



19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<b>REMIT TO ADDRESS AS FOLLOWS:</b>					
<u>Customers with zip codes beginning:</u>					
150-168	370-386	<b>Cardinal Health</b>			
170-179	400-427	<b>P.O. Box 905867</b>			
189-254	444-445	<b>Charlotte NC 28290-5867</b>			
258-333	450-452				
335-347	470-471				
350-359	476-477				
362	723				
018-019	680-693	<b>Cardinal Health</b>			
255-257	800-837	<b>P.O. Box 70539</b>			
430-443	840-847	<b>Chicago IL 60673-0539</b>			
446-449	936-937				
453-469	979				
472-475	994				
478-658					
017	700-722	<b>Cardinal Health</b>			
020-026	724-799	<b>P.O. Box 730112</b>			
030-035	838	<b>Dallas TX 75373-0112</b>			
038-049	850-893				
334	934				
349	939-960				
360-361	970-973				
363-369	978				
387-397	980-993				
660-679					
004-016	050-149	<b>Cardinal Health</b>			
027-029	169	<b>P.O. Box 13862</b>			
036-037	180-188	<b>Newark NJ 07188-0862</b>			
894-933	974-977	<b>Cardinal Health</b>			
935	995-999	<b>P.O. Box 100316</b>			
961-969		<b>Pasadena CA 91189-0316</b>			

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED   
 INSPECTED   
 ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  DEPARTMENT OF VETERANS AFFAIRS National Acquisition Center PO Box 76, Bldg 37 (001AL-A2-3c-MSPV) Attn: Tim Richards Hines IL 60141	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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11b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42a. RECEIVED BY (Print)
		42b. RECEIVED AT (Location)
		42c. DATE REC'D (YY/MM/DD)      42d. TOTAL CONTAINERS

SUMMARY OF AWARD

Addenda to Standard Form 1449 – Contract VA797-P-0191  
Page 3 of 6

Contractor: Cardinal Health 200, Inc.  
1430 Waukegan Road  
McGaw Park, IL 60085

Contract Number: VA797-P-0191

Includes Amendments 1-10.

Includes Final Proposal Revision dated January 6, 2010.

Payment Terms: Net 30 Days

Items Awarded: #3 (VISN 3)	#14 (VISN 16)
#4 (VISN 4)	#15 (VISN 17)
#5 (VISN 5)	#16 (VISN 18)
#6 (VISN 6)	#17 (VISN 19)
#7 (VISN 7)	#18 (VISN 20-Except Alaska)
#9 (VISN 9)	#20 (VISN 22)
#10 (VISN 10)	#23 (Hawaii)
#11 (VISN 11)	#24 (Alaska)
#12 (VISN 12)	#25 (CMOP)
#13 (VISN 15)	

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:

- Value of Products: \$247,860,965.
- Distribution fee: \$9,656,474.
- Total Estimated Value of Award: \$257,517,439 Base Period

Distribution Fees:

- Conventional Deliveries:
  - 2.55% for the base and each option period for VISNS 3-7,9-12,15-20, 22, & CMOP, Except Alaska and Hawaii
  - 6.10% for the base and each option period for Hawaii.
  - 9.10% for the base and each option period for Alaska.
  
- Just-In-Time Deliveries:
  - 10.17% for the base and each option period for VISN 3
  - 9.78% for the base and each option period for VISN 4
  - 11.30% for the base and each option period for VISN 5
  - 8.88% for the base and each option period for VISN 6
  - 8.03% for the base and each option period for VISN 7
  - 7.23% for the base and each option period for VISN 9
  - 10.26% for the base and each option period for VISN 10
  - 8.17% for the base and each option period for VISN 11
  - 8.01% for the base and each option period for VISN 12
  - 10.12% for the base and each option period for VISN 15
  - 7.63% for the base and each option period for VISN 16
  - 8.05% for the base and each option period for VISN 17
  - 7.89% for the base and each option period for VISN 18
  - 8.48% for the base and each option period for VISN 19
  - 7.60% for the base and each option period for VISN 20, except Alaska
  - 8.89% for the base and each option period for VISN 22

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: Four monthly deliveries per account provided at no cost.

Thereafter: \$145.00 per delivery trip.

**SUMMARY OF AWARD**

**Addenda to SF 1449 – Contract VA797-P-0191**

**Page 5 of 6**

**Conventional Delivery Method – CARDINAL HEALTH**

<b>VALUE-ADDED SERVICES</b>	<b>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.)</b>
Deliveries One or Two Days per week	<b>-0.05% per day</b>
Deliveries Four or Five Days per week	<b>+0.05% per day</b>
Saturdays deliveries (see note 1)	<b>+0.50%</b>
Sunday deliveries (see note 1)	<b>+0.50%</b>
97% fill-rate	<b>+0.20%</b>
Deliveries on Federal Government Holidays (see note 1)	<b>+0.50%</b>
Bar Code Labels	<b>+1.00% or \$.0.15 per label (Conventional) +0.80% or \$.0.12 per label (UOU/LUM)</b>
Fill/Call	<b>No Change</b>
Internal Delivery Location	<b>+0.20 per location</b>

**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-0191

Page 6 of 6

**Just-In-Time Method – CARDINAL HEALTH 200, INC.**

<b>VALUE-ADDED SERVICES</b>	<b>Adjustment To Just-In-Time Base Distribution Fee.</b> <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>
Saturday Deliveries (see note 1)	<b>+0.50%</b>
Sunday Deliveries (see note 1)	<b>+0.50%</b>
Deliveries on Federal Government Holidays (see note 1)	<b>+0.50%</b>
Fill/Call	<b>No change</b>
Delivery to Floor Delivery Locations	<b>2 Floors: +0.90%</b> <b>3 Floors: +1.05%</b> <b>4 Floors: +1.20%</b> <b>5 Floors: +1.35%</b> <b>6 Floors: +1.50%</b> <b>7 Floors: +1.65%</b>

**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.