

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS(15 CFR 700)		RATING	PAGE OF PAGES 1 70		
2. CONTRACT (Proc. Inst. Ident.) NO. HDEC08-16-C-0012		3. EFFECTIVE DATE 10/30/15		4. REQUISITION/PURCHASE REQUEST/PROJECT NO. HQCCAY03080001			
5. ISSUED BY DEFENSE COMMISSARY AGENCY STORE SERVICES SUPPORT DIVISION 1300 E AVENUE FORT LEE VA 23801-1800		CODE HDEC08	6. ADMINISTERED BY (If other than Item 5) See Item 5				
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, state and zip code) LAMAIN CRESCENT JOINT VENTURE LLC 650 POYDRAS ST. SUITE 2317 NEWORLEANS LA 70130-6178		8. DELIVERY [] FOB ORIGIN [X] OTHER (See below)		9. DISCOUNT FOR PROMPT PAYMENT			
CODE 6KWFO		FACILITY CODE		10. SUBMIT INVOICES 1 (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:	ITEM Block 12		
11. SHIP TO/MARK FOR FORT BRAGG NORTH COMMISSARY STORE DIRECTOR BUILDING 8 5476A FORT BRAGG NC 28307-5000		CODE HQCCAY	12. PAYMENT WILL BE MADE BY DEF FINANCE & ACCOUNTING SVC "EFT: T" DFAS-CVDA/AA/CO P O BOX 369016 COLUMBUS OH 43236-9016		CODE HQ0131		
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: [] 10 U.S.C. 2304(c)() [] 41 U.S.C. 253(c)()		14. ACCOUNTING AND APPROPRIATION DATA See Schedule					
15A. ITEM NO.	15B. SUPPLIES/ SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT		
SEE SCHEDULE							
15G. TOTAL AMOUNT OF CONTRACT					\$1,371,976.22 EST		
16. TABLE OF CONTENTS							
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/ CONTRACT FORM	1 - 2	X	I	CONTRACT CLAUSES	45 - 69
X	B	SUPPLIES OR SERVICES AND PRICES/ COSTS	3 - 32	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/ SPECS./ WORK STATEMENT	33	X	J	LIST OF ATTACHMENTS	70
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	34		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	35		L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	36 - 39		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	40 - 44				
CONTRACTING OFFICER WILL COMPLETE ITEM 17 (SEALED-BID OR NEGOTIATED PROCUREMENT) OR 18 (SEALED-BID PROCUREMENT) AS APPLICABLE							
17. [X] CONTRACTOR'S NEGOTIATED AGREEMENT Contractor is required to sign this document and return <u> </u> copies to issuing office. Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation 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, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)				18. [] SEALED-BID AWARD (Contractor is not required to sign this document) Your bid on Solicitation Number <u>HDEC08-15-R-0006-0001</u>			
19A. NAME AND TITLE OF SIGNER (Type or print) Leonard Cabrera, Member				20A. NAME OF CONTRACTING OFFICER TEL: <u>Kathy L. Hawthorne</u> EMAIL: <u> </u>			
19B. NAME OF CONTRACTOR BY <u> </u> (Signature of person authorized to sign)		19C. DATE SIGNED 10/30/2015		20B. UNITED STATES OF AMERICA BY <u>Kathy A. Hawthorne</u> (Signature of Contracting Officer)		20C. DATE SIGNED 10/30/15	

