTOR SHALL PROVIDE AUDIT SERVICES OF THE DEFENSE COMMISSARY AGENCY'S (DeCA) CHIEF FINANCIAL OFFICER'S STATEMENTS TO INCLUDE ALL SUPERVISION, PERSONNEL, LABOR, SUPPLIES, MATERIALS, EQUIPMENT, AND OTHER ITEMS/SERVICES NECESSARY TO PERFORM IN ACCORDANCE WITH THE PERFORMANCE WORK STATEMENT (PWS)(Attachment 1) EXCLUDING TRAVEL EXPENSES. BASE PERIOD: 18 JAN 19 THROUGH 31 DEC 19 -IAW the GSA Schedule Financial and Business Solutions (FABS), Category 520-7 (Financial & Performance Audits) FOB: Destination PURCHASE REQUEST NUMBER: HQCAAA82500002000	12	Months	\$45,626.221	\$547,514.65

NET AMT \$547,514.65

ACRN AA \$547,514.65
CIN: HQCAAA82500002000

PSC CD: R704

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002		71,750	Each		\$71,750.00 EST

Travel Expenses

COST

CONTRACTOR SHALL SUBMIT TRAVEL EXPENSES FOR TRAVEL REQUIRED DURING THE BASE PERIOD. IF TRAVEL IS REQUIRED, THE CONTRACTOR IS RESPONSIBLE FOR MAKING ALL NECESSARY ARRANGEMENTS FOR ITS PERSONNEL. THESE INCLUDE, BUT ARE NOT LIMITED TO, MEDICAL EXAMINATIONS, IMMUNIZATIONS, PASSPORTS/VISAS, AND SECURITY CLEARANCES. THE CONTRACTOR SHALL SUBMIT TRAVEL EXPENSES AS A SEPARATE LINE ITEM ON MONTHLY INVOICES.

(NOTE: FOR THE PURPOSE OF THE EVALUATION PROCESS FOR THIS SOLICITATION, THE ESTIMATED AMOUNT OF \$71,750.00 HAS BEEN GIVEN TO THIS LINE ITEM. THERE IS NO NEED FOR A TRAVEL EXPENSES QUOTE SINCE THIS LINE ITEM WILL INVOLVE REIMBURSEMENT. AFTER AWARD THE CONTRACTOR WILL NEED TO SUBMIT ALL TRAVEL INVOICES. IN ORDER FOR REIMBURSEMENT, TRAVEL EXPENSES HAVE TO BE IAW THE JOINT TRAVEL REGULATIONS). BASE PERIOD: 18 JAN 19 THROUGH 31 DEC 19

FOB: Destination

PURCHASE REQUEST NUMBER: HQCAA82500002000

ESTIMATED COST

\$71,750.00 (EST.)

ACRN AA

\$71,750.00

CIN: HQCAA82500002

PSC CD: R704