

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</i>				1. REQUISITION NUMBER IHS1459435		PAGE OF 1 3	
2. CONTRACT NO. 75H71222C00034		3. AWARD/ EFFECTIVE DATE 09/28/2022		4. ORDER NUMBER		5. SOLICITATION NUMBER	
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME MICHELE LODGE		b. TELEPHONE NUMBER (No collect calls) 602-364-5044		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: 621111 SIZE STANDARD: \$12.0			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO IHSHOPIHEALTH P.O. BOX 4000, HWY 264, MP388 POLACCA AZ 86042		16. ADMINISTERED BY Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/ OFFEROR BAY AREA ANESTHESIA, INC 292881 Attn: (b) (6) BAY AREA ANESTHESIA, LLC 3451 3451 S MERCY ROAD GILBERT AZ 852970100  TELEPHONE NO. 480-4674443		18a. PAYMENT WILL BE MADE BY IHS PHOENIX SUITE 512 ATTN: FINANCIAL MANAGEMEN 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
		This Contract 75H71222C00034 is hereby issued for Non-Personal Professional Emergency Room Physician Services at the Hopi Health Care Center (HHCC). All work is to be performed in conformance with the Statement of Work dated 18 September 2022 and the contract terms and conditions (Continuation SF1449). The UEI number for Bay Area Anesthesia is NHBEN7FLTDR8. This contract is for a base year with four (4) one (1) year option periods.  (Use Reverse and/or Attach Additional Sheets as Necessary)					
						23. UNIT PRICE	
						24. AMOUNT	
25. ACCOUNTING AND APPROPRIATION DATA 2022.J40F148.25629				26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$1,445,375.00			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.				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.			
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: Proposal OFFER DATED 07/19/2022, YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO TERMS: All JOSHUA L. PEARLMAN (SIGNATURE OF CONTRACTING OFFICER) Date: 2022.09.22 14:18:09 -07'00'			
30a. SIGNATURE OF OFFEROR/CONTRACTOR		30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print)	
		Joshua L Pearlman -S				JOSHUA L. PEARLMAN	
						31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
1	<p>The base period of performance is 28 September 2022 through 27 September 2023.</p> <p>Appr. Yr.: 2022 CAN: J40F148 Object Class: 25629</p> <p>Period of Performance: 09/28/2022 to 09/27/2027</p> <p>Base Year - Emergency Room Physicians at Hopi Health Care Center</p> <p>Estimated Hours: (b) (4)</p> <p>Hourly Rate: (b) (4)</p> <p>Period of Performance: 28 September 2022 through 27 September 2023</p> <p>Obligated Amount: \$1,445,375.00</p> <p>Delivery: 09/28/2022</p>				1,445,375.00
2	<p>Option Year One (1) - Emergency Room Physicians at Hopi Health Care Center</p> <p>Estimated Hours: (b) (4)</p> <p>Hourly Rate: (b) (4)</p> <p>Period of Performance: 28 September 2023 through 27 September 2024</p> <p>Amount: \$1,477,537.50 (Option Line Item)</p> <p>06/28/2023</p> <p>Delivery: 09/28/2023</p>				0.00
3	<p>Option Year Two (2) - Emergency Room Physicians at Hopi Health Care Center</p> <p>Estimated Hours: (b) (4)</p> <p>Continued ...</p>				0.00

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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 (YY/MM/DD)	42d. TOTAL CONTAINERS

NAME OF OFFEROR OR CONTRACTOR  
 BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Hourly Rate: (b) (4) Period of Performance: 28 September 2024 through 27 September 2025 Amount: \$1,477,537.50 (Option Line Item) 06/28/2024  Delivery: 09/28/2024				
4	Option Year Three (3) - Emergency Room Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2025 through 27 September 2026 Amount: \$1,514,458.50 (Option Line Item) 06/28/2025  Delivery: 09/28/2025				0.00
5	Option Year Four (4) - Emergency Room Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2026 through 27 September 2027 Amount: \$1,514,458.50 (Option Line Item) 06/28/2026  Delivery: 09/28/2026 ///ANY AND ALL CHANGES TO THIS AWARD SHALL ONLY BE MADE BY A CONTRACTING OFFICER///  The total amount of award: \$7,429,367.00. The obligation for this award is shown in box 26.				0.00

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. CONTRACT ID CODE		PAGE OF PAGES	
				1		3	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
P00001		See Block 16C		IHS1475693			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE	
		10				10	
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(x)			
BAY AREA ANESTHESIA, INC 292881							
Attn: (b) (6)				9A. AMENDMENT OF SOLICITATION NO.			
BAY AREA ANESTHESIA, LLC 3451				9B. DATED (SEE ITEM 11)			
3451 S MERCY ROAD							
GILBERT AZ 852970100				x 10A. MODIFICATION OF CONTRACT/ORDER NO.			
				75H71222C00034			
				10B. DATED (SEE ITEM 13)			
CODE 292881		FACILITY CODE		09/22/2022			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
2023.J40F148.25629				Net Increase:		\$1,477,537.50	
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>							
<u>CHECK ONE</u>	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).						
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:						
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9 Option to Extend the Term of the Contract						
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
UEI: NHBEN7FLTDR8							
Modification P00001 is issued to fund and exercise Option Year 1 for Nonpersonal ER Physician Servicers at the Hopi Health Care Center (HHCC).							
OY1 period of performance is 28 September 2023 through 27 September 2024.							
All other terms and conditions remain.							
LIST OF CHANGES:							
Continued ...							
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
				ORLANDO GUERRERO			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)				Orlando Guerrero -S Digitally signed by Orlando Guerrero -S Date: 2023.07.18 15:19:27 -0500		07/18/2023	
				(Signature of Contracting Officer)			

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00001	PAGE	OF
		2	3

NAME OF OFFEROR OR CONTRACTOR

BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Reason for Modification: Exercise an Option</p> <p>Obligated Amount for this Modification: \$1,477,537.50</p> <p>New Total Obligated Amount for this Award: \$2,922,912.50</p> <p>CHANGES FOR LINE ITEM NUMBER: 2</p> <p>Option Year One (1) - Emergency Room Physicians at Hopi Health Care Center</p> <p>Estimated Hours: (b) (4)</p> <p>Hourly Rate: (b) (4)</p> <p>Period of Performance: 28 September 2023 through 27 September 2024</p> <p>Obligated Amount for this Modification: \$1,477,537.50</p> <p>Exercised option</p> <p>NEW ACCOUNTING CODE ADDED:</p> <p>Account code: 2023.J40F148.25629</p> <p>Cost Ctr (FDA &amp; IHS)</p> <p>T-Number (FDA)</p> <p>Appropriation Year 2023</p> <p>CAN J40F148</p> <p>Object Class 25629</p> <p>PMS Code (FDA)</p> <p>Suffix (FDA)</p> <p>Agency Tag (FDA)</p> <p>Center Tag (FDA)</p> <p>Quantity: 0</p> <p>Amount: \$1,477,537.50</p> <p>Percent: 100</p> <p>Subject To Funding:</p> <p>Payment Address:</p> <p>Payment:</p> <p>IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004</p> <p>Appr. Yr.: 2023 CAN: J40F148 Object Class: 25629</p> <p>Period of Performance: 09/28/2023 to 09/27/2024</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	///ANY AND ALL CHANGES TO THIS AWARD SHALL ONLY BE MADE BY A CONTRACTING OFFICER///				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES									
				12									
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.									
P00002		04/01/2024		5. PROJECT NO. (If applicable)									
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)									
		10		CODE 10									
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424									
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(X)		9A. AMENDMENT OF SOLICITATION NO.									
BAY AREA ANESTHESIA, INC 292881													
BAY AREA ANESTHESIA, LLC 3451				9B. DATED (SEE ITEM 11)									
3451 S MERCY ROAD													
GILBERT AZ 852970100		X		10A. MODIFICATION OF CONTRACT/ORDER NO.									
				75H71222C00034									
CODE 292881		FACILITY CODE		10B. DATED (SEE ITEM 13)									
				09/22/2022									
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS													
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.													
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule													
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.													
<table><tr><td>CHECK ONE</td><td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td></tr><tr><td>X</td><td>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td></td><td>D. OTHER (Specify type of modification and authority)</td></tr></table>						CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.	X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:		D. OTHER (Specify type of modification and authority)
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.												
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).												
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:												
	D. OTHER (Specify type of modification and authority)												
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.													
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this unilateral modification for contract 75H71222C00034 is to appoint Ms. Francine Polacca as the assigned Contracting Officer's Representative (COR). This is a no cost modification.  Reason for Modification: Other Administrative Action Total Amount for this Modification: \$0.00  Contracting Officer Representative changed Continued ...													
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)											
		ORLANDO GUERRERO											
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA									
(Signature of person authorized to sign)				Orlando Guerrero -S Date: 2024.04.10 11:08:06 -05'00'									
				(Signature of Contracting Officer)									
16C. DATE SIGNED													

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)  
Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00002	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT )	UNIT PRICE (E)	AMOUNT (F)
	<div>from TARA ARGUAL</div> <div>to FRANCINE G POLACCA</div> <div>           Payment:           <div>IHSPHOENIX</div> <div>SUITE 512 ATTN: FINANCIAL MANAGEME</div> <div>2 RENAISSANCE SQUARE</div> <div>40 NORTH CENTRAL AVENUE</div> <div>PHOENIX AZ 85004</div> </div> <div>Period of Performance: 09/28/2023 to 09/27/2024</div> <div>All terms and conditions shall remain unchanged.</div> <div>(End of Summary of Changes)</div>				



AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES										
					12										
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)									
P00003		09/28/2024		IHS1496825											
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE									
		10				10									
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424											
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(X)			9A. AMENDMENT OF SOLICITATION NO.								
BAY AREA ANESTHESIA, INC 292881 BAY AREA ANESTHESIA, LLC 3451 S MERCY ROAD GILBERT AZ 852970100							9B. DATED (SEE ITEM 11)								
				X			10A. MODIFICATION OF CONTRACT/ORDER NO.								
							75H71222C00034								
							10B. DATED (SEE ITEM 13)								
CODE 292881				FACILITY CODE		09/22/2022									
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS															
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.															
12. ACCOUNTING AND APPROPRIATION DATA (If required)															
2024.J40G148.25629 Net Increase: \$1,477,537.50															
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.															
<table><tr><td>CHECK ONE</td><td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td></tr><tr><td></td><td>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td>X</td><td>D. OTHER (Specify type of modification and authority) 52.217-9 Option to Extend the Term of the Contract</td></tr></table>								CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.		B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:	X	D. OTHER (Specify type of modification and authority) 52.217-9 Option to Extend the Term of the Contract
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.														
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).														
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X	D. OTHER (Specify type of modification and authority) 52.217-9 Option to Extend the Term of the Contract														
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.															
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)															
The purpose of this modification is to fund and exercise option year 2 for nonpersonal ER Physician Services for the Hopi Health Care Center.															
OY2 PoP: Sept 28, 2024 - Sept 27, 2025															
LIST OF CHANGES:															
Reason for Modification: Exercise an Option															
New Total Amount for this Version: \$1,477,537.50															
Continued ...															
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.															
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)											
				ORLANDO GUERRERO											
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED									
(Signature of person authorized to sign)				Orlando Guerrero -S Digitally signed by Orlando Guerrero -S Date: 2024.06.11 12:25:01 -06'00'		06/11/2024									
				(Signature of Contracting Officer)											

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00003	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>New Total Obligated Amount for this Award: \$4,400,450.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 3 Obligated Amount for this Modification: \$1,477,537.50 Exercised option</p> <p>Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004</p> <p>Appr. Yr.: 2024 CAN: J40G148 Object Class: 25629 Period of Performance: 09/28/2024 to 09/27/2025 All terms and conditions shall remain unchanged. (End of Summary of Changes)</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES									
				12									
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.									
P00004		07/25/2024		IHS1500189									
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)									
		10		CODE									
				10									
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424									
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)		9A. AMENDMENT OF SOLICITATION NO.									
BAY AREA ANESTHESIA, INC 292881 BAY AREA ANESTHESIA, LLC 3451 S MERCY ROAD GILBERT AZ 852970100				9B. DATED (SEE ITEM 11)									
		x		10A. MODIFICATION OF CONTRACT/ORDER NO.									
				75H71222C00034									
				10B. DATED (SEE ITEM 13)									
CODE 292881		FACILITY CODE		09/22/2022									
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS													
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.													
12. ACCOUNTING AND APPROPRIATION DATA (If required)													
2024.J40F148.25629 Net Increase: \$419,989.25													
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.													
<table><tr><td>CHECK ONE</td><td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td></tr><tr><td></td><td>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td>X</td><td>D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (c) Contract Terms &amp; Conditions-Changes</td></tr></table>						CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.		B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:	X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (c) Contract Terms & Conditions-Changes
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.												
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).												
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:												
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (c) Contract Terms & Conditions-Changes												
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.													
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)													
Pursuant to authority cited in block 13(d) the Government hereby modifies contract 75H71222C00034 to incorporate a rate increase for option year one (1) in the amount of \$84,026.75 with the inclusion of new line item #0006 and option year two (2) in the amount of \$335,962.50 with the inclusion of new line item #0007. A total contract increase of \$419,989.25.													
Obligated Amount for this Modification: \$419,989.25 New Total Obligated Amount for this Award: \$4,820,439.25													
Continued ...													
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)											
Jackson Weaver, Owner & CEO		ORLANDO GUERRERO											
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA									
Jackson Weaver (Signature of person authorized to sign)		8/2/24		Orlando Guerrero -S (Signature of Contracting Officer)									
Previous edition unusable				16C. DATE SIGNED									

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00004	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT )	UNIT PRICE (E)	AMOUNT (F)
6	Payment: IHSPHOENIX SUITE 512   ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004  Appr. Yr.: 2024 CAN: J40F148 Object Class: 25629 Period of Performance: 07/25/2024 to 09/27/2025				
	OY (1) Rate Increase -ED Physician (b) (4)  Period of Performance: 25 July 2024 through 27 September 2024 Obligated Amount: \$84,026.75				84,026.75
7	OY (2) Rate Increase -ED Physician (b) (4)  Period of Performance: 28 September 2024 through 27 September 2025 Obligated Amount: \$335,962.50  All terms and conditions shall remain unchanged. (End of Summary of Changes)				
					335,962.50

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				13	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REA. NO.	
P00005		12/18/2024		5. PROJECT NO. (If applicable)	
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)	
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450		10		CODE 10	
8. NAME AND ADDRESS OF CONTRACTOR ( o, street, county, State and I Code)		( )		9A. AMENDMENT OF SOLICITATION NO.	
BAY AREA ANESTHESIA, INC 292881 BAY AREA ANESTHESIA, LLC 3451 S MERCY ROAD GILBERT AZ 852970100				9B. DATED (SEE ITEM 11)	
		X		10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00034	
CODE 292881		FACILITY CODE		10B. DATED (SEE ITEM 13) 09/22/2022	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is e tended, <input type="checkbox"/> is not e tended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended , by one of the following methods: (a) By completing Items 8 and 15, and returning copies of the amendment (b) By acknowledging receipt of this amendment on each copy of the offer submitted or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted , such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. ACCOUNTING AND APPROPRIATION DATA (If re uired) See Schedule					
Net Decrease: -\$1,903,955.13					
1. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIED IN ITEM 1.					
CHECK ONE					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).					
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
D. OTHER (Specify type of modification and authority)					
X IAW FAR 52.212-4 (c) Changes					
E. IMPORTANT Contractor <input type="checkbox"/> is not <input type="checkbox"/> is reCured to sign this document and return 1 copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
UEI: NHBN7FLTDR8					
Modification P00005 issued to de-obligate funds for the expired period of performance. Please review, and complete and sign blocks 15A, 15B, and 15C.					
Pursuant to Block (D), the Government hereby modifies Contract No. 75H71222C00034 as follows:					
1. That all commodities or services have been delivered or performed and accepted for the period of performance.					
2. That all invoices submitted have been paid in full for the ordering period under this contract.					
Continued ...					
E cept as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
Jackson Weaver, Owner & CEO		ORLANDO GUERRERO			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
Jackson Weaver (Signature of person authorized to sign)		01/21/25		Digitally signed by Orlando Guerrero -S Date: 2025.01.21 13:22:52 -0700 (Signature of Contracting Officer)	
				16C. DATE SIGNED 12/18/2024	

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00034/P00005	PAGE	OF
		2	3

NAME OF OFFEROR OR CONTRACTOR

BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>3. That there are no outstanding invoices or issues for this contract.</p> <p>4. One or more CLINS are being decreased as outlined below.</p> <p>5. If we do not receive a response within 14 working days from receipt of this modification the government will unilaterally process the modification.</p> <p>6. By signing this modification you are in agreement with the de-obligation of any excess funding for this task order with the period of performance dates of the contract and thereby release the government of any future claims against the contract in regards to the specified contract line item and period of performance.</p> <p>7. All other terms and conditions remain unchanged.</p> <p>LIST OF CHANGES:</p> <p>Reason for Modification: Funding Only Action</p> <p>Total Amount for this Modification: -\$1,903,955.13</p> <p>New Total Obligated Amount for this Award: \$2,916,484.12</p> <p>CHANGES FOR LINE ITEM NUMBER: 1</p> <p>Total Amount changed from \$1,445,375.00 to \$438,805.00</p> <p>Obligated Amount for this Modification: -\$1,006,570.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 2</p> <p>Total Amount changed from \$1,477,537.50 to \$644,238.12</p> <p>Obligated Amount for this Modification: -\$833,299.38</p> <p>CHANGES FOR LINE ITEM NUMBER: 6</p> <p>Total Amount changed from \$84,026.75 to \$19,941.00</p> <p>Obligated Amount for this Modification: -\$64,085.75</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
BAY AREA ANESTHESIA, INC 292881

ITEM NO. (A)	SUPPLIES/SERVICES (B)	AUANTITY (C)	UNIT )	UNIT PRICE (E)	AMOUNT (F)
	Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Period of Performance: 07/25/2024 to 09/27/2025  (End of Summary of Changes)				

Statement of Work  
ER Physician Services for the Hopi HealthCare Center (HHCC)

**OVERVIEW**

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room Physician Services as described herein at the Hopi Health Care Center Indian Hospital located in Polacca, Arizona. This will be for a base year period of performance with four(4) one (1) year option periods of performance. All candidate submissions shall contain a complete profile and current work history of the candidate(s) presented, including licensure and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the Hopi Health Care Center PHS Indian Hospital. The security pre-clearance requirement must be adhered to; the process includes a fingerprint check and a screen check of the physician through the office of the inspector general's exclusion list at <http://exclusions.oig.hhs.gov/>.

