

SUPPORT AGREEMENT

1. AGREEMENT NUMBER (Provided by supplier)	2. SUPERSEDED AGREEMENT NUMBER (if this replaces another)	3. EFFECTIVE DATE (YYMMDD)	4. EXPIRATION DATE (May be "indefinite")
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5. SUPPLYING ACTIVITY a. NAME AND ADDRESS COMMANDER <i>Installation name and address</i> POC: xxxxxxxxxxxx, Support Agreements Manager Telephone: Commercial (xxx) xxx-xxxx, DSN xxx-xxxx FAX: Commercial (xxx) xxx-xxxx, DSN xxx-xxxx Email:	6. RECEIVING ACTIVITY a. NAME AND ADDRESS <i>PM Office and address</i> POC: from PM office Telephone: Commercial (xxx) xxx-xxxx, DSN xxx-xxxx FAX: Commercial (xxx) xxx-xxxx, DSN xxx-xxxx Email:
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b. MAJOR COMMAND	b. MAJOR COMMAND
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7. SUPPORT PROVIDED BY SUPPLIER		
a. SUPPORT (Specify what, when, where, and how much) Command Element Disaster Control Environmental Compliance Fire Protection Police Services Safety Communications Service Community Service Engineering Services Real Property Maintenance Entomology Ice & Snow Removal Custodial Waste Disposal Resource Management Utilities	b. BASIS FOR REIMBURSEMENT Population Served Population Served Managerial Estimate KSF of Space Occupied Population Served Population Served/Managerial Estimate Telephone Population Population Served - \$669 (Non-reimbursable) Percentage of Maintenance & Repair Projects Population Served/KSF KSF/Population Served Population Served Actual Contract Cost Population Served Managerial Estimate Engineering Estimate Plus Actual Electricity Cost FY04 Annual Flat Rate Cost Reimbursement Plus Actual Cost of Metered Electricity FY04 TOTAL ESTIMATED REIMBURSEMENT FY05 Annual Flat Rate Cost Reimbursement Plus Actual Cost of Metered Electricity FY05 TOTAL ESTIMATED REIMBURSEMENT FY06 Annual Flat Rate Cost Reimbursement Plus Actual Cost of Metered Electricity FY06 TOTAL ESTIMATED REIMBURSEMENT	c. ESTIMATED REIMBURSEMENT

ADDITIONAL SUPPORT REQUIREMENTS ATTACHED:	<input checked="" type="checkbox"/> X	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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8. SUPPLYING COMPONENT		9. RECEIVING COMPONENT	
a. COMPROLLER SIGNATURE <i>name</i> <i>title</i>	b. DATE SIGNED	a. COMPROLLER SIGNATURE <i>name</i> <i>title</i>	b. DATE SIGNED

c. APPROVING AUTHORITY (1) TYPED NAME		c. APPROVING AUTHORITY (1) TYPED NAME	
(2) ORGANIZATION	(3) TELEPHONE NUMBER	(2) ORGANIZATION	(3) TELEPHONE NUMBER
(4) SIGNATURE	(5) DATE SIGNED	(4) SIGNATURE	(5) DATE SIGNED

10. TERMINATION (COMPLETE ONLY WHEN AGREEMENT IS TERMINATED PRIOR TO SCHEDULED EXPIRATION DATE)			
a. APPROVING AUTHORITY SIGNATURE	b. DATE SIGNED	c. APPROVING AUTHORITY SIGNATURE	d. DATE SIGNED

11. GENERAL PROVISIONS (Complete blank spaces and add additional general provisions as appropriate: e.g., exceptions to printed provisions, additional parties to this agreement, billing and reimbursement instructions.)

a. The receiving components will provide supplying component projections of requested support. (Significant changes in the receiving component's support requirements should be submitted to the supplying component in a manner that will permit timely modification of requirements.)

b. It is the responsibility of the supplying component to bring any required or requested change in support to the attention of *PM Office Name* prior to changing or canceling support.

c. The component providing reimbursable support in this agreement will submit statements of cost to: *DFAS Operating Location Name* for preparation of billing document, SF 1080.

d. All rates expressing the unit cost of services provided in this agreement are based on current rates which may be subject to change for uncontrollable reasons, such as legislation, DoD directives, and commercial utility rate increases. The receiver will be notified immediately of such rate changes that must be passed to the support receivers.

e. This agreement, or any portion of this agreement, may be canceled at any time by mutual consent of the parties concerned. This agreement, or any portion of this agreement, may also be canceled by either party upon giving at least 180 days notice to the other party.

f. In case of mobilization or other emergency, this agreement will remain in force only within supplier's capabilities.

g. This agreement will be reviewed triennially at least 120 days prior to the anniversary of the effective date in Block 3 and revised in accordance with costing rates and guidance at that time. The cost of support will be reviewed annually, and changes will be made in applicable support categories where there have been significant changes in support requirements or where other conditions warrant revision. Supplier will notify Receiver of final determination of cost estimate prior to each fiscal year. The specific provisions will be reviewed any time there is an indication of change and revised as needed. Review of specific provisions may be initiated by the Receiver or by the Supplier.

h. Receiver will reimburse Supplier for all support based on population served, engineered estimates, managerial or actual costs, as indicated in the basis of cost. Exceptions to reimbursement will be noted in the Specific Provisions. Receiver will submit MIPR at least quarterly in advance to Commander, name and address, or fax to the Budget Office at xxx-xxx-xxxx, or DSN xxx-xxxx.

i. Receiver will insure that the contractor reimburses the Supplier for any liabilities, such as OSHA penalties or environmental fines or penalties, incurred as a result of the contractor's operation.

j. *Installation Name* works an alternate work schedule consisting of nine working days during a two week period. Normal business hours are 0700-1630, Monday - Thursday, and 0700-1530 on alternate Fridays. Any work hours outside normal business hours is considered overtime. Receiver will be required to reimburse Supplier for overtime hours worked in support of Receiver or its contractors or subcontractors. Overtime requirements will be mutually agreed upon by both parties and coordinated prior to commencement.

Attachments: I – General Provisions
 II – Special Provisions
 III – Specific Provisions
 IV – Basis of Cost
 V – Drawings of Bldgs 105 and 414
 VI – Real Estate Agreement

ADDITIONAL GENERAL PROVISIONS ATTACHED:	YES	X	NO
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12. SPECIFIC PROVISIONS (As appropriate: e.g., location and size of occupied facilities, unique supplier and Receiver responsibilities, conditions, requirements, quality standards, and criteria for measurement/reimbursement of unique requirements.)

(SEE ATTACHMENT III)

ADDITIONAL SPECIFIC PROVISIONS ATTACHED:	YES	X	NO
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