| SOLICITATION/CONTE<br>OFFEROR TO CO   | RACT/ORDER FOR COI<br>OMPLETE BLOCKS 12,   |  |   | 1. RE   | QUISITION !                | łÖ.                                     | PAGE 1 OF 125   |
|---|--|--|---|---|----------------------------|---|---|
| NTRACT NO.  | 3 AWARD/EFFECTIVE DATE   | 4. ORDER NO.   | emberonarane e na pri se pri e pre ni i previ gares s | 5. 80   | LICITATION                 | NUMBER                                  | 6. SOLICITATION ISSUE DATI                            |
| VA797-P-0188  | EFF: 4/20/10   | V  |   |   | 797-09-                    | RP-0006                                 | 07-20-2009  |
| FOR SOLICITATION INFORMATION CALL:  | a.NAME<br>Timothy Richards,  | Contracting Of   | fficer  |   | LEPHONE N<br>3) 786-4      | O. (No Collect Calls)                   | 8. OFFER DUE DATE/LOCAL<br>TIME 08-19-2009<br>4:00 PM |
| ISSUED BY   | CODE   |  | 10. THIS ACQUISITION                                  |   | [ <del>]</del>             |   |   |
| Department of Veterans Affairs OA&L / National Acquisition Center Building 37, Attn: Timothy Richards lst Avenue, One Block North of Cermak Hines IL 60141                    |  | See Schedule  NAICS:  Small BUSINESS  HUBZONE SMALL BUSINESS |   | MALL BUSINESS<br>IUBZONE SMALL<br>IUSINESS          | EMERGING SMALL BUSINESS    |   |   |
|   |  |  | SIZE STANDARD:<br>500 Employees                       |   |                            | ERVICE-DISABLED VE<br>WNED SMALL BUSINE | TERAN- 8(A)   |
| 1. DELIVERY FOR FOB DESTINA-<br>TION UNLESS BLOCK IS  | 12. DISCOUNT TERMS   |  | 13a. THIS CON   | TDACT IS A  |                            | 13b. RATING                             |   |
| MARKED SEE SCHEDULE   | T And a second s |  |   | DER UNDER   |                            | N/A  14. METHOD OF SOLI                 | CITATION IFB RFP                                      |
| 5. DELIVER TO   | CODE   |  | 16. ADMINISTERED BY                                   | NOTIFICATION AND AND AND AND AND AND AND AND AND AN |                            |   | CODE  |
| National Acquisition Cent<br>1st Avenue, One Block Nor<br>Building 37<br>HINES IL 60141   |  |  | OA&L / Na<br>Building                                 | 37<br>ie, One B                                     | cquisit                    | ffairs,<br>ion Center<br>rth of Cermak  |   |
| 7a, CONTRACTOR/OFFEROR CODE   | FACILITY COD   | E  | 18a. PAYMENT WILL BE                                  | E MADE BY   |                            |   | CODE  |
| American Purch<br>d/b/a American 1<br>4380 NW 135 <sup>th</sup> S<br>Opa Locka, FL  | treet  |  | Medical I   | dance wit   | s                          | ffairs<br>ery Order                     |   |
| 17b. CHECK IF REMITTANCE IS DIFFEREN  | NT AND PUT SUCH ADDRESS IN OFFEI   | ₹  | 18b. SUBMIT INVOICES                                  | TO ADDRESS  | SHOWN IN                   |   | OCK BELOW IS CHECKED                                  |
| 19.<br>M NO.  | 20.<br>SCHEDULE OF SUPPLIES/   | SERVICES   |   | 21.<br>QUANTITY                                     | 22.<br>UNIT                | 23.<br>UNIT PRICE                       | 24.<br>AMOUNT   |
|   | S AND RELATED SERVICES THE "STATEMENT OF WORK"   |  | CIATION.  |   |                            |   |   |
|   | e and/or Attach Additional Sheets as Nece  | essary)  |   |   | enamento accompanya anno a |   |   |
| S. ACCOUNTING AND APPROPRIATION DATA  |  |  |   |   |                            | L AWARD AMOUNT (Fo                      | **  |
| 27a. SOLICITATION INCORPORATES BY F   |  |  |   | ENDA  | X ARE                      | ARE NOT ATT                             |   |
| 27b. CONTRACT/PURCHASE ORDER INCO 28. CONTRACTOR IS REQUIRED TO SIGN COPIES TO ISSUING OFFICE. CONTRACT DELIVER ALL ITEMS SET FORTH OR OTH ADDITIONAL SHEETS SUBJECT TO THE T | THIS DOCUMENT AND RETURN OF TOR AGREES TO FURNISH AND ERWISE IDENTIFIED ABOVE AND ON A   | 1e   | 29. AV<br>DATED<br>(BLOCK                             | (5), INCLUDIN                                       | FACT: REF                  |   | OFFER FER ON SOLICITATION                             |
| 0a. SIGNATURE OF OFFEROR ONTRACTOR  |  |  | 31a. UNITED STATES O                                  | FAMERICA (S   | IGNATURE (                 | OF CONTRACTING OFF                      | ICER)   |
| AKHIL ACYAWA  | President 30c. DA  | TE SIGNED / (1)  | 31b. NAME OF CONTRA                                   |   |                            |   | 31c. DATE SIGNED 3/9/2010                             |