**BACKGROUND:**

The Hopi Healthcare Center is a 4-bed, The Joint Commission (TJC) accredited critical access hospital. Hopi Healthcare Center Outpatient Services include general medical care to adults and pediatrics. Outpatient visits for the HHCC totaled 68,000 for Fiscal Year 2015, including 14,000 Emergency Department visits.

**WORK SCHEDULE FOR PHYSICIAN SERVICES: Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.**

- A) **Emergency Room Physicians** 2 – 12-hour shifts during the day 7 days per week and 2 – 12-hour shifts during the night 7 days per week. Approximate number of shifts to be filled in the Emergency Room are four (4) twelve (12) hour shifts per day.

**PRICING SCHEDULE – See Attachment A - Rate Schedule for Pricing**

The unit price paid to the Contractor shall be considered as payment in full for services provided under this award. In no way, unless directed by the IHS, shall any provider attempt to bill or collect from any IHS patient, or from any alternate resource for which the patient may be eligible, any monies for services provided under this award.

Hourly fixed rate shall be inclusive of all other fees (holiday, overtime, nights, weekend or call services, etc), including travel expenses, per diem, lodging, all city, state, federal and local taxes, and all miscellaneous costs associated with the provision of services. The government will pay one flat rate.

Contractor shall be paid only for actual time services are performed under the terms of the contract at the hourly fixed rate (one flat rate). There is no provision for holiday, overtime, nights, weekend or call services etc. \*The government does not pay for time taken for lunch.

**DUTIES AND RESPONSIBILITIES:**

The contractor shall be expected to assist and provide services and duties as may be requested for the normal operational requirements for the department and personnel. The contractor shall provide work that is consistent with the guidelines and procedures of the IHS. Failure of the contractor to meet these standards can result in cancellation of this contract. The contractor's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work

The contractor shall prepare and complete in a timely fashion, the medical and other required records for



all parties he/she admits or in any way provides care for the hospital or health care facility (Service Unit Medical By Laws). All Electronic Health Records (EHR) notifications shall be addressed before contractor leaves the hospital care facility. During the performance of their duties, the contractor shall provide for the consistent performance of patient care processes according to the standards for the TJC accreditation program within IHS. These standards include: The Comprehensive Accreditation Manuals for the Hospitals, The Laboratory Standards and Ambulatory Care Standards as they represent the scope of services of this contract.

The contractor shall possess a professional medical education from a post-secondary academic institution or be licensed in a field of medical study. The contractor should be proficient in writing, typing and have a basic working knowledge and understanding of computer hardware and software applications. The contractor shall have sufficient knowledge, competence and experience in providing these services on a regular schedule to the Hopi Healthcare Center. The contractor shall possess sufficient initiative, interpersonal relationship skills, social sensitivity and appropriate professional behavior such that the contractor can relate constructively to IHS employees, contractors, vendors and individuals from the Native American community. Due to some limited driving requirements, the contractor should have a current, valid state driver's license from any of the 50 United States or the Commonwealth of Puerto Rico.

The contractor shall not have any work or health restrictions, which could directly or indirectly interfere with the performance of providing services as there will be some moderate lifting and moving of furniture as well as boxes of office supplies and equipment. The contractor shall maintain acceptable standards of personal hygiene and grooming such that their image as a Federal contract employee is compatible with the expectations of the IHS staff. Personal Service Contractors are covered under the Federal Tort Claims Act.

The contractor shall be required to utilize the electronic health record for chart documentation, after receiving training to enter all lab and x-ray requests. Once the emergency room is converted over to an EHR system the provider must use the system for documentation.

Patients receiving services under this agreement may only speak a native language and/or reside on a Native American Reservation. The Contractor's employee(s) shall be sensitive to the unique culture factors of the people they treat, which may include use of an interpreter as necessary in communication of services being rendered. Unique cultural factors that may contribute to the patient's treatment include: use of their language communications; village and tribal customs; use of traditional healers; isolation; housing conditions and lack of resources.

In the event the Contractor's employee is unable to render service on a previously agreed schedule, the Contractor shall provide a minimum seventy-two (72) hour notification to the Contracting Officers Representative (COR), Clinical Director or designee thereof. The Contractor shall then make a full, good-faith effort to provide coverage with a replacement.

In the event that the contractor fails to provide 72 hours' notice of their inability to meet the schedule, excepting unforeseen emergencies, the contract with this individual provider will be terminated and the contractor will no longer be scheduled to work in the Hopi Healthcare Center since failure to show up for the scheduled shift causes an undue burden on the hospital.

E.D. Physicians will admit patients to inpatient and must complete a History & Physical. E.D. Physicians must provide cross coverage of inpatient as the in-house physician, and must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of treatment regimen shall be documented.

**Accommodations/Lodging** – The IHS Hopi Health Care Center Service Unit may be able provide accommodations on-site for the selected physicians for the estimated period of performance. Transient housing will be provided (at a daily rate) when available. If no transient housing, then the local hotel or housing in Winslow, Arizona. CURRENTLY and for the forecasted remainder of 2022 there is NO transient housing available.

### **CONTRACTOR EXPERIENCE/QUALIFICATIONS:**

**It is preferred but not required that Medical staff have experience of services performed in a rural community. It is essential that medical staff must be willing to accept a position in a rural community. The contractor shall provide the Government with the qualifications of Physicians presented as candidates for assignments, including resume (detail experience in months and years), and references.**

**REQUIREMENTS - (Emergency Room Physician):**

#### **(a) QUALIFICATION/CERTIFICATION - ER PHYSICIANS:**

- 1) Contractor shall provide staff physician with recent emergency department experience.
- 2) Physicians shall possess either board certification in Internal Medicine, Family Practice or Emergency Medicine.
- 3) Recent Emergency Department work experience is acceptable in lieu of board certification.
- 4) Current certification is required in BLS (Basic Life Support)
- 5) ACLS (Advanced Cardiac Life Support)
- 6) PALS (Pediatric Advanced Life Support) and
- 7) ATLS (Advanced Trauma Life Support).

### **STATEMENT OF WORK:**

The contractor will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within the department. Contractor shall speak, understand, read and write the English language fluently. The contractor should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Government shall allow only qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the government.

Contractor agrees to the terms and conditions of the contract, acknowledges that performance shall be provided in a professional manner and shall demonstrate a level of competence in work that meets and/or exceeds the government's requirements.

The Government shall periodically assess and evaluate medical and health services programs to ensure consistency with current standards of practice.

The Contractor shall perform services with respect to patient's right to receive appropriate and quality healthcare services without discrimination due to race, creed, gender, national origin, sexual orientation, disability, age, physical or mental handicap or disability, type of illness or condition, and need for health services.

Contractor(s) acceptance of the government contract shall ensure that Contractor adheres to all terms and conditions of the contract. A Contractor shall be free of any non-prescribed substance in performance of the contractual requirements. However, if the government has suspicion and/or observation of

Contractor's performance possibly being under the influence of non-prescribed substance (ie, alcohol, etc.) the government reserves the right to terminate contract without further explanation.

The Contractor or individual performing services shall comply with all applicable Federal and State workers compensation, health examinations, income tax withholdings, social security withholding and occupational disease statutes.

The Contractor shall ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except pursuant to a written request and with prior written consent of the individual to whom the records pertain. However, this obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to thirdparty payers to whom the patient has authorized release of information.

Complete administrative control of patient remains with the Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the Government. All records shall be maintained in accordance with medical treatment facility guidelines.

### **OTHER CONTRACTOR RESPONSIBILITIES**

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

Safety or protective clothing or equipment shall be provided and maintained by the Contractor at the Contractor's own expense.

No interpretation of any provision of this contract, including applicable specifications shall be binding on the Government unless furnished or agreed to in writing by the Contracting Officer.

### **HEALTH REQUIREMENT/SCREENING:**

Immunizations:

The contractor agrees to furnish the following documentation of immunization records prior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: Annual PPD or Chest X-ray, if there is a history of positive skin test.
- (2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- (3) Documentation of two (2) varicella (chicken pox) vaccinations or proof of immunity or history of having disease. Documentation of Hepatitis B series vaccination and influenza vaccination during flu season.

Personal Hygiene – Contractor personnel shall be clean and neat in appearance.

Contractor's personnel who acquire a communicable illness shall not perform services under the contract and must be free of illness before returning to work. The Contractor shall notify the COR of any situation that may arise immediately.

Contractor's personnel shall not use commercial tobacco products while on the IHS campus.

The Contractor is responsible for compliance with all appropriate TJC, IHS, IHS facility policies/procedures and other regulatory agency record keeping requirements.

### **INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT**

No performance under the contract shall be allowed without full compliance with the Indian child protection and family violence prevention act, public law 101-630 and the Indian health service memo dated February 3, 1997 investigations of child-care workers. Contractor shall ensure that proposed providers cooperate with and assist the government in the conduction of any necessary background checks.

### **CRIME CONTROL ACT OF 1990**

No performance under this contract shall be allowed without full compliance with the Crime Control Act Of 1990, Public Law 101-647 and the Indian Health Service memo dated February 3, 1997 Investigations on Child Care Workers. Contractor shall ensure that proposed providers cooperate with and assist the government in condition of any necessary background checks.

### **ORIENTATION:**

Contractors shall participate in facility orientation program prior to physician and nurse practitioner services starting. Orientation is usually accomplished within one (1) week. The Contractor shall be required to complete all necessary documentation required for background checks as applicable.

No Contractor or Contractor's personnel may be assigned to work under the contract until initial Orientation has been completed. Documentation verifying the content of the orientation and a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). When the Government exercises one or more of the option years to the contract, the Contractor shall provide updated listing to the COR, documenting personnel have had refresher orientation.

IHS on site orientation must be met within thirty (30) days of award. This requirement includes any "new Contractor personnel."

Contractors shall complete IHS Computer Security Awareness Training within thirty (30) days.

### **CREDENTIALING AND PRIVILEGING:**

The Contractor shall participate in the Credentialing and Privileging process in accordance with facility procedure. The Contractor will be provided copies of current requirements as applicable and updates as they are published.

## **CONTRACTOR CREDENTIALS**

The Contractor shall provide the following documents for each provider for credentialing:

1. Current resume
2. OF-306 – Declaration for Federal Employment (all questions must answered and signature with date in 17a is required)
3. OF-306 Addendum – Addendum to the OF-306 (Declaration for Federal Employment)
4. IHS Provisional Access Memo
5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion
6. NoFEAR Act Training; complete the Certificate of Completion
7. OFI-86C form along with two fingerprint cards and applicable state forms
8. HHS-745, Section A
9. Two IDs (driver's license and social security card – names must match and be unexpired)

NOTE: No photo submission of forms, please have the forms scanned. Wet signature and date is highly recommended. No PDF signatures will be accepted

## **CONTRACTOR QUALITY CONTROL PROGRAM:**

- (a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:
  - (1) A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.
  - (2) A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the Government and shall be available to the COR during normal working hours. The file shall be turned over to the Government within 14 days of completion or termination of the contract.

## **PERIODIC PERFORMANCE EVALUATION MEETINGS:**

The Contractor shall meet, via in-person or teleconference meeting, with the Contracting Officer's Representative (COR) at the Hopi Healthcare Center a minimum of every six months according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

## **GOVERNMENT FURNISHED PROPERTY AND SERVICES:**

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or  
Disfigurement of Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of government property, or performance is determined to be unsatisfactory; the COR will issue a CDR. The Contractor will reply in writing, to the PO within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive

procedures initiated.

#### **CONTRACTOR FURNISHED PROPERTY AND/OR ITEMS:**

Contractor shall furnish qualified and experienced physicians and hospitalist for the purpose of performing services at the Hopi Healthcare Center. The Contractor shall secure all certifications and licenses to comply with Local, State and Federal laws.

Contractor shall perform all health screening of all medical staff to ensure that they meet IHS Guidelines.

Miscellaneous: The Contractor shall furnish other items as identified within this contract, such as, orientation and training, medical exams, procedures manual, quality control program, required data.

#### **CONTRACT ADMINISTRATION DATA:**

- (a) Reimbursement for services provided will be made upon completion of services as specified in the Scope of work. The Contractor shall submit an invoice through the US Treasury in IPP.

#### **CONTRACTING OFFICER'S (COR) REPRESENTATIVE RESPONSIBILITIES:**

- (a) The Contracting Officer's Representative is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor's performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- (b) The Contracting Officer will designate in writing a Contracting Officer's Representative who shall be responsible for:
  - (1) Monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
  - (2) Interpreting scope of work;
  - (3) Performing technical evaluations required;
  - (4) Performing technical inspections and acceptances required by this contract;
  - (5) Monitoring funds available for obligation under this contract;
  - (6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- (c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- (d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor's apparent difficulties in fulfilling contract requirements.

#### **ACCOUNTABILITY**

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the Clinical

Director, Hopi Healthcare Center or designee (e.g. ANE) to ensure that services called for under the contract have been rendered.

**PERFORMANCE BASED ASSESSMENT:**

(a) Introduction – Performance Requirements:

(1) A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic surveillance of all aspects of professional nursing services. This plan provides for monitoring the contract requirements

(b) The objective of this surveillance plan is to evaluate how the Contractor is performing in key areas. The government is primarily interested in the final service being provided and not in the details of accomplishment.

(c) The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.

(d) Quality Assurance Surveillance Plan (QASP):

(i) The Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and not considered part of the contract.

(ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.

**Performance Standards:** The Quality Assurance Surveillance Plan (QASP) outlines required standards and will be a part of the contract.

Measures	Performance Requirement	Standards	Acceptable Quality Level	Negative Incentive	Positive Incentive
1. Key Personnel	Provide required Specialty ER Physicians as specified In the statement of work.	Qualified personnel are available within 10 days of notice to Contractor and in location as needed to properly	95%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contactor performs satisfactory.
2. Patient Safety	Immediate reporting of any Potential or actual patient risk Management incidents to the Department Manager	All incidents reported immediately	100%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contactor performs satisfactory.
3. Maintaining licensing registration, and certification	Updated Licensing and certifications, BLS, ACLS, PALS will be provided as they	Licensing and certification information kept current.	Contract provider records will be kept 100% up-to-date	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the	Government will exercise the next option year if the contactor performs satisfactory.

	are renewed			Acceptable Quality Level)	
4. Privacy, Confidentiality and HIPPA	Contractor is aware of all laws, regulations, policies, and procedures relating to Privacy Confidentiality and HIPPA and Complies with all standards	Zero breaches of privacy or confidentiality	100%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contractor performs satisfactory.

#### **CONDITIONS FOR REMOVAL/REPLACEMENT OF PHYSICIAN(S)**

As mutually agreed between the Contracting Officer and the Contractor there may be grounds for removal and/or replacement of a Physician. The Contractor's employee shall be removed from an IHS facility if services are not performed in accordance with terms and conditions of this award, and/or the Contractor's VA/FSS contract.

#### **CONTRACTOR REQUIREMENTS**

For *Medical & Professional Contractors*, the contractor shall comply with all IHS facility infection control and safety procedures, and standards. During the performance of this contract, the Contractor shall provide for the consistent performance of patient care process according to the standards of the JTC and/or Centers for Medicare Services (CMS) who supplies accreditation to the Phoenix Area Indian Health Service hospitals and health centers. These standards shall include: The Comprehensive Accreditation Manual for Hospitals, the Laboratory Standards, and Ambulatory Care Standards as they represent the scope of services of this contract.

For *Medical & Dental Professional Contractors*, the contractor shall complete in a timely fashion, the medical and other required records for patients he/she admits or in any way provides treatment. The contractor shall abide by the Service Unit Medical By-laws and rules and regulations and meet all credentialing requirements in accordance with the Service Unit Medical Staff By-laws. Upon award, the selected physician(s) shall undergo Indian Health Service (IHS) mandated security clearance for work on-site at the Hopi Healthcare Center. The security pre-clearance requirement must be adhered to; the process includes a fingerprint check and a screen check through the Office of the Inspector General's exclusion list at <http://exclusions.oig.hhs.gov/>.

