



U.S. Department of Veterans Affairs
 National Acquisition Center
Federal Supply Schedule Service

CONTRACTOR’S GUIDES TO REQUESTS FOR MODIFICATION

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**Applicable to all schedules except
 621 I, Professional and Allied Healthcare Staffing Services,
 621 II, Medical Laboratory Testing & Analysis Services (Reference Labs),
 And 66 III, Cost-Per-Test Clinical Laboratory Analyzers**



U.S. Department of Veterans Affairs
National Acquisition Center
Federal Supply Schedule Service

CONTRACTOR'S GUIDE TO REQUESTS FOR MODIFICATION: PRODUCT ADDITIONS

RFM Instructions

1. Do not send requests directly to your assigned contract specialist. All contract modifications must be emailed to our central portal at fss.help@va.gov with the following subject line:
"RFM — Contract Number — FSS Schedule" (e.g. RFM-V797P/D-5555x-65IIA). Modification requests that do not include this subject line may be misdirected, resulting in a delay in the review process.
2. Unless otherwise directed, we do **NOT** accept hard copies of RFMs. If the electronic file is 5mb or larger, please submit the RFM package on CD to our mailing address at: VA National Acquisition Center, FSS, PO Box 76, Bldg 37, 1st Ave. North of Cermak Road, Hines, IL 60141.
3. *The effective date of all awarded modifications will occur on either the 1st or 15th of the month.* The effective date of the modification will be assigned by the approving Contract Officer. **This does not apply to product additions under 65 I B.**
4. Please carefully review this document and submit all required information, giving attention to notes regarding the applicability of some sections of the document. If all required material is not received, your Contracting Officer may return your package with no additional action.
5. The texts of the clauses referenced within this document are found in Document 04 - Vendor Response Document and Document 05 – Commercial Sales Practice Format in each schedule solicitation.
6. Retain a copy of this RFM for your records.
7. For Covered Drugs: **This ONLY applies to product additions under 65 I B**
 - All Non-Federal Average Manufacturer's Price (NFAMP) data must be sent to the Pharmacy Benefits Management (PBM) group **30-45 days** before submitting a request for modification.
 - All provisional and transferred drug pricing data must be submitted to the PBM **within 14 days** of submitting a request for modification.

Additional information on submitting a Request for Modification package is available online:
<http://www.va.gov/oal/business/fss/rfmProcess.asp>.

This form is available online: <http://www.va.gov/oal/business/fss/modForms.asp>

Contractor Information

Contractor Name		<div style="border: 1px solid black; padding: 5px;"> <p>Complete all fields with your VA FSS contract information. The RFM Point of Contact must be listed on your contract as a Contract Administrator (or alternate), an Authorized Negotiator, an officer of the company, or an authorized agent.</p> </div>
Contract No.	V797	
RFM Point of Contact		
Phone		
Email		
Date Submitted to FSS		

Schedule Program

This section does not apply to 65 I B. All other schedules must select one.

Select the Schedule under which you are requesting to add products.

- 65 II A Medical Equipment & Supplies
 65 II C Dental Equipment & Supplies
 65 II F Patient Mobility Devices
 65 VA X-Ray Equipment & Supplies
 65 VII Invitro Diagnostics, Reagents, Test Kits, and Test Sets

Manufacturer/Dealer/Distributor Designation

Check all that apply. If your proposed products include items for which you are the manufacturer as well as items for which you are a dealer/distributor, then check both designations below.

- My firm is the manufacturer of the proposed products.
 My firm is a dealer/distributor of the proposed products.

Select at least one option.

Select at least one option. If you choose the second option, you must include a letter of supply for each manufacturer. The letter must comply with the solicitation requirements (see highlighted note in yellow below).

I-FSS-644 Dealers and Suppliers

Complete this section only if you are designating (in the above section) that your company is a dealer/distributor for any of the items proposed under this product addition request.

- My firm has previously submitted a Letter of Supply for the proposed manufacturers.
 The proposed manufacturers are new, and an authorized Letter of Supply for each manufacturer is included with this RFM.

