

B.6 PRICE/COST SCHEDULE**ITEM INFORMATION**

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>TAB service will be provided in the following areas listed below- Per what is required, within the given constraints of Performance Work Statement [PWS]</p> <p>Bronchoscopy Suite Cardiac Catheterization Labs Suite CICU Suite MICU Suite OR Suite (Existing) SPS Suite Isolation Rooms</p> <p>NOTE: <i>Total Line Item pricing is based on itemize lines items in Excel "IP" attachment for each given Suite.</i></p> <p>Contract Period: Base (FY) Fiscal POP Begin: 04/2017 POP End: 04/2018</p>	1.00	JB		
0002	<p>TAB service will be provided in the following areas listed below- Per what is required, within the given constraints of Performance Work Statement [PWS]</p> <p>Bronchoscopy Suite Cardiac Catheterization Labs Suite CICU Suite MICU Suite SICU Suite OR Suites (existing) OR Suites (new addition) SPS Suite Isolation Rooms</p> <p>NOTE: <i>Total Line Item pricing is based on itemize lines items in Excel "IP" attachment for each given Suite.</i></p>	1.00	JB		

Contract Period: Option 1

POP Begin: 04/2018

POP End: 04/2019

0003	<p>TAB service will be provided in the following areas listed below- Per what is required, within the given constraints of Performance Work Statement [PWS]</p> <p>Bronchoscopy Suite Cardiac Catheterization Labs Suite CICU Suite MICU Suite SICU Suite OR Suites (existing) OR Suites (new addition) SPS Suite Isolation Rooms</p> <p>NOTE: Total Line Item pricing is based on itemize lines items in Excel "IP" attachment for each given Suite</p> <p>Contract Period: Option 2 POP Begin: 04/2019 POP End: 04/2020</p>	1.00	JB		
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0004	<p>TAB service will be provided in the following areas listed below- Per what is required, within the given constraints of Performance Work Statement [PWS]</p> <p>Bronchoscopy Suite Cardiac Catheterization Labs Suite CICU Suite MICU Suite SICU Suite OR Suites (existing) OR Suites (new addition) SPS Suite Isolation Rooms</p> <p>NOTE: Total Line Item pricing is based on itemize lines items in Excel "IP" attachment for each given Suite.</p>	1.00	JB		
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Contract Period: Option 3

POP Begin: 04/2020

POP End: 04/2021

0005	TAB service will be provided in the following areas listed below- Per what is required, within the given constraints of Performance Work Statement [PWS]	1.00	JB		
	Bronchoscopy Suite Cardiac Catheterization Labs Suite CICU Suite MICU Suite SICU Suite OR Suites (existing) OR Suites (new addition) SPS Suite Isolation Rooms				
	NOTE: Total Line Item pricing is based on itemize lines items in Excel "IP" attachment for each given Suite.				
	Contract Period: Option 4 POP Begin: 04/2021 POP End: 04/2022				

GRAND TOTAL _____**B.4 DELIVERY SCHEDULE**

ITEM NUMBER	QUANTITY	DELIVERY DATE
0001-Base Period	1.00 JB	Not to exceed five (5) Months from date of award. [once awarded a date will be established]