#### **SUPERVISORY CONTROLS**

The Chief Medical Officer, or designee, provides primarily administrative supervision. The supervising physician sets overall health care objectives and specifies resources available. The supervising physician provides for clinical supervision on a 24-hour, media and tour of duty coverage. The supervising physician reviews work performance on a periodic basis in order to evaluate proficiency in providing health care, discuss deficiencies and problems encountered, outline and/or approve new or changed practices to be employed, and provides consultation on specific cases and related problems. Work which involves out-of-the-ordinary diagnostic decisions or treatment is discussed with supervisor or supervising emergency department physician who keeps aware of the condition of such patients and all aspects of treatment regimen. Work performance is reviewed for conformance to IHS policy, procedures and accepted professional practices; and the Quality Assurance improvement Program of the Medical staff of the Service Unit.



E.D. physicians will provide guidance and instruction to the nurse practitioners providing services during each shift worked. Within established guidelines, contractor(s) exercise latitude in planning and carrying out health care assignments and in undertaking new procedures, practices and approaches to extend both services provided and increase individual proficiency. Overall work performance is reviewed jointly by the clinical director/supervising physician for effectiveness in meeting requirements for healthcare services.

**END OF STATEMENT OF WORK**

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER IHS1459434		PAGE OF 1 3	
2. CONTRACT NO. 75H71222C00033		3. AWARD/ EFFECTIVE DATE 09/28/2022		4. ORDER NUMBER		5. SOLICITATION NUMBER	
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME MICHELE LODGE		b. TELEPHONE NUMBER (No collect calls) 602-364-5044		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: 621111 SIZE STANDARD: \$12.0			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO IHSHOPIHEALTH P.O. BOX 4000, HWY 264, MP388 POLACCA AZ 86042		16. ADMINISTERED BY Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/ OFFEROR NATIVEARC 1571990 Attn: (b) (6) NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253  TELEPHONE NO. 928-3008107		18a. PAYMENT WILL BE MADE BY IHS PHOENIX SUITE 512 ATTN: FINANCIAL MANAGEMEN 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
		This Contract 75H71222C00033 is hereby issued for Non-Personal Professional Emergency Room Physician Services at the Hopi Health Care Center (HHCC). All work is to be performed in conformance with the Statement of Work dated 18 September 2022 and the contract terms and conditions (Continuation SF1449). The UEI number for NativeArc, LLC is F7B6FDR8X8E4. This contract is for a base year with four (4) one (1) year option periods.  (Use Reverse and/or Attach Additional Sheets as Necessary)					
				23. UNIT PRICE		24. AMOUNT	
25. ACCOUNTING AND APPROPRIATION DATA 2022.J40F148.25629				26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$1,492,000.00			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.				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.			
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: Proposal OFFER DATED . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: All			
30a. SIGNATURE OF OFFEROR/CONTRACTOR  Joshua L. Pearlman -S				30b. NAME AND TITLE OF SIGNER (Type or print) JOSHUA L. PEARLMAN			
30c. DATE SIGNED Date: 2022.09.22 14:16:55 -07'00'				31b. NAME OF CONTRACTING OFFICER (Type or print) JOSHUA L. PEARLMAN			
31c. DATE SIGNED							

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
1	<p>The base period of performance is 28 September 2022 through 27 September 2023.</p> <p>Appr. Yr.: 2022 CAN: J40F148 Object Class: 25629</p> <p>Period of Performance: 09/28/2022 to 09/27/2027</p> <p>Base Year - Emergency Room Physicians at Hopi Health Care Center</p> <p>Estimated Hours: (b) (4)</p> <p>Hourly Rate: (b) (4)</p> <p>Period of Performance: 28 September 2022 through 27 September 2023</p> <p>Obligated Amount: \$1,492,000.00</p> <p>Delivery: 09/28/2022</p>				1,492,000.00
2	<p>Option Year One (1) - Emergency Room Physicians at Hopi Health Care Center</p> <p>Estimated Hours: (b) (4)</p> <p>Hourly Rate: (b) (4)</p> <p>Period of Performance: 28 September 2023 through 27 September 2024</p> <p>Amount: \$1,534,500.00 (Option Line Item)</p> <p>06/28/2023</p> <p>Delivery: 09/28/2023</p>				0.00
3	<p>Option Year Two (2) - Emergency Room Physicians at Hopi Health Care Center</p> <p>Estimated Hours: (b) (4)</p> <p>Continued ...</p>				0.00

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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 ( <i>Print</i> )	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT ( <i>Location</i> )	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

NAME OF OFFEROR OR CONTRACTOR  
 NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Hourly Rate: (b) (4) Period of Performance: 28 September 2024 through 27 September 2025 Amount: \$1,604,250.00 (Option Line Item) 06/28/2024  Delivery: 09/28/2024				
4	Option Year Three (3) - Emergency Room Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2025 through 27 September 2026 Amount: \$1,674,000.00 (Option Line Item) 06/28/2025  Delivery: 09/28/2025				0.00
5	Option Year Four (4) - Emergency Room Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2026 through 27 September 2027 Amount: \$1,743,750.00 (Option Line Item) 06/28/2026  Delivery: 09/28/2026 ///ANY AND ALL CHANGES TO THIS AWARD SHALL ONLY BE MADE BY A CONTRACTING OFFICER///				0.00
	The total amount of award: \$8,048,500.00. The obligation for this award is shown in box 26.				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				12	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
P00001		09/28/2023		IHS1475662	
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)	
		10		CODE 10	
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)		9A. AMENDMENT OF SOLICITATION NO.	
NATIVEARC 1571990					
Attn: (b) (6)				9B. DATED (SEE ITEM 11)	
NATIVEARC, LLC 708 SW DESCHUTE					
708 SW DESCHUTES AVE STE 5				10A. MODIFICATION OF CONTRACT/ORDER NO.	
REDMOND OR 977562253		x		75H71222C00033	
CODE 1571990		FACILITY CODE		10B. DATED (SEE ITEM 13)	
				09/22/2022	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. ACCOUNTING AND APPROPRIATION DATA (If required)					
2023.J40F148.25628 Net Increase: \$1,534,500.00					
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).					
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
D. OTHER (Specify type of modification and authority)					
X IAW FAR 52.217-9 Option to Extend the Term of the Contract					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
The purpose of this modification for contract 75H71222C00033 is to exercise Option Year One (1) in accordance with FAR 52.217-9 - Option to Extend Term of the Contract. The new effective period of performance is 28 September 2023 thru 27 September 2024. Funding in the amount of \$1,534,500.00 is incorporated and the option is funded in full.					
Obligated Amount for this Modification: \$1,534,500.00					
New Total Obligated Amount for this Award: \$3,026,500.00					
CHANGES FOR LINE ITEM NUMBER: 2					
Obligated Amount for this Modification: \$1,534,500.00					
Continued ...					
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
		ORLANDO GUERRERO			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				Orlando Guerrero Digitally signed by Orlando Guerrero -S Date: 2023.07.20 11:28:27 -05'00'	
Previous edition unusable				(Signature of Contracting Officer)	

<b>CONTINUATION SHEET</b>	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00001	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT )	UNIT PRICE (E)	AMOUNT (F)
	<p>Exercised option</p> <p>NEW ACCOUNTING CODE ADDED:  Account code:  2023.J40F148.25628  Cost Ctr (FDA &amp; IHS)  T-Number (FDA)  Appropriation Year 2023  CAN J40F148  Object Class 25628  PMS Code (FDA)  Suffix (FDA)  Agency Tag (FDA)  Center Tag (FDA)  Quantity: 0  Amount: \$1,534,500.00  Percent: 100  Subject To Funding: N  Payment Address:</p> <p>Payment:  IHSPHOENIX  SUITE 512   ATTN: FINANCIAL MANAGEME  2 RENAISSANCE SQUARE  40 NORTH CENTRAL AVENUE  PHOENIX AZ 85004</p> <p>Appr. Yr.: 2023 CAN: J40F148 Object Class: 25628  Period of Performance: 09/28/2023 to 09/27/2024  All terms and conditions shall remain unchanged.  (End of Summary of Changes)</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES									
				12									
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.									
P00002		02/09/2024		5. PROJECT NO. (If applicable)									
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)									
		10		CODE 10									
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450		Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424											
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(X)		9A. AMENDMENT OF SOLICITATION NO.									
NATIVEARC 1571990 Attn: (b) (6)				9B. DATED (SEE ITEM 11)									
NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253		X		10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00033									
CODE 1571990		FACILITY CODE		10B. DATED (SEE ITEM 13) 09/22/2022									
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS													
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.													
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule													
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.													
<table><tr><td>CHECK ONE</td><td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td></tr><tr><td>X</td><td>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td></td><td>D. OTHER (Specify type of modification and authority)</td></tr></table>						CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.	X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:		D. OTHER (Specify type of modification and authority)
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.												
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).												
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:												
	D. OTHER (Specify type of modification and authority)												
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.													
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) UEI: F7B6FDR8X8E4 The purpose of this unilateral modification for contract 75H71222C00033 is to appoint Ms. Myronna Gaseoma as the assigned Contracting Officer's Representative (COR). This is a no cost modification.  Reason for Modification: Other Administrative Action Total Amount for this Modification: \$0.00 New Total Amount for this Version: \$0.00 New Total Amount for this Award: \$8,048,500.00													
Continued ...													
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.													
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)											
		ORLANDO GUERRERO											
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA									
(Signature of person authorized to sign)				Orlando Guerrero -S Digitally signed by Orlando Guerrero -S Date: 2024.02.14 13:51:28 -0600 (Signature of Contracting Officer)									

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00002	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: IHSPHOENIX SUITE 512   ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004  Period of Performance: 09/28/2023 to 09/27/2024 All terms and conditions shall remain unchanged. (End of Summary of Changes)				



AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES											
				1	2										
2. AMENDMENT/MODIFICATION NO. P00003		3. EFFECTIVE DATE 04/01/2024		4. REQUISITION/PURCHASE REQ. NO.											
6. ISSUED BY Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450		CODE 10		5. PROJECT NO. (If applicable) 10											
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) NATIVEARC 1571990 Attn: (b) (6) NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253		(x)		9A. AMENDMENT OF SOLICITATION NO.											
CODE 1571990		FACILITY CODE		9B. DATED (SEE ITEM 11)											
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00033											
				10B. DATED (SEE ITEM 13) 09/22/2022											
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS															
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.															
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule															
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.															
<table border="1"><thead><tr><th>CHECK ONE</th><th></th></tr></thead><tbody><tr><td></td><td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td></tr><tr><td>X</td><td>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td></td><td>D. OTHER (Specify type of modification and authority)</td></tr></tbody></table>						CHECK ONE			A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.	X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:		D. OTHER (Specify type of modification and authority)
CHECK ONE															
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.														
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).														
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:														
	D. OTHER (Specify type of modification and authority)														
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.															
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this unilateral modification for contract 75H71222C00033 is to appoint Ms. Francine Polacca as the assigned Contracting Officer's Representative (COR). This is a no cost modification. Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Period of Performance: 09/28/2023 to 09/27/2024 Continued ...															
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ORLANDO GUERRERO													
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA Orlando Guerrero -S (Signature of Contracting Officer)											
				16C. DATE SIGNED											

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	75H71222C00033/P00003	2	2

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	All terms and conditions shall remain unchanged. (End of Summary of Changes)				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES									
				12									
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.									
P00004		07/01/2024		IHS1499370									
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)									
		10		CODE									
				10									
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424									
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)		9A. AMENDMENT OF SOLICITATION NO.									
NATIVEARC 1571990													
Attn: (b) (6)				9B. DATED (SEE ITEM 11)									
NATIVEARC, LLC 708 SW DESCHUTE													
708 SW DESCHUTES AVE STE 5				10A. MODIFICATION OF CONTRACT/ORDER NO.									
REDMOND OR 977562253		x		75H71222C00033									
CODE 1571990		FACILITY CODE		10B. DATED (SEE ITEM 13)									
				09/22/2022									
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS													
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.													
12. ACCOUNTING AND APPROPRIATION DATA (If required)													
2024.J40F148.25629 Net Increase: \$279,090.00													
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.													
<table><tr><td>CHECK ONE</td><td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td></tr><tr><td></td><td>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td>X</td><td>D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (C) Contract Terms &amp; Conditions-Changes</td></tr></table>						CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.		B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:	X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (C) Contract Terms & Conditions-Changes
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	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).												
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:												
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (C) Contract Terms & Conditions-Changes												
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.													
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)													
The purpose of this bilateral modification for contract 75H71222C00033 is to incorporate a rate increase of \$45.00 an hour for the remainder of OY (1) in the amount of \$69,840.00 and OY (2) in the amount of \$209,250.00. This has resulted in the inclusion of new line items #0006 and #0007.A total increase of \$279,090.00.													
Obligated Amount for this Modification: \$279,090.00													
New Total Obligated Amount for this Award: \$3,305,590.00													
Continued ...													
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)											
James M. Galloway, MD, CMO		ORLANDO GUERRERO											
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA									
James M. Galloway, MD (Signature of person authorized to sign)		7.24.24		Orlando Guerrero -S (Signature of Contracting Officer)									
16C. DATE SIGNED		Digitally signed by Orlando Guerrero -S Date: 2024.07.24 14:27:58 -0600											

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)  
Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00004	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT )	UNIT PRICE (E)	AMOUNT (F)
	Payment: IHSPHOENIX SUITE 512   ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Appr. Yr.: 2024 CAN: J40F148 Object Class: 25629 Period of Performance: 07/01/2024 to 09/27/2025				
6	OY (1) - Rate Increase for ER Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 1 July 2024 through 27 September 2024				69,840.00
7	OY (2) - Rate Increase for ER Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2024 through 27 September 2025 Obligated Amount: \$209,250.00  All terms and conditions shall remain unchanged. (End of Summary of Changes)				209,250.00

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				12	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
P00005		09/28/2024		IHS1498376	
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)	
Phoenix Area Indian Health Service		10		CODE	
Two Renaissance Square, 40 North Central Ave				10	
Suite 507 Attn: Division of Acquisition Mgmt				Phoenix Area Indian Health Service	
Phoenix AZ 85004-4450				Two Renaissance Square, 40 North Central Ave	
				Suite 507, Attn: Division of Acquisition Mgmt	
				Phoenix AZ 85004-4424	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)		9A. AMENDMENT OF SOLICITATION NO.	
NATIVEARC 1571990					
Attn: (b) (6)				9B. DATED (SEE ITEM 11)	
NATIVEARC, LLC					
708 SW DESCHUTE				10A. MODIFICATION OF CONTRACT/ORDER NO.	
708 SW DESCHUTES AVE STE 5				75H71222C00033	
REDMOND OR 977562253		x		10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE		09/22/2022	
1571990					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended.					
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. ACCOUNTING AND APPROPRIATION DATA (If required)					
2024.J405H23.25628					
Net Increase: \$1,604,250.00					
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
<input type="checkbox"/> CHECK ONE					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).					
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
D. OTHER (Specify type of modification and authority)					
X IAW FAR 52.217-9 Option to Extend the Term of the Contract					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
The purpose of this bilateral modification for contract 75H71222C00033 is to exercise Option Year Two (2) in accordance with FAR 52.217-9 - Option to Extend Term of the Contract. The new effective period of performance is 28 September 2024 thru 27 September 2025. Funding in the amount of \$1,604,250.00 is incorporated and the option is funded in full.					
Obligated Amount for this Modification: \$1,604,250.00					
New Total Obligated Amount for this Award: \$4,909,840.00					
CHANGES FOR LINE ITEM NUMBER: 3					
Obligated Amount for this Modification: \$1,604,250.00					
Continued ...					
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
James M Galloway, MD, CMO			ORLANDO GUERRERO		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
James M. Galloway, MD		8.8.24		Orlando Guerrero -S	
(Signature of person authorized to sign)				Digitally signed by Orlando Guerrero -S	
Previous edition unusable				Date: 2024.08.09 08:16:27 -0600	
				(Signature of Contracting Officer)	
STANDARD FORM 30 (REV. 11/2016)					
Prescribed by GSA FAR (48 CFR) 53.243					

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00005	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Exercised option</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 2024.J405H23.25628 Cost Ctr (FDA &amp; IHS) T-Number (FDA) Appropriation Year 2024 CAN J405H23 Object Class 25628 PMS Code (FDA) Suffix (FDA) Agency Tag (FDA) Center Tag (FDA) Quantity: 0 Amount: \$1,604,250.00 Percent: 100 Subject To Funding: N Payment Address:</p> <p>Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004</p> <p>Appr. Yr.: 2024 CAN: J405H23 Object Class: 25628 Period of Performance: 09/28/2024 to 09/27/2025 All terms and conditions shall remain unchanged. (End of Summary of Changes)</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
			1	2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
P00006	12/16/2024			
6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE	10
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450	10	Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(X) 9A. AMENDMENT OF SOLICITATION NO.		
NATIVEARC 1571990 Attn: (b) (6) [REDACTED] NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253		9B. DATED (SEE ITEM 11)		
		(X) 10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00033		
CODE 1571990 FACILITY CODE		10B. DATED (SEE ITEM 13) 09/22/2022		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If required)		Net Decrease: -\$2,345,860.00		
See Schedule				
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.			
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).			
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:			
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (c) Contract Terms & Conditions-Changes			
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible) Pursuant to authority cited in block 13(d) the Government hereby modifies contract 75H71222C00033 to de-obligate residual funding in the amount of (\$2,345,860.00) from the base year and option year one (1). Please review and return NLT 26 December 2024; if not received back by this date this action will be completed unilaterally by the Government. Obligated Amount for this Modification: -\$2,345,860.00 New Total Obligated Amount for this Award: \$2,563,980.00 CHANGES FOR LINE ITEM NUMBER: 1 Total Amount changed Continued ...				
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
Lara Snow VP of Operations		ORLANDO GUERRERO		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	Digitally signed by Orlando Guerrero	16C. DATE SIGNED
 9E483F0438674DD (Signature of person authorized to sign)	1/3/2025	Orlando Guerrero (Signature of Contracting Officer)	Date: 2025.01.06 14:00:00	-07'00'