Note: An authorized Letter of Supply must contain the required components stated in the solicitation. Please consult the required components list and the sample letter of supply/commitment contained in Document 04 – Vendor Response Document and on our website at <http://www.va.gov/oal/business/fss/compliance.asp>.

Select one. If you choose the second option, you must provide all contact information for the participating dealers/distributors.

Utilization of Dealers/Distributors

- My firm will not be marketing the offered products through dealers/distributors/**specialty distributors**.
- My firm will be marketing the offered products through dealers/distributors/**specialty distributors**:
 - The same as previously awarded under the contract. **-OR-**
 - New to this contract or product specific (please identify below). The names, addresses, and points of contact are as follows: _____.

Product Information

AS5000 Pharmaceutical Prime Vendor Participation

For the offered products, please check one of the following:

- Offeror will participate** in the Federal Government Prime Vendor program.
- Offeror will not participate** in the Federal Government Prime Vendor program at this time. Offeror does not have chargeback agreements in place with commercial wholesalers and/or has special delivery/handling requirements for all of their products.
- Offeror will have partial participation in the Prime Vendor program.** The offeror does have chargeback agreements in place with commercial wholesalers, however *one or several* of the products on their FSS contract has special delivery/handling requirements that prevent participation in the Federal Government Prime Vendor program for *that particular product* at this time. The specific line items that will be participating in the PV program are as follows (include NDC and product name): _____.

This section applies ONLY to 65 I B.

Select one of the three options.

This section applies ONLY to 65 I B.

For covered drugs only, select

Type of Product Addition (applies to covered drugs only)

Select all that apply. This section applies to Covered Drugs only.	1. The offered product(s) was/were previously owned by another company.	<input type="checkbox"/>
	2. The offered product(s) is/are a new package size of an existing covered drug.	<input type="checkbox"/>
	3. The offered product(s) is/are a new covered drug at the following stage: <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<input type="checkbox"/>
	4. The offered product(s) is/are offered with dual pricing (for temporary and permanent pricing only)	<input type="checkbox"/>
	My firm has submitted all required NFAMP information to PBM.	<input type="checkbox"/>

This section applies ONLY to 65 I B. Select one of the options. If you select the third option, provide the item number, name, and the OTC monograph title/number.

Over-The-Counter Drugs

- The proposed item(s) are not over-the-counter drugs.
- All proposed item(s) are over-the-counter drugs.
- Specific proposed line item(s) are over-the-counter drugs: The item number, name, and the OTC monograph title/number is as follows (provide attachment, if necessary): _____.

This section does not apply to 65 I B.

For all other schedules, complete the table with information for each place of performance to include place of product manufacturing, component manufacturing, and sterilization.

52.215-6 Place of Performance

As applicable, please complete the table below with information regarding each place of performance for product manufacturing, component material manufacturing, and sterilization. Add additional rows or provide an attachment, as necessary.

Name And Address Of Place Of Performance (Street Address, City, State, County, Zip Code)	Name And Address Of Owner And Operator Of The Plant Or Facility If Other Than Offeror Or Respondent

This section applies ONLY to 65 I B.

Complete the tables, as applicable, with required information for each place of performance. We will be verifying that each location is in compliance with CGMP.

AS8005 Manufacturing Facilities/Place of Performance

As applicable, please complete the table below with information regarding each place of performance for the offered products. Add additional rows or provide an attachment, as necessary.

Pharmaceuticals – Parenterals (All forms; e.g. tablets, capsules, pills, solutions, syrups, mixtures, powders, ointments, pastes, creams, etc.)

Item Number and Product Name	Location and Owner of Facility where Ingredients Are Measured, Weighed, Mixed and Compounded (Facility Owner Name, Address, City, County, State and Zip Code)	Point of Contact (Including Phone Number):

Pharmaceuticals – Parenterals, Sterilization

Item Number and Product Name	Sterilization and Owner Location (Facility Owner Name, Address, City, County, State and Zip Code):	Point of Contact (Including Phone Number):

Vaccines

Item Number and Product Name	Location and Owner of Facility where Vaccine is Produced (Facility Owner Name, Address, City, County, State and Zip Code):	Point of Contact (Including Phone Number):

Packaging

Item Number and Product Name	Location of Facilities where Intermediate Containers Will Be Filled and Labeled (Facility Owner Name, Address, City, County, State and Zip Code):	Point of Contact (Including Phone Number):

Packing

Item Number and Product Name	Location of Facilities where Products Will Be Packed and Prepared for Shipment (Facility Owner Name, Address, City, County, State and Zip Code):	Point of Contact (Including Phone Number):

This section does not apply to 65 I B. All other schedules should list the SINs of the proposed products.

