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2. CONTRACT (Proc. Inst. Ident.) NO. HDEC0820C0017 UNDER DPAS (15 CFR 70 3. EFFECTIVE DATE 01 Jul				4. REQUISIT				SITION 700619	SITION/PURCHASE REQUEST/PROJECT NO.				
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STORE SERVICES SU 1300 E AVENUE	JPPORT DIVISION			Se	See Item 5								
FORT LEE VA 23801-1	800												
7 NAME AND	ADDRESS OF CONTRACT	ΓΟR (No., street, city,	county, state a	nd zip c	d zip code) 8. DELIVERY								
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MAUREEN CABRERA 1759 L AND A ROAD					9.				9. DISCOUNT FOR PROMPT PAYMENT				
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						10. SUBMIT INVOICES 1 ITEM							
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PARTI - THE SCHEDULE					PARTII - CONTRACT CLAUSES								
	CITATION/ CONTRACT 1		1 - 2	X	X I CONTRACT CLAUSES 56							56 - 68	
X B SUPPLIES OR SERVICES AND PRICES COSTS 3 - 42				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PART III – LIST OF DO CUMENTS, EXHIBITS AND OTHER ATTACH.								
X C DESCRIPTION/ SPECS./ WORK STATEMENT 43				X								69	
D PACKAGING AND MARKING X E INSPECTION AND ACCEPTANCE 44					PART IV - REPRESENTATIONS AND INSTRUCTIONS REPRESENTATIONS, CERTIFICATIONS AND								
X F DELIVERIES OR PERFORMANCE 45				1	K OTHER STATEMENTS OF OFFERORS								
X G CONTRACT ADMINISTRATION DATA 46 - 51					L					TO OFFERORS			
X H SPECIAL CONTRACT REQUIREMENTS 52 - 55					M	EVALU	JATION FA	.CT ORS	S FOR AV	ARD			
CONTRA	ACTING OFFICER WILL COM	PLETE ITEM 17 (SEAL	ED-BID OR								AS APPLICABI	<u>E</u>	
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					18. [] SEALED-BID AWARD (Contractor is not required to sign this document.)								
items or perform all the services set forth or otherwise identified above and on any continuation					Your bid on Solicitation Number HDEC0819R00140005								
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,					including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as								
(b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications,					to the terms listed above and on any continuation sheets. This award consummates the contract which consists of the								
as are attached or incorporated by reference herein. (Attachments are listed herein.)					following documents: (a) the Government's solicitation and your bid, and (b) this award/contract. No further contractual document is necessary. (Block 18 should be checked only when awarding a sealed-bid contract.)								
19A. NAME AND TITLE OF SIGNER (Type or print)							ONTRACT		FICER				
Marina an Oak war						Robert L. Brewer							
Maureen Cabrera, owner					TEL: 804-734-8000 x48470 EMAIL: robert.brewer@deca.mil								
(06/04/2020				BREWER.ROBERT.L.1383102444 BREWER.ROBERT.L.1383102444									
BY W Cabrera 06/04/2020				BY									
(Signature of person authorized to sign)					(Signature of Contracting Officer)								

AWARD/CONTRACT		THIS CONTRACT IS A RATE UNDER DPAS (15 CFR 700)			ER			RATING	PAGE OF	PAGES 69		
2. CONTRACT (Proc. Inst. Ident.) NO. HDEC0820C0017	3. EFFECTIVE DA	IVE DATE 01 Jul 2020 4. REC				4. REQUI	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 (No., street, city, county, state an COMMUNICATION METHODS, LLC							[8. DELIVERY [] FOB ORIGIN [X] OTHER (See below)				
MAUREEN CABRERA 1759 L AND A ROAD METAIRIE LA 70001-6236							9. DISC	OUNT FOR PROMPT PAYME	NT			
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STORE DIRECTOR BUILDING 485 FORT LEONARD WOOD MO 65473-5890 13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN					DFAS-WIDE AREA WORK FLOW DFAS - CVDAAA/CO P-O. BOX 369016 COLUMBUS OH 43236-9016 14. ACCOUNTING AND APPROPRIATION DATA							
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X C DESCRIPTION/ SPECS./ WORK STATEMENT 43				X J LIST OF ATTACHMENTS 69								
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X E INSPECTION AND ACCEPTANCE 44 X F DELIVERIES OR PERFORMANCE 45				K REPRESENT ATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS								
X G CONTRACT ADMINISTRATION DATA 46 - 51 X H SPECIAL CONTRACT REQUIREMENTS 52 - 55				L		FRS., CONDS., AND NOTICES TO OFFERORS						
X H SPECIAL CONTRACT REQUI						S FOR AWARD						
				NEGOTIATED PROCUREMENT) OR 18 (SEALED-BID PROCUREMENT) AS APPLICABLE								
(Attachments are listed herein.)					document is necessary. (Block 18 should be checked only when awarding a sealed-bid contract.)							
19A. NAME AND TITLE OF SIGNER (Type or print)					20A. NAME OF CONTRACTING OFFICER ROBERT BREWER / CONTRACTING OFFICER TEL: 804-734-8000 X48470 EMAIL: robert.brewer@deca.mil							
19B. NAME OF CONTRACTOR 19C. DATE SIGNED				20B. UNITED STATES OF AMERICA 20C. DATE SIGNED 04-Jun-2020								
BY					BY							
(Signature of person authorized to sign)					(Signature of Contracting Officer)							