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>from \$1,492,000.00 to \$53,760.00 Obligated Amount for this Modification: -\$1,438,240.00</p> <p>CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH Amount changed from \$1,492,000.00 to \$53,760.00</p> <p>CHANGES FOR ACCOUNTING CODE: 2022.J40F148.25629 Amount changed from \$1,492,000.00 to \$53,760.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 2 Total Amount changed from \$1,534,500.00 to \$680,790.00 Obligated Amount for this Modification: -\$853,710.00</p> <p>CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH Amount changed from \$1,534,500.00 to \$680,790.00</p> <p>CHANGES FOR ACCOUNTING CODE: 2023.J40F148.25628 Amount changed from \$1,534,500.00 to \$680,790.00 Percent changed from 100 to 0</p> <p>CHANGES FOR LINE ITEM NUMBER: 6 Total Amount changed from \$69,840.00 to \$15,930.00 Obligated Amount for this Modification: -\$53,910.00</p> <p>CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH Amount changed from \$69,840.00 to \$15,930.00</p> <p>CHANGES FOR ACCOUNTING CODE: 2024.J40F148.25629 Amount changed from \$69,840.00 to \$15,930.00 Percent changed from 100 to 0</p> <p>Discount Terms: HHS NET 30P Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Period of Performance: 09/28/2022 to 09/27/2024 All terms and conditions shall remain unchanged. (End of Summary of Changes)</p>				



<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. CONTRACT ID CODE		PAGE OF PAGES	
				1		2	
2. AMENDMENT/MODIFICATION NO. P00007		3. EFFECTIVE DATE 09/28/2025		4. REQUISITION/PURCHASE REQ. NO. IHS1513091		5. PROJECT NO. (If applicable)	
6. ISSUED BY		CODE 10		7. ADMINISTERED BY (If other than Item 6)		CODE 10	
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(x) 9A. AMENDMENT OF SOLICITATION NO.			
NATIVEARC 1571990 Attn: (b) (6) NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253				9B. DATED (SEE ITEM 11)			
				(x) 10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00033			
				10B. DATED (SEE ITEM 13) 09/22/2022			
CODE 1571990		FACILITY CODE					
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required) 2025.J40F148.25629				Net Increase:		\$1,674,000.00	
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>							
<u>CHECK ONE</u>	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).						
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:						
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.217-9 Option to Extend Term of the Contract						
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
Pursuant to authority cited in block 13(d) the Government hereby modifies contract 75H71222C00033 to exercise Option Year three (3) in accordance with FAR 52.217-9 - Option to Extend Term of the Contract. The new effective period of performance is 28 September 2025 thru 27 September 2026. Funding in the amount of \$1,674,000.00 is incorporated and the option is funded in full.							
Obligated Amount for this Modification: \$1,674,000.00 New Total Obligated Amount for this Award: \$4,237,980.00 CHANGES FOR LINE ITEM NUMBER: 4 Obligated Amount for this Modification: \$1,674,000.00 Continued ...							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
				ORLANDO GUERRERO			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA ORLANDO GUERRERO - Digitally signed by ORLANDO GUERRERO - S Date: 2025.05.22 10:59:40 -0600		16C. DATE SIGNED	
(Signature of person authorized to sign)				(Signature of Contracting Officer)			

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00007	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT )	UNIT PRICE (E)	AMOUNT (F)
	<p>Exercised option</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 2025.J40F148.25629 Cost Ctr (FDA &amp; IHS) T-Number (FDA) Appropriation Year 2025 CAN J40F148 Object Class 25629 PMS Code (FDA) Suffix (FDA) Agency Tag (FDA) Center Tag (FDA) Quantity: 0 Amount: \$1,674,000.00 Percent: 100 Subject To Funding: N Payment Address:</p> <p>Discount Terms: HHS NET 30P Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004</p> <p>Appr. Yr.: 2025 CAN: J40F148 Object Class: 25629 Period of Performance: 09/28/2025 to 09/27/2026 All terms and conditions shall remain unchanged. (End of Summary of Changes)</p>				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES	
				1 2	
2. AMENDMENT/MODIFICATION NO. P00008		3. EFFECTIVE DATE 09/28/2025		4. REQUISITION/PURCHASE REQ. NO. IHS1517170	
6. ISSUED BY Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450		CODE 10		5. PROJECT NO. (If applicable)	
		7. ADMINISTERED BY (If other than Item 6) Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424		CODE 10	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) NATIVEARC 1571990 Attn: (b) (6) NATIVEARC, LLC 708 SW DESCHUTE 708 SW DESCHUTES AVE STE 5 REDMOND OR 977562253		(X)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		X		10A. MODIFICATION OF CONTRACT/ORDER NO. 75H71222C00033	
				10B. DATED (SEE ITEM 13) 09/22/2022	
CODE 1571990		FACILITY CODE			

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)  
2025.J40F148.25629 Net Increase: \$209,250.00

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 ( C ) Contract Terms & Conditions -Changes

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

UEI: F7B6FDR8X8E4

Pursuant to authority cited in block 13(d) the Government hereby modifies contract 75H71222C00033 to incorporate a rate increase of \$45.00 an hour for option year three (3) in the amount of \$209,250.00 and option year four (4) in the amount of \$209,250.00. This results in the inclusion of new lien items #0008 and #0009. A total increase of \$418,500.00.

New Total Amount for this Award: \$6,400,230.00

Obligated Amount for this Modification: \$209,250.00

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) Vida Khow		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ORLANDO GUERRERO	
15B. CONTRACTOR/OFFEROR Vida Khow (Signature of person authorized to sign)	15C. DATE SIGNED 08/11/25	16B. UNITED STATES OF AMERICA ORLANDO GUERRERO -S (Signature of Contracting Officer)	16C. DATE SIGNED

Previous edition unusable

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 75H71222C00033/P00008	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
NATIVEARC 1571990

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	New Total Obligated Amount for this Award: \$4,447,230.00  Discount Terms: HHS NET 30P Payment: IHSPHOENIX SUITE 512   ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Appr. Yr.: 2025 CAN: J40F148 Object Class: 25629 Period of Performance: 09/28/2025 to 09/27/2026				
8	OY (3) - Rate Increase for ER Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2025 through 27 September 2026 Obligated Amount: \$209,250.00				209,250.00
9	OY (4) - Rate Increase for ER Physicians at Hopi Health Care Center Estimated Hours: (b) (4) Hourly Rate: (b) (4) Period of Performance: 28 September 2026 through 27 September 2027 Amount: \$209,250.00 (Option Line Item) 06/25/2026  All terms and conditions shall remain unchanged. (End of Summary of Changes)				0.00

Statement of Work  
ER Physician Services for the Hopi HealthCare Center (HHCC)

**OVERVIEW**

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room Physician Services as described herein at the Hopi Health Care Center Indian Hospital located in Polacca, Arizona. This will be for a base year period of performance with four(4) one (1) year option periods of performance. All candidate submissions shall contain a complete profile and current work history of the candidate(s) presented, including licensure and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the Hopi Health Care Center PHS Indian Hospital. The security pre-clearance requirement must be adhered to; the process includes a fingerprint check and a screen check of the physician through the office of the inspector general's exclusion list at <http://exclusions.oig.hhs.gov/>.

**BACKGROUND:**

The Hopi Healthcare Center is a 4-bed, The Joint Commission (TJC) accredited critical access hospital. Hopi Healthcare Center Outpatient Services include general medical care to adults and pediatrics. Outpatient visits for the HHCC totaled 68,000 for Fiscal Year 2015, including 14,000 Emergency Department visits.

**WORK SCHEDULE FOR PHYSICIAN SERVICES: Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.**

- A) **Emergency Room Physicians** 2 – 12-hour shifts during the day 7 days per week and 2 – 12-hour shifts during the night 7 days per week. Approximate number of shifts to be filled in the Emergency Room are four (4) twelve (12) hour shifts per day.

**PRICING SCHEDULE – See Attachment A - Rate Schedule for Pricing**

The unit price paid to the Contractor shall be considered as payment in full for services provided under this award. In no way, unless directed by the IHS, shall any provider attempt to bill or collect from any IHS patient, or from any alternate resource for which the patient may be eligible, any monies for services provided under this award.

Hourly fixed rate shall be inclusive of all other fees (holiday, overtime, nights, weekend or call services, etc), including travel expenses, per diem, lodging, all city, state, federal and local taxes, and all miscellaneous costs associated with the provision of services. The government will pay one flat rate.

Contractor shall be paid only for actual time services are performed under the terms of the contract at the hourly fixed rate (one flat rate). There is no provision for holiday, overtime, nights, weekend or call services etc. \*The government does not pay for time taken for lunch.

**DUTIES AND RESPONSIBILITIES:**

The contractor shall be expected to assist and provide services and duties as may be requested for the normal operational requirements for the department and personnel. The contractor shall provide work that is consistent with the guidelines and procedures of the IHS. Failure of the contractor to meet these standards can result in cancellation of this contract. The contractor's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work

The contractor shall prepare and complete in a timely fashion, the medical and other required records for

all parties he/she admits or in any way provides care for the hospital or health care facility (Service Unit Medical By Laws). All Electronic Health Records (EHR) notifications shall be addressed before contractor leaves the hospital care facility. During the performance of their duties, the contractor shall provide for the consistent performance of patient care processes according to the standards for the TJC accreditation program within IHS. These standards include: The Comprehensive Accreditation Manuals for the Hospitals, The Laboratory Standards and Ambulatory Care Standards as they represent the scope of services of this contract.

The contractor shall possess a professional medical education from a post-secondary academic institution or be licensed in a field of medical study. The contractor should be proficient in writing, typing and have a basic working knowledge and understanding of computer hardware and software applications. The contractor shall have sufficient knowledge, competence and experience in providing these services on a regular schedule to the Hopi Healthcare Center. The contractor shall possess sufficient initiative, interpersonal relationship skills, social sensitivity and appropriate professional behavior such that the contractor can relate constructively to IHS employees, contractors, vendors and individuals from the Native American community. Due to some limited driving requirements, the contractor should have a current, valid state driver's license from any of the 50 United States or the Commonwealth of Puerto Rico.

The contractor shall not have any work or health restrictions, which could directly or indirectly interfere with the performance of providing services as there will be some moderate lifting and moving of furniture as well as boxes of office supplies and equipment. The contractor shall maintain acceptable standards of personal hygiene and grooming such that their image as a Federal contract employee is compatible with the expectations of the IHS staff. Personal Service Contractors are covered under the Federal Tort Claims Act.

The contractor shall be required to utilize the electronic health record for chart documentation, after receiving training to enter all lab and x-ray requests. Once the emergency room is converted over to an EHR system the provider must use the system for documentation.

Patients receiving services under this agreement may only speak a native language and/or reside on a Native American Reservation. The Contractor's employee(s) shall be sensitive to the unique culture factors of the people they treat, which may include use of an interpreter as necessary in communication of services being rendered. Unique cultural factors that may contribute to the patient's treatment include: use of their language communications; village and tribal customs; use of traditional healers; isolation; housing conditions and lack of resources.

In the event the Contractor's employee is unable to render service on a previously agreed schedule, the Contractor shall provide a minimum seventy-two (72) hour notification to the Contracting Officers Representative (COR), Clinical Director or designee thereof. The Contractor shall then make a full, good-faith effort to provide coverage with a replacement.

In the event that the contractor fails to provide 72 hours' notice of their inability to meet the schedule, excepting unforeseen emergencies, the contract with this individual provider will be terminated and the contractor will no longer be scheduled to work in the Hopi Healthcare Center since failure to show up for the scheduled shift causes an undue burden on the hospital.

E.D. Physicians will admit patients to inpatient and must complete a History & Physical. E.D. Physicians must provide cross coverage of inpatient as the in-house physician, and must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of treatment regimen shall be documented.

**Accommodations/Lodging** – The IHS Hopi Health Care Center Service Unit may be able provide accommodations on-site for the selected physicians for the estimated period of performance. Transient housing will be provided (at a daily rate) when available. If no transient housing, then the local hotel or housing in Winslow, Arizona. CURRENTLY and for the forecasted remainder of 2022 there is NO transient housing available.

### **CONTRACTOR EXPERIENCE/QUALIFICATIONS:**

**It is preferred but not required that Medical staff have experience of services performed in a rural community. It is essential that medical staff must be willing to accept a position in a rural community. The contractor shall provide the Government with the qualifications of Physicians presented as candidates for assignments, including resume (detail experience in months and years), and references.**

**REQUIREMENTS - (Emergency Room Physician):**

#### **(a) QUALIFICATION/CERTIFICATION - ER PHYSICIANS:**

- 1) Contractor shall provide staff physician with recent emergency department experience.
- 2) Physicians shall possess either board certification in Internal Medicine, Family Practice or Emergency Medicine.
- 3) Recent Emergency Department work experience is acceptable in lieu of board certification.
- 4) Current certification is required in BLS (Basic Life Support)
- 5) ACLS (Advanced Cardiac Life Support)
- 6) PALS (Pediatric Advanced Life Support) and
- 7) ATLS (Advanced Trauma Life Support).

### **STATEMENT OF WORK:**

The contractor will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within the department. Contractor shall speak, understand, read and write the English language fluently. The contractor should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Government shall allow only qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the government.

Contractor agrees to the terms and conditions of the contract, acknowledges that performance shall be provided in a professional manner and shall demonstrate a level of competence in work that meets and/or exceeds the government's requirements.

The Government shall periodically assess and evaluate medical and health services programs to ensure consistency with current standards of practice.

The Contractor shall perform services with respect to patient's right to receive appropriate and quality healthcare services without discrimination due to race, creed, gender, national origin, sexual orientation, disability, age, physical or mental handicap or disability, type of illness or condition, and need for health services.

Contractor(s) acceptance of the government contract shall ensure that Contractor adheres to all terms and conditions of the contract. A Contractor shall be free of any non-prescribed substance in performance of the contractual requirements. However, if the government has suspicion and/or observation of

Contractor's performance possibly being under the influence of non-prescribed substance (ie, alcohol, etc.) the government reserves the right to terminate contract without further explanation.

The Contractor or individual performing services shall comply with all applicable Federal and State workers compensation, health examinations, income tax withholdings, social security withholding and occupational disease statutes.

The Contractor shall ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except pursuant to a written request and with prior written consent of the individual to whom the records pertain. However, this obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to thirdparty payers to whom the patient has authorized release of information.

Complete administrative control of patient remains with the Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the Government. All records shall be maintained in accordance with medical treatment facility guidelines.

### **OTHER CONTRACTOR RESPONSIBILITIES**

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

Safety or protective clothing or equipment shall be provided and maintained by the Contractor at the Contractor's own expense.

No interpretation of any provision of this contract, including applicable specifications shall be binding on the Government unless furnished or agreed to in writing by the Contracting Officer.

### **HEALTH REQUIREMENT/SCREENING:**

Immunizations:

The contractor agrees to furnish the following documentation of immunization records prior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: Annual PPD or Chest X-ray, if there is a history of positive skin test.
- (2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- (3) Documentation of two (2) varicella (chicken pox) vaccinations or proof of immunity or history of having disease. Documentation of Hepatitis B series vaccination and influenza vaccination during flu season.

Personal Hygiene – Contractor personnel shall be clean and neat in appearance.



Contractor's personnel who acquire a communicable illness shall not perform services under the contract and must be free of illness before returning to work. The Contractor shall notify the COR of any situation that may arise immediately.

Contractor's personnel shall not use commercial tobacco products while on the IHS campus.

The Contractor is responsible for compliance with all appropriate TJC, IHS, IHS facility policies/procedures and other regulatory agency record keeping requirements.

### **INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION ACT**

No performance under the contract shall be allowed without full compliance with the Indian child protection and family violence prevention act, public law 101-630 and the Indian health service memo dated February 3, 1997 investigations of child-care workers. Contractor shall ensure that proposed providers cooperate with and assist the government in the conduction of any necessary background checks.

### **CRIME CONTROL ACT OF 1990**

No performance under this contract shall be allowed without full compliance with the Crime Control Act Of 1990, Public Law 101-647 and the Indian Health Service memo dated February 3, 1997 Investigations on Child Care Workers. Contractor shall ensure that proposed providers cooperate with and assist the government in condition of any necessary background checks.

