-									
SOL		ACT/ORDER FOR CO MPLETE BLOCKS 12,			1	. REQUISITION	NO.	PAGE 1 OF 125	
2. CONTRACT N	10.	3. AWARD/EFFECTIVE DATE	4. ORDER NO.		5	SOLICITATION	INUMBER	6. SOLICITATION ISSUE DATE	
	VA797-P-0190	Eff:4/20/10			v	7A-797-09-	-RP-0006	07-20-2009	
OLICITATION INFORMATION CALL: a. NAME Timothy Richards, Contracting			Contracting C	officer	b. TELEPHONE NO. (No Collect Call fficer (708) 786-4959			8. OFFER DUE DATE/LOCAL TIME 08-19-2009 4:00 PM	
9. ISSUED BY		CODE	e [10. THIS ACQUISITI		()			
Department of Veterans Affairs OA&L / National Acquisition Center Building 37, Attn: Timothy Richards lst Avenue, One Block North of Cermak			X UNRESTRIC		X	ASIDE: % FOF SMALL BUSINESS HUBZONE SMALL BUSINESS	Cascaded		
Hines 1	IL 60141			SIZE STANDARD			SERVICE-DISABLED VE OWNED SMALL BUSINE	TERAN- 8(A)	
11. DELIVERY FOR FOB DESTINA- TION UNLESS BLOCK IS MARKED		12. DISCOUNT TERMS	DISCOUNT TERMS		CONTRACT IS	A	13b. RATING N/A		
SEE S	SCHEDULE	See Form 1499		DPAS (15 CFR 700		_N	14. METHOD OF SOLICITATION		
15. DELIVER TO		CODE		IfB IfB IfB 16. ADMINISTERED BY CODE					
lst Ave Buildin	-			Department of Veterans Affairs OA&L / National Acquisition Center Building 37 1st Avenue, One Block North of Cermak					
HINES I		FACILITY COD	F	Hines I 18a. PAYMENT WILL	EL 60141			CODE	
Ing. Contract	L	ospital Supply Co.,	L <u></u>			'eterans A	ffairs		
	4039 Genes			Medical Facilities In accordance with Delivery Order					
	Buffalo, Ne	ew York 14225		Instructions					
	(716) 626-9	9400							
TELEPHONE NO				185 SUBMIT INVOID		SS SHOWN IN	BLOCK 18a LINESS BL	OCK BELOW IS CHECKED	
CHEC	K IF REMITTANCE IS DIFFERENT	AND PUT SUCH ADDRESS IN OFFER	R			SEE ADD			
NO.		20. SCHEDULE OF SUPPLIESA	SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
	SURGICAL SUPPLIES	AM FOR THE DISTRIBUT AND RELATED SERVICES. NE "STATEMENT OF WORK"							
25. ACCOUNTING	(Use Reverse and AND APPROPRIATION DATA	d/or Attach Additional Sheets as Nece	ssary)				LAWARD AMOUNT (For asePeriod	Govt. Use Only)] : \$8 , 7 5 4 , 8 0 2 .	
		ERENCE FAR 52.212-1, 52.212-4. FAF			DENDA	X ARE			
X 28. CONTRA COPIES TO	ACTOR IS REQUIRED TO SIGN THI ISSUING OFFICE. CONTRACTOR	AGREES TO FURNISH AND VISE IDENTIFIED ABOVE AND ON AN	<u>e</u>	29. / DATE (BLO	ED CK 5), INCLUD	X ARE DNTRACT: REF. DING ANY ADDIT N IS ACCEPTED	. YOUR OFF	OFFER ER ON SOLICITATION	
	of offeror/contractor	Staiman,		31a. UNITED STATES	OF AMERICA	(SIGNATURE O		CER)	
	TILE OF SIGNER (TYPE OR PRINT einer, Vice President o		E SIGNED 10/09	316. NAME OF CONTI Timothy			PRINT)	31c. DATE SIGNED 3/9/2010	
• • • • • • • • • • • • • • • • • • • •	R LOCAL REPRODUCTION						TANDARD FORM 14		

19. EM NO.	20. SCHEDULE OF SUP	PLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	1	
		2							
QUANTITY IN COLUN	IN 21 HAS BEEN			<u></u>					
RECEIVED		D CONFORMS TO THE CONTRAC	T, EXCEPT AS NOTE	D:					
	HORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED	NAME AND T	ITLE OF AUTI	HORIZED GOVERNME	NT REPRESENTATIVE		
MAILING ADDRESS	OF AUTHORIZED GOVERNMENT REPRESENTATIVE	E	321. TELEPHO	ONE NUMBER	OF AUTHORIZ	ZED GOVERNMENT RE	PRESENTATIVE		
DEPARTMENT OF VETERANS AFFAIRS National Acquisition Center				32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
PO Box 76, Attn: Tim	Richards		Jzg. China a						
	NI IMBER 34. VOUCHER NUMBER 35. AMOUNT VERIFIED CORRECT		T 36. PAYMENT 37. CHECK NUMBER						
		FOR							
PARTIAL S/R ACCOUNT NUMBE	FINAL 39. S/R VOUCHER NUMBER	40. PAID BY							
) YMENT	42a. RECEIVED BY (Print)						
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT D. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE			42b. RECEIVED AT (Location)						
				42c. DATE REC'D (YY/MM/DD) 42d. TOTAL CONTAINERS					
			ALL DATE NEUD (T						

SUMMARY OF AWARD

Addenda to Standard Form 1449 – Contract VA797-P-0190 Page 3 of 5

Contractor: Buffalo Hospital Supply Co., Inc. 4039 Genesee Street Buffalo, New York 14225

Contract Number: VA797-P-0190

Includes Amendments 1-7

Payment Terms: Net 30 Days

Items Awarded: #2 – VISN 2

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: \$8,305,473
- Distribution fees: \$449,329
- Total Estimated Value of Award: \$8,754,802 (Base Period)

Distribution Fees:

- Conventional Deliveries: 4.8% for the base and each option period
- Just-In-Time: 10.90% 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 VA797-P-0190 Page 4 of 5

Conventional Delivery Metho	d – Buffalo Hospital Supply Co., Inc.
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	-0.3%
Deliveries Four or Five Days per week	+0.3%
Saturdays deliveries (see note 1)	Actual Cost
Sunday deliveries (see note 1)	Actual Cost
97% fill-rate	+0.5%
Deliveries on Federal Government Holidays (see note 1)	Actual Cost
Bar Code Labels	\$0.10 per bar code label
Fill/Call	No Change

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 – Buffalo Hospital Supply Co., Inc.

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)	Actual Cost
Sunday Deliveries (see note 1)	Actual Cost
Deliveries on Federal Government Holidays (see note 1)	Actual Cost
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.