

Attachment B Price Cost Schedule

B.2 PRICE/COST SCHEDULE

The Contractor shall furnish all personnel to provide services necessary to perform onsite Psychiatric Care to eligible beneficiaries of the Department of Veterans Affairs (VA) Medical Center, Amarillo, Texas in accordance with the requirements of any task order resulting from this solicitation. Pricing information shall be submitted as firm-fixed price.

The awarded contract will be a firm-fixed (unit) price, indefinite delivery indefinite quantity (IDIQ) contract. The VA attempts to be as accurate as possible when providing estimated quantities; however, actual quantities may vary from quantities listed in the Price/Cost Schedule. The estimated number of hours shown in this Price/Cost Schedule reflects the total number of hours the Government expects to be contracted during the period of performance. The Government will only pay for the actual number of hours performed. The contract will have a guaranteed minimum of **40 hours** for the life of the contract. Whenever an order is requested, the Contracting Officer will execute a bilateral task order.

Prohibition against Self-Referral: Contract physicians are prohibited from referring VA patients to their own practice(s).

Note: Pricing for Option#1 & 2 CLINs shall remain the same if the CO exercises extension using FAR 52.217-8.

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	ESTIMATED		UNIT PRICE	AMOUNT
		QUANTITY	UNIT		
CLIN 0001	<u>Psychiatrist</u> 621-017 <u>Contract Base Period</u> POP Begin: 09-05-18 POP End: 03-04-19	960	HR		
SLIN 0001AA	<u>Travel Expenses</u> 621-017 <u>Contract Base Period</u> POP Begin: 09-05-18 POP End: 03-04-19	6.00	MO		
CLIN 1001	<u>Psychiatrist</u> 621-017 <u>Option Period# 1</u> POP Begin: 03-05-18 POP End: 09-04-19	960	HR		

SLIN 1001AA	<u>Travel Expenses</u> 621-017	6.00	MO	_____	_____
	<u>Option Period#1</u> POP Begin: 03-05-18 /POP End: 09-04-19				
CLIN 2001	<u>Psychiatrist</u> 621-017	960	HR	_____	_____
	<u>Option Period#2</u> POP Begin: 09-05-19/ POP End: 03-04-20				
SLIN 2001AA	<u>Travel Expenses</u> 621-017	6.00	MO	_____	_____
	<u>Option Period#2</u> POP Begin: 09-05-19 POP End: 03-04-20				
				ESTIMATED	
				GRAND TOTAL	_____

* Dates will be adjusted in accordance with the completion of background investigations and credentialing.

The Government will only pay for the number of hours actually worked as indicated on the time sheets the Contractor submits to the Government in accordance with the Performance Work Statement. The hours and months listed within this schedule are what the Government expects to expend throughout the duration of any contract resulting from this solicitation.

Attachment B – Organizational Conflict

852.209-70.ORGANIZATIONAL CONFLICTS OF INTEREST (JAN 2008)

(a) It is in the best interest of the Government to avoid situations which might create an organizational conflict of interest or where the offeror's performance of work under the contract may provide the contractor with an unfair competitive advantage. The term "organizational conflict of interest" means that because of other activities or relationships with other persons, a person is unable to render impartial assistance or advice to the Government, or the person's objectivity in performing the contract work is or might be otherwise impaired, or the person has an unfair competitive advantage.

(b) The offeror shall provide a statement with its offer which describes, in a concise manner, all relevant facts concerning any past, present, or currently planned interest (financial, contractual, organizational, or otherwise) or actual or potential organizational conflicts of interest relating to the services to be provided under this solicitation. The offeror shall also provide statements with its offer containing the same information for any consultants and subcontractors identified in its proposal and which will provide services under the solicitation. The offeror may also provide relevant facts that show how its organizational and/or management system or other actions would avoid or mitigate any actual or potential organizational conflicts of interest.

(c) Based on this information and any other information solicited or obtained by the contracting officer, the contracting officer may determine that an organizational conflict of interest exists which would warrant disqualifying the contractor for award of the contract unless the organizational conflict of interest can be mitigated to the contracting officer's satisfaction by negotiating terms and conditions of the contract to that effect. If the conflict of interest cannot be mitigated and if the contracting officer finds that it is in the best interest of the United States to award the contract, the contracting officer shall request a waiver in accordance with FAR 9.503 and 48 CFR 809.503.

(d) Nondisclosure or misrepresentation of actual or potential organizational conflicts of interest at the time of the offer, or arising as a result of a modification to the contract, may result in the termination of the contract at no expense to the Government.