### **ORIENTATION:**

Contractors shall participate in facility orientation program prior to physician and nurse practitioner services starting. Orientation is usually accomplished within one (1) week. The Contractor shall be required to complete all necessary documentation required for background checks as applicable.

No Contractor or Contractor's personnel may be assigned to work under the contract until initial Orientation has been completed. Documentation verifying the content of the orientation and a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). When the Government exercises one or more of the option years to the contract, the Contractor shall provide updated listing to the COR, documenting personnel have had refresher orientation.

IHS on site orientation must be met within thirty (30) days of award. This requirement includes any "new Contractor personnel."

Contractors shall complete IHS Computer Security Awareness Training within thirty (30) days.

### **CREDENTIALING AND PRIVILEGING:**

The Contractor shall participate in the Credentialing and Privileging process in accordance with facility procedure. The Contractor will be provided copies of current requirements as applicable and updates as they are published.

## **CONTRACTOR CREDENTIALS**

The Contractor shall provide the following documents for each provider for credentialing:

1. Current resume
2. OF-306 – Declaration for Federal Employment (all questions must answered and signature with date in 17a is required)
3. OF-306 Addendum – Addendum to the OF-306 (Declaration for Federal Employment)
4. IHS Provisional Access Memo
5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion
6. NoFEAR Act Training; complete the Certificate of Completion
7. OFI-86C form along with two fingerprint cards and applicable state forms
8. HHS-745, Section A
9. Two IDs (driver's license and social security card – names must match and be unexpired)

NOTE: No photo submission of forms, please have the forms scanned. Wet signature and date is highly recommended. No PDF signatures will be accepted

## **CONTRACTOR QUALITY CONTROL PROGRAM:**

- (a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:
  - (1) A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.
  - (2) A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the Government and shall be available to the COR during normal working hours. The file shall be turned over to the Government within 14 days of completion or termination of the contract.

## **PERIODIC PERFORMANCE EVALUATION MEETINGS:**

The Contractor shall meet, via in-person or teleconference meeting, with the Contracting Officer's Representative (COR) at the Hopi Healthcare Center a minimum of every six months according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

## **GOVERNMENT FURNISHED PROPERTY AND SERVICES:**

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or  
Disfigurement of Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of government property, or performance is determined to be unsatisfactory; the COR will issue a CDR. The Contractor will reply in writing, to the PO within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive

procedures initiated.

#### **CONTRACTOR FURNISHED PROPERTY AND/OR ITEMS:**

Contractor shall furnish qualified and experienced physicians and hospitalist for the purpose of performing services at the Hopi Healthcare Center. The Contractor shall secure all certifications and licenses to comply with Local, State and Federal laws.

Contractor shall perform all health screening of all medical staff to ensure that they meet IHS Guidelines.

Miscellaneous: The Contractor shall furnish other items as identified within this contract, such as, orientation and training, medical exams, procedures manual, quality control program, required data.

#### **CONTRACT ADMINISTRATION DATA:**

- (a) Reimbursement for services provided will be made upon completion of services as specified in the Scope of work. The Contractor shall submit an invoice through the US Treasury in IPP.

#### **CONTRACTING OFFICER'S (COR) REPRESENTATIVE RESPONSIBILITIES:**

- (a) The Contracting Officer's Representative is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor's performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- (b) The Contracting Officer will designate in writing a Contracting Officer's Representative who shall be responsible for:
  - (1) Monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
  - (2) Interpreting scope of work;
  - (3) Performing technical evaluations required;
  - (4) Performing technical inspections and acceptances required by this contract;
  - (5) Monitoring funds available for obligation under this contract;
  - (6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- (c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- (d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor's apparent difficulties in fulfilling contract requirements.

#### **ACCOUNTABILITY**

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the Clinical

Director, Hopi Healthcare Center or designee (e.g. ANE) to ensure that services called for under the contract have been rendered.

**PERFORMANCE BASED ASSESSMENT:**

(a) Introduction – Performance Requirements:

(1) A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic surveillance of all aspects of professional nursing services. This plan provides for monitoring the contract requirements

(b) The objective of this surveillance plan is to evaluate how the Contractor is performing in key areas. The government is primarily interested in the final service being provided and not in the details of accomplishment.

(c) The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.

(d) Quality Assurance Surveillance Plan (QASP):

(i) The Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and not considered part of the contract.

(ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.

**Performance Standards:** The Quality Assurance Surveillance Plan (QASP) outlines required standards and will be a part of the contract.

Measures	Performance Requirement	Standards	Acceptable Quality Level	Negative Incentive	Positive Incentive
1. Key Personnel	Provide required Specialty ER Physicians as specified In the statement of work.	Qualified personnel are available within 10 days of notice to Contractor and in location as needed to properly	95%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contactor performs satisfactory.
2. Patient Safety	Immediate reporting of any Potential or actual patient risk Management incidents to the Department Manager	All incidents reported immediately	100%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contactor performs satisfactory.
3. Maintaining licensing registration, and certification	Updated Licensing and certifications, BLS, ACLS, PALS will be provided as they	Licensing and certification information kept current.	Contract provider records will be kept 100% up-to-date	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the	Government will exercise the next option year if the contactor performs satisfactory.

	are renewed			Acceptable Quality Level)	
4. Privacy, Confidentiality and HIPPA	Contractor is aware of all laws, regulations, policies, and procedures relating to Privacy Confidentiality and HIPPA and Complies with all standards	Zero breaches of privacy or confidentiality	100%	5% (the maximum negative incentive combined will not exceed 10% per month for not meeting the Acceptable Quality Level)	Government will exercise the next option year if the contractor performs satisfactory.

#### **CONDITIONS FOR REMOVAL/REPLACEMENT OF PHYSICIAN(S)**

As mutually agreed between the Contracting Officer and the Contractor there may be grounds for removal and/or replacement of a Physician. The Contractor's employee shall be removed from an IHS facility if services are not performed in accordance with terms and conditions of this award, and/or the Contractor's VA/FSS contract.

#### **CONTRACTOR REQUIREMENTS**

For *Medical & Professional Contractors*, the contractor shall comply with all IHS facility infection control and safety procedures, and standards. During the performance of this contract, the Contractor shall provide for the consistent performance of patient care process according to the standards of the JTC and/or Centers for Medicare Services (CMS) who supplies accreditation to the Phoenix Area Indian Health Service hospitals and health centers. These standards shall include: The Comprehensive Accreditation Manual for Hospitals, the Laboratory Standards, and Ambulatory Care Standards as they represent the scope of services of this contract.

For *Medical & Dental Professional Contractors*, the contractor shall complete in a timely fashion, the medical and other required records for patients he/she admits or in any way provides treatment. The contractor shall abide by the Service Unit Medical By-laws and rules and regulations and meet all credentialing requirements in accordance with the Service Unit Medical Staff By-laws. Upon award, the selected physician(s) shall undergo Indian Health Service (IHS) mandated security clearance for work on-site at the Hopi Healthcare Center. The security pre-clearance requirement must be adhered to; the process includes a fingerprint check and a screen check through the Office of the Inspector General's exclusion list at <http://exclusions.oig.hhs.gov/>.

#### **SUPERVISORY CONTROLS**

The Chief Medical Officer, or designee, provides primarily administrative supervision. The supervising physician sets overall health care objectives and specifies resources available. The supervising physician provides for clinical supervision on a 24-hour, media and tour of duty coverage. The supervising physician reviews work performance on a periodic basis in order to evaluate proficiency in providing health care, discuss deficiencies and problems encountered, outline and/or approve new or changed practices to be employed, and provides consultation on specific cases and related problems. Work which involves out-of-the-ordinary diagnostic decisions or treatment is discussed with supervisor or supervising emergency department physician who keeps aware of the condition of such patients and all aspects of treatment regimen. Work performance is reviewed for conformance to IHS policy, procedures and accepted professional practices; and the Quality Assurance improvement Program of the Medical staff of the Service Unit.

E.D. physicians will provide guidance and instruction to the nurse practitioners providing services during each shift worked. Within established guidelines, contractor(s) exercise latitude in planning and carrying out health care assignments and in undertaking new procedures, practices and approaches to extend both services provided and increase individual proficiency. Overall work performance is reviewed jointly by the clinical director/supervising physician for effectiveness in meeting requirements for healthcare services.

**END OF STATEMENT OF WORK**

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				12	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
P00001		07/17/2024			
6. ISSUED BY		CODE		5. PROJECT NO. (If applicable)	
		10		10	
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450		Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)		9A. AMENDMENT OF SOLICITATION NO.	
AB STAFFING SOLUTIONS, LLC 159348 Attn: LANCE SCHUGG AB STAFFING SOLUTIONS LLC 3451 3451 S MERCY RD GILBERT AZ 85297				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 36F79724D0090 75H71224F80077	
				10B. DATED (SEE ITEM 13) 07/01/2024	
CODE 159348		FACILITY CODE			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)  
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

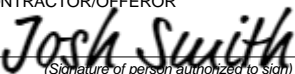
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (c) Contract Terms & Conditions- Changes

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
This delivery order against GSA/FSA contract number 36F79724D0090, order number 75H71224F80077 is hereby modified to incorporate revised Statement of Work dated 17 July 2024 at no additional cost.

Total Amount for this Modification: \$0.00  
New Total Amount for this Version: \$0.00  
New Total Amount for this Award: \$754,000.00

Continued ...

15A. NAME AND TITLE OF SIGNER (Type or print) Josh Smith, Director of Government Services		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ORLANDO GUERRERO	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED 07-22-2024	16B. UNITED STATES OF AMERICA Orlando Guerrero -S (Signature of Contracting Officer)	16C. DATE SIGNED Digitally signed by Orlando Guerrero -S Date: 2024.07.24 12:12:22 -0600

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00001	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
 AB STAFFING SOLUTIONS, LLC 159348

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004  Period of Performance: 07/02/2024 to 01/03/2025 All other terms & conditions shall remain unchanged. (End of Summary of Changes)				



# Signature Certificate

Reference number: BGWFQ-FAZJC-ZT5KK-DHHED

## Signer

## Timestamp

## Signature

**Josh Smith**

Email: josh@abstaffing.com

Sent:

22 Jul 2024 16:31:31 UTC

Viewed:

22 Jul 2024 16:45:23 UTC

Signed:

22 Jul 2024 16:45:36 UTC

*Josh Smith*

## Recipient Verification:

✓Email verified

22 Jul 2024 16:45:23 UTC

IP address: 68.225.135.154

Location: Gilbert, United States

Document completed by all parties on:

22 Jul 2024 16:45:36 UTC

Page 1 of 1



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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
			1	2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
P00002	09/19/2024			
6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE	10
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450	10	Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)	9A. AMENDMENT OF SOLICITATION NO.	
AB STAFFING SOLUTIONS, LLC 159348 Attn: LANCE SCHUGG AB STAFFING SOLUTIONS LLC 3451 3451 S MERCY RD GILBERT AZ 85297			9B. DATED (SEE ITEM 11)	
CODE 159348		FACILITY CODE	10A. MODIFICATION OF CONTRACT/ORDER NO. 36F79724D0090 75H71224F80077	
			10B. DATED (SEE ITEM 13) 07/01/2024	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If required) 2024.J40G148.25628				
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.			
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).			
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:			
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (c) Contract Terms & Conditions- Changes			
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) This delivery order against GSA/FSA contract number 36F79724D0090, order number 75H71224F80077 is hereby modified to adjust Line Item description #2 at no additional cost.  Total Amount for this Modification: \$0.00 New Total Amount for this Version: \$286,000.00 New Total Amount for this Award: \$754,000.00  CHANGES FOR LINE ITEM NUMBER: 2 Description Inpatient Physician Services- Estimated hours: (b) (4) Hourly Rate: (b) (4) Continued ...				
15A. NAME AND TITLE OF SIGNER (Type or print)  Josh Smith, Director of Federal Services		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  ORLANDO GUERRERO		
15B. CONTRACTOR/OFFEROR  Josh Smith (Signature of person authorized to sign)	15C. DATE SIGNED  09-20-2024	16B. UNITED STATES OF AMERICA Orlando Guerrero -S (Digitally signed by Orlando Guerrero -S Date: 2024.09.23 12:40:21 -06'00' (Signature of Contracting Officer)	16C. DATE SIGNED	
Previous edition unusable		STANDARD FORM 30 (REV. 11/2016) Prescribed by GSA FAR (48 CFR) 53.243		

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00002	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
 AB STAFFING SOLUTIONS, LLC 159348

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
2	POP: 2 July 2024 thru 10 Sept 2024 AND 18 Sept 2024 thru 3 Jan 2025  IPU Physician Services POP: 11-17 September 2024 Hourly RATE OF (b) (4) for (b) (4)  Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Appr. Yr.: 2024 CAN: J40G148 Object Class: 25628 Period of Performance: 07/02/2024 to 01/03/2025  Change Item 2 to read as follows(amount shown is the obligated amount):  Inpatient Physician Services- Estimated hours: (b) (4) Hourly Rate: (b) (4) POP: 2 July 2024 thru 4 Nov 2024 AND 10 Nov 2024 thru 3 Jan 2025  IPU Physician Services POP: 5-9 November 2024 Hourly RATE OF (b) (4)00 for (b) (6) [REDACTED]  All other terms & conditions shall remain unchanged. (End of Summary of Changes)				0.00



# Signature Certificate

Reference number: WAGBR-CPUBN-6MXZF-9GCHD

## Signer

## Timestamp

## Signature

**Josh Smith**

Email: josh@abstaffing.com

Sent:

20 Sep 2024 16:30:42 UTC

Viewed:

20 Sep 2024 16:56:45 UTC

Signed:

20 Sep 2024 16:57:00 UTC

*Josh Smith*

## Recipient Verification:

✓Email verified

20 Sep 2024 16:56:45 UTC

IP address: 68.225.135.154

Location: Gilbert, United States

Document completed by all parties on:

20 Sep 2024 16:57:00 UTC

Page 1 of 1



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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES										
					12										
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)									
P00003		01/04/2025		IHS1506056											
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE									
		10				10									
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424											
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(x)			9A. AMENDMENT OF SOLICITATION NO.								
AB STAFFING SOLUTIONS, LLC 159348 Attn: LANCE SCHUGG AB STAFFING SOLUTIONS LLC 3451 3451 S MERCY RD GILBERT AZ 85297							9B. DATED (SEE ITEM 11)								
				x			10A. MODIFICATION OF CONTRACT/ORDER NO. 36F79724D0090 75H71224F80077								
CODE 159348				FACILITY CODE			10B. DATED (SEE ITEM 13) 07/01/2024								
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS															
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.															
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule Net Increase: \$754,000.00															
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.															
<table><tr><td>CHECK ONE</td><td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td></tr><tr><td></td><td>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</td></tr><tr><td></td><td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</td></tr><tr><td>X</td><td>D. OTHER (Specify type of modification and authority) IAW FAR 52.217-8 Option to Extend the Service of the Contract</td></tr></table>								CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.		B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).		C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:	X	D. OTHER (Specify type of modification and authority) IAW FAR 52.217-8 Option to Extend the Service of the Contract
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.														
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).														
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:														
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.217-8 Option to Extend the Service of the Contract														
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.															
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) This delivery order against GSA/FSA contract number 36F79724D0090 order number 75H71224F80077 is hereby modified to extend services for (6) months from 4 January 2025 through 3 July 2025 and funded in the amount of \$754,000.00.  Obligated Amount for this Modification: \$754,000.00 New Total Obligated Amount for this Award: \$1,508,000.00 CHANGES FOR LINE ITEM NUMBER: 2															
Continued ...															
15A. NAME AND TITLE OF SIGNER (Type or print) Josh Smith Director Federal Services				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) JEREMY D. STEEL											
15B. CONTRACTOR/OFFEROR Josh Smith (Signature of Contractor (Unauthorized to sign))		15C. DATE SIGNED 12-11-2024		16B. UNITED STATES OF AMERICA Jeremy D. Steel -S (Signature of Contracting Officer)		16C. DATE SIGNED Digitally signed by Jeremy D. Steel -S Date: 2024.11.12:04:56 -07'00'									
Previous edition unusable				STANDARD FORM 30 (REV. 11/2016) Prescribed by GSA FAR (48 CFR) 53.243											

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00003	PAGE	OF
		2	2

NAME OF OFFEROR OR CONTRACTOR  
AB STAFFING SOLUTIONS, LLC 159348

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Period of Performance: 01/04/2025 to 07/03/2025 Add Item 3 as follows:				
3	Emergency Room Physician Services Estimated hours: (b) (4) Hourly Rate: (b) (4) POP: 4 January 2025 thru 3 July 2025 Accounting Info: 2025.J40G148.25629 Appr. Yr.: 2025 CAN: J40G148 Object Class: 25629 Funded: \$468,000.00 Add Item 4 as follows:				468,000.00
4	Inpatient Physician Services- Estimated hours: (b) (4) Hourly Rate: (b) (4) POP: 4 January 2025 thru 3 July 2025 Accounting Info: 2025.J40G135.25629 Appr. Yr.: 2025 CAN: J40G135 Object Class: 25629 Funded: \$286,000.00 All other terms & conditions shall remain unchanged. (End of Summary of Changes)				286,000.00



# Signature Certificate

Reference number: YZZYZ-YFAV2-KGTVC-N7BNO

## Signer

## Timestamp

## Signature

**Josh Smith**

Email: josh@abstaffing.com

Sent:

11 Dec 2024 17:01:31 UTC

Viewed:

11 Dec 2024 17:09:41 UTC

Signed:

11 Dec 2024 17:09:49 UTC

*Josh Smith*

## Recipient Verification:

✓Email verified

11 Dec 2024 17:09:41 UTC

IP address: 68.225.135.154

Location: Gilbert, United States

Document completed by all parties on:

11 Dec 2024 17:09:49 UTC

Page 1 of 1



**Signed with PandaDoc**

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<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE		PAGE OF PAGES		
					1 4		
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
P00004		04/03/2025		IHS1511829			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE	
		10				10	
Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(x)			
AB STAFFING SOLUTIONS, LLC 159348 Attn: LANCE SCHUGG AB STAFFING SOLUTIONS LLC 3451 3451 S MERCY RD GILBERT AZ 85297							
CODE 159348				FACILITY CODE			
				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				10A. MODIFICATION OF CONTRACT/ORDER NO.			
				36F79724D0090			
				75H71224F80077			
				10B. DATED (SEE ITEM 13)			
				07/01/2024			

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Decrease: -\$387,487.50  
See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.212-4 (c) Contract Terms & Condition-Changes

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**


This delivery order against GSA/FSA contract number 36F79724D0090 order number 75H71224F80077 is hereby modified to incorporate an additional 200 hours for Emergency Department Physicians in the amount of \$90,000.00 and de-obligate residual funding in the amount of (\$477,487.50) from Line Items #1 and #2. Total amount for modification is (\$387,487.50).