Special Item Numbers (SINs)

Identify the SINs under which the proposed products are classified.

This section only applies to 65 I B. Check the applicable SINs for the proposed products, indicating if any SIN is a new SIN under the current contract.

Special Item Numbers (SINs)

			Offered	New SIN
Special Item Numbers Select all that apply.	42-1	Non-prescription medicated cosmetics & surgical soaps	<input type="checkbox"/>	<input type="checkbox"/>
	42-2A	Single source drug, innovator multiple source drug, and any biological product identified under Section 600.3 of Title 21, CFR	<input type="checkbox"/>	<input type="checkbox"/>
	42-2B	Generic & multiple source pharmaceuticals & drugs, human blood products, and over-the-counter drugs	<input type="checkbox"/>	<input type="checkbox"/>
	42-3	Complete IV delivery systems	<input type="checkbox"/>	<input type="checkbox"/>
	42-5	Nutritional/Dietary Supplements	<input type="checkbox"/>	<input type="checkbox"/>
	622	Antiseptic Liquid Skin Cleansing Detergents and Soaps, Dispensers, and Accessories	<input type="checkbox"/>	<input type="checkbox"/>

552.211-78 Commercial Delivery Schedule (Multiple Award Schedule)

Answer the below questions relative to the products offered under this request. See the full text of this clause in solicitation Document 04 (Vendor Response Document) for information on the Government's stated delivery time.

Standard delivery is / is not the same as initial contract award.

Expedited Delivery is / is not the same as initial contract award.

If delivery terms for the proposed products are different than the initial contract award, complete the table below. Add additional rows or provide an attachment, as necessary.

	Standard	Expedited
Item or SIN Category		
Commercial Delivery Terms (days)	Indicate whether or not the delivery options for the proposed items or SINs are the same as the initial contract award. If the delivery options are not the same, complete the table for the proposed item or SIN category.	
Proposed Delivery Time to the Government (days)		

This section does not apply to 65 II F. Select one option. If the second option is chosen, complete the table and provide a copy of the material Safety Data Sheet.

52.223-3 Hazardous Material Identification and Material Safety Data

NOTE: This section is does NOT apply to schedule 65 II F. List any hazardous material to be delivered under this contract modification. The hazardous material shall be properly identified and include any applicable identification number, such as National Stock Number or Special Item Number. Add additional rows or provide an attachment, as necessary.

- Products contain no hazardous materials
- Products contain hazardous materials identified below, and I am providing a copy of each Material Safety Data Sheet.

Material	Identification Number

This section does not apply to 65 VII.

Select one option. If the second option is chosen, complete the table.

C-FSS-411 Fire or Casualty Hazards, or Safety or Health Requirements

NOTE: This section is does NOT apply to schedule 65 VII. Identify in the spaces below whether any items offered involve fire or casualty hazards or safety or health requirements and if so, identify which standard(s) applies. Add additional rows or provide an attachment, as necessary.

- There are no nationally recognized safety standards applicable to any of the offered products.
- There are nationally recognized safety standards applicable to offered products as follows:

Product	Standard

This section only applies to 65 II F. Check the box below to verify compliance.

C-FSS-427 ANSI Standards

NOTE: This section is ONLY to be completed by schedule 65 II F. Information on ANSI standards may be obtained from the American National Standards Institute, Inc., 11 West 42nd Street, 13th Floor, New York, NY 10036 (Tel: (212) 642-4900).

- I represent that all products offered under this modification request meet the requirements set forth in the ANSI/RESNA Standards as applicable.

Price Proposal

Commercial Sales Practice Format

Provide the following information, as applicable. Add additional rows or provide an attachment, as necessary. Sections (1) and (2) are only to be completed by those proposing to add new SIN categories to their contract. Sections (3) and (4) should be completed for all product addition requests.

