

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> W52P1J-18-D-A124	<b>2. DELIVERY ORDER/CALL NO.</b> W52P1J18F0264	<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2018 SEP 25	<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE	<b>5. PRIORITY</b> DOA7
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<b>6. ISSUED BY</b> ARMY CONTRACTING COMMAND - RI ERIC EISCHEN ROCK ISLAND, IL 61299-8000 BLDGS 60 & 62  EMAIL: ERIC.T.EISCHEN.CIV@MAIL.MIL	<b>CODE</b> W52P1J	<b>7. ADMINISTERED BY (if other than 6)</b> ARMY CONTRACTING COMMAND - RI ROCK ISLAND ARSENAL ROCK ISLAND IL 61299	<b>CODE</b> W52P1J	<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)
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<b>9. CONTRACTOR</b>  M.C. DEAN, INC. BIDS AND PROPOSALS 22461 SHAW RD DULLES, VA 20166-4319	<b>CODE</b> 3K773	<b>FACILITY</b>	<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE	<b>11. X IF BUSINESS IS</b> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED
			<b>12. DISCOUNT TERMS</b>	<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15

<b>14. SHIP TO</b> SEE SCHEDULE	<b>CODE</b>	<b>15. PAYMENT WILL BE MADE BY</b> DFAS-INDY VP GFEBBS 8899 E. 56TH STREET INDIANAPOLIS IN 46249-3800	<b>CODE</b> HQ0490	<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>
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<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b> <input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.
	<b>PURCHASE</b>	Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____, furnish the following on terms specified herein.
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.		

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			

**17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE**  
SEE CONTRACT ADMINISTRATION DATA

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	SEE SCHEDULE				

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.	<b>24. UNITED STATES OF AMERICA</b> DAVID GANNON DAVID.A.GANNON.CIV@MAIL.MIL (309)782-0868 BY: <i>David A. Gannon</i> CONTRACTING/ORDERING OFFICER	<b>25. TOTAL</b> \$5,000.00	<b>26. DIFFERENCES</b>
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**27a. QUANTITY IN COLUMN 20 HAS BEEN**  
 INSPECTED  RECEIVED  ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED

<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>	<b>c. DATE (YYYYMMDD)</b>	<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>
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<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>	<b>28. SHIP. NO.</b>	<b>29. D.O. VOUCHER NO.</b>	<b>30. INITIALS</b>
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<b>f. TELEPHONE NUMBER</b>	<b>g. E-MAIL ADDRESS</b>	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	<b>32. PAID BY</b>	<b>33. AMOUNT VERIFIED CORRECT FOR</b>
		<b>31. PAYMENT</b> <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>34. CHECK NUMBER</b>

**36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.**

<b>a. DATE (YYYYMMDD)</b>	<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>	<b>35. BILL OF LADING NO.</b>
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<b>37. RECEIVED AT</b>	<b>38. RECEIVED BY (Print)</b>	<b>39. DATE RECEIVED (YYYYMMDD)</b>	<b>40. TOTAL CONTAINERS</b>	<b>41. S/R ACCOUNT NUMBER</b>	<b>42. S/R VOUCHER NO.</b>
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**CONTINUATION SHEET****Reference No. of Document Being Continued**

PIIN/SIIN

W52P1J-18-D-A124/W52P1J18F0264

MOD/AMD

**Page 2 of 6****Name of Offeror or Contractor:** M.C. DEAN, INC.

## SUPPLEMENTAL INFORMATION

Buyer Name: ERIC EISCHEN  
Buyer Office Symbol/Telephone Number: CCRC-TB/(309)782-7144  
Type of Contract 1: Firm Fixed Price  
Kind of Contract: Service Contracts  
Type of Business: Large Business Performing in U.S.  
Surveillance Criticality Designator: C

\*\*\* End of Narrative A0000 \*\*\*

1. The purpose of Task Order W52P1J-18-F-0264 to Contract W52P1J-18-D-A124 is to award the minimum guaranteed amount as required.
2. This Task Order meets your guaranteed minimum contract award amount of \$5,000.00 as stated on the Base Contract and in no way obligates the Government to issue additional Task Orders.
3. The funds on this Task Order shall be used to (a) Develop an ordering guide and a website which shall be provided to the Government for review; (b) Secure required personnel; (c) Coordinate for security clearances (interim clearances will be requested until final clearances are issued, if required); (d) Provide labor categories and pricing to PD CHESS for inclusion in the PD CHESS IT e-mart (See Performance Work Statement (PWS) Section 2.4.1, Contract Management); (e) Provide sample copies of required reports to PD CHESS for review and approval (See PWS Section 2.4.1, Contract Management); and (f) Provide a complete list of the Program Management team, to include names, positions, phone numbers, and email addresses in accordance with paragraph 1.6.14 of the PWS. All required updates (yearly) shall be furnished at no additional cost to the Government.
4. All other terms and conditions remain unchanged and in full force and effect as incorporated into the contract.

