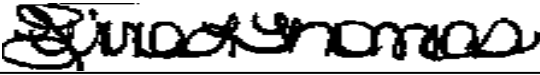


|   |                         |   |  |  |  |   |         |  |
|---|-------------------------|---|--|--|--|---|---------|--|
| <b>AWARD/CONTRACT</b>   |                         | 1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) |  |  | RATING   | PAGE OF PAGES<br>1   62   |         |  |
| 2. CONTRACT (Proc. Inst. Ident.) NO.<br>HDEC08-13-C-0015  |                         | 3. EFFECTIVE DATE<br>25 Jun 2013                          |  | 4. REQUISITION/PURCHASE REQUEST/PROJECT NO.<br>HQCNEG02260001  |  |   |         |  |
| 5. ISSUED BY<br>DEFENSE COMMISSARY AGENCY<br>STORE SERVICES SUPPORT DIVISION<br>1300 E AVENUE<br>FORT LEE VA 23801-1800   |                         | CODE<br>HDEC08  | 6. ADMINISTERED BY (If other than Item 5)<br><br><b>See Item 5</b>   |  |  | CODE  |         |  |
| 7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, state and zip code)<br>CRESCENT RESOURCES, LLC.<br>LEONARD CABRERA<br>650 POYDRAS STREET SUITE 2317<br>NEW ORLEANS LA 70130-6178  |                         |   |  | 8. DELIVERY<br>[ ] FOB ORIGIN [ X ] OTHER (See below)  |  | 9. DISCOUNT FOR PROMPT PAYMENT  |         |  |
| CODE 5ABC4  |                         |   |  | FACILITY CODE<br>HQCNEG  |  | 10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:<br><br>ITEM<br><b>Block 12</b> |         |  |
| 11. SHIP TO/MARK FOR<br>DOVER COMMISSARY<br>BUILDING 268<br>GALAXY STREET<br>DOVER AFB DE 19902-7268  |                         | CODE<br>HQCNEG  | 12. PAYMENT WILL BE MADE BY<br>DEF FINANCE & ACCOUNTING SVC "EFT: T"<br>DFAS-CVDA/CO<br>P O BOX 369016<br>COLUMBUS OH 43236-9016 |  |  | CODE<br>HQ0131  |         |  |
| 13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION:<br>[ ] 10 U.S.C. 2304(e)( ) [ ] 41 U.S.C. 253(e)( )   |                         |   | 14. ACCOUNTING AND APPROPRIATION DATA<br><b>See Schedule</b>   |  |  |   |         |  |
| 15A. ITEM NO.   | 15B. SUPPLIES/ SERVICES |   | 15C. QUANTITY  | 15D. UNIT  | 15E. UNIT PRICE  | 15F. AMOUNT   |         |  |
| <b>SEE SCHEDULE</b>   |                         |   |  |  |  |   |         |  |
| <b>15G. TOTAL AMOUNT OF CONTRACT</b>  |                         |   |  |  |  | <b>\$855,395.72 EST</b>   |         |  |
| 16. TABLE OF CONTENTS   |                         |   |  |  |  |   |         |  |
| (X)   | SEC.                    | DESCRIPTION   | PAGE(S)  | (X)  | SEC.   | DESCRIPTION   | PAGE(S) |  |
| <b>PART I - THE SCHEDULE</b>  |                         |   |  | <b>PART II - CONTRACT CLAUSES</b>  |  |   |         |  |
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| X   | B                       | SUPPLIES OR SERVICES AND PRICES/ COSTS                    | 2 - 36   | <b>PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS</b>  |  |   |         |  |
| X   | C                       | DESCRIPTION/ SPECS./ WORK STATEMENT                       | 37   | X  | J  | LIST OF ATTACHMENTS   | 62      |  |
|   | D                       | PACKAGING AND MARKING                                     |  | <b>PART IV - REPRESENTATIONS AND INSTRUCTIONS</b>  |  |   |         |  |
| X   | E                       | INSPECTION AND ACCEPTANCE                                 | 38   | K  | REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS |   |         |  |
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| X   | H                       | SPECIAL CONTRACT REQUIREMENTS                             | 42 - 46  |  |  |   |         |  |
| <b>CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE</b>  |                         |   |  |  |  |   |         |  |
| 17. [ X ] CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 1 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. [ ] AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number HDEC08-12-R-0006-0003  |  |   |         |  |
|   |                         |   |  | including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items 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 offer, and (b) this award/contract. No further contractual document is necessary. |  |   |         |  |
| 19A. NAME AND TITLE OF SIGNER (Type or print)   |                         |   |  | 20A. NAME OF CONTRACTING OFFICER<br>GINNA L THOMAS / CONTRACTING OFFICER<br>TEL: (804) 734-8000 ext 48546 EMAIL: ginna.thomas@deca.mil   |  |   |         |  |
| 19B. NAME OF CONTRACTOR   |                         | 19C. DATE SIGNED  |  | 20B. UNITED STATES OF AMERICA  |  | 20C. DATE SIGNED  |         |  |
| BY _____<br>(Signature of person authorized to sign)  |                         |   |  | BY <br>(Signature of Contracting Officer)  |  | 25-Jun-2013   |         |  |



| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT         |
|---------|---|----------|------|------------|----------------|
| 0001AB  |   | 3,906    | Case | \$0.4753   | \$1,856.52 EST |
|         | Payment for Excess Overwrites<br>FFP<br>Overwrites exceeding 7% of the total monthly cases per 4.3.3.8. of Attachment 1, PWS will be paid a unit price of 60% of the case price. (The QUANTITY shown is an ESTIMATED QUANTITY.) |          |      |            |                |
|         | This case price represents ALL effort associated with the management of overwrite cases.<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: HQCNEG02260001   |          |      |            |                |

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NET AMT \$1,856.52 (EST.)