Obligated Amount for this Modification: -\$387,487.50

New Total Obligated Amount for this Award: \$1,120,512.50

CHANGES FOR LINE ITEM NUMBER: 3

Continued ...

15A. NAME AND TITLE OF SIGNER (Type or print) Josh Smith, Director of Government Services		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ORLANDO GUERRERO	
15B. CONTRACTOR/OFFEROR  (Signature of Contractor/Officer to sign)	15C. DATE SIGNED 04-10-2025	16B. UNITED STATES OF AMERICA Orlando Guerrero Digitally signed by Orlando Guerrero Date: 2025.04.10 14:05:07 -06'00' (Signature of Contracting Officer)	16C. DATE SIGNED

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)  
Prescribed by GSA FAR (48 CFR) 53.243



CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00004	PAGE	OF
		2	4

NAME OF OFFEROR OR CONTRACTOR  
AB STAFFING SOLUTIONS, LLC 159348

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Description changed from Emergency Room Physician Services</p> <p>Estimated hours: (b) (4)</p> <p>Hourly Rate: (b) (4)</p> <p>POP: 4 January 2025 thru 3 July 2025 to Emergency Room Physician Services</p> <p>Estimated hours: (b) (4)</p> <p>As of 3 April 2025 add (b) (4)</p> <p>Hourly Rate: (b) (4)</p> <p>POP: 4 January 2025 thru 3 July 2025</p> <p>Total Amount changed from \$468,000.00 to \$558,000.00</p> <p>Obligated Amount for this Modification: \$90,000.00</p> <p>NEW DELIVERY LOCATION RECORD: Quantity: 0 Amount: \$90,000.00 Delivery date: 04/03/2025 Shipping Address: IHSHOPIHEALTH P.O. BOX 4000, HWY 264, MP388 POLACCA AZ 86042</p> <p>Mark For Address:</p> <p>NEW ACCOUNTING CODE ADDED: Account code: 2025.J40F148.25629 Cost Ctr (FDA &amp; IHS) T-Number (FDA) Appropriation Year 2025 CAN J40F148 Object Class 25629 PMS Code (FDA) Suffix (FDA) Agency Tag (FDA) Center Tag (FDA) Quantity: 0 Amount: \$90,000.00 Percent: 100 Subject To Funding: N Payment Address:</p> <p>CHANGES FOR LINE ITEM NUMBER: 1 Total Amount changed from \$468,000.00 to \$196,987.50 Obligated Amount for this Modification: -\$271,012.50</p> <p>Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00004	PAGE	OF
		3	4

NAME OF OFFEROR OR CONTRACTOR  
AB STAFFING SOLUTIONS, LLC 159348

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH Amount changed from \$468,000.00 to \$196,987.50</p> <p>CHANGES FOR ACCOUNTING CODE: 2024.J40G148.25628 Amount changed from \$468,000.00 to \$196,987.50</p> <p>CHANGES FOR LINE ITEM NUMBER: 2 Total Amount changed from \$286,000.00 to \$79,525.00 Obligated Amount for this Modification: -\$206,475.00</p> <p>CHANGES FOR DELIVERY LOCATION: IHSHOPIHEALTH Amount changed from \$286,000.00 to \$79,525.00</p> <p>CHANGES FOR ACCOUNTING CODE: 2024.J40G148.25628 Amount changed from \$286,000.00 to \$79,525.00</p> <p>Discount Terms: HHS NET 30P Payment: IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004 Period of Performance: 07/02/2024 to 07/03/2025 Change Item 1 to read as follows (amount shown is the obligated amount):</p>				
1	<p>Emergency Room Physician Services Estimated hours: (b) (4) Hourly Rate: (b) (4) POP: 2 July 2024 thru 3 January 2025</p> <p>Accounting Info: 2024.J40G148.25628 Appr. Yr.: 2024 CAN: J40G148 Object Class: 25628 Funded: -\$271,012.50</p> <p>Change Item 2 to read as follows (amount shown is the obligated amount):</p>				-271,012.50
2	<p>Inpatient Physician Services- Estimated hours: (b) (4) Hourly Rate: (b) (4) POP: 2 July 2024 thru 4 Nov 2024 AND 10 Nov 2024 Continued ...</p>				-206,475.00

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 36F79724D0090/75H71224F80077/P00004	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR

AB STAFFING SOLUTIONS, LLC 159348

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
3	thru 3 Jan 2025				
	<p>IPU Physician Services POP: 5-9 November 2024</p> <p>Hourly RATE OF (b) (4) for (b) (6)</p> <p></p> <p>Accounting Info:</p> <p>2024.J40G148.25628 Appr. Yr.: 2024 CAN: J40G148</p> <p>Object Class: 25628</p> <p>Funded: -\$206,475.00</p> <p>Change Item 3 to read as follows(amount shown is the obligated amount):</p> <p>Emergency Room Physician Services</p> <p>Estimated hours: (b) (4)</p> <p>As of 3 April 2025 add (b) (4)</p> <p>Hourly Rate:(b) (4)</p> <p>POP: 4 January 2025 thru 3 July 2025</p> <p>Accounting Info:</p> <p>2025.J40G148.25629 Appr. Yr.: 2025 CAN: J40G148</p> <p>Object Class: 25629</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>2025.J40F148.25629 Appr. Yr.: 2025 CAN: J40F148</p> <p>Object Class: 25629</p> <p>Funded: \$90,000.00</p> <p>All other terms &amp; conditions shall remain unchanged.</p> <p>(End of Summary of Changes)</p>				
					90,000.00

# CERTIFICATE *of* SIGNATURE

REF. NUMBER

WBINS-XWSHN-M8MFB-HZLZM

DOCUMENT COMPLETED BY ALL PARTIES ON

10 APR 2025 13:29:34 UTC

## SIGNER

**JOSH SMITH**

EMAIL

JOSH@ABSTAFFING.COM

## TIMESTAMP

SENT

04 APR 2025 13:14:58 UTC

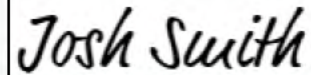
VIEWED

04 APR 2025 13:15:33 UTC

SIGNED

10 APR 2025 13:29:34 UTC

## SIGNATURE



IP ADDRESS

98.165.221.243

LOCATION

CHANDLER, UNITED STATES

## RECIPIENT VERIFICATION

EMAIL VERIFIED

04 APR 2025 13:15:33 UTC





Statement of Work  
Emergency Room and Inpatient Physician Services  
at the Indian Health Service (IHS) Hopi Health Care Center (HHCC)  
29 June 2024

**SECTION C- Statement of work**

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room and Inpatient Physician Services to be provided at the Indian Health Service (IHS) Hopi Health Care Center (HHCC) in Polacca, Arizona. The location is very rural and planning should be made to ensure that candidate contractors are aware of the sparse lodging, grocery, and entertainment options. This contract will be for a six (6) month period of performance. All candidate submissions shall contain a complete profile and current work history and necessary documentation of relevant education, licensure, and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the IHS HHCC. The full security pre-clearance requirements must be adhered to, include a fingerprint check and a check of the physician through the Office of Inspector General's exclusion list at <http://exclusions.oig.hhs.gov/>.

**BACKGROUND:**

HHCC is a TJC-accredited Critical Access Hospital (CAH) and is the only healthcare facility on the Hopi Reservation (catchment population is approximately 18,000). Hopi Health Care Center currently provides the following services: Emergency Department (24/7); four-bed, short-stay inpatient unit for adult admissions; outpatient department, dental, physical therapy, and public health services that are operational on business days; onsite pharmacy, laboratory, and radiology services have limited services available 24/7. Additionally, Hopi Tribal Behavioral Health Services are co-located at HHCC. In CY23, there were more than 93,000 patient visits, including nearly 9,500 Emergency Department visits and more than 150 admissions.

**WORK SCHEDULE FOR PHYSICIAN SERVICES:** Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.

**A. Emergency Department (ED) Physicians.** HHCC's ED is operational 24/7.

1. Day shifts: Twelve (12)-hour shifts from 7 a.m. – 7 p.m. seven (7) days per week, inclusive of federal holidays.
2. Night shifts: Twelve (12)-hour shifts from 7 p.m. – 7 a.m. seven (7) days per week, inclusive of federal holidays
3. The ED physician may cover Urgent Care shifts as the Urgent Care is housed within the Emergency Departments. The duration and frequency of Urgent Care shifts may vary dependent on need and physician availability. Urgent Care shifts do not exceed twelve (12) hours.
4. The on-duty ED physician will cover any inpatient needs when the inpatient physician is off duty. The on-duty ED physician must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of care and treatment shall be documented within the required time limits. The on-duty ED physician may write admission orders for patients admitted

overnight, but the admission history and physical is the responsibility of the inpatient physician.

Approximate number of shifts to be filled in the Emergency Room are up to four (4) twelve (12) hour shifts per day (inclusive of Urgent Care shifts). Typically, shifts are concurrent five (5) to seven (7) day or night stretches, with the possibility to work fewer or more concurrent shifts in accordance with the contractor's availability.

B) Inpatient Physicians. HHCC's inpatient unit is operational 24/7.

1. Ten (10) to twelve (12) hour shifts during the day. The inpatient physician shifts start at 7:30am and ends between 6:00pm and 7:30pm, dependent on the additional clinical duties assigned to the contractor and if the contractor has selected to take a 30-minute rest break.
2. The on-duty ED Physician may write admission orders for patients admitted overnight, but the admission history and physical is the responsibility of the Inpatient Physician.
3. The average daily inpatient census is two (2) patients. Given the limited capacity of the inpatient unit, the Inpatient Physician will either staff an ambulatory clinic in the afternoon (which are primarily ED follow up visits) OR work in the urgent care (UC). While in the UC, the Inpatient Physician is accompanied by a licensed, certified, credentialed and privileged Emergency Department physician.

Approximate number of inpatient shifts to be filled by an inpatient physician is one (1) shift per day. Typically, shifts are concurrent 5-6 day stretches, but can be flexed.

The contract physician will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within the respective department(s) for which they will work.

The contract physician shall speak, understand, read and write the English language fluently. The physician should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Services shall be provided by qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the US Government.

Services shall be periodically assessed and evaluated to ensure medical and health services programs are consistent with current standards of practice.

The contract physician shall consistently ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except in accordance with established standards, policies, and procedures. This obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States US Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to third party payers to whom the patient has authorized release of information.

Complete administrative control of patient data remains with the US Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the US Government. All records shall be maintained in accordance with medical treatment facility guidelines and standards.

#### DUTIES AND RESPONSIBILITIES:

The contract physician shall provide work that is consistent with the guidelines, policies, and procedures of the IHS. The contract physician's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work.

The contract physician shall consistently abide by IHS and HHCC's medical staff bylaws, rules and regulations, including all licensing, certifications, and credentialing requirements.

The contract physician shall be punctual for each shift and ensure appropriate sign out at the end of each shift.

The contract physician shall prepare and complete in a timely fashion the medical and other required records for all parties she/he/they admits or in any way provides care for in the health care facility. All Electronic Health Records (EHR) documentation should be completed within 24 hours. All EHR notifications shall be addressed as soon as the physician is notified of the required action. Every contract physician should confirm the absence of EHR deficiencies with HHCC's Health Information Management (HIM) department prior to the conclusion of each set of scheduled shifts. During the performance of their duties, the contract physician shall maintain consistent performance of patient care processes according to the standards of applicable hospital and IHS accreditation programs. These standards include, but are not limited to: The Joint Commission, The Comprehensive Accreditation Manuals for the Hospitals, The Laboratory Standards and Ambulatory Care Standards as they represent the scope of services of this contract.

The contract physician shall have successfully completed a relevant Accreditation Council for Graduate Medical Education (ACGME) or an American Osteopathic Association (AOA)-accredited post-graduate training program.

Additionally, the contractor physician shall hold current certification by a relevant American Board of Medical Specialties (ABMS) or AOA Board specialty; relevant ABMS or AOA Board-eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME or an AOA accredited post-graduate training program. Contractors may be requested to provide documentation of the number and types of relevant cases during the past 24 months. Contractors have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

The contract physician should be proficient in speaking and writing English, typing, and have a functional knowledge of and comfort with computer hardware and software applications. The contract physician shall be required to utilize the EHR for chart documentation, after receiving training to enter orders. The contract physician shall have sufficient knowledge, competence and experience in providing these services on a regular schedule to the Hopi Health Care Center. The contract physician shall possess sufficient initiative, interpersonal relationship skills, social sensitivity and appropriate professional behavior such that the contractor can relate

constructively to IHS employees, contractors, vendors and individuals from the American Indian community. Due to the anticipated driving requirements, the contractor physician should have a current, valid state driver's license from any of the 50 United States or the Commonwealth of Puerto Rico.

The contract physician shall not have any work or health restrictions, which could directly or indirectly interfere with the performance of providing the required services. Job duties may include lifting, moving of clinical furniture, and possibly moving boxes of office supplies and equipment. The contractor physician shall maintain acceptable standards of personal hygiene and grooming such that their image as a federal contract employee is compatible with the expectations of the IHS staff.

Patients receiving services under this contract may only speak a native language and/or reside on a Native American reservation. The Contractor's employee(s) shall be sensitive to the unique culture factors of the people they treat, which may include use of an interpreter as necessary in communication of services being rendered. Unique cultural factors that may contribute to the patient's treatment include: use of their native language; village and tribal customs; use of traditional healers; isolation; housing conditions and lack of resources.

In the event the Contractor's employee is unable to render service on a previously agreed schedule, the Contractor shall provide notification within three business days to the Contracting Officer's Representative (COR) (or designee) and Clinical Director/Chief Medical Officer (or designee). The Contractor shall then make a full, good-faith effort to provide coverage with a replacement.

Accommodations/Lodging: The contractor is responsible to cover the cost of any lodging for the contractor. At times, IHS transient housing may be available at a daily rate. If IHS transient housing is not available, there may be availability at a local motel or in a nearby area (e.g., Winslow, AZ).

## **Section H- Special Contract Requirements**

### **CONTRACT PHYSICIAN EXPERIENCE/QUALIFICATIONS:**

Although not required, it is preferred that contract physicians re-experienced with delivering clinical services performed in a rural setting. It is essential that contract physicians must be willing to accept a position in a rural setting. The contractor shall provide the US Government with the qualifications of physicians presented as candidates for assignments, including resume (detail experience in months and years) and references.

#### **(a) QUALIFICATION/CERTIFICATION - ED PHYSICIANS:**

- 1) Contract ED physicians shall provide documentation of recent and relevant emergency department experience.
- 2) Contract ED physicians shall have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)- or an American Osteopathic Association (AOA)- accredited post-graduate combined training program in Emergency Medicine, Family Medicine, and/or combined Internal Medicine/ Pediatrics.
- 3) Contract ED physicians shall possess ABMS- or AOA-board certification in



Emergency Medicine, Family Medicine, and/or combined Internal Medicine/Pediatrics. [NB: Standalone Internal Medicine board certification is not permitted.] Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program in one of the aforementioned medical specialties.

- 4) Current BLS, PALS, ACLS, and ATLS certification is required; NRP certification is highly recommended.

(b) QUALIFICATION/CERTIFICATION – INPATIENT PHYSICIAN:

- 1) Contract inpatient physicians shall provide documentation of recent and relevant inpatient experience.
- 2) Contract inpatient physicians shall have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)- or an American Osteopathic Association (AOA)- accredited post-graduate combined training program in Family Medicine, Internal Medicine, and/or combined Internal Medicine/Pediatrics.
- 3) Contract inpatient physicians shall possess ABMS- or AOA- board certification in relevant (sub)specialty. Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program.
- 4) Current BLS, PALS, and ACLS certification is required. NRP certification is recommended.

