

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30				1. REQUISITION NUMBER		PAGE 1 OF 48							
2. CONTRACT NO. HDEC0519D0013		3. AWARD/EFFECTIVE DATE 06-Jun-2019		4. ORDER NUMBER		5. SOLICITATION NUMBER HDEC0519R0002		6. SOLICITATION ISSUE DATE 14-Mar-2019					
7. FOR SOLICITATION INFORMATION CALL:		a. NAME BARBARA F. DESROCHERS				b. TELEPHONE NUMBER (No Collect Calls) 804.734.8000 X86093		8. OFFER DUE DATE/LOCAL TIME 03:00 PM 25 Apr 2019					
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"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS		<input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR: WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A)		NAICS: 561710 SIZE STANDARD: \$11,000,000					
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 type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP					
15. DELIVER TO SEE SCHEDULE		CODE		16. ADMINISTERED BY SEE ITEM 9		CODE							
17a. CONTRACTOR/OFFEROR RENTOKIL NORTH AMERICA, INC. CAROL T. KITZMILLER 1125 BERKSHIRE BLVD STE 150 READING PA 19610-1218 TELEPHONE NO. 301-943-4480		CODE 1GTH8		FACILITY CODE		18a. PAYMENT WILL BE MADE BY GPC PURCHASES (ALL) GPC PURCHASES STORE LEV/EL/HQ/ SURCHARGE/DWCF CARDHOLDER FORT LEE VA 23801-1800		CODE CRCARD					
<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						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$827,000.00							
<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 checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input checked="" 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) <i>Margaret R Prince</i>							
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)			30c. DATE SIGNED			31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) MARGARET R PRINCE / CONTRACTING OFFICER TEL: (804) 734-8000 EXT 48616 EMAIL: margaret.prince@deca.mil			31c. DATE SIGNED 06-Jun-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

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0001	Initial Assessment and IPM Plan FFP	75	Each		NSP

Contractor shall provide the unit price to perform initial assessment and development of an Integrated Pest Management Plan for each location in accordance with Attachment 1 PWS, Paragraph 2 - Initial Assessment and Integrated Pest Management Plan (IPM).

As Per Awardee's Proposal, Attachment 4 - Pricing Spreadsheet, Initial Assessment and IPM Plan is at No Cost.

Base Period of Performance: July 1, 2019 through June 30, 2020
 FOB: Destination

MAX
NET AMT

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0002		400,000	Each	\$1.00	\$400,000.00

Regularly Scheduled Services

FFP

Contractor to provide regularly scheduled pest management services twice per month at minimum in accordance with Attachment 1 PWS, Paragraph 3 - Regularly Scheduled Services

Base Period of Performance: July 1, 2019 through June 30, 2020

FOB: Destination

MAX
NET AMT

\$400,000.00

PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0003	Unscheduled Services FFP Special requests and emergency services, in accordance with the Attachment 1 - PWS, paragraph 4 - Unscheduled Services.	27,000	Each	\$1.00	\$27,000.00 NTE

Unscheduled Services will be issued on a separate Task Order per location as approved by the Contracting Officer.

Hourly Charge \$150.00
Trip Charge \$0.00

The contractor may request to be reimbursed for materials and supplies furnished or used while performing Unscheduled Services, unless the supplies are due to the Contractor's negligence or they are already covered under another CLIN. Cost for materials and supplies will be no greater than that charged to the Contractor's commercial customer. Materials and supplies shall be itemized and billed as separate items on the Contractor's invoice in addition to the hourly rate.

Base Period of Performance: July 1, 2019 through June 30, 2020
FOB: Destination

MAX NET AMT	\$27,000.00
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ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0004	Initial Equipment and Setup FFP Contractor shall provide the price of equipment and supplies identified in the IPM plan for the initial labor, equipment, supplies at each facility. Approval of the IPM plan is required prior to commencement of installation of equipment Replacement cost of initial equipment and materials should be included in the regularly scheduled services CLIN. Base Period of Performance: July 1, 2019 through June 30, 2020 FOB: Destination	350,000	Each	\$1.00	\$350,000.00 NTE
					MAX NET AMT
					\$350,000.00

PSC CD: S207

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0005	Small Scale Remediation Services FFP Small scale remediation that can be performed by the Contractor that are potential points of pest entry, as indicated in the Contractor's IPM Plan in accordance with the PWS. This includes, but is not limited to, repair of door sweeps, dock bristle strips, caulk cracks/crevices, and patching of small holes two (2) inches or less. Services will be issued on a separate Task Order per location or group of locations as approved by the Contracting Officer. Base Period of Performance: July 1, 2019 through June 30, 2020 FOB: Destination	50,000	Each	\$1.00	\$50,000.00 NTE
					MAX NET AMT
					\$50,000.00