Previous edition is NOT usable

IMPORTANT INFORMATION FREEDOM OF INFORMATION ACT (FOIA)

SOLICITATION AND CONTRACTS FOIA AND POSTING NOTICE

Any award(s) resulting from issuance of this solicitation or quote may be posted in the DeCA Freedom of Information Act (FOIA) electronic reading room at www.commissaries.com. The posting will contain the total contract award amount, as well as any awarded individual contract line item pricing (CLIN and Sub-CLIN). Unexercised option prices will not be published.

In compliance with the provisions of Executive Order 12600, the contract holder may identify to the agency FOIA Officer (foia@deca.mil), within 21 calendar days of the contract award date, any information contained in the contract that it deems to be confidential commercial information. The FOIA officer will review the submission and contact the contract holder with a decision. Failure to identify any such information will be interpreted by the Agency as the contract holder having no such information to identify or withhold from posting in the FOIA electronic reading room.

The postings typically take place at a minimum of two distinct points; upon the initial award of the contract and then again after the final option period has been exercised. However, should a FOIA request for the contract be received in the interim, the contract may be reposted including any awarded contract pricing up to the date of the FOIA request. Unexercised option prices will not be published.

This action is being taken to ensure contract award information is available to the general public, as it was in the past, pursuant to the President's January 21, 2009 memorandum regarding the Freedom of Information Act (FOIA).

Section B - Supplies or Services and Prices

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE 0001

AMOUNT \$0.00

SERVICES, NONPERSONAL

FFP

Provide all the necessary supervision, personnel, supplies, and equipment to perform shelf stocking, receiving/storage/holding area, residual grocery and custodial operations for the Fort Leonard Wood Commissary located at Fort Leonard Wood, Missouri in accordance with the Performance Work Statement (PWS) as set forth at Attachment 1 and all terms and conditions contained herein.

BASE YEAR: July 1, 2020 through June 30, 2021

PURCHASE REQUEST NUMBER: HQCCAW01700619

NET AMT \$0.00

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 0001AA 854,748 Case \$0.6626 \$566,356.02 EST

Shelf Stocking Operations

FFP

Perform shelf stocking operations that includes overwrites between 0 and 7% in accordance with Attachment 1, PWS, with the exception of the paragraphs preceded with "RG".

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT \$566,356.02 (EST.)

ACRN AA \$566,356.02

Page 4 of 69

ITEM NO SUPPLIES/SERVICES 0001AB

QUANTITY 1,000

UNIT Case UNIT PRICE \$0.3975

AMOUNT \$397.50 EST

Payment for Excess Overwrites

FFP

Overwrites exceeding 7% of the monthly cases, as specified in paragraph 4.3.3.8. of the PWS, will be paid at the unit price of 60% of the case price reflected in SubClin AA above.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT \$397.50 (EST.)

ACRN AA \$397.50

0001AC

ITEM NO

SUPPLIES/SERVICES QUANTITY 100

TITY UNIT Hours

UNIT PRICE \$27.02 AMOUNT \$2,702.00 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: HQCCAW01700619

S299

NET AMT \$2,702.00 (EST.)

ACRN AA \$2,702.00

Page 5 of 69

ITEM NO 0001AD

SUPPLIES/SERVICES

QUANTITY 12 UNIT Months UNIT PRICE \$18,032.54

AMOUNT \$216,390.48

Receiving/Storage/Holding Area Operation

FFP

Perform Receiving/Storage/Holding Area (RSHA) Operations in accordance with Attachment 1, PWS, with the exception of the paragraphs preceded with "RG".