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING	PAGE OF PAGES 1 70		
2. CONTRACT (Proc. Inst. Ident.) NO. HDEC08-16-C-0012		3. EFFECTIVE DATE 30 Oct 2015		4. REQUISITION/PURCHASE REQUEST/PROJECT NO. HQCCAY03080001			
5. ISSUED BY DEFENSE COMMISSARY AGENCY STORE SERVICES SUPPORT DIVISION 1300 E AVENUE FORT LEE VA 23801-1800		CODE HDEC08	6. ADMINISTERED BY (If other than Item 5) See Item 5		CODE		
7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, state and zip code) LAMAIN CRESCENT JOINT VENTURE LLC 650 POYDRAS ST. SUITE 2317 NEWORLEANS LA 70130-6178				8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)		9. DISCOUNT FOR PROMPT PAYMENT	
CODE 6KWFO				10. SUBMIT INVOICES 1 (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:			ITEM Block 12
11. SHIP TO/MARK FOR FORT BRAGG NORTH COMMISSARY STORE DIRECTOR BUILDING 8 5476A FORT BRAGG NC 28307-5000		CODE HQCCAY	12. PAYMENT WILL BE MADE BY DEF FINANCE & ACCOUNTING SVC "EFT: T" DFAS-CVDAAC/CO P O BOX 369016 COLUMBUS OH 43236-9016		CODE HQ0131		
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304(e)() <input type="checkbox"/> 41 U.S.C. 253(e)()			14. ACCOUNTING AND APPROPRIATION DATA See Schedule				
15A. ITEM NO.	15B. SUPPLIES/ SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT		
SEE SCHEDULE							
15G. TOTAL AMOUNT OF CONTRACT					\$1,371,976.22 EST		
16. TABLE OF CONTENTS							
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/ CONTRACT FORM	1 - 2	X	I	CONTRACT CLAUSES	45 - 69
X	B	SUPPLIES OR SERVICES AND PRICES/ COSTS	3 - 32	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/ SPECS/ WORK STATEMENT	33	X	J	LIST OF ATTACHMENTS	70
X	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	34	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS		
X	F	DELIVERIES OR PERFORMANCE	35		INSTRS., CONDS., AND NOTICES TO OFFERORS		
X	G	CONTRACT ADMINISTRATION DATA	36 - 39	L			
X	H	SPECIAL CONTRACT REQUIREMENTS	40 - 44	M	EVALUATION FACTORS FOR AWARD		
CONTRACTING OFFICER WILL COMPLETE ITEM 17 (SEALED-BID OR NEGOTIATED PROCUREMENT) OR 18 (SEALED-BID PROCUREMENT) AS APPLICABLE							
17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT Contractor is required to sign this document and return _____ copies to issuing office. Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation 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, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)				18. <input type="checkbox"/> SEALED-BID AWARD (Contractor is not required to sign this document.) Your bid on Solicitation Number <u>HDEC08-15-R-0006-0001</u> including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the terms listed above and on any continuation sheets. This award consummates the contract which consists of the 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)				20A. NAME OF CONTRACTING OFFICER KATHY L. HAWTHORNE / CONTRACTING OFFICER TEL: (804) 734-8000 ext 48031 EMAIL: kathy.hawthorne@deca.mil			
19B. NAME OF CONTRACTOR BY _____ (Signature of person authorized to sign)		19C. DATE SIGNED		20B. UNITED STATES OF AMERICA BY <u>Kathy L. Hawthorne</u> (Signature of Contracting Officer)		20C. DATE SIGNED 30-Oct-2015	

Section A - Solicitation/Contract Form

**IMPORTANT INFORMATION
FREEDOM OF INFORMATION ACT (FOIA)**

Upon award of this contract, the Agency intends to make public the total contract award amount, as well as any awarded individual contract line item pricing (CLIN or Sub-CLIN), within the Agency's electronic reading room located at www.commissaries.com and on the Government Point of Entry (GPE) www.fbo.gov.

Unexercised Option year prices will not be published.

This action is taken to ensure contract award information is available to the general public pursuant to the President's January 21, 2009 memorandum regarding the Freedom of Information Act.

Be advised that the contract(s) resulting from this solicitation will be posted at two distinct points during the procurement cycle:

1. **RECENT CONTRACT AWARDS:** The first posting will take place immediately after the contracts are awarded and will contain only the base year pricing.
2. **HISTORICAL PRICING:** The second posting will take place when it is time for re-solicitation of an existing contract and will contain all CLIN and Sub-CLIN prices for the base period and all exercised options from the contract(s) under re-solicitation.

