

| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30 | | | | 1. REQUISITION NUMBER HQCENFA0190270000 | | PAGE 1 OF 28 | | | | |
|---|--|--|--|---|--------------|---|--|--|--------------------|--|
| 2. CONTRACT NO. HDEC04-10-C-0039 | | 3. AWARD/EFFECTIVE DATE 18-Aug-2010 | | 4. ORDER NUMBER | | 5. SOLICITATION NUMBER HDEC04-10-R-0062 | | 6. SOLICITATION ISSUE DATE 12-Jul-2010 | | |
| 7. FOR SOLICITATION INFORMATION CALL: | | a. NAME NATASHA Y. JOHNSON | | | | b. TELEPHONE NUMBER (No Collect Calls) 804-734-8000 X52734 | | 8. OFFER DUE DATE/LOCAL TIME 04:00 PM 11 Aug 2010 | | |
| 9. ISSUED BY DEFENSE COMMISSARY AGENCY EQUIPMENT & MAINTENANCE DIVISION BUILDING P 11200 1300 E AVENUE FORT LEE VA 23801-1800 TEL: FAX: (804) 734-8269/8886 | | CODE HDEC04 | | 10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input checked="" type="checkbox"/> SET ASIDE: 100% FOR <input checked="" type="checkbox"/> SB <input type="checkbox"/> HUBZONE SB <input type="checkbox"/> 8(A) <input type="checkbox"/> SVC-DISABLED VET-OWNED SB <input type="checkbox"/> EMERGING SB SIZE STD: 7.0M NAICS: 811412 | | | 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE <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 | | 12. DISCOUNT TERMS | |
| 15. DELIVER TO C E KELLY COMMISSARY 1 CAREY ROAD OAKDALE PA 15071 | | CODE HQCENFA | | 16. ADMINISTERED BY SEE ITEM 9 | | | | | | |
| 17a. CONTRACTOR/OFFEROR UNITED TECHNOLOGIES SERVICES, INC. RON VERGAKIS 423 S LYNNHAVEN RD STE 109 VIRGINIA BEACH VA 23452-6655 TEL. 757-306-7034 | | CODE 1F6K3 | | 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 | | | | <input type="checkbox"/> 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) \$32,350.00 | | | |
| <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 | | | |
| 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES <input type="checkbox"/> 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 HEREIN. | | | | 29. AWARD OF CONTRACT: REFERENCE <input type="checkbox"/> 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) | | | 31c. DATE SIGNED | | | |
| | | | |  | | | 19-Aug-2010 | | | |
| 30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) | | 30c. DATE SIGNED | | 31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) DOREEN CADIGAN / CONTRACTING OFFICER TEL: (804) 734-8000 ext 48830 EMAIL: doreen.cadigan@deca.mil | | | | | | |

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
(CONTINUED)**

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/ SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|--------------|------------------------------------|--------------|----------|----------------|------------|
| SEE SCHEDULE | | | | | |

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 |

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

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

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

52.212-4 ADDENDUM

**FAR 52.212-4 ADDENDUM
CONTRACT TERMS AND CONDITIONS – COMMERCIAL ITEMS**

The following paragraphs have been changed/added to FAR 52.212-4 Terms and Conditions – Commercial Items.

1.) Changes.

ADMINISTRATIVE MODIFICATIONS: The Government may issue unilateral written administrative modifications that do not affect the substantive rights of the parties. Examples of administrative modifications are corrections in the payment office address or changes to the accounting and appropriation data.

2.) Payment.

Contract payments will be processed electronically via EFT through the Defense Finance and Accounting Service (DFAS). Prior to DFAS releasing any contract payment, the contractor must submit a proper invoice using Wide Area Work Flow (WAWF) electronic commerce. The contractor may invoice separately each month by CLIN and its associated sub-CLINs (by store). After a proper invoice is received, a Government representative will acknowledge acceptance and receipt of the service via WAWF. After all items are properly submitted, the contract payment will be processed via DFAS electronically.

The contractor must access the WAWF Vendor Tools on the DFAS website and complete the requirements to obtain an active WAWF account. This will allow the contractors to submit invoices via WAWF so that payments can be processed electronically through EFT.

