# SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS

*OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30*

| 1. REQUISITION NUMBER | PAGE | OF |
|---|---|---|
| | 1 | 3 |

| 2. CONTRACT NO. | 3. AWARD/ EFFECTIVE DATE | 4. ORDER NUMBER | 5. SOLICITATION NUMBER | 6. SOLICITATION ISSUE DATE |
|---|---|---|---|---|
| | | | 75H71026Q00211 | 08/05/2026 |

| 7. FOR SOLICITATION INFORMATION CALL: | a. NAME | b. TELEPHONE NUMBER (No collect calls) | 8. OFFER DUE DATE/LOCAL TIME |
|---|---|---|---|
| | FELECIA CHAVEZ | | 08/19/2026 1500 ET |

**9. ISSUED BY** CODE 51

Gallup Indian Medical Center
Acquisition Department
1808 W. Aztec Avenue
Gallup NM 87301

**10. THIS ACQUISITION IS**

- ☐ UNRESTRICTED OR
- ☒ SET ASIDE: 100.00 % FOR:
  - ☒ SMALL BUSINESS
  - ☐ HUBZONE SMALL BUSINESS
  - ☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB)
  - ☐ WOMEN-OWNED SMALL BUSINESS (WOSB)
  - ☐ ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)
  - ☐ 8(A)

NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 561320

SIZE STANDARD: $34

| 11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED | 12. DISCOUNT TERMS | 13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700) | 13b. RATING | 14. METHOD OF SOLICITATION |
|---|---|---|---|---|
| ☒ SEE SCHEDULE | | ☐ | | ☒ REQUEST FOR QUOTE (RFQ) ☐ INVITATION FOR BID (IFB) ☐ REQUEST FOR PROPOSAL (RFP) |

**15. DELIVER TO** CODE

Gallup Indian Medical Center
1808 W. Aztec Ave
Gallup New Mexico 87301

TELEPHONE NO.

**16. ADMINISTERED BY** CODE 51

Gallup Indian Medical Center
Acquisition Department
1808 W. Aztec Avenue
Gallup NM 87301

| 17a. CONTRACTOR/ OFFEROR CODE | FACILITY CODE | 18a. PAYMENT WILL BE MADE BY | CODE |
|---|---|---|---|
| | | | |

☐ 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 ☐ SEE ADDENDUM

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|---|---|---|---|---|---|
| | This contract is subject to the electronic payment process by the Department of Treasury. All invoices complying to the requirements at 52.212-4(g) must be submitted through www.ipp.gov. For additional information, refer to the incorporated clause at 352.232-71 Electronic Submission of Payment Requests (APR 2026 (DEVIATION))<br><br>The Government will keep the solicitation posted and open for quotes until August 19,2026 at<br>*(Use Reverse and/or Attach Additional Sheets as Necessary)* | | | | |

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT *(For Government Use Only)*

☒ 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 ☒ ARE ☐ ARE NOT ATTACHED.

☐ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ☐ ARE ☐ ARE NOT ATTACHED.

☐ 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.

☐ 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)* | |
|---|---|---|---|
| 30b. NAME AND TITLE OF SIGNER *(Type or print)* | 30c. DATE SIGNED | 31b. NAME OF CONTRACTING OFFICER *(Type or print)* | 31c. DATE SIGNED |
| | | MICHELLE A. JAMES | |

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|---|---|---|---|---|---|
| | 12:00pm MST.<br><br>This Acquisition is a 100% ISBEE (Indian Small Business Economic Enterprise) set-aside.<br>Period of Performance: 09/01/2026 to 08/31/2027 | | | | |
| 1 | Base Period:<br><br>Non-Personal Healthcare Services for the Respiratory Therapists for the Respiratory Department at Gallup Indian Medical Center.<br><br>The contractor shall provide required services IAW Attachment A - Performance Work Statement<br><br>Period of Performance: 09/01/2026 to 02/28/2027 | | | | |
| 2 | Option Period 1:<br><br>Non-Personal Healthcare Services for the Respiratory Therapists for the Respiratory Department at Gallup Indian Medical Center.<br><br>The contractor shall provide required services IAW Attachment A - Performance Work Statement (Option Line Item)<br>03/01/2027<br><br>Period of Performance: 03/01/2027 to 08/31/2027<br>Continued ... | | | | |

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<br>32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE |

| 33. SHIP NUMBER<br>☐ PARTIAL ☐ FINAL | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT<br>☐ COMPLETE ☐ PARTIAL ☐ FINAL | 37. CHECK NUMBER |
|---|---|---|---|---|
| 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 |

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|---|---|---|---|---|---|
| 3 | Option Period 2:<br><br>Non-Personal Healthcare Services for the Respiratory Therapists for the Respiratory Department at Gallup Indian Medical Center.<br><br>The contractor shall provide required services IAW Attachment A - Performance Work Statement<br>(Option Line Item)<br>09/01/2027<br><br>Period of Performance: 09/01/2027 to 02/29/2028 | | | | |
| 4 | Option Period 3:<br><br>Non-Personal Healthcare Services for the Respiratory Therapists for the Respiratory Department at Gallup Indian Medical Center.<br><br>The contractor shall provide required services IAW Attachment A - Performance Work Statement<br>(Option Line Item)<br>03/01/2028<br><br>Period of Performance: 03/01/2028 to 08/31/2028 | | | | |