| 19.<br>ITEM NO.  | 20.<br>SCHEDULE OF SUPPLIES/SERVICES                             |                                  |   | 21.<br>QUANTITY   | 22.<br>UNIT  | 23.<br>UNIT PRICE | 24.<br>AMOUNT  |                  |  |
|--|--|----------------------------------|---|---|--|-------------------|--|------------------|--|
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|  |  |                                  |   |   |  |                   | ALAPPRAMI (ALOOM)  |                  |  |
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|  |  |                                  |   |   |  |                   | A. C.  |                  |  |
|  |  |                                  |   |   |  |                   |  |                  |  |
|  |  |                                  |   |   |  |                   | Angelia  |                  |  |
|  |  |                                  |   |   |  |                   |  |                  |  |
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| 32a. QUANTITY IN   | COLUMN 21 HAS B  | EEN :                            |   |   | · <del>                                     </del>             |                   |  |                  |  |
| RECEIVED   | INSP   | ECTED ACCEPTED, AND              | CONFORMS TO THE CONTRAC                                       | T, EXCEPT AS NOTE   | D:   |                   |  |                  |  |
| 32b. SIGNATURE (   | 12b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE 32c. DATE |                                  |   | 32d. PRINTED  | PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |                   |  |                  |  |
|  |  |                                  |   | 321. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE |  |                   |  |                  |  |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  DEPARTMENT OF VETERANS AFFAIRS |  |                                  | 32. TELEPHONE NUMBER OF AUTHORIZED GOVERNIMENT REPRESENTATIVE |   |  |                   |  |                  |  |
| National Acquisition Center<br>PO Box 76, Bldg 37 (001AL-A2-3c-MSPV)                         |  |                                  | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE           |   |  |                   |  |                  |  |
| Attn: Tim Richards<br>Hines IL 60141   |  |                                  |   |   |  |                   |  |                  |  |
| 33. SHIP NUMBER  |  | 34. VOUCHER NUMBER               | 35. AMOUNT VERIFIED CORRECT FOR                               | ļ   |  |                   |  | 37. CHECK NUMBER |  |
| PARTIAL  | FINAL  |                                  |   | СОМЫ  | ETE _ F  | PARTIAL           | FINAL  |                  |  |
| 38. S/R ACCOUNT  | NUMBER   | 39, S/R VOUCHER NUMBER           | 40. PAID BY   |   |  |                   |  |                  |  |
| · ·  |  | IT IS CORRECT AND PROPER FOR PAY | MENT<br>41c. DATE   | 42a. RECEIVED BY (  | Print)   |                   |  |                  |  |
| RIGNATURE AND TITLE OF CERTIFYING OFFICER  |  |                                  | 42b. RECEIVED AT (  | RECEIVED AT (Location)  |  |                   |  |                  |  |
|  |  |                                  |   | 42c. DATE REC'D (Y  | Y/MM/DD)   | 42d. T            | OTAL CONTAINERS  |                  |  |

### **SUMMARY OF AWARD**

Addenda to Standard Form 1449 – Contract VA797-P-0188 Page 3 of 5

Contractor: American Medical Depot

4380 NW 135<sup>th</sup> Street Opa Locka, Florida 33054

Contract Number: VA797-P-0188

Includes Amendments: 1-7

Payment Terms: Net 30 Days

Items Awarded: #8 – VISN 8

Date of Award: March 9, 2010

Contract Period: April 20, 2010 through December 19, 2011, with two 20-month

renewable options.

Implementation Period: March 9, 2010 through April 19, 2010

Estimated Value of Award Base Period:

• Value of Products: \$17,664,487

• Distribution fees: \$847,895

• Total Estimated Value of Award: \$18,512,382 (Base Period)

#### Distribution Fees:

• Conventional Deliveries: 4.4% for the base and each option period

• Just-In-Time: 8.4% 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: \$150.00 flat fee per delivery trip.

# SUMMARY OF AWARD Addenda to SF 1449 – Contract VA797-P-0188 Page 4 of 5

Conventional Delivery Method – AMERICAN MEDICAL DEPOT

| Conventional Denvel y Method                              | 1 – 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.)  |
| Deliveries One or Two Days per week                       | -0.25%  |
| Deliveries Four or Five Days per week                     | +0.25%  |
| Saturdays deliveries (see note 1)                         | +0.5%   |
| Sunday deliveries (see note 1)                            | +1.0%   |
| 97% fill-rate   | +0.5%   |
| Deliveries on Federal Government                          | +1.0%   |
| Holidays (see note 1)                                     |   |
| Bar Code Labels   | \$0.19 per label for up to 1.5" x 3", 3 lines of data, Electronic submission of data, No Initial Set-up Cost, Updates will be at a flat Upload Change Fee of \$110.00 per Upload. |
| Fill/Call   | No Change   |
| Additional internal deliveries with Consignee's Premises. | +0.25% per Delivery Location  |

Note1: Any charges for this service will apply only to the specific day on which the service was provided.

## SUMMARY OF AWARD Addenda to SF 1449 – Contract VA797-P-0188 Page 5 of 5

Just-In-Time Delivery Method – AMERICAN MEDICAL DEPOT

| VALUE-ADDED SERVICES                                   | Adjustment To Just-In-Time Base Distribution Fee. (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.) |
|--|--|
| Saturday Deliveries (see note 1)                       | +0.50%   |
| Sunday Deliveries (see note 1)                         | +1.0%  |
| Deliveries on Federal Government Holidays (see note 1) | +1.0%  |
| Fill/Call  | No change  |

Note1: Any charges for this service will apply only to the specific day on which the service was provided.

6.7. At the discretion of facilities, changes to delivery service levels and/or value-add services may be made by facilities by providing the awarded prime vendor contractor 15 days advance notice.