

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

1. REQUISITION NO. 608-14-3-9814-0002	PAGE 1 OF <b>51</b>
5. SOLICITATION NUMBER VA241-14-R-0062	6. SOLICITATION ISSUE DATE 08-19-2014
b. TELEPHONE NO. (No Collect Calls) 603-624-4366 x6389	8. OFFER DUE DATE/LOCAL TIME 09-18-2014 3:00 PM EST

2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NO.
7. FOR SOLICITATION INFORMATION CALL: a. NAME Coutermarsh, Richard		

9. ISSUED BY Department of Veterans Affairs VAMC Manchester BST Suite 105 718 Smyth Road Manchester NH 03104	CODE	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS	<input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100 % FOR: <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 621910 <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) SIZE STANDARD: \$14 Million
---	------	--	--

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS NET 30	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING N/A
		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP	

15. DELIVER TO Department of Veterans Affairs VAMC Manchester 718 Smyth Road Manchester NH 03104	CODE	16. ADMINISTERED BY Department of Veterans Affairs VAMC Manchester BST Suite 105 718 Smyth Road Manchester NH 03104	CODE
--	------	--	------

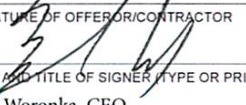
17a. CONTRACTOR/OFFEROR CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY All invoices from the Contractor shall be submitted electronically as per VAAR Clause 852.232-72 Electronic Submission of Payment Request <a href="http://www.fsc.va.gov/einvoice.asp">http://www.fsc.va.gov/einvoice.asp</a>	CODE
------------------------------	---------------	---	------

TELEPHONE NO.	DUNS:	DUNS+4:	PHONE: 877-353-9791	FAX:
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM	

19. ITEM NO.	20. See CONTINUATION Page SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>This solicitation will result in a firm fixed price indefinite delivery indefinite quantity (IDIQ) contract for Ambulance Services. Vendor will provide all labor, materials, tools and safety measures to provide Ambulance services for the Manchester VAMC as per the attached contract clauses and scope of work</p> <p>Periods of Performance: Base Year - 10/01/2014 through 09/30/2015 Option Year 1 - 10/01/2015 through 09/30/2016 Option Year 2 - 10/01/2016 through 09/30/2017</p> <p>Wage Determination Number 2005-2339, Rev 16 dated 08/05/2014</p> <p align="center">(Use Reverse and/or Attach Additional Sheets as Necessary)</p>				

25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
--	---

<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA	<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA	<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 COPIES TO ISSUING OFFICE. 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	29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR 	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) Michael Woronka, CEO	31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)
30c. DATE SIGNED 9/17/14	31c. DATE SIGNED

VA241-14-R-0062

### B.3 Price/Cost Schedule

Base Year - October 1, 2014 through September 30, 2015

#### Item Information

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1	Basic Life Support (BLS) Within 25 Miles from Point of Origin.	650.00	Trip	\$525.00	\$341,250.00
2	Advanced Life Support (ALS) Within 25 Miles from Point of Origin.	225.00	Trip	\$900.00	\$202,500.00
3	Mileage Rate beyond 25 miles radius of point of origin. (One way only) This rate is in addition to the rate per trip in items 1, 2 and 3 above.	30,778.00	Mile	0	0
4	Furnishing oxygen per patient when required and ordered.	1,117.00	EA	0	0
5	Waiting time (after 15 minute grace period) when required and verified.	20.00	1/4HR	\$50.00	\$1000.00
6	Furnishing an Additional Attendant when required. (Male or Female registered nurse) When required or ordered. One way only.	5.00	Trip	\$1000.00	\$5000.00
				<b>GRAND TOTAL</b>	<b>\$549,750.00</b>

**VA241-14-R-0062**

Option Year 1 - October 1, 2015 through September 30, 2016

## Item Information

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1	Basic Life Support (BLS) Within 25 Miles from Point of Origin.	650.00	Trip	\$540.75	\$351,487.50
2	Advanced Life Support (ALS) Within 25 Miles from Point of Origin.	225.00	Trip	\$927.00	\$208,575.00
3	Mileage Rate beyond 25 miles radius of point of origin. (One way only) This rate is in addition to the rate per trip in items 1, 2 and 3 above.	30,778.00	Mile	0	0
4	Furnishing oxygen per patient when required and ordered.	1,117.00	EA	0	0
5	Waiting time (after 15 minute grace period) when required and verified.	20.00	1/4HR	\$51.50	\$1030.00
6	Furnishing an Additional Attendant when required. (Male or Female registered nurse) When required or ordered. One way only.	5.00	Trip	\$1030.00	\$5150.00
GRAND TOTAL					\$566,242.50

**VA241-14-R-0062**

Option Year 2 - October 1, 2016 through September 30, 2017

## Item Information

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1	Basic Life Support (BLS) Within 25 Miles from Point of Origin.	650.00	Trip	\$556.97	\$362,032.13
2	Advanced Life Support (ALS) Within 25 Miles from Point of Origin.	225.00	Trip	\$954.81	\$214,832.25
3	Mileage Rate beyond 25 miles radius of point of origin. (One way only) This rate is in addition to the rate per trip in items 1, 2 and 3 above.	30,778.00	Mile	0	0
4	Furnishing oxygen per patient when required and ordered.	1,117.00	EA	0	0
5	Waiting time (after 15 minute grace period) when required and verified.	20.00	1/4HR	\$53.05	\$1060.90
6	Furnishing an Additional Attendant when required. (Male or Female registered nurse) When required or ordered. One way only.	5.00	Trip	\$1060.90	\$5304.50
<b>GRAND TOTAL</b>					<b>\$583,229.78</b>

Grand Total Base Year	\$549,750.00
Grand Total Option year 1	\$566,242.50
Grand Total Option year 2	\$583,229.78
Total Base + 2 Option Years	\$1,699,222.28