ORIENTATION:

Contract physicians shall participate in facility- and department-specific orientation prior to commencing clinical duties. Orientation is usually accomplished within 2 days. The contract physician is required to have received the necessary background security clearance and have an appointment (through the credentialing and privileging process) prior to commencing orientation.

Each contract physician must complete orientation prior to commencing any clinical duties. Documentation verifying the content of the orientation and a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). The contract physician should also maintain documentation of having completed orientation.

Contract physicians shall complete IHS Computer Security Awareness Training at least seven calendar days prior to orientation. However, if the contract physician has a current certificate of completion, the certificate should be shared with Hopi Health Care Center. Maintenance of IHS Computer Security Awareness Training certification is required.

CREDENTIALING AND PRIVILEGING:

The Contractor and contract physician shall participate in the Credentialing and Privileging process in accordance with the facility's procedures. The Contractor is expected to submit all requested materials within four business days of receiving the initial request. The Contractor will be provided copies of current requirements as applicable and updates as they are published.

## CONTRACT PHYSICIAN CREDENTIALS

The Contractor shall provide the following documents for each physician for credentialing and privilege purposes:

1. Current resume,
2. OF-306 – Declaration for Federal Employment (all questions must be answered and signature with date in 17a is required),
3. OF-306 Addendum – Addendum to the OF-306 (Declaration for Federal Employment),
4. IHS Provisional Access Memo,
5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion,
6. Certification conforming completion of No FEAR Act Training;
7. OFI-86C form with two fingerprint cards and applicable state forms;
8. HHS-745, Section A; and
9. Two forms of unexpired identification with matching full names (e.g., driver's license and social security card).

NOTE: Original forms should be scanned and submitted. Photos of forms are not permitted. Wet signature and date are highly recommended. PDF or electronic signatures are not anticipated to be accepted and may result in a delay of administrative processing.

## OTHER CONTRACTOR RESPONSIBILITIES

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

## OCCUPATIONAL HEALTH REQUIREMENTS

The Contractor agrees to furnish the following documentation of health records prior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: PPD, chest x-ray, and/or other acceptable (latent) TB-related tests. Frequency of testing must be in accordance with IHS and HHCC policies. ,
- 2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- 3) Documentation of two (2) varicella (chickenpox) vaccinations or proof of immunity or documented history of having varicella.
- 4) Documentation of Hepatitis B series vaccination completion.
- 5) Documentation of and influenza vaccination.

Contractor's personnel must consistently abide by IHS and HHCC policies regarding infection prevention and control and employee health.

Contractor's personnel shall not use commercial tobacco, alcohol, or any other illegal substance while on IHS grounds.

The Contractor is responsible for compliance with all appropriate TJC, IHS, HHCC policies/procedures and other regulatory agency record keeping requirements.

#### CONTRACTOR QUALITY CONTROL PROGRAM:

(a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:

A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.

A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the US Government and shall be available to the COR during normal working hours. The file shall be turned over to the US Government within fourteen (14) days of completion or termination of the contract.

#### PERIODIC PERFORMANCE EVALUATION MEETINGS:

The Contractor shall meet, via in-person or teleconference meeting, with the Contracting Officer's Representative (COR) a minimum of once a month according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

#### US GOVERNMENT- FURNISHED PROPERTY AND SERVICES:

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or disfigurement of US Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of US Government property, or performance is determined to be unsatisfactory; the COR will issue a Contract Discrepancy Report or equal documentation. The Contractor will reply in writing, to the Program Office within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive procedures initiated.

#### Section G - CONTRACT ADMINISTRATION DATA:

(a) Receiving and Acceptance, Invoicing and Payments

Payments for services provided shall be made upon completion of services as specified in the scope of work. The Contractor shall submit an invoice through the US Treasury in IPP. Reference contract clause HHSAR 352.232-71 Electronic Submission of Invoice Payment Requests (Feb 2022).

CONTRACTING OFFICER'S (COR) REPRESENTATIVE

- a) The COR is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor's performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- b) The Contracting Officer will designate in writing a COR who shall be responsible for:
  - 1) Monitoring the Contractor's technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
  - 2) Interpreting scope of work;
  - 3) Performing technical evaluations required;
  - 4) Performing technical inspections and acceptances required by this contract;
  - 5) Monitoring funds available for obligation under this contract; and
  - 6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor's apparent difficulties in fulfilling contract requirements.

ACCOUNTABILITY

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the HHCC Clinical Director/Chief Medical Officer (or designee) to ensure that services called for under the contract have been rendered.

PERFORMANCE BASED ASSESSMENT:

Introduction – Performance Requirements:

A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic surveillance of all aspects of professional nursing services. This plan provides for monitoring the

contract requirements

The objective of this surveillance plan is to evaluate how the Contractor's performance in key areas. The US Government is primarily interested in the final service being provided and not in the details of accomplishment.

The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.

Quality Assurance Surveillance Plan (QASP):

- (i) The US Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and considered an evaluation part of the contract.
- (ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.

Measure	Performance Requirement	Standard	Acceptable Quality Level	Routine Method of Monitoring	Incentives and Disincentives
1. Key Personnel	Provide required care service as specified in the requirements.	Qualified personnel are available and in location as needed to properly perform tasks as specified.	100%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.
1A. Ensuring adequate coverage	Filled provider schedule vacancies at Hopi Health Care Center	Contractor shall ensure full coverage for any vacant shifts that Hopi Health Care Center shares with the Contractor $\geq 21$ days in advance. Coverage must be confirmed at least two weeks in advance.	95%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> After two (2) occurrences of which the Contractor is unable fill the requested vacant shifts, a cure notice shall be issued and possible termination of contract.
1B. Mitigating the negative impact of Contractor schedule changes	Established risk mitigation for if/when Contractor provider availability changes	Contractor shall ensure appropriate Contractor coverage for any Contractor shifts cancelled after the shifts have been confirmed with Hopi Health Care Center	99%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> After two (2) occurrences of which the Contractor does not fulfill the initial staffing commitment, a cure notice shall be issued and possible termination of contract. Evaluation documenting inadequate performance in the national IHS database.
2. Maintains security clearance, licensing, certification, credentialing and privileges	All necessary documents submitted in a timely manner to foster swift (re)appointments.	Security clearance, licensure, certification, credentialing, and/or privileges established and maintained.	Contract Provider records will be kept 100% up-to-date with 0 lapses in security clearances, licensure, certification, credentialing, and/or privileges.	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.
3. Privacy, Confidentiality and HIPPA	Contractor is aware of all laws, regulations, policies and procedures relating to Privacy, Confidentiality and HIPPA and complies with all standards	Zero breaches of privacy or confidentiality	100%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.
4. Qualified to work under Public Law	Background Investigation in compliance with Indian Child Protection and Family Violence Prevention Act, Public Law 101-630	Complete and acceptable documentation of Background investigation including legible fingerprints	100%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.

5. Patient Safety	Timely reporting of any potential or actual patient risk management incidents to the supervisor immediately.	To be aligned with HHCC policies and procedures. For incidents where a policy/procedure may not exist, incidents must be reported within 24 calendar hours.	100%	USG review of Contractor's documentation and Hopi Health Care Center reporting platform for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting inadequate performance in the national IHS database
6. EHR Documentation	Timely completion of charting and swift resolution of any EHR notifications/deficiencies	Charting to be completed within 24 hours of clinical encounter. EHR notifications/deficiencies to be addressed prior to last scheduled shift.	100% for charting. 97% for EHR notifications/deficiencies.	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting inadequate performance in the national IHS database
7. Lapses in professionalism and/or remaining aligned with standards of care/treatment	In the event of unacceptable performance, lack of professionalism, unacceptable conduct, or concerns regarding medical practice, the Contractor shall replace personnel	Consistent compliance with HHS/IHS Code of Conduct and IHS/Hopi Health Care Center policies, procedures, rules, and regulations.  If < 30 days of confirmed scheduled shift: Contractor shall replace personnel within 3 calendar days upon receipt of written notification. If ≥ 30 days of confirmed scheduled shift: Contractor shall replace personnel within 7 calendar days upon receipt of written notification.	95% compliant	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting inadequate performance in the national IHS database

END OF STATEMENT OF WORK

Statement of Work  
Emergency Room and Inpatient Physician Services  
at the Indian Health Service (IHS) Hopi Health Care Center (HHCC)  
Revised 17 July 2024

**SECTION C- Statement of work**

Phoenix Area Indian Health Service has a requirement for non-personal professional Emergency Room and Inpatient Physician Services to be provided at the Indian Health Service (IHS) Hopi Health Care Center (HHCC) in Polacca, Arizona. The location is very rural and planning should be made to ensure that candidate contractors are aware of the sparse lodging, grocery, and entertainment options. This contract will be for a six (6) month period of performance. All candidate submissions shall contain a complete profile and current work history and necessary documentation of relevant education, licensure, and certifications.

Selected candidate shall undergo the Indian Health Service mandated security clearance requirement prior to commencement of services at the IHS HHCC. The full security pre-clearance requirements must be adhered to, include a fingerprint check and a check of the physician through the Office of Inspector General's exclusion list at <http://exclusions.oig.hhs.gov/>.

**BACKGROUND:**

HHCC is a TJC-accredited Critical Access Hospital (CAH) and is the only healthcare facility on the Hopi Reservation (catchment population is approximately 18,000). Hopi Health Care Center currently provides the following services: Emergency Department (24/7); four-bed, short-stay inpatient unit for adult admissions; outpatient department, dental, physical therapy, and public health services that are operational on business days; onsite pharmacy, laboratory, and radiology services have limited services available 24/7. Additionally, Hopi Tribal Behavioral Health Services are co-located at HHCC. In CY23, there were more than 93,000 patient visits, including nearly 9,500 Emergency Department visits and more than 150 admissions.

**WORK SCHEDULE FOR PHYSICIAN SERVICES:** Shift times and schedules are subject to change based on the medical needs of the patient populace and hospital operations.

**A. Emergency Department (ED) Physicians.** HHCC's ED is operational 24/7.

1. Day shifts: Twelve (12)-hour shifts from 7 a.m. – 7 p.m. seven (7) days per week, inclusive of federal holidays.
2. Night shifts: Twelve (12)-hour shifts from 7 p.m. – 7 a.m. seven (7) days per week, inclusive of federal holidays
3. The ED physician may cover Urgent Care shifts as the Urgent Care is housed within the Emergency Departments. The duration and frequency of Urgent Care shifts may vary dependent on need and physician availability. Urgent Care shifts do not exceed twelve (12) hours.
4. The on-duty ED physician will cover any inpatient needs when the inpatient physician is off duty. The on-duty ED physician must complete assessments required for identified "changes in patient condition" and condition of such patients and all aspects of care and treatment shall be documented within the required time limits. The on-duty ED physician may write admission orders for patients admitted



overnight, but the admission history and physical is the responsibility of the inpatient physician.

Approximate number of shifts to be filled in the Emergency Room are up to four (4) twelve (12) hour shifts per day (inclusive of Urgent Care shifts). Typically, shifts are concurrent five (5) to seven (7) day or night stretches, with the possibility to work fewer or more concurrent shifts in accordance with the contractor's availability.

B) Inpatient Physicians. HHCC's inpatient unit is operational 24/7.

1. Ten (10) to twelve (12) hour shifts during the day. The inpatient physician shifts start at 7:30am and ends between 6:00pm and 7:30pm, dependent on the additional clinical duties assigned to the contractor and if the contractor has selected to take a 30-minute rest break.
2. The on-duty ED Physician may write admission orders for patients admitted overnight, but the admission history and physical is the responsibility of the Inpatient Physician.
3. The average daily inpatient census is two (2) patients. Given the limited capacity of the inpatient unit, the Inpatient Physician will either staff an ambulatory clinic in the afternoon (which are primarily ED follow up visits) OR work in the urgent care (UC). While in the UC, the Inpatient Physician is accompanied by a licensed, certified, credentialed and privileged Emergency Department physician.

Approximate number of inpatient shifts to be filled by an inpatient physician is one (1) shift per day. Typically, shifts are concurrent 5-6 day stretches, but can be flexed.

The contract physician will be expected to have the necessary education, training, licensing, previous work experience and competence in being able to provide the services within the respective department(s) for which they will work.

The contract physician shall speak, understand, read and write the English language fluently. The physician should be proficient in typing and have a basic working knowledge and understanding of computer hardware and software applications.

Services shall be provided by qualified, appropriately licensed or credentialed individuals, practicing within the scope of their license or credentials, to provide healthcare services on behalf of the US Government.

Services shall be periodically assessed and evaluated to ensure medical and health services programs are consistent with current standards of practice.

The contract physician shall consistently ensure confidentiality of all patient medical records. Information contained in these records may not be disclosed to any person or agency, except in accordance with established standards, policies, and procedures. This obligation shall not prevent the disclosure of patient medical records to officials and employees of departments and agencies of the United States US Government acting in performance of official duties pursuant to laws and regulations governing local control of communicable diseases, preventive medicine, and safety programs; to official representative authorized surveying bodies during the conduct of certification and accreditation reviews, or to third party payers to whom the patient has authorized release of information.

Complete administrative control of patient data remains with the US Government. All records produced in the performance of the contract and all evaluations of patients are the property of, and subject to the exclusive control of, the US Government. All records shall be maintained in accordance with medical treatment facility guidelines and standards.

#### DUTIES AND RESPONSIBILITIES:

The contract physician shall provide work that is consistent with the guidelines, policies, and procedures of the IHS. The contract physician's performance and abilities shall be evaluated based upon performance standards that are contained in this statement of work.

The contract physician shall consistently abide by IHS and HHCC's medical staff bylaws, rules and regulations, including all licensing, certifications, and credentialing requirements.

The contract physician shall be punctual for each shift and ensure appropriate sign out at the end of each shift.

The contract physician shall prepare and complete in a timely fashion the medical and other required records for all parties she/he/they admits or in any way provides care for in the health care facility. All Electronic Health Records (EHR) documentation should be completed within 24 hours. All EHR notifications shall be addressed as soon as the physician is notified of the required action. Every contract physician should confirm the absence of EHR deficiencies with HHCC's Health Information Management (HIM) department prior to the conclusion of each set of scheduled shifts. During the performance of their duties, the contract physician shall maintain consistent performance of patient care processes according to the standards of applicable hospital and IHS accreditation programs. These standards include, but are not limited to: The Joint Commission, The Comprehensive Accreditation Manuals for the Hospitals, The Laboratory Standards and Ambulatory Care Standards as they represent the scope of services of this contract.

The contract physician shall have successfully completed a relevant Accreditation Council for Graduate Medical Education (ACGME) or an American Osteopathic Association (AOA)-accredited post-graduate training program.

Additionally, the contractor physician shall hold current certification by a relevant American Board of Medical Specialties (ABMS) or AOA Board specialty; relevant ABMS or AOA Board-eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME or an AOA accredited post-graduate training program. Contractors may be requested to provide documentation of the number and types of relevant cases during the past 24 months. Contractors have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

The contract physician should be proficient in speaking and writing English, typing, and have a functional knowledge of and comfort with computer hardware and software applications. The contract physician shall be required to utilize the EHR for chart documentation, after receiving training to enter orders. The contract physician shall have sufficient knowledge, competence and experience in providing these services on a regular schedule to the Hopi Health Care Center. The contract physician shall possess sufficient initiative, interpersonal relationship skills, social sensitivity and appropriate professional behavior such that the contractor can relate

constructively to IHS employees, contractors, vendors and individuals from the American Indian community. Due to the anticipated driving requirements, the contractor physician should have a current, valid state driver's license from any of the 50 United States or the Commonwealth of Puerto Rico.

The contract physician shall not have any work or health restrictions, which could directly or indirectly interfere with the performance of providing the required services. Job duties may include lifting, moving of clinical furniture, and possibly moving boxes of office supplies and equipment. The contractor physician shall maintain acceptable standards of personal hygiene and grooming such that their image as a federal contract employee is compatible with the expectations of the IHS staff.

Patients receiving services under this contract may only speak a native language and/or reside on a Native American reservation. The Contractor's employee(s) shall be sensitive to the unique culture factors of the people they treat, which may include use of an interpreter as necessary in communication of services being rendered. Unique cultural factors that may contribute to the patient's treatment include: use of their native language; village and tribal customs; use of traditional healers; isolation; housing conditions and lack of resources.

In the event the Contractor's employee is unable to render service on a previously agreed schedule, the Contractor shall provide notification within three business days to the Contracting Officer's Representative (COR) (or designee) and Clinical Director/Chief Medical Officer (or designee). The Contractor shall then make a full, good-faith effort to provide coverage with a replacement.

Accommodations/Lodging: The contractor is responsible to cover the cost of any lodging for the contractor. At times, IHS transient housing may be available at a daily rate. If IHS transient housing is not available, there may be availability at a local motel or in a nearby area (e.g., Winslow, AZ).

## **Section H- Special Contract Requirements**

### **CONTRACT PHYSICIAN EXPERIENCE/QUALIFICATIONS:**

Although not required, it is preferred that contract physicians re-experienced with delivering clinical services performed in a rural setting. It is essential that contract physicians must be willing to accept a position in a rural setting. The contractor shall provide the US Government with the qualifications of physicians presented as candidates for assignments, including resume (detail experience in months and years) and references.

