

19. EM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT

1. QUANTITY IN COLUMN 21 HAS BEEN

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

2. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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3. 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	

SHIP NUMBER	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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S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT b. 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-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

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Conventional Delivery Method – 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

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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)	<i>Actual Cost</i>
Sunday Deliveries (see note 1)	<i>Actual Cost</i>
Deliveries on Federal Government Holidays (see note 1)	<i>Actual Cost</i>
Fill/Call	<i>No change</i>

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.