

SOLICITATION / CONTRACT / ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30			1. REQUISITION NUMBER PR8AR100403	PAGE 1 OF 20
2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE 09/14/2010	4. ORDER NUMBER DTMA2P10183	5. SOLICITATION NUMBER DTMA2Q10054	6. SOLICITATION ISSUE DATE 08/13/2010
7. FOR SOLICITATION INFORMATION CALL: a. NAME Monique Leake		b. TELEPHONE NUMBER (No collect calls) (757) 322-5820 ext.		8. OFFER DUE DATE/ 08/27/2010 LOCAL TIME 12:00 pm

9. ISSUED BY DOT/Maritime Administration, Atlantic Division Acquisition Office of Acquisition, MRG-7200 7737 Hampton Boulevard, Building 19, Suite 300 Norfolk, VA 23505 TEL: (757) 441-3246 ext. FAX: (757) 441-6080 ext.	CODE 00092	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: 0.00% FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS NAICS: SIZE STANDARD:
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11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING
		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	

15. DELIVER TO James River Reserve Fleet, Fleet Operations Group, MRG-7715 End of Harrison Road, Bldg. 2606 Fort Eustis, VA 23604 Attn: George Diggs	CODE	16. ADMINISTERED BY DOT/Maritime Administration, Atlantic Division Acquisition Office of Acquisition, MRG-7200, 7737 Hampton Boulevard, Building 19, Suite 300 Norfolk, VA 23505	CODE 00092
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17a. CONTRACTOR/OFFEROR MARY IMMACULATE HOSPITAL, INCORPORATED (AFF: BON SECOURS HEALTH SYSTEM, INC) 2 BERNARDINE DR NEWPORT NEWS, VA 23602-4404 TELEPHONE NO. (757) 886-6633 ext.	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City MARAD A/P SAR Invoices Branch, AMZ-150 PO Box 25710, Oklahoma City, OK 73125	CODE
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17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN <input type="checkbox"/> OFFER	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
(Use Reverse and/or Attach Additional Sheets as Necessary)					

25. ACCOUNTING AND APPROPRIATION DATA See Line Item Detail	26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$ 12,284.00
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<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 checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ 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 HEREIN.	<input checked="" type="checkbox"/> 28. AWARD OF CONTRACT: REF. your quote OFFER DATED 08/18/2010. YOUR OFFER ON SOLICITATION (BLOCK 6), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR <i>Jackie A Longworth</i>	31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <i>Monique P. Leake</i>
30b. NAME AND TITLE OF SIGNER (Type or print) JACKIE Longworth	30c. DATE SIGNED 9/14/2010
31b. NAME OF CONTRACTING OFFICER (Type or print) Monique Leake	31c. DATE SIGNED 9-14-2010

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

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

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED CORRECT FOR

36. PAYMENT

37. CHECK NUMBER

PARTIAL FINAL

COMPLETE PARTIAL FINAL

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

42a. RECEIVED BY (Print)

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42b. RECEIVED AT (Location)

42c. DATE REC'D (YYMMDD)

42d. TOTAL CONTAINERS

Line Item Summary	Document Number DTMA2P10163	Title FOG-Medical Surveillance Prog.	Page 3 of 20
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Total Funding: \$12,294.00	
FYs	Fund Budget Org Sub Object Class Sub Program Cost Org Sub Proj/Job No. Sub Reporting Category
2010	1750HQ 10PEMOE 30A 0000 139024
Division	Closed FYs Canceled Fund
25823	6100 6600

Line Item Number	Description	Delivery Date (Start Date to End Date)	Quantity	Unit of Issue	Unit Price	Total Cost (Includes Discounts)
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DUNS #066002734

COCTR is George Diggs; Phone Number: 757-887-3233 X15

0001	FOG-Medical Surveillance Prog.	(10/01/2010 to 09/30/2011)	42.00	EA	\$287.000	\$ 12,054.00
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2010 Abestos Surveillance Physicals

The purpose of this purchase order is for Contractor to provide occupational medical / physical examinations to designated MARAD James River Reserve Fleet - Fleet Operations Group personnel in order to limit preventable illnesses and to provide medical surveillance who have been, are, or will be exposed to potentially hazardous materials and chemicals.

The FACILITY shall be responsible for providing and performing the occupational medical / physical examination types, unless otherwise specified in the attached Statement of Work.

Ref Req No: PRSAR100403

Funding Information:
 2010 - - 1750HQ - 10PEMOE - - 30A - - 0000 - 139024 - - - - -
 25823 - 6100 - 6600 -
 \$12,054.00

0002	Fitness for Duty/Pre-Placement Examinations	(10/01/2010 to 09/30/2011)	5.00	EA	\$48.000	\$ 240.00
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Including Functional capacity Test, Chest X-ray, etc., See Statement of Work

Funding Information:
 2010 - - 1750HQ - 10PEMOE - - 30A - - 0000 - 139024 - - - - -
 25823 - 6100 - 6600 -
 \$240.00

Total Cost: \$12,294.00

In order for an invoice to be processed for payment, it must include your Federal ID Number, Purchase Order Number, and Invoice Number. Without these numbers, your invoice will be returned and payment will be delayed.