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

1. REQUISITION NUMBER

2. CONTRACT NO. VA797-P-0047

3. AWARD/EFFECTIVE DATE 12/22/06 EFF: 3/1/07

4. ORDER NUMBER

5. SOLICITATION NUMBER **VA-797-06-RP-0004**

6. SOLICITATION ISSUE DATE **June 27, 2006**

7. FOR SOLICITATION INFORMATION CALL: ▶ a. NAME **Maria A. Ramirez, Contracting Officer**

b. TELEPHONE NUMBER (No collect calls) **(708) 786-5181**

8. OFFER DUE DATE/ LOCAL TIME **7/26/2006, 3:00 P.M. Central Time**

9. ISSUED BY: CODE

Department of Veterans Affairs (049A1N3MSPV)
National Acquisition Center, Bldg. #37
National Contract Service P.O. Box 76
First Avenue, One Block N. of Cermak Rd.
Hines, IL 60141

10. THIS ACQUISITION IS
X UNRESTRICTED*
X SET ASIDE: * % FOR
* SMALL BUSINESS
*See Part V
☐ 8(A)

NAICS: 423450
SIZE STANDARD: 500

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MAKRED
☐ SEE SCHEDULE

12. DISCOUNT TERMS **Net 15**

☐ 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITAT ION
☐ RFQ ☐ IFB X RFP

15. DELIVER TO CODE

Delivery Addresses Shown on Individual Delivery Orders

16. ADMINISTERED BY CODE

Same as Block #9

17a CONTRACTOR/ OFFEROR CODE FACILITY CODE

Professional Hospital Supply, Inc.
41980 Winchester Rd., Temecula, CA 92590

TELEPHONE NO. 951-296-2600

☐ 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18a. PAYMENT WILL BE MADE BY CODE

Payment address will be listed on individual delivery orders issued against this contract.

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
	PRIME VENDOR PROGRAM FOR THE DISTRIBUTION OF MEDICAL AND SURGICAL SUPPLIES AND RELATED SERVICES TO VETERANS INTEGRATED SERVICES NETWORK (VISN) 21. **PLEASE REFER TO THE "STATEMENT OF WORK" OF THE SOLICITATION** (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT (For Govt. Use Only)
Estimated $13,032,002 (Base 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 XX 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 ~~OFFER XXXXX~~ dtd. 7/25/06 & FPR dated 10/19/06 YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:
Please refer to 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)
Jenise M. Luttgens, President

30c. DATE SIGNED
7/25/06

31b. NAME OF CONTRACTING OFFICER (Type or print)
MARIA A. RAMIREZ
Contracting Officer

31c. DATE SIGNED
12/22/06

SUMMARY OF AWARD

Addenda to Standard Form 1449 – Contract VA797-P-0047
Page 2 of 3

Contractor: Professional Hospital Supply
41980 Winchester Road
Temecula, CA 02590

Contract Number: VA797-P-0047

Payment Terms: Net 15 Days

Item Awarded: All VA Facilities Within VISN 21, EXCEPT HAWAII

Date of Award: December 22, 2006

Contract Period: March 1, 2007 through February 29, 2008, with one 12-month option and one 17-month option periods.

Estimated Value of Award: Base Period: $12,213,685 (exclusive of distribution fees)
Total Value Base Period Estimate: $13,032,002 (inclusive Of distribution fees)

Distribution Fees: Conventional Delivery Method: 3.5%
Just-in-Tim Delivery Method: 7.5%

Fill Rates: Conventional: 95%, 5 Deliveries per week
Just-In-Time: 98%, 5 Deliveries per week

Emergency Deliveries: Two monthly deliveries per account at no additional cost.
Thereafter: $125.00 per Delivery for shipments made by PHS, Or, actual shipping costs for deliveries made on Other than PHS trucks.

CONVENTIONAL DELIVERY METHOD

VALUE-ADDED SERVICES	Adjustment To Conventional Base Distribution Fee
Deliveries Three Days Per Week	No Change
Deliveries Four Days Per Week	No Change
Saturday Deliveries (*See Note)	*See Note Below – 0.5%
Sunday Deliveries (*See Note)	*See Note Below – 0.5%
97% fill-rate	No change
Deliveries on Federal Government Holidays (See Note)	No Change
Shelf Life Greater Than Six Months	No Change
Bar Code Labels	$0.12 (Patient Charge labels only). Otherwise, no charge for the application of outside case labels.
Custom Pallet	No Change

***Note: Any charges for this service will apply only to the specific day on which the service was provided. The 0.5% additional fee applies whether delivery is on Saturday, Sunday, or both days.**

JUST-IN-TIME DELIVERY METHOD

VALUE-ADDED SERVICES	Adjustment To Just-In-Time Base Distribution Fee
**Exchange Cart Replenishment Program	NO AWARD
Saturday Deliveries (*See Note)	*See Note Below – 1%
Sunday Deliveries (*See Note)	*See Note Below – 1%
Deliveries on Federal Government Holidays (*See Note)	No Change
Shelf Life Greater Than Six Months	No Change

Note: Any charges for this service will apply only to the specific day on which the service was provided. The 1% additional fee applies whether delivery is on Saturday, Sunday, or both days.