SUPPORT AGREEMENT						
1. AGREEMENT NUMBER	2. SUPERSEDED	AGREEMENT NO.	3. EFFECTIVE DATE (YYYYMMDD)	1	ATION DATE	
(Provided by Supplier)	(If this replaces	another agreement)	20170215	(May b	e "Indefinite")	
SLA-W6SWAA-W08GAA-17			20170215	<u> </u>	20180930	
5. SUPPLYING ACTIVITY			6. RECEIVING ACTIVITY			
a. NAME AND ADDRESS			a. NAME AND ADDRESS			
United States Army Signal Network Enterprise Center (USASNEC)			Public Health Command Central S6			
Joint Base San Antonio (JBSA)			2899 Schofield Road Suite 2630/1022 JBSA Fort Sam Houston, Texas 78234			
2406 Gun Shed, Suite 1048 Fort Sam Houston, TX 78234			JBSA Port Sam Houston, Texas 76	234		
b. MAJOR COMMAND			b. MAJOR COMMAND			
Network Enterprise Technology Command (NETCOM) / 9th Signal			MEDCOM			
Command Army		<u> </u>				
7. SUPPORT PROVIDED BY SUPPLIER a. SUPPORT (Specify what, when, where, and how much)			b. BASIS FOR REIMBURSEMENT	I - ECTINA	TED REIMBURSEMENT	
a. SUPPORT (Specify What, When, Where	e, and now much)			C. ESTIMA	TED REINIBORSENIEN	
This Support Agreement (SA)/Service Level Agreement (SLA)			Mission Funded Services			
covers specific mission or enha	inced services d	lefined in the				
C4IM Services List that are outside the common-user baseline						
services. This SA/SLA documents the specifically selected						
C4IM tasks that shall be provided by the Service Provider to						
the Customer, for a specified c	icable, also					
specifies the service performance metrics.						
					22.52.22	
700.05.02.01 - Mission Specifi			1 x \$353.00		\$353.00	
(Implementation) / AmegaViev	w Appl & Datat	oase				
700.05.00.01. 141-11. 5		3 114	1 49 265 00	20.265.00		
700.05.02.01 - Mission Specific server Adm and Hosting			1 x \$8,365.00	\$8,365.00		
(Level 3 Support/Annual Sustainment/ Virtual)						
				İ		
				Total: \$8,718.00		
				10tal. \$6,716.00		
			<u></u>			
ADDITIONAL SUPPORT REQUIREMENT 8. SUPPLYING COMPONENT	IS ATTACHED:	X YES	9. RECEIVING COMPONENT			
a. COMPTROLLER SIGNATURE		b. DATE SIGNED	a. COMPTROLER SIGNATORE		b. DATE SIGNED	
			130			
		20170703	LICTAMES GRAIL	C. Rus	דומטכצו	
c. APPROVING AUTHORITY			c APPROVING AUTHORITY			
(1) TYPED NAME			(1) TYPED NAME	lor DUC C	•	
Darla H. Davis, Acting Director, Southwest RNEC			COL Jean M. Barido Commander, PHC-C			
(2) ORGANIZATION		ELEPHONE NUMBER	Public Health Command Control		(3) TELEPHONE NUMBER	
United States Army Signal Network Center Joint Base San Antonio	Enterprise- (210) 221-5281			(210) 221-3495	
(4) SIGNATURE	<u> </u>	(5) DATE SIGNED	(4) SIGNATURE		(5) DATE SIGNED	
			BARIDO.JEAN.M Degitally signed to BARIDO.JEAN.M Disputation of the BARIDO.JEAN.	79 MARIE 1007947921 S. Government, ou-DoD	ou-PKI	
			ARIE.1007947921 00=USA. cn=BA Date: 2017.04.13	RIDO JEAN MARIE. 10	07947921	
10. TERMINATION (Complete only when agreement is terminated prior to scheduled expiration date.)						
a. APPROVING AUTHORITY SIGNATUR	lE.	b. DATE SIGNED	c. APPROVING AUTHORITY SIGNATULE	RE	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 the 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 resource requirements.)
b.	It is the responsibility of the supplying component to bring any required or requested change in support to the attention of
_	Receiving Component prior to changing or cancelling support. The component providing reimbursable support in this agreement will submit statements of costs to:
U.	Receiver Funding POC
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 through to the support receivers.
e.	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.
	11.e. statement continued at 13.l.(6) Effective Date and Termination
f.	In case of mobilization or other emergency, this agreement will remain in force only within supplier's capabilities.
Sy (M 244 app cla an rei co PC Da h. is rei ma	BILLING: Receiving activity will fund charges via an established work breakdown structure (WBS) in General Fund Enterprise Business stem (GFEBS). If Receiving activity is unable to fund charges via WBS, a DD Form 448, Military Interdepartmental Purchase Request (IPR), and/or equivalent form, will be forwarded to 106th SIGNAL BRIGADE, RESOURCE MANAGEMENT, ATTN: COMPTROLLER, 06 GUN SHED ROAD, SUITE 3027, FORT SAM HOUSTON, TX 78234-1248, authorizing reimbursable service charges to the Receiver's propriation. All MIPRs must include the following: category of support, dollars obligated, SA number, billing office address, accounting assistication/account number, and period funds are available. COSTS: All costs identified in this agreement are estimated based on usage data d cost models. The costs will be in accordance with DODI 4000.19, to ensure continued accuracy of estimated reimbursement. The imbursable costs should be provided by the Receiver on the appropriate resource document. The Supplier will bill the Receiver for estimated sts by voucher on an annual, up front and in full basis, with actual cost reconciliation occurring in the third/fourth quarter of the fiscal year. DCs: (Name/Office/Symbol/Phone/Email: Irether J. Gaines, NETC-SFB-DTB-210-221-5132/irether.j.gaines.civ@mail.mil; avid H. Staples, MCHF-ZAR/ 210-916-8896/david.h.staples.civ@mail.mil Reimbursable service funding may be used in a direct capacity when in conjunction with an IT Service Contract; funding used in this manner non-refundable. All other reimbursable service funding, if not utilized by the service provider will be refunded back to the customer. Provider imbursed service begins no earlier than the effective date of this SA/SLA and no later than confirmation from the service provider resource anager that adequate funds have been received from the above named customer and made available to the Provider for this service.
_	ADDITIONAL GENERAL PROVISIONS ATTACHED: YES X NO
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.)
red by Ho	RVICE DECLARATIONS AND TARGETS (PEFORMANCE MEASURES) Performance standards will serve as the guideline for quality rvice delivery to the customer by the Service Provider; Availability, Response Time, Reliability, Resolution, Capacity, Workload, and Other, as quired. Performance Measures: The following provides the performance measures associated with the services being provided to the customer the service provider. Service Performance reports will be provided within the current supplying organizations capabilities. Service Provider purs of Operation: For each optional service selected, the provider will negotiate with the supported organization the hours that each service is quired. Hours of operation are from 0700-1700, Monday through Friday excluding Federal Holidays.
	ADDITIONAL SPECIFIC PROVISIONS ATTACHED: X YES NO