(1) Commercial Sales

NOTE: Section (1) is ONLY to be completed by those proposing to add NEW SIN categories to their contract.

SIN List each new SIN.	Sales to General Public Provide the dollar value of sales of the offered product(s) to the <i>general public</i> at or based on an established catalog or market price during the previous 12-month period, or your firm’s last fiscal year. In the event that a dollar value is not an appropriate measure of the sales, provide and describe your own measure of the sales of the item(s) (e.g. sales in terms of units sold).	Time Frame State beginning and ending of the 12 month period.
		e.g. 1/1/2011 - 12/31/2011

Only complete Section (2) if you are proposing to add a NEW SIN category to your contract.

Provide the SIN, the 12-month estimated/actual sales value to the Government (use actual on/off contract government sales, if available), and the time frame for that value. The time frame should be the same as that in section (1). Provide an explanation of how you arrived at the provided value (e.g. actual government sales, a percentage of commercial sales, etc.).

(2) Government Sales

NOTE: Section (2) is ONLY to be completed by those proposing to add NEW SIN categories to their contract.

- My firm has previous sales to the Federal government for offered products.
- My firm does *not* have previous sales to the Federal government for offered products.

SIN List each new SIN.	Sales to Federal Government Provide the dollar value of projected annual sales of the offered product(s) to the <i>Government</i> under this modification request. If you currently hold a Federal Supply Schedule contract for the offered SIN, then the total projected annual sales should be based on your most recent 12-month of contract sales.	Time Frame State beginning and ending of the 12 month period.
		e.g. 1/1/2011 - 12/31/2011

How was this estimate calculated? Based on your firm’s sales to the Federal marketplace? Based on a percentage of your commercial sales? Please provide rationale in your response: _____

Discounting Practices

(3) Based on your written discounting policies (standard commercial sales practices in the event you do not have written discounting policies), are the discounts and any concessions which you offer the Government equal to or better than your best price (discount and concessions in any combination) offered to any customer acquiring the same items regardless of quantity or terms and conditions?

YES NO

NOTE: If you answer **NO** to this question, on an attachment provide an explanation of why the net prices, terms and conditions offered to the Government are not equal to or better than those offered to any commercial customer acquiring the same items. Please provide copies of your current commercial agreements or extract of your salient terms and conditions if not offering MFC pricing to the Government.

Section (4a) should be completed for ALL additions (those offering new products as well as new SINs). Complete the below table (CSP-1, Figure 515.4-2) either in the space provided, in the Excel spreadsheet developed for this RFM package, or on a separate spreadsheet. Complete instructions can be found in solicitation Document 05. Below is a summary explanation of each field.

Column 1 – Customer: Provide information for your MFC and each customer/category of customers that receives better pricing than that being offered to the Government for the offered products.

Column 2 – Discount: Provide the percentage discount (or discount range if discount varies by product or product line) off commercial list for the offered products for each customer/category of customers. You may be asked by your Contract Specialist to provide a breakdown by line item, if required for price reasonableness determination.

Column 3 – Quantity/Volume: Enter the minimum quantity or sales volume required for the customer/category of customers to receive the discount listed in column 2.

Column 4 – FOB Term: Indicate whether delivery is FOB Origin (customer pays shipping) or FOB Destination (the price is inclusive of shipping).

Column 5 – Concessions: List any concessions offered to the customer/category of customers, such as annual rebates, prompt payment discounts, etc.

(4)(a) Based on your written discounting policies (standard commercial sales practices in the event you do not have written discounting policies), provide information as requested for each SIN (or group of SINs for which the information is the same) in accordance with the instructions at Figure 515.4-2, provided in solicitation Document 05 – Commercial Sales Practice Format. The information should be provided in the chart below or in an equivalent format developed by the offeror. Rows should be added to accommodate as many customers as required.

Column 1— Customer	Column 2— Discount	Column 3— Quantity/Volume	Column 4— FOB Term	Column 5— Concessions

NOTE: The above chart (Figure 515.4-2) may be completed in the Excel spreadsheet developed for this Request for Modification Form.