For additional WAWF information, see clause 252.232-7003 ELECTRONIC SUBMISSION OF PAYMENT REQUESTS AND RECEIVING REPORTS (MAR 2008).

3.) Be advised that the contract resulting from this solicitation will be posted on <http://www.commissaries.com/business/contracting.cfm> at two distinct points during the procurement cycle:

(a) **CONTRACT AWARD** - The first posting will take place immediately after the contract is awarded and will contain only the base year pricing.

(b) **HISTORICAL PRICING** – The second posting will take place when it is time for re-solicitation of the existing contract and will contain all CLINs and Sub-CLINs prices of the base period and all exercised options of the contracts which are about to expire and are being re-solicited.

4.) Period of Performance:

- Base Year: September 1, 2010 – August 31, 2011
- Option Year 1: September 1, 2011 – August 31, 2012
- Option Year 2: September 1, 2012 – August 31, 2013
- Option Year 3: September 1, 2013 – August 31, 2014

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|--------|
| 0001 | Maintenance & Repair - CE Kelly FFP Maintenance and Repair of Miscellaneous Food Processing Equipment (MFP) Base Year: September 1, 2010 - August 31, 2011 Oakdale, PA | | | | \$0.00 |

Contractor shall provide personnel, supervision, equipment, parts and labor necessary to maintain and repair the miscellaneous food processing equipment located at the CE Kelly Commissary in accordance with the Performance Work Statement (PWS) and all terms and conditions set forth herein.

See Attachment A for equipment quantity, CED numbers, serial numbers, manufacturer's name, year and parts numbers for this location.
FOB: Destination

NET AMT \$0.00

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|--------|------------|------------|
| 0001AA | Preventative Maintenance - CE Kelly FFP Principle Period of Performance (PPM): 8am - 5pm, M-F, excluding holidays See PWD paragraph 2. | 12 | Months | \$285.00 | \$3,420.00 |

Meat Band Saw (1) \$190
Mixer/Grinder (1) \$95
FOB: Destination
PURCHASE REQUEST NUMBER: HQCNFA01902700000

NET AMT \$3,420.00

ACRN AA \$3,420.00
CIN: HQCNFA019027000000001

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|-------|------------|-------------|
| 0001AB | Repair (PPM) - CE Kelly FFP Principle Period of Performance (PPM): 8am - 5pm, excluding holidays See PWS paragraph 3. FOB: Destination PURCHASE REQUEST NUMBER: HQCNFA01902700000 | 100 | Hours | \$130.00 | \$13,000.00 |

NET AMT \$13,000.00

ACRN AA \$13,000.00
CIN: HQCNFA019027000000002

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|-------|------------|------------|
| 0001AC | Reapir (OPPM) - CE Kelly FFP Outside Principle Period of Performance (OPPM): After 5pm and weekends See PWS paragraph 3b. FOB: Destination PURCHASE REQUEST NUMBER: HQCNFA01902700000 | 50 | Hours | \$195.00 | \$9,750.00 |

NET AMT \$9,750.00

ACRN AA \$9,750.00
CIN: HQCNFA019027000000003

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|------------|------------|
| 0001AD | Parts & Expendables - CE Kelly FFP See PWS paragraph 2 and 3. | 1,000 | Each | \$1.50 | \$1,500.00 |
| | Parts to be charged at supplier cost and markup. Supplier invoice to be provided as backup to contractor invoice. FOB: Destination PURCHASE REQUEST NUMBER: HQCNFA01902700000 | | | | |
| | | | | NET AMT | \$1,500.00 |
| | ACRN AA CIN: HQCNFA019027000000004 | | | | \$1,500.00 |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|------------|
| 0001AE | Trip Charge - CE Kelly FFP See PWS paragraph 3c. FOB: Destination PURCHASE REQUEST NUMBER: HQCNFA01902700000 | 24 | Each | \$195.00 | \$4,680.00 |
| | | | | NET AMT | \$4,680.00 |
| | ACRN AA CIN: HQCNFA019027000000005 | | | | \$4,680.00 |