\*\*\* END OF NARRATIVE A0001 \*\*\*

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W52P1J-18-D-A124/W52P1J18F0264  
 PIIN/SIIN MOD/AMD

Name of Offeror or Contractor: M.C. DEAN, INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT						
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>GUARANTEED MINIMUM</u></p> <p>SERVICE REQUESTED: ITES-3S Min Buy (124                      CLIN CONTRACT TYPE:                      Firm Fixed Price</p> <p>PRON: 6X8C11246X PRON AMD: 01 ACRN: AA</p> <p>Delivery of all required items shall be to the CHESSE                      Product Lead, Mr. James (Keith) Copeland,  <a href="mailto:james.k.copeland1.civ@mail.mil">"mailto:james.k.copeland1.civ@mail.mil"</a>.</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u>                      INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u>                      Period of Performance                      Start Date: TBD                      End Date: 0060 days after award</p> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DAYS AFTER AWARD</u></td> </tr> <tr> <td>001</td> <td>1</td> <td>060</td> </tr> </table> <p style="text-align: right;">\$ 5,000.00</p>	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DAYS AFTER AWARD</u>	001	1	060	1	LO		\$ 5,000.00
<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DAYS AFTER AWARD</u>									
001	1	060									
0002	<p><u>CONTRACTOR MANPOWER REPORTING</u></p> <p>SERVICE REQUESTED: ITES-3S CMR                      CLIN CONTRACT TYPE:                      Firm Fixed Price</p> <p>Not Separately Priced (NSP) Army Services                      Requirement. Contractor shall report ALL Contractor                      labor hours required for performance of services                      provided (including subcontractor labor hours) via a                      secure data collection site IAW the Performance Work                      Statement (PWS).</p> <p>(End of narrative B001)</p> <p><u>Deliveries or Performance</u></p>				\$ ** NSP **						

**Name of Offeror or Contractor:** M.C. DEAN, INC.

CONTRACT ADMINISTRATION DATA

PRON/ AMS CD/ LINE	MIPR/ ITEM	OBLG STAT	JO NO/ ACCT ASSIGN	ACRN	OBLIGATED AMOUNT
0001	6X8C11246X	1	S.0060139.1	AA	\$ 5,000.00
TOTAL					\$ 5,000.00

ACRN	ACCOUNTING CLASSIFICATION	OBLIGATED AMOUNT
AA	021 201820182020 A5XIP 432615MXEC 251N L057432171 S.0060139.1	021001 \$ 5,000.00
TOTAL		\$ 5,000.00

LINE	ACRN	EDI/SFIS ACCOUNTING CLASSIFICATION	OBLIGATED AMOUNT
0001	AA	021 201820182020 A5XIP 432615MXEC 251N L057432171 S.0060139.1	021001

Regulatory Cite	Title	Date
1	252.232-7006 WIDE AREA WORKFLOW PAYMENT INSTRUCTIONS	MAY/2013

(a) Definitions. As used in this clause--

"Department of Defense Activity Address Code (DoDAAC)" is a six position code that uniquely identifies a unit, activity, or organization.

"Document type" means the type of payment request or receiving report available for creation in Wide Area WorkFlow (WAWF).

"Local processing office (LPO)" is the office responsible for payment certification when payment certification is done external to the entitlement system.

(b) Electronic invoicing. The WAWF system is the method to electronically process vendor payment requests and receiving reports, as authorized by DFARS 252.232-7003, Electronic Submission of Payment Requests and Receiving Reports.

(c) WAWF access. To access WAWF, the Contractor shall--

(1) Have a designated electronic business point of contact in the System for Award Management at <https://www.acquisition.gov> ; and

(2) Be registered to use WAWF at <https://wawf.eb.mil/> following the step-by-step procedures for self-registration available at this Web site.

(d) WAWF training. The Contractor should follow the training instructions of the WAWF Web-Based Training Course and use the Practice Training Site before submitting payment requests through WAWF. Both can be accessed by selecting the "Web Based Training" link on the WAWF home page at <https://wawf.eb.mil/> .

(e) WAWF methods of document submission. Document submissions may be via Web entry, Electronic Data Interchange, or File Transfer Protocol.

(f) WAWF payment instructions. The Contractor must use the following information when submitting payment requests and receiving reports in WAWF for this contract/order:

(1) Document type. The Contractor shall use the following document type(s).

2-in-1

(2) Inspection/acceptance location. The Contractor shall select the following inspection/acceptance location(s) in WAWF, as specified by the contracting officer.

W56G8W

**CONTINUATION SHEET****Reference No. of Document Being Continued**

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**Name of Offeror or Contractor:** M.C. DEAN, INC.

(3) Document routing. The Contractor shall use the information in the Routing Data Table below only to fill in applicable fields in WAWF when creating payment requests and receiving reports in the system.

Routing Data Table\*

Field Name in WAWF	Data to be entered in WAWF
Pay Official DoDAAC	HQ0490
Issue By DoDAAC	W52P1J
Admin DoDAAC	W52P1J
Inspect By DoDAAC	W56G8W
Ship To Code	W56G8W
Ship From Code	N/A
Mark For Code	N/A
Service Approver (DoDAAC)	W56G8W
Service Acceptor (DoDAAC)	W56G8W
Accept at Other DoDAAC	N/A
LPO DoDAAC	N/A
DCAA Auditor DoDAAC	N/A
Other DoDAAC(s)	N/A

(4) Payment request and supporting documentation. The Contractor shall ensure a payment request includes appropriate contract line item and subline item descriptions of the work performed or supplies delivered, unit price/cost per unit, fee (if applicable), and all relevant back-up documentation, as defined in DFARS Appendix F, (e.g. timesheets) in support of each payment request.

(5) WAWF email notifications. The Contractor shall enter the email address identified below in the "Send Additional Email Notifications" field of WAWF once a document is submitted in the system.

james.k.copeland1.civ@mail.mil  
eric.t.eischen.civ@mail.mil

(g) WAWF point of contact.

(1) The Contractor may obtain clarification regarding invoicing in WAWF from the following contracting activity's WAWF point of contact.

eric.t.eischen.civ@mail.mil

(2) For technical WAWF help, contact the WAWF helpdesk at 866-618-5988.

(End of clause)

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LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Attachment 0001	ACC-RI CONTRACTING POC	27-AUG-2018	001	