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AB	Payments for Excessive Overwrites FFP Overwrites (cases exceeding 7% of the total monthly cases, IAW paragraph 4.3.3.8 of the PWS @ the unit price of 60% of the case price reflected in subline AA above). NOTE: The quantity shown is an ESTIMATED quantity. FOB: Destination PURCHASE REQUEST NUMBER: HQCCAY03080001	8,000	Case	\$0.421	\$3,368.00 EST
NET AMT					\$3,368.00 (EST.)
ACRN AA CIN: 00000000000000000000000000000000					\$3,368.00

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AC	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: HQCCAY03080001	100	Hours	\$28.06	\$2,806.00 EST
NET AMT					\$2,806.00 (EST.)
ACRN AA CIN: 00000000000000000000000000000000					\$2,806.00

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AD		64	Hours	\$28.06	\$1,795.84 EST

Stocker - Bereavement Leave
FFP

Funds are obligated to accommodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for SHELF STOCKING personnel.

NOTE: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification form (Attachment 3) per occurrence.

FOB: Destination
PURCHASE REQUEST NUMBER: HQCCAY03080001

NET AMT	\$1,795.84 (EST.)
---------	-------------------

ACRN AA	\$1,795.84
CIN: 00000000000000000000000000000000	

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AE		12	Months	\$20,273.90	\$243,286.80

Receiving/Storage/Holding Area Operation
FFP

Perform Receiving/Storage/Holding Area Operations in accordance with Attachment 1, PWS.

FOB: Destination
PURCHASE REQUEST NUMBER: HQCCAY03080001

NET AMT	\$243,286.80
---------	--------------

ACRN AA	\$243,286.80
CIN: 00000000000000000000000000000000	

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AF		16	Hours	\$28.79	\$460.64 EST

Material Handling Support (MHE)
FFP

Perform MHE support for inventories in accordance with Attachment 1, PWS.

NOTE: The quantity shown is an ESTIMATED quantity.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAY03080001

NET AMT	\$460.64 (EST.)
---------	-----------------

ACRN AA	\$460.64
---------	----------

CIN: 00000000000000000000000000000000

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AG		64	Hours	\$28.79	\$1,842.56 EST

Forklift Operator - Bereavement Leave
FFP

Collective Bargaining Agreement of this requirement for
RECEIVING/STORAGE/HOLDING AREA personnel.

NOTE: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification form (Attachment 3) per occurrence.

FOB: Destination

PURCHASE REQUEST NUMBER: HQCCAY03080001

NET AMT	\$1,842.56 (EST.)
---------	-------------------

ACRN AA	\$1,842.56
---------	------------

CIN: 00000000000000000000000000000000

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AH	Custodial - Admin/Store/Patron FFP Perform Custodial Operations EXCLUDING the Meat Processing, Preparation, and Wrapping Area, RSHA, and Outside Areas in accordance with Attachment 1, PWS. FOB: Destination PURCHASE REQUEST NUMBER: HQCCAY03080001	12	Months	\$29,366.77	\$352,401.24

NET AMT \$352,401.24

ACRN AA \$352,401.24
CIN: 00000000000000000000000000000000

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AJ	Custodial - Meat Processing Room FFP Perform Meat Processing, Preparation and Wrapping Area Custodial Operations in accordance with Attachment 1, PWS. FOB: Destination PURCHASE REQUEST NUMBER: HQCCAY03080001	12	Months	\$5,796.07	\$69,552.84

NET AMT \$69,552.84

ACRN AA \$69,552.84
CIN: 00000000000000000000000000000000

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AK	Custodial - RSHA & Outside Areas FFP Perform RSHA Custodial Operations, INCLUDING OUTSIDE AREAS, in accordance with Attachment 1, PWS. FOB: Destination PURCHASE REQUEST NUMBER: HQCCAY03080001	12	Months	\$3,477.64	\$41,731.68

NET AMT \$41,731.68

ACRN AA \$41,731.68
CIN: 00000000000000000000000000000000

PSC CD: S299

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AL	Custodian - Bereavement Leave FFP Funds are obligated to accommodate the use of bereavement leave, per the Collective Bargaining Agreement of this requirement for CUSTODIAL personnel. NOTE: In the case of bereavement leave, in order to be reimbursed, the contractor must complete and submit the Bereavement Leave Certification form (Attachment 3) per occurrence. FOB: Destination PURCHASE REQUEST NUMBER: HQCCAY03080001	64	Hours	\$26.22	\$1,678.08 EST

NET AMT \$1,678.08 (EST.)

ACRN AA \$1,678.08
CIN: 00000000000000000000000000000000

PSC CD: S299