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$216,390.48

ACRN AB

\$216,390.48

ITEM NO 0001AE

SUPPLIES/SERVICES

QUANTITY 16 UNIT Hours

UNIT PRICE \$28.37

AMOUNT

\$453.92 EST

MHE Support for Inventories

FFP

Provide Material Handling Equipment (MHE) Support for Inventories in accordance with Attachment 1, PWS.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$453.92 (EST.)

ACRN AB

\$453.92

Page 6 of 69

ITEM NO 0001AF

SUPPLIES/SERVICES

QUANTITY 12

UNIT Months **UNIT PRICE** \$22,645.25

AMOUNT \$271,743.00

Custodial Operations (Store/Admin)

Perform Custodial Operations in accordance with Attachment 1, PWS, for all areas except the meat processing, preparation, andwrapping area; receiving/storage/holding area; outside areas;, and paragraphs preceded with "RG".

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$271,743.00

ACRN AC

\$271,743.00

ITEM NO 0001AG

SUPPLIES/SERVICES

QUANTITY 12

UNIT Months **UNIT PRICE** \$2,401.45

AMOUNT \$28,817.40

Custodial Operations (RSHA and Outside)

Perform Custodial Operations, RSHA and Outside Areas, in accordance with Attachment 1, PWS, with the exception of the paragraphs preceded with "RG".

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$28,817.40

ACRN AC

\$28,817.40

Page 7 of 69

ITEM NO SUPPLIES/SERVICES 0001AH

QUANTITY 12 UNIT Months UNIT PRICE \$4,897.71

AMOUNT \$58,772.52

Custodial Operations (Meat Room)

FFP

Perform Custodial Operations for the Meat Processing, Preparation, and Wrapping Area in accordance with Attachment 1, PWS, with the exception of the paragraphs preceded with "RG".

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$58,772.52

ACRN AC

\$58,772.52

ITEM NO 0001AJ

SUPPLIES/SERVICES

QUANTITY 12 UNIT Months UNIT PRICE \$1,577.97

AMOUNT \$18,935.64

Custodial Operations (Produce)

FFP

Perform Custodial Operations Produce in accordance with Attachment 1, PWS, with the exception of the paragraphs preceded with "RG".

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$18,935.64

ACRN AC

\$18,935.64

Page 8 of 69

ITEM NO 0001AK

SUPPLIES/SERVICES

QUANTITY 80

UNIT Hours UNIT PRICE \$27.68 AMOUNT \$2,214.40 EST

Snow and Ice Removal

FFP

Perform Snow and Ice Removal Services in accordance with Attachment 1, PWS, during the period of mid-October through mid-April.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$2,214.40 (EST.)

ACRN AC

\$2,214.40

ITEM NO 0001AL

SUPPLIES/SERVICES

QUANTITY 12 UNIT Months UNIT PRICE \$1,199.12

AMOUNT

\$14,389.44

Residual Grocery Operations

FFP

Perform Residual Grocery Operations in accordance with Attachment 1, PWS, to include the paragraphs preceded with "RG" in shelf stocking and custodial operations.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$14,389.44

ACRN AC

\$14,389.44

Page 9 of 69

ITEM NO 0001AM

SUPPLIES/SERVICES

QUANTITY 56 UNIT Hours UNIT PRICE \$27.02

AMOUNT \$1,513.12 EST

Bereavement Leave - Store Worker I

FFP

To accommodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Store Worker I personnel.

NOTE: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification form per occurrence.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$1,513.12 (EST.)

ACRN AA

\$1,513.12

ITEM NO 0001AN

SUPPLIES/SERVICES

QUANTITY 56 UNIT Hours UNIT PRICE \$28.37

AMOUNT \$1,588.72 EST

Bereavement Leave - Material Handling

FFP

To accommodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Material Handling Laborer personnel. NOTE: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification form per occurrence.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$1,588.72 (EST.)

ACRN AB

\$1,588.72

Page 10 of 69

ITEM NO 0001AP

SUPPLIES/SERVICES

QUANTITY 56 UNIT Hours UNIT PRICE \$29.39 AMOUNT \$1,645.84 EST

Bereavement Leave - Forklift OP/WH Spec

FFP

To accommodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Forklift Operator/Warehouse Specialist personnel.

NOTE: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification form per occurrence.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$1,645.84 (EST.)

ACRN AB

\$1,645.84

ITEM NO 0001AQ

SUPPLIES/SERVICES

QUANTITY 56 UNIT Hours UNIT PRICE \$27.68

AMOUNT \$1,550.08 EST

Bereavement Leave - Janitor

FFP

To accommodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for Janitor personnel.

NOTE: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification form per occurrence.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAW01700619

S299

NET AMT

\$1,550.08 (EST.)

 \$1,550.08