

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: PAGE 1 OF 111 + 6 Attach.
 2. CONTRACT NO: V797P-1030
 3. AWARD EFFECTIVE DATE: 1-20-2005
 4. ORDER NUMBER
 5. SOLICITATION NUMBER: RFP-797-NC-04-006
 6. SOLICITATION ISSUE DATE: June 25, 2004

7. FOR SOLICITATION INFORMATION CALL: Maria A. Ramirez, Contracting Officer (708) 786-5181
 8. OFFER DUE DATE/LOCAL TIME: 8/05/04, 4:00 P.M. Central Time

9. ISSUED BY: Department of Veterans Affairs (049A1N2PV) National Acquisition Center, Bldg. #37 P.O. Box 76 First Avenue, One Block N. of Cermak Rd. Hines, IL 60141
 10. THIS ACQUISITION IS UNRESTRICTED* SET ASIDE: * SMALL BUSINESS *Sec Part VI 8(A) NAICS: 423450 SIZE STANDARD: 500
 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MAKRED SEE SCHEDULE
 12. DISCOUNT TERMS: N15
 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)
 13b. RATING
 14. METHOD OF SOLICITATION: RFQ IFB X RFP

15. DELIVER TO: Delivery Addresses Shown on Delivery Orders
 16. ADMINISTERED BY: Same as Block #9

17a. CONTRACTOR/OFFEROR: American Medical Depot 4380 NW 135th Street Miami, FL 33054 TELEPHONE NO. (305) 364-0888 DUNS # 06-272-2038
 18a. PAYMENT WILL BE MADE BY: Payment address will be listed on individual delivery orders issued against this contract.

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>PRIME VENDOR PROGRAM FOR THE DISTRIBUTION OF MEDICAL AND SURGICAL SUPPLIES AND RELATED SERVICES.</p> <p>PLEASE REFER TO THE "STATEMENT OF WORK" OF THE SOLICITATION.</p> <p>(Use Reverse and/or Attach Additional Sheets as Necessary)</p>				

25. ACCOUNTING AND APPROPRIATION DATA
 26. TOTAL AWARD AMOUNT (For Govt. Use Only) (Base Estimated \$ 19,329,496. Period)

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA X ARE ARE NOT ATTACHED
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED

X 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. *Please refer to Part V for further instructions. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.
 29. AWARD OF CONTRACT: REF RFP OFFER DATED 11/4/04 YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS. Please see attached Summary of Award

30a. SIGNATURE OF OFFEROR/CONTRACTOR
 31a. UNITED STATES OF AMERICA SIGNATURE OF CONTRACTING OFFICER

30b. NAME AND TITLE OF SIGNER (Type or print): Avon D. Haury, Director for Contracting
 30c. DATE SIGNED: 8-3-04
 31b. NAME OF CONTRACTING OFFICER (Type or print): MARIA A. RAMIREZ Contracting Officer
 31c. DATE SIGNED: 8/20/2005

SUMMARY OF AWARD

Addenda to Standard Form 1449 – Contract V797P-1030
Page 2 of 4

Contractor: American Medical Depot
630 W. 84th Street
Hialeah, Florida 33014

Contract Number: V797P-1030

Payment Terms: Net 15 Days

Items Awarded: #8 – VISN 8

Date of Award: January 20, 2005

Contract Period: April 20, 2005 through December 19, 2006, with two 20-month renewable options.

Implementation Period: January 20, 2005 through April 19, 2005

Estimated Value of Award Base Period:

- Value of Products: \$18,350,323
- Distribution fees: \$979,173
- Total Estimated Value of Award: \$19,329,496 (Base Period)

Distribution Fees:

- Conventional Deliveries: 4.4% for the base and each option period
- Just-In-Time: 8.3% for the base and each option period

Fill Rates:

- Conventional Deliveries: 95%, 3 Bulk Deliveries per week, F.O.B. Destination
- Just-In-Time Deliveries: 98%, 5 Low Unit of Measure Deliveries per week, F.O.B. Destination

Emergency Deliveries: Two monthly deliveries per account provided at no cost.
Thereafter: \$175.00 flat fee per delivery trip.

