# SUPPORT AGREEMENT

1. DOCUMENT IDENTIFIER ("X" one)
X NEW ☐ REVIEW NO ____ ☐ REVISION NO ____ ☐ TERMINATION

2. SUPPLIER (Name, Office Symbol & complete address)
Commanding Officer
NAVSCOLEOD

GEOGRAPHICAL AREA OR COUNTRY CODE:

2a. MAJOR COMMAND CODE: N00024

2b. SUBORDINATE COMMAND CODE: 54026

3. PRESENT AGREEMENT NUMBER: N62640-89213-00 1

3a. SUPERSEDED AGREEMENT NUMBER: 86274001

4. TERMINATION DATE (Month and Year): INDEFINATE

5. RECEIVER (Name, Office Symbol & complete address)
Commanding Officer
HQBN, HQMC Henderson Hall
Arlington, VA 22214-5000

GEOGRAPHICAL AREA OR COUNTRY CODE

5a. DODAAC, FEDSTRIP NUMBER: M67353

5b. MAJOR COMMAND CODE: M95464

5c. SUBORDINATE COMMAND CODE: NA

6. SUPPORT AGREEMENT RESOURCE SUMMARY

| a. CATEGORY CODES | SUPPLIER b. MAN YEARS: MILITARY | CIVILIAN | c. GROSS ADDITIONAL COSTS: TOTAL | NON-REIMBURSEABLE | REIMBURSEABLE |
|---|---|---|---|---|---|
| BF | 00.00 | 00.00 | 00.00 | Common Service | 00.00 |
| BG | | | | | |
| BM | | | | | |
| BN | | | | | |
| BO | | | | | |
| BR | | | | | |
| BU | | | | | |
| BV | | | | | |
| BW | | | | | |
| BX | | | | | |
| SG | | | | | |
| ST | | | | | |
| TOTAL | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 |

6d. RECEIVER DATA (When applicable, provide similar data required in blocks 6a, b and c)

7. SAVINGS ACCRUED COSTS INCURRED MAN YEARS SAVED EXPENDED TO FEDERAL GOVERNMENT

| 7a. SAVINGS | 7b. COSTS | 7c. MAN YEARS SAVED | 7d. MAN YEARS EXPENDED |
|---|---|---|---|
| FY: | FY: | FY: | FY: |

8. FUNDING AND REIMBURSEMENT ARRANGEMENT (Include all details concerning billing/reimbursement procedures, funding limitations, and the appropriate "billing/submit thru" addresses. Also list those references which specifically apply to the type of organization being supported.)

FUNDING MAILING ADDRESS: HQBN, HQMC Henderson Hall
Arlington, VA 22214-5000
Attn: Fiscal Office S-4

ENCLOSURE (3)

9. GENERAL PROVISIONS (*Complete blank spaces*): The following general provisions, as set forth in Chapter III, DOD 4000.19-M, apply to this agreement unless otherwise specified in "Remarks" block below:

a. The Receiving Activity will provide the Supplying Activity projections of support required to accomplish its mission. Significant changes in the Receiving Activity function, mission or support requirements will be submitted by the Receiving Activity in a manner that will permit timely modification of resource requirements.

b. It is the responsibility of each agency providing support under this agreement to bring any required or requested change in support to the attention of CO HQBN HQMC prior to providing/reducing unilaterally such additional/reduced support.

c. Activities providing reimbursable support in this agreement will submit a monthly statement of costs to CO NAVSCOLEOD for preparation of billing document, SF 1080.

d. Manpower required in support of this agreement which is subject to return to the lending activity upon termination of the agreement: NONE (Enter number or if no manpower is required, enter "None").

e. 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 Congressional legislation, DOD directives, commercial utility rate increases, etc. The receiver will be notified immediately of such rate changes.

f. This agreement will be reviewed triennially at least 120 days prior to the anniversary date. It may be revised at any time upon the mutual consent in writing of the parties concerned.

g. This agreement may be cancelled at any time by mutual consent of the parties concerned. This agreement may also be cancelled by either party upon giving at least 180 days written notice to the other party.

h. In case of mobilization or other emergency, this agreement will remain in force within supplier's capabilities, subject to normal cancellation provisions and will be subject to review at that time. This agreement will not be terminated if such action impairs the combat mission of the receiving activity as determined by higher headquarters.

10. REMARKS

SEE APPENDIX A

POC:-

SUPPLIER -COMPTROLLER, NACSCOLEOD Indian Head, MD

RECEIVER -OIC, MARINE CORPS DET, Indian Head, MD

ENCLOSURE (3)

| | | |
|---|---|---|
| 11. COMPTROLLER CONCURRENCE (*Supplier Signature & Date*)<br>JEFFREY C. HORTON, LT. SC. USN 10/01/89 | 12. COMPTROLLER CONCURRENCE (*Receiver Signature & Date*)<br>D.L. Smock 10/1/89<br>D.L. SMOCK S-4 /FISCAL OFFICER | |
| 13. TYPED NAME AND ORGANIZATION OF SUPPLIER APPROVING AUTHORITY<br>M.G. MATHEWS<br>CO NAVSCOLEOD | 13a. SIGNATURE<br>M. G. Mathews | 13b. DATE<br>10/1/89 |
| 14. TYPED NAME AND ORGANIZATION OF RECEIVER APPROVING AUTHORITY<br>Col. M. H. GAVLICK<br>CO, HQBN Henderson Hall | 14a. SIGNATURE | 14b. DATE<br>10/1/89 |

S/N 0102-LF-001-1441