



STATE OF OHIO  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
GENERAL SERVICES DIVISION  
OFFICE OF PROCUREMENT SERVICES  
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

**REQUIREMENTS CONTRACT: STATE OF OHIO MODULAR EMERGENCY MEDICAL SYSTEM MANAGER**

CONTRACT NUMBER: CSP901711

EFFECTIVE DATES: 08/24/10 TO 06/30/11

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP901711 that opened on 08/13/10. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

The agency listed herein is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Health as applicable.

Questions regarding this and/or the Services Contract may be directed to:

Jan Jacobs  
jan.jacobs@das.state.oh.us

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:



<http://www.ohio.gov/procure>

ATTACHMENT NINE  
COST SUMMARY FORM

State of Ohio Modular Emergency Medical System Manager  
 CSP901711

UNSPSC CATEGORY CODE: 80100000

BUDGET: \$300,000

OAKS ITEM ID: 18100

| Description  | Cost   |
|--|--|
| <p>Provide the services of one Project Manager to include all requirements under Attachment One, Part One – Work Requirements, page 17, for up to 40 hours per week.</p> <p>Payment to the vendor by ODH equals the Project Manager’s hourly rate multiplied by the hours worked in a given month. The vendor shall remit invoices to ODH Accounts Payable on a monthly basis. Invoices will be paid upon their approval by ODH Accounts Payable and the Healthcare Preparedness Program (HPP) Manager.</p>            | <p>\$ 129.04 Per hour</p> <p>Combined total of PM and SME(s) cannot exceed \$300,000.</p>              |
| Description  |  |
| <p>Provide the services of one or more Subject Matter Experts (SME) to include all requirements under Attachment One, Part One – Work Requirements, page 17 for up to 40 hours each per week.</p> <p>Payment to the vendor by ODH equals the SME hourly rate multiplied by the hours worked in a given month. The vendor shall remit invoices to ODH Accounts Payable on a monthly basis. Invoices will be paid upon their approval by ODH Accounts Payable and the Healthcare Preparedness Program (HPP) Manager.</p> | <p>\$ 71.71 Per hour</p> <p>Combined total of PM and SME(s) cannot exceed \$300,000.</p>               |
| <p>On or before the following dates, submit the following to the HPP Program Manager for review and evaluation:</p> <ul style="list-style-type: none"> <li>a. October 1, 2010: Three-year state level MEMS training and exercise plan</li> <li>b. December 31, 2010: MEMS state level staffing plan</li> <li>c. June 3, 2011: MEMS state level operational plan</li> </ul>   | <p>\$0.00</p> <p>Costs included in Project Manager and SME scope of work, Attachment One, Part One</p> |
| TOTAL NOT TO EXCEED \$300,000:   | \$272,906.20   |

All costs must be in U.S. Dollars.  
 The State will not be responsible for any costs not identified.  
 There will be no additional reimbursement for travel or other related expenses.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

BID CONTRACT NO.: CSP901711 (06/30/11)



0000104863  
Tetra Tech EM, Inc.  
1 S. Wacker Dr., 37<sup>th</sup> Floor  
Chicago, IL 60606

TERMS: Net 30 Days

Remit To Address

0000104863  
Tetra Tech EM, Inc.  
1 S. Wacker Dr., 37<sup>th</sup> Floor  
Chicago, IL 60606

CONTRACTOR'S CONTACT: Mr. Douglas McIlvain

Telephone: 513-564-8354  
Fax: 513-241-0354  
E-Mail: [douglas.mcilvain@tetrattech.com](mailto:douglas.mcilvain@tetrattech.com)