Section (4b) should be completed for ALL product additions (those offering new products as well as new SINS). Carefully read this question and answer yes or no. If you answer yes, you must provide an explanation of the circumstances under which you deviate from your written policies or standard commercial sales practices disclosed in the chart in Section B (Figure 515.4-2) and explain how often they occur. Your narrative must include a discussion of specific situations, how often they occur, and the controls you use to assure pricing integrity.

(4)(b) Do any deviations from your written policies or standard commercial sales practices disclosed in the chart in section b (Figure 515.4-2) ever result in better discounts (lower prices) or concessions than indicated? **YES** **NO** . If YES, explain deviations in accordance with the instructions at Figure 515.4-2, provided in solicitation Document 05 – Commercial Sales Practice Format

NOTE: If you answer YES to this question, on an attachment provide an explanation of the circumstances under which you deviate from your written policies or standard commercial sales practices disclosed in the chart on the Commercial Sales Practices Format and explain how often they occur. Your explanation should include a discussion of situations that lead to deviations from standard practice, an explanation of how often they occur, and the controls you employ to assure the integrity of your pricing. Examples of typical deviations may include, but are not limited to, one time goodwill discounts to charity organizations or to compensate an otherwise disgruntled customer; a limited sale of obsolete or damaged goods; the sale of sample goods to a new customer; or the sales of prototype goods for testing purposes.

Commercial Pricelist:

I have included a copy of the commercial pricelist upon which the proposed pricing discount to the Government is predicated. The title and effective date of the pricelist is as follows:

_____.

Check one of the boxes. If you choose the second option, indicating that you are proposing a different tracking customer than that currently awarded under the contract, then you must provide the name of the proposed tracking customer/category of customers and the rationale.

Tracking Customer (TC)

The currently awarded tracking customer/category of customers under this contract applies to the products offered under this request for modification and is as follows: _____.

The proposed tracking customer/category of customers for the items offered under this request for modification is different than that awarded under the current contract. The proposed tracking customer/category of customers is _____, and the rationale is as follows:

_____.



Estimated Value

For the purposes of the contract value as it pertains to review thresholds, provide the total estimated government annual sales value for the products proposed under this request: _____.

How was this estimate calculated? Based on your firm’s sales to the Federal marketplace (on or off contract)? Based on a percentage of your commercial sales? Please provide rationale in your response: _____

RFM Verification

Check each box below to verify compliance.

- I verify that all of the information supplied in this request is current, accurate, and complete.
- I verify that the items offered are not replacements for previously deleted items with a lower cost.
- I verify that each end product offered is manufactured in the United States or other designated country. View a complete listing of designated countries online at: <http://www.va.gov/oal/business/fss/taa.asp>. Offered products that are end products of countries other than the United States or identified designated countries will not be considered for award.
- I verify that the signatory of this document is an authorized signatory for the company as provided for under the current contract.

Disclaimer: Except as provided herein, all terms and conditions of the subject VA Federal Supply Schedule contract, remain unchanged and in full force and effect.

The signatory below must be someone authorized under your contract on the Signatory Authority Form provided with your initial contract proposal or as updated through a subsequent modification.

Signature and Title of **Authorized** Representative

Date

Print Name and Title of **Authorized** Representative



U.S. Department of Veterans Affairs
National Acquisition Center
Federal Supply Schedule Service

CONTRACTOR'S GUIDE TO REQUESTS FOR MODIFICATION: PRICE INCREASES

RFM Instructions

1. *Do not send requests directly to your assigned contract specialist.* All contract modifications must be emailed to our central portal at fss.help@va.gov with the following subject line:
"RFM — Contract Number — FSS Schedule" (e.g. *RFM-V797P/D-5555x-65IIA*). Modification requests that do not include this subject line may be misdirected, resulting in a delay in the review process.
2. Unless otherwise directed, we do **NOT** accept hard copies of RFMs. If the electronic file is 5mb or larger, please submit the RFM package on CD to our mailing address at: VA National Acquisition Center, FSS, PO Box 76, Bldg 37, 1st Ave. North of Cermak Road, Hines, IL 60141.
3. *The effective date of all awarded modifications will occur on either the 1st or 15th of the month.* The effective date of the modification will be assigned by the approving Contract Officer.
4. Please carefully review this document and submit all required information, giving attention to notes regarding the applicability of some sections of the document. If all required material is not received, your Contracting Officer may return your package with no additional action.
5. The texts of the clauses referenced within this document are found in Document 02 –Solicitation Document in each schedule solicitation.
6. Retain a copy of this RFM for your records.