#### **(a) QUALIFICATION/CERTIFICATION - ED PHYSICIANS:**

- 1) Contract ED physicians shall provide documentation of recent and relevant emergency department experience.
- 2) Contract ED physicians shall have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)- or an American Osteopathic Association (AOA)- accredited post-graduate training program in Emergency Medicine, Family Medicine, and/or combined Internal Medicine/ Pediatrics.
- 3) Contract ED physicians shall possess ABMS- or AOA-board certification in Emergency Medicine, Family Medicine, and/or Internal Medicine/Pediatrics.

[NB: Standalone Internal Medicine board certification is not permitted.] Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program in one of the aforementioned medical specialties.

- 4) Current BLS, PALS, ACLS, and ATLS certification is required; NRP certification is highly recommended.

(b) QUALIFICATION/CERTIFICATION – INPATIENT PHYSICIAN:

- 1) Contract inpatient physicians shall provide documentation of recent and relevant inpatient experience.
- 2) Contract inpatient physicians shall have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)- or an American Osteopathic Association (AOA)- accredited post-graduate combined training program in Family Medicine, Internal Medicine, and/or combined Internal Medicine/Pediatrics.
- 3) Contract inpatient physicians shall possess ABMS- or AOA- board certification in relevant (sub)specialty. Relevant ABMS- or AOA Board- eligibility may be considered for recent (< 3 years) graduates of a relevant ACGME- or an AOA-accredited post-graduate training program.
- 4) Current BLS, PALS, and ACLS certification is required. If a contract physician is not certified in PALS at the time of initial application, documentation of PALS certification must be submitted at least 3 weeks (21 calendar days) prior to anticipated orientation. NRP certification is recommended.

ORIENTATION:

Contract physicians shall participate in facility- and department-specific orientation prior to commencing clinical duties. Orientation is usually accomplished within 2 days. The contract physician is required to have received the necessary background security clearance and have an appointment (through the credentialing and privileging process) prior to commencing orientation.

Each contract physician must complete orientation prior to commencing any clinical duties. Documentation verifying the content of the orientation and a list of the Contractor's personnel who attended shall be maintained by the Contractor and a copy provided to the Contracting Officer's Representative (COR). The contract physician should also maintain documentation of having completed orientation.

Contract physicians shall complete IHS Computer Security Awareness Training at least seven calendar days prior to orientation. However, if the contract physician has a current certificate of completion, the certificate should be shared with Hopi Health Care Center. Maintenance of IHS Computer Security Awareness Training certification is required.

CREDENTIALING AND PRIVILEGING:

The Contractor and contract physician shall participate in the Credentialing and Privileging process in accordance with the facility's procedures. The Contractor is expected to submit all requested materials within four business days of receiving the initial request. The Contractor will

be provided copies of current requirements as applicable and updates as they are published.

## CONTRACT PHYSICIAN CREDENTIALS

The Contractor shall provide the following documents for each physician for credentialing and privilege purposes:

1. Current resume,
2. OF-306 – Declaration for Federal Employment (all questions must be answered and signature with date in 17a is required),
3. OF-306 Addendum – Addendum to the OF-306 (Declaration for Federal Employment),
4. IHS Provisional Access Memo,
5. Protecting Children from Sexual Abuse in Health Care Settings; complete the Certificate of Completion,
6. Certification conforming completion of No FEAR Act Training;
7. OFI-86C form with two fingerprint cards and applicable state forms;
8. HHS-745, Section A; and
9. Two forms of unexpired identification with matching full names (e.g., driver's license and social security card).

NOTE: Original forms should be scanned and submitted. Photos of forms are not permitted. Wet signature and date are highly recommended. PDF or electronic signatures are not anticipated to be accepted and may result in a delay of administrative processing.

## OTHER CONTRACTOR RESPONSIBILITIES

All financial, statistical, personnel, and technical data which is furnished produced or otherwise available to the Contractor during the performance of this contract are considered confidential business information and shall not be used for purposes other than performance of work under this contract. Such data or information shall not be released nor legal rights claimed by the Contractor without prior written consent of the Contracting Officer. Any presentation of any statistical or analytical materials, or any reports based on information obtained from performance by this contract will be subject to review and approval of the Contracting Officer.

## OCCUPATIONAL HEALTH REQUIREMENTS

The Contractor agrees to furnish the following documentation of health records prior to the performance of work. (Reference Indian Health Service Circular 95-9A).

- (1) Tuberculosis: PPD, chest x-ray, and/or other acceptable (latent) TB-related tests. Frequency of testing must be in accordance with IHS and HHCC policies. ,
- 2) Documentation of two (2) MMR (Measles, Mumps & Rubella) vaccinations or proof of immunity. Employees born before 1957 do not need MMR or proof of immunity.
- 3) Documentation of two (2) varicella (chickenpox) vaccinations or proof of immunity or documented history of having varicella.
- 4) Documentation of Hepatitis B series vaccination completion.
- 5) Documentation of and influenza vaccination.

Contractor's personnel must consistently abide by IHS and HHCC policies regarding infection prevention and control and employee health.

Contractor's personnel shall not use commercial tobacco, alcohol, or any other illegal substance while on IHS grounds.

The Contractor is responsible for compliance with all appropriate TJC, IHS, HHCC policies/procedures and other regulatory agency record keeping requirements.

#### CONTRACTOR QUALITY CONTROL PROGRAM:

(a) The Contractor shall have a Quality Control program to assure compliance with contract. Quality Control program shall minimally have the following elements:

A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable.

A file of all quality control inspections, inspection results, and any corrective action required shall be maintained by the Contractor throughout the duration of this contract. This file shall be the property of the US Government and shall be available to the COR during normal working hours. The file shall be turned over to the US Government within fourteen (14) days of completion or termination of the contract.

#### PERIODIC PERFORMANCE EVALUATION MEETINGS:

The Contractor shall meet, via in-person or teleconference meeting, with the Contracting Officer's Representative (COR) a minimum of once a month according to availability.

The issuance of a Contract Discrepancy Report (CDR) may be cause for the scheduling of additional meeting(s) between the Contractor and COR. A mutual effort will be made to resolve all problems identified. The COR will prepare written minutes of these meetings. Should the Contractor not concur with the minutes, a written statement will be presented to the Contracting Officer (CO), and the Contractor will be notified of the decision in writing by the CO.

#### US GOVERNMENT- FURNISHED PROPERTY AND SERVICES:

- (a) All tasks accomplished by Contractor's personnel shall be performed to preclude damage or disfigurement of US Government-owned furnishings, fixtures, equipment, and architectural or building structures. The Contractor shall verbally report immediately to the COR, any damage or disfigurement to these items when caused by Contractor's personnel. A follow-up written report will be given to the COR and a copy forwarded to CO.
- (b) When the Contractor has caused damage or loss of US Government property, or performance is determined to be unsatisfactory; the COR will issue a Contract Discrepancy Report or equal documentation. The Contractor will reply in writing, to the Program Office within ten (10) working days, stating the reason for the unsatisfactory condition, the corrective measures which have been taken, and preventive procedures initiated.

#### Section G - CONTRACT ADMINISTRATION DATA:

(a) Receiving and Acceptance, Invoicing and Payments

Payments for services provided shall be made upon completion of services as specified in the scope of work. The Contractor shall submit an invoice through the US Treasury in IPP. Reference contract clause HHSAR 352.232-71 Electronic Submission of Invoice Payment Requests (Feb 2022).

CONTRACTING OFFICER’S (COR) REPRESENTATIVE

- a) The COR is responsible for providing technical assistance to the Contracting Officer in administration of the contract. This responsibility involves quality assurance inspection surveillance reporting and quarterly certification of the Contractor’s performance by the COR. The Contracting Officer will furnish the name of the COR prior to the start date of the contract. The COR shall inspect during and after tasks are completed.
- b) The Contracting Officer will designate in writing a COR who shall be responsible for:
  - 1) Monitoring the Contractor’s technical progress, including the surveillance and assessment of performance and recommending to the Contracting Officer, changes in requirements;
  - 2) Interpreting scope of work;
  - 3) Performing technical evaluations required;
  - 4) Performing technical inspections and acceptances required by this contract;
  - 5) Monitoring funds available for obligation under this contract; and
  - 6) Assisting the Contractor in the resolution of technical problems encountered during performance of this contract;
- c) In no event is the COR empowered to change any of the terms and conditions of the contract. Changes in the scope of work, contract price, quantity, and quality or delivery schedule shall be made only by the Contracting Officer by properly executed modification to the contract.
- d) The designation of a COR does not authorize or provide a legal right to change any kind of contractual terms regardless of the Contractor’s apparent difficulties in fulfilling contract requirements.

ACCOUNTABILITY

Time and attendance logs or sign-in/sign-out sheets shall be kept on file and verified by the HHCC Clinical Director/Chief Medical Officer (or designee) to ensure that services called for under the contract have been rendered.

PERFORMANCE BASED ASSESSMENT:

Introduction – Performance Requirements:

A Quality Assurance Surveillance Plan (QASP) has been developed for in-house operations or to implement a service contract. It is designed to aid the COR in providing effective and systematic

surveillance of all aspects of professional nursing services. This plan provides for monitoring the contract requirements

The objective of this surveillance plan is to evaluate how the Contractor's performance in key areas. The US Government is primarily interested in the final service being provided and not in the details of accomplishment.

The principal method of surveillance will be daily in some cases or by use or periodic inspections. Appropriate indicators are provided for recording observations in this type of surveillance.

Quality Assurance Surveillance Plan (QASP):

- (i) The US Government shall monitor the Contractors' performance through a Quality Assurance Surveillance Plan (QASP). The QASP is for informational purposes only and considered an evaluation part of the contract.
- (ii) Surveillance systems will include periodic inspection and acceptance of all deliverables as cited in the contract.



Measure	Performance Requirement	Standard	Acceptable Quality Level	Routine Method of Monitoring	Incentives and Disincentives
1. Key Personnel	Provide required care service as specified in the requirements.	Qualified personnel are available and in location as needed to properly perform tasks as specified.	100%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.
1A. Ensuring adequate coverage	Filled provider schedule vacancies at Hopi Health Care Center	Contractor shall ensure full coverage for any vacant shifts that Hopi Health Care Center shares with the Contractor $\geq 21$ days in advance. Coverage must be confirmed at least two weeks in advance.	95%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> After two (2) occurrences of which the Contractor is unable fill the requested vacant shifts, a cure notice shall be issued and possible termination of contract.
1B. Mitigating the negative impact of Contractor schedule changes	Established risk mitigation for if/when Contractor provider availability changes	Contractor shall ensure appropriate Contractor coverage for any Contractor shifts cancelled after the shifts have been confirmed with Hopi Health Care Center	99%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> After two (2) occurrences of which the Contractor does not fulfill the initial staffing commitment, a cure notice shall be issued and possible termination of contract. Evaluation documenting inadequate performance in the national IHS database.
2. Maintains security clearance, licensing, certification, credentialing and privileges	All necessary documents submitted in a timely manner to foster swift (re)appointments.	Security clearance, licensure, certification, credentialing, and/or privileges established and maintained.	Contract Provider records will be kept 100% up-to-date with 0 lapses in security clearances, licensure, certification, credentialing, and/or privileges.	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.
3. Privacy, Confidentiality and HIPPA	Contractor is aware of all laws, regulations, policies and procedures relating to Privacy, Confidentiality and HIPPA and complies with all standards	Zero breaches of privacy or confidentiality	100%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.
4. Qualified to work under Public Law	Background Investigation in compliance with Indian Child Protection and Family Violence Prevention Act, Public Law 101-630	Complete and acceptable documentation of Background investigation including legible fingerprints	100%	USG review of documentation for compliance	Evaluation documenting performance in the national IHS database.  <b>Incentive:</b> USG approves documentation  <b>Disincentive:</b> If USG rejects documentation, possible termination of contract.

5. Patient Safety	Timely reporting of any potential or actual patient risk management incidents to the supervisor immediately.	To be aligned with HHCC policies and procedures. For incidents where a policy/procedure may not exist, incidents must be reported within 24 calendar hours.	100%	USG review of Contractor's documentation and Hopi Health Care Center reporting platform for compliance	<p>Evaluation documenting performance in the national IHS database.</p> <p><b>Incentive:</b> USG approves documentation</p> <p><b>Disincentive:</b> After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting inadequate performance in the national IHS database</p>
6. EHR Documentation	Timely completion of charting and swift resolution of any EHR notifications/deficiencies	Charting to be completed within 24 hours of clinical encounter. EHR notifications/deficiencies to be addressed prior to last scheduled shift.	100% for charting. 97% for EHR notifications/deficiencies.	USG review of documentation for compliance	<p>Evaluation documenting performance in the national IHS database.</p> <p><b>Incentive:</b> USG approves documentation</p> <p><b>Disincentive:</b> After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting inadequate performance in the national IHS database</p>
7. Lapses in professionalism and/or remaining aligned with standards of care/treatment	In the event of unacceptable performance, lack of professionalism, unacceptable conduct, or concerns regarding medical practice, the Contractor shall replace personnel	<p>Consistent compliance with HHS/IHS Code of Conduct and IHS/Hopi Health Care Center policies, procedures, rules, and regulations.</p> <p>If &lt; 30 days of confirmed scheduled shift: Contractor shall replace personnel within 3 calendar days upon receipt of written notification.</p> <p>If ≥ 30 days of confirmed scheduled shift: Contractor shall replace personnel within 7 calendar days upon receipt of written notification.</p>	95% compliant	USG review of documentation for compliance	<p>Evaluation documenting performance in the national IHS database.</p> <p><b>Incentive:</b> USG approves documentation</p> <p><b>Disincentive:</b> After two (2) occurrences of which the Contractor has a lapse in patient safety reporting requirements, a cure notice shall be issued and possible termination of the contract. Evaluation documenting inadequate performance in the national IHS database</p>

END OF STATEMENT OF WORK

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b>				1. REQUISITION NUMBER See Schedule		PAGE OF 1 50	
2. CONTRACT NO. 36F79724D0090				3. AWARD/ EFFECTIVE DATE 07/02/2024		4. ORDER NUMBER 75H71224F80077	
				5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE	
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME MICHELE LODGE		b. TELEPHONE NUMBER (No collect calls) 602-364-5044		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY CODE 10  Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507 Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4450				10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SMALL BUSINESS  <input type="checkbox"/> HUBZONE SMALL BUSINESS  <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) </div> <div> <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB)  <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)  <input type="checkbox"/> 8(A) </div> <div> NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 621111   SIZE STANDARD: \$16 </div> </div>			
11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING 14. METHOD OF SOLICITATION <input type="checkbox"/> REQUEST FOR QUOTE (RFQ) <input type="checkbox"/> INVITATION FOR BID (IFB) <input type="checkbox"/> REQUEST FOR PROPOSAL (RFP)	
15. DELIVER TO CODE IHSHOPIHEALTH  IHSHOPIHEALTH P.O. BOX 4000, HWY 264, MP388 POLACCA AZ 86042		16. ADMINISTERED BY CODE 10  Phoenix Area Indian Health Service Two Renaissance Square, 40 North Central Ave Suite 507, Attn: Division of Acquisition Mgmt Phoenix AZ 85004-4424					
17a. CONTRACTOR/ OFFEROR CODE 159348  AB STAFFING SOLUTIONS, LLC 159348 Attn: LANCE SCHUGG AB STAFFING SOLUTIONS LLC 3451 3451 S MERCY RD GILBERT AZ 85297  TELEPHONE NO. 888-5153900		FACILITY CODE		18a. PAYMENT WILL BE MADE BY CODE IHSPHOENIX  IHSPHOENIX SUITE 512 ATTN: FINANCIAL MANAGEME 2 RENAISSANCE SQUARE 40 NORTH CENTRAL AVENUE PHOENIX AZ 85004			
<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. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	UEI: MKNJPM6CKSP9 This delivery order against GSA/FSA contract number 36F79724D0090, order number 75H71224F80077 is hereby issued for six (6) months for the period of performance 2 July 2024 through 3 January 2025 for Non-Personal Emergency Room & Inpatient Physician for Temporary Services at Hopi Health Care Center in Polacca, Arizona. Delivery: 07/02/2024 Appr. Yr.: 2024 CAN: J40G148 Object Class: 25628 Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)						
25. ACCOUNTING AND APPROPRIATION DATA 2024.J40G148.25628						26. TOTAL AWARD AMOUNT (For Government Use Only) \$754,000.00	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA						<input 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 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.				<input type="checkbox"/> 29. AWARD OF CONTRACT: REFERENCE 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)  <i>Orlando Guerrero</i>			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) ORLANDO GUERRERO		31c. DATE SIGNED 07/02/2024	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
1	Period of Performance: 07/02/2024 to 01/03/2025  Emergency Room Physician Services Estimated hours: (b) (4) Hourly Rate: (b) (4) POP: 2 July 2024 thru 3 January 2025 Requisition No: IHS1498313				468,000.00
2	Inpatient Physician Services Estimated hours: (b) (4) Hourly Rate: (b) (4) POP: 2 July 2024 thru 3 January 2025 Requisition No: IHS1498312  ///ANY AND ALL CHANGES TO THIS AWARD SHALL ONLY BE MADE BY A CONTRACTING OFFICER///  The total amount of award: \$754,000.00. The obligation for this award is shown in box 26.				286,000.00

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  <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> 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 (YY/MM/DD)		42d. TOTAL CONTAINERS