ACRN AA \$1,856.52  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT  | UNIT PRICE | AMOUNT         |
|---------|--|----------|-------|------------|----------------|
| 0001AC  |  | 100      | Hours | \$26.29    | \$2,629.00 EST |
|         | Inventory Preparation<br>FFP<br>Perform Inventory Preparation Services in accordance with Attachment 1, PWS. (The QUANTITY shown is an ESTIMATED QUANTITY.)<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: HQCNEG02260001 |          |       |            |                |

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NET AMT \$2,629.00 (EST.)

ACRN AA \$2,629.00  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT   | UNIT PRICE | AMOUNT       |
|---------|--|----------|--------|------------|--------------|
| 0001AD  |  | 12       | Months | \$9,605.80 | \$115,269.60 |
|         | Receiving/Storage/Holding Area Operation<br>FFP<br>Perform Receiving/Storage/Holding Area Operations in accordance with<br>Attachment 1, PWS.<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: HQCNEG02260001 |          |        |            |              |

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NET AMT \$115,269.60

ACRN AA \$115,269.60  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT  | UNIT PRICE | AMOUNT       |
|---------|--|----------|-------|------------|--------------|
| 0001AE  |  | 16       | Hours | \$35.17    | \$562.72 EST |
|         | MHE Support for Inventories<br>FFP<br>Provide Material Handling Equipment (MHE) Support for Inventories in<br>accordance with Attachment 1, PWS. (The QUANTITY shown is an<br>ESTIMATED QUANTITY.)<br>FOB: Destination |          |       |            |              |

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NET AMT \$562.72 (EST.)

ACRN AA \$562.72  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT   | UNIT PRICE  | AMOUNT       |
|---------|---|----------|--------|-------------|--------------|
| 0001AF  |   | 12       | Months | \$19,031.89 | \$228,382.68 |
|         | Custodial Services (Admin/Store/Patron)   |          |        |             |              |
|         | FFP   |          |        |             |              |
|         | Perform Custodial Services (exclusive of RSHA, Outside Areas and Meat Processing, Preparation, and Wrapping Area) in accordance with Attachment 1, PWS. |          |        |             |              |
|         | FOB: Destination  |          |        |             |              |
|         | PURCHASE REQUEST NUMBER: HQCNEG02260001   |          |        |             |              |

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NET AMT \$228,382.68

ACRN AA \$228,382.68  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT   | UNIT PRICE | AMOUNT      |
|---------|--|----------|--------|------------|-------------|
| 0001AG  |  | 12       | Months | \$1,534.83 | \$18,417.96 |
|         | Custodial Services (RSHA and Outside)  |          |        |            |             |
|         | FFP  |          |        |            |             |
|         | Perform Custodial Services of the RSHA and Outside Areas in accordance with Attachment 1, PWS. |          |        |            |             |
|         | FOB: Destination   |          |        |            |             |
|         | PURCHASE REQUEST NUMBER: HQCNEG02260001  |          |        |            |             |

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NET AMT \$18,417.96

ACRN AA \$18,417.96  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT   | UNIT PRICE  | AMOUNT       |
|---------|---|----------|--------|-------------|--------------|
| 0001AH  |   | 12       | Months | \$10,129.87 | \$121,558.44 |
|         | Custodial Services (Meat Room)  |          |        |             |              |
|         | FFP   |          |        |             |              |
|         | Perform Custodial services of the Meat Processing, Preparation, and Wrapping Area in accordance with Attachment 1, PWS. |          |        |             |              |
|         | FOB: Destination  |          |        |             |              |
|         | PURCHASE REQUEST NUMBER: HQCNEG02260001   |          |        |             |              |

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NET AMT \$121,558.44

ACRN AA \$121,558.44  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT  | UNIT PRICE | AMOUNT         |
|---------|--|----------|-------|------------|----------------|
| 0001AJ  |  | 150      | Hours | \$26.47    | \$3,970.50 EST |
|         | Outside Snow and Ice Removal   |          |       |            |                |
|         | FFP  |          |       |            |                |
|         | Snow and Ice Removal from locations as specified in Attachment 1, paragraph 13.1 and Exhibit 4-6-4 of the PWS. |          |       |            |                |
|         | FOB: Destination   |          |       |            |                |
|         | PURCHASE REQUEST NUMBER: HQCNEG02260001  |          |       |            |                |

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NET AMT \$3,970.50 (EST.)

ACRN AA \$3,970.50  
CIN: 00000000000000000000000000000000



| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT  | UNIT PRICE | AMOUNT       |
|---------|---|----------|-------|------------|--------------|
| 0001AM  |   | 16       | Hours | \$26.34    | \$421.44 EST |
|         | Bereavement-Material Handling Laborer<br>FFP  |          |       |            |              |
|         | RSHA-Bereavement Leave (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 (Attachment 3) per occurrence. |          |       |            |              |
|         | FOB: Destination  |          |       |            |              |

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NET AMT \$421.44 (EST.)

ACRN AA \$421.44  
CIN: 00000000000000000000000000000000

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT  | UNIT PRICE | AMOUNT       |
|---------|--|----------|-------|------------|--------------|
| 0001AN  |  | 16       | Hours | \$26.47    | \$423.52 EST |
|         | Bereavement-Custodian<br>FFP   |          |       |            |              |
|         | Custodial-Bereavement Leave (to accommodate the use of Bereavement Leave, per the Collective Bargaining Agreement of this requirement for CUSTODIAN 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   |          |       |            |              |

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NET AMT \$423.52 (EST.)

ACRN AA \$423.52  
CIN: 00000000000000000000000000000000