Additional information on submitting a Request for Modification package is available online:
<http://www.va.gov/oal/business/fss/rfmProcess.asp>.

This form is available online: <http://www.va.gov/oal/business/fss/modForms.asp>

Contractor Information

Contractor Name	
Contract No.	V797
RFM Point of Contact	
Phone	
Email	
Date Submitted to FSS	

Complete all fields with your VA FSS contract information. The RFM Point of Contact must be listed on your contract as a Contract Administrator (or alternate), an Authorized Negotiator, an officer of the company, or an authorized agent.

This section does not apply to 65 I B. All other schedules must select

Schedule Program

Select the Schedule under which you are requesting to add products.

- 65 II A Medical Equipment & Supplies 65 II C Dental Equipment & Supplies
 65 II F Patient Mobility Devices 65 VA X-Ray Equipment & Supplies
 65 VII Invitro Diagnostics, Reagents, Test Kits, and Test Sets

Product and Price Information

Special Item Numbers (SINs)

This section does not apply to 65 I B. All other schedules should provide the SINs of the products for which you are requesting a price increase.

Identify the SINs under which the proposed products are classified.

SIN 42-2a Requirements

This section only applies to 65 I B. Select one reason for your price increase.

If submitting a price increase for line items awarded under SIN 42-2a, complete the following:

- Increase to FSS/BIG4 pricing as permitted by Public Law 102-585
 Increase to dual pricing as prescribed by EPA clause 552.216-70 (see next section).

This section only applies to 65 I B. Check the applicable SINS for the products for which you are requesting a price increase.

Special Item Numbers (SINs)

Special Item Numbers Select all that apply	<input type="checkbox"/>	42-1	Non-prescription medicated cosmetics & surgical soaps
	<input type="checkbox"/>	42-2A	Single source drug, innovator multiple source drug, and any biological product identified under Section 600.3 of Title 21, CFR
	<input type="checkbox"/>	42-2B	Generic & multiple source pharmaceuticals & drugs, human blood products, and over-the-counter drugs
	<input type="checkbox"/>	42-3	Complete IV delivery systems
	<input type="checkbox"/>	42-5	Nutritional/Dietary Supplements
	<input type="checkbox"/>	622	Antiseptic Liquid Skin Cleansing Detergents and Soaps, Dispensers, and Accessories

552.216-70 Economic Price Adjustment – FSS Multiple Award Schedule Contracts

Select all of the below boxes to show compliance with the stated requirements.

Check all boxes to show compliance with the following EPA clause requirements for price increases:

- The proposed price increase results from a reissue or other modification of the Contractor's commercial catalog/pricelist that was used as the basis for the contract award.
- The proposed increases are requested before the last 60 days of the contract period.
- At least 30 days have elapsed between requested increases.

Note: The tracking customer and tracking customer ratio established at time of award will affect your ability to receive an increase.

Select the box below to verify that you have provided a dated copy of the previous and current commercial price lists that include the line items listed under this price increase request.

Commercial Price List

- I have provided a **DATED** copy of the previous and current commercial price lists (or an extract of the price lists) that include the affected line items.

552.216-70 Economic Price Adjustment – FSS MAS Contracts, Continuation

Commercial Sales Practice Format (CSP)

Check one of the following:

- No change has occurred in the Commercial Sales Practice format data since completion of the initial negotiation or a subsequent submission.
- I have provided the Commercial Sales Practice format (below or on a separate page) regarding the Contractor's commercial pricing practice relating to the reissued or modified catalog/pricelist.