CONTRACTOR EMPLOYEES LEGAL STATUS

1.0. The Contractor certifies that the Contractor shall comply with any and all legal provisions contained in the Immigration and Nationality Act of 1952, As Amended; its related laws and regulations that are enforced by Homeland Security, Immigration and Customs Enforcement and the U.S Department of Labor as these may relate to non-immigrant foreign nationals working under contract or subcontract for the Contractor while providing services to Department of Veterans Affairs patient referrals;

2.0. While performing services for the Department of Veterans Affairs, the Contractor shall not knowingly employ, contract or subcontract with an illegal alien; foreign national non-immigrant who is in violation their status, as a result of their failure to maintain or comply with the terms and conditions of their admission into the United States.

3.0. If the Contractor fails to comply with any requirements outlined in the preceding paragraphs or its Agency regulations, the Department of Veterans Affairs may, at its discretion, require that the foreign national who failed to maintain their legal status in the United States or otherwise failed to comply with the requirements of the laws administered by Homeland Security, Immigration and Customs Enforcement and the U.S Department of Labor, shall be prohibited from working at the Contractor's place of business that services Department of Veterans Affairs patient referrals; or other place where the Contractor provides services to veterans who have been referred by the Department of Veterans Affairs; and shall form the basis for termination of this contract for breach.

4.0. The Contractor agrees to obtain a similar certification from its subcontractors.

Signature: _____

Date: _____

Typed Name and Title: _____

Company Name: _____

This certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under 18 U.S.C. 1001.

Instructions for FMS Vendor File Request Form

1. **NEW box option** - Check box if you are a new vendor not in the FMS system.
2. **UPDATE box option** - Check box if you are an existing vendor in the FMS system.

VA Facility Information

3. **Station #** - This portion pertains to the VA Station submitting this form, provide your station 3 digit station number. **FOR STATION USE ONLY**
4. **Station Contact Name** - VA Station employee. **FOR STATION USE ONLY**
5. **Station Phone** - VA Station employee direct number. **FOR STATION USE ONLY**
6. **Station Fax Number** - VA Station fax number. **FOR STATION USE ONLY**
7. **Station Email** - VA Station employee work email address. **FOR STATION USE ONLY**

Payee/Vendor Type - Check the appropriate Payee/Vendor Type box. **REQUIRED**

Miscellaneous Actions - Check the appropriate Payee/Vendor Type box, some additional documentation required. **OPTIONAL**

- ALAC Vendors - include the 6 digit account number **OPTIONAL, USE ONLY IF ALAC**
- Assignment of Claims- include Notice of Assignment & Instrument of Assignment **OPTIONAL, ONLY IF ASSIGNMENT**
- Federal Vendors- include the 2 digit Facts ID **OPTIONAL, USE ONLY IF FEDERAL AGENCY**
- Foreign Vendors- include W8Ben & IRS notice 565(ITIN) or IRS notice 575 (EIN) **OPTIONAL, ONLY FOR FOREIGN COUNTRY**

Payee/Vendor Information

8. **Commercial Vendor Registered in SAM.gov** - If you are registered in System of Awards Management & have a DUNS number check this box. **OPTIONAL**
9. **DUNS #** - Data Universal Numbering System (DUNS) is a unique 9-digit number that is administered by Dun and Bradstreet (D&B) **OPTIONAL**
10. **DUNS+4** - If you have more than one EFT account number for the same DUNS number and same physical location as defined by the DUNS address complete this section. **OPTIONAL**
11. **SSN/TIN** - The Social Security Number (SSN) is the nine-digit number. The Tax Identification Number (TIN) is the nine-digit number which is either an Employer Identification Number (EIN); complete this section with SSN, TIN, EIN or ITIN. **REQUIRED**
12. **NPI** - A standard 10 digit unique identifiers for health care providers, complete this section if applicable. **OPTIONAL**
13. **Small Business** - Check box if applicable **OPTIONAL**
14. **Vendor Name** - Provide legal name as it is on file with the IRS **REQUIRED**
15. **DBA** - Doing Business As name complete if applicable **OPTIONAL**
16. **Contact** - Name of Point of Contact if additional information is required **OPTIONAL**
17. **Email** - Point of Contact email address **OPTIONAL**
18. **Phone** - Point of Contact phone number **OPTIONAL**
19. **Current Address** - Provide your most current address, city, state & zip code **REQUIRED**
20. **Previous Address** - Provide previous address, city, state and zip code **REQUIRED FOR ADDRESS CHANGES**
21. **EFT/ACH (REQUIRED IAW 31CFR Part 208)**
22. **US. Bank Name** - provide financial institution name city, state & zip code.
23. **US. Nine-Digit Bank Routing Number** - Provide 9 digit routing number from check (DO NOT use Deposit slip routing number)
24. **US. Account #** - Provide bank account number maximum 17 digits
25. **Account Type** - Check appropriate box that is associated with account number provide above
26. **Payee/Vendor Printed Name & Title** - Name and title of person completing payee/vendor information. **REQUIRED**
27. **Payee/Vendor Signature** - Signature of person completing payee/vendor information. **REQUIRED**

Please fax the completed form to 512-460-5221 for processing.