SUMMARY OF AWARD

Addenda to SF 1449 – Contract V797P-1030

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Conventional Delivery Method – AMERICAN MEDICAL DEPOT

VALUE-ADDED SERVICES	Adjustment To Conventional Base Distribution Fee. (Please indicate proposed adjustment as either an increase(+) or decrease (-) to the conventional base distribution fee. Please indicate "No Change" for no adjustment to conventional base distribution fee.)
One delivery per week	-.20%
Two deliveries per week	-.10%
97% fill-rate	+.20%
Additional exterior delivery sites beyond the two required by the solicitation. (Delivery sites are located within the same Government complex).	+.10% each
Shelf Life Greater Than Six Months	No change
Bar Code Labels	See detail below*
Fill/Call	No change
<p>Custom Pallet Architecture <i>Custom pallet architecture charges are applicable when a customer's request requires special handling. Examples include requesting single orders separated onto multiple pallets, requesting less than pallet quantities be isolated from other products on the same delivery, or requesting stacking sequence that results in one of the above situations. The contractor agrees to notify the customer of charges before processing an order if a customer request will result in a custom pallet fee.</i></p>	<p><i>(This adjustment should be proposed as both an adjustment to the conventional delivery method distribution fee and as a per activity flat fee.)</i></p> <p>Adjustment to Conventional Delivery: Fee: +.75% Flat Fee: \$80.00</p>

***For labels at the bulk packaging level:**

- *\$.19 per label for labels up to 1.5" x 3", 3 lines of data*
- *Original label data and changes must be submitted electronically.*
- *Original label set-up will be done at no charge. Label database changes will be made for \$110.00 flat fee.*

SUMMARY OF AWARD

Addenda to SF 1449 – Contract V797P-1030

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Just-In-Time Delivery Method – AMERICAN MEDICAL DEPOT

<p>VALUE-ADDED SERVICES</p>	<p>Adjustment To Just-In-Time Base Distribution Fee. <i>(Please indicate proposed adjustment as either an increase or decrease to the Just-in-Time Base Distribution Fee. Please indicate "No Change" for no adjustment to the Just-In-Time Base Distribution Fee.)</i></p>
Saturday Deliveries	+.30%
Sunday Deliveries	+.40%
100% Fill-Rate	+2.0%
Delivery to 2-4 Floor Delivery Locations	+3.50%
Delivery to 5-7 Floor Delivery Locations	+3.75%
Shelf Life Greater Than Six Months	<i>No change</i>
Bar-Code Labels	<i>See detail below**</i>
Fill/Call	<i>No change</i>
<p>Custom Pallet Architecture <i>Custom pallet architecture charges are applicable when a customer's request requires special handling. Examples include requesting single orders separated onto multiple pallets, requesting less than pallet quantities be isolated from other products on the same delivery, or requesting stacking sequence that results in one of the above situations. The contractor agrees to notify the customer of charges before processing an order if a customer request will result in a custom pallet fee.</i></p>	<p><i>(This adjustment should be proposed as both an adjustment to the conventional base distribution fee and as a per activity flat fee.)</i></p> <p>Adjustment to Just-In-Time Delivery : Fee: +.75%</p> <p>Flat Fee: \$80.00</p>

6.8. At the discretion of facilities, delivery service levels and/or value-add services may occur by providing 15 days advance notice to the prime vendor.

**** For labels at the Low Unit of Measure packaging level:**

- *\$.29 per label for labels up to 1.5" x 3", 3 lines of data (space permitting).*
- *Original label data and changes must be submitted electronically.*
- *Original label set-up will be done at no charge. Label database changes will be made for \$110.00 flat fee.*