Column 1— Customer	Column 2— Discount	Column 3— Quantity/Volume	Column 4— FOB Term	Column 5— Concessions

Select one option above to reflect whether or not there has been a change in the CSP format data since its last submission (at contract award or subsequent submission). If there has been a change (option 2), then you must complete the above table (CSP-1, Figure 515.4-2) either in the space provided, in the Excel spreadsheet developed for this Request for Modification package, or on a separate attachment/spreadsheet. Complete instructions for this figure can be found in solicitation Document 05 – Commercial Sales Practice Format and in the Offeror’s Guide to Document 05 – Commercial Sales Practice Format (posted on our FSS website). Below is a summary explanation of what is required for each field.

Column 1 – Customer: Provide the requested information for your MFC and each customer/category of customers that receives better pricing than that being offered to the Government for the listed products.

Column 2 – Discount: Provide the percentage discount (or discount range) off commercial list for the listed products for each customer/category of customers. You may be asked by your Contract Specialist to provide a breakdown by line item, if required for price reasonableness determination.

Column 3 – Quantity/Volume: Enter the minimum quantity or sales volume required for the customer/category of customers to receive the discount listed in column 2.

Column 4 – FOB Term: Indicate whether delivery is FOB Origin (customer pays shipping) or FOB Destination (the price is inclusive of shipping).

Column 5 – Concessions: List any concessions offered to the customer/category of customers, such as annual rebates, prompt payment discounts, etc.

Justification

Provide a detailed narrative of the economic and/or business rationale for requesting a price increase for the identified line items. Attach additional sheets as necessary.

Provide a narrative describing the rationale for requesting the price increase.

This section does not apply to 65 I B. Provide the requested information by completing the preformatted Commodities Price Increase/Decrease Spreadsheet. If you choose to use your own spreadsheet, then it must contain (at a minimum) the below column headings.

Price Increase Proposal

Complete the preformatted Commodities Price Increase Proposal Spreadsheet provided with the online RFM package. If utilizing your own spreadsheet, provide the following required information as column headings in one continuous spreadsheet. Utilization of the preformatted spreadsheet can greatly shorten CS review time.

Product Information				Commercial List Information		
SIN	Item #	Product Description	Award or Mod # that initially Added Product	Previous Comm. Price	New Comm. Price	% Comm. Change

FSS Information				TC Information	
Current, Awarded FSS Price w/ IFF	New, Proposed FSS Price without IFF	New, Proposed FSS w/ IFF	% FSS Change	New TC Price	Awarded TC Ratio

This section applies to 65 I B only. Provide the requested information by completing the preformatted 65 I B Price Increase/Decrease Spreadsheet. If you choose to use your own spreadsheet, then it must contain (at a minimum) the below column headings.

65 I B Price Increase Proposal

Complete the preformatted 65 I B Price Increase Proposal Spreadsheet provided with the online RFM package. If utilizing your own spreadsheet, provide the following required information as column headings in one continuous spreadsheet. You must include all required column as it is required for entry into the pharmaceutical database. Utilization of the preformatted spreadsheet can greatly shorten CS review time.

Product Information				Commercial List Information		
SIN	NDC or Item #	Product Description Including Generic and Trade Name and Package Size/Strength	Award or Mod# that initially Added Product	Previous Comm. Price	New Comm. Price	% Comm. Change

FSS Information				TC Information	
Current, Awarded FSS Price w/ IFF	New, Proposed FSS Price without IFF	New, Proposed FSS w/ IFF	% FSS Change	New TC Price	Awarded TC Ratio

RFM Verification

Check each box below to verify compliance.

- I verify that all of the information supplied in this request is current, accurate, and complete.
- I verify that the signatory of this document is an authorized signatory for the company as provided for under the current contract.

Disclaimer: Except as provided herein, all terms and conditions of the subject VA Federal Supply Schedule contract, remain unchanged and in full force and effect.

The signatory below must be someone authorized under your contract on the Signatory Authority Form provided with your initial contract proposal or as updated through a subsequent modification.

Signature and Title of **Authorized** Representative

Date

Print Name and Title of **Authorized** Representative



U.S. Department of Veterans Affairs

National Acquisition Center

Federal Supply Schedule Service

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3. *The effective date of all awarded modifications will occur on either the 1st or 15th of the month.* The effective date of the modification will be assigned by the approving Contract Officer.
4. Please carefully review this document and submit all required information, giving attention to notes regarding the applicability of some sections of the document. If all required material is not received, your Contracting Officer may return your package with no additional action.
5. The texts of the clauses referenced within this document are found in Document 04 - Vendor Response Document in each schedule solicitation.
6. Retain a copy of this RFM for your records.

Additional information on submitting a Request for Modification package is available online:

<http://www.va.gov/oal/business/fss/rfmProcess.asp>.

This form is available online: <http://www.va.gov/oal/business/fss/modForms.asp>

Contractor Information

Contractor Name	
Contract No.	V797
RFM Point of Contact	<div style="border: 1px solid black; padding: 5px;"> <p>Complete all fields with your VA FSS contract information. The RFM Point of Contact must be listed on your contract as a Contract Administrator (or alternate), an Authorized Negotiator, an officer of the company, or an authorized agent.</p> </div>
Phone	
Email	
Date Submitted to FSS	

This section does not apply to 65 I B. All other schedules must select

Schedule Program

Select the Schedule under which you are requesting to add products.

- 65 II A Medical Equipment & Supplies
 65 II C Dental Equipment & Supplies
 65 II F Patient Mobility Devices
 65 VA X-Ray Equipment & Supplies
 65 VII Invitro Diagnostics, Reagents, Test Kits, and Test Sets

This section only applies to 65 I B. Check the box to verify understanding of the language

- I understand that the Public Law calculated Federal Ceiling Price is the maximum price for an NDC and that the Price Reduction Clause may cause the actual FSS selling price to the Government to fall below the FCP. I have reviewed (1) my commercial pricing and the price/discount relationship applicable to my awarded tracking customer and (2) the Price Reduction Clause with regard to the maintenance of the established price/discount relationship, and (3) I verify that the attached updated prices do not adversely disturb the price/discount relationship established for this FSS contract.

Product and Price Information

This section does not apply to 65 I B. All other schedules should list the SINs of the products for which you are requesting a price reduction.

Special Item Numbers (SINs)

Identify the SINs under which the proposed products are classified.

This section only applies to 65 I B. Check the applicable SINs for the products for which you are requesting a price reduction.

Special Item Numbers (SINs)

Identify the SINs under which the offered price reductions are classified.

Special Item Numbers	<input type="checkbox"/>	42-1	Non-prescription medicated cosmetics & surgical soaps
	<input type="checkbox"/>	42-2A	Single source drug, innovator multiple source drug, and any biological product identified under Section 600.3 of Title 21, CFR
	<input type="checkbox"/>	42-2B	Generic & multiple source pharmaceuticals & drugs, human blood products, and over-the-counter drugs
	<input type="checkbox"/>	42-3	Complete IV delivery systems
	<input type="checkbox"/>	42-5	Nutritional/Dietary Supplements
	<input type="checkbox"/>	622	Antiseptic Liquid Skin Cleansing Detergents and Soaps, Dispensers, and Accessories
Select all that apply			



Permanent/Temporary Price Reduction

Choose either Option A for permanent price reductions or Option B for temporary price reductions.

A. This permanent price reduction will apply to:

- All FSS Users:** BIG4 and OGA (selection for single or dual pricing)
- BIG4 Only:** VA (VA, CMOP, SVH 2,3,4, & FHCC), DOD (DOD, TMOP, & FHCC), PHS including IHS, Coast Guard (selection for dual pricing only)
- Other Government Agencies (OGA) Only** (selection for dual pricing only)

B. This temporary price reduction is offered to the following agency/agency groups for the time frame of *Begin* _____ *End* _____:

- All FSS Users:** BIG4 and OGA
- BIG4 Only:** VA (VA, CMOP, SVH 2,3,4, & FHCC), DOD (DOD, TMOP, & FHCC), PHS (PHS & IHS), and Coast Guard
- Other Government Agencies (OGA) Only** **Specific Agencies/Agency Groups Only**

VA (VA, CMOP, SVH 2,3,4, & FHCC)	BOP	DOD (DOD, TMOP, & FHCC)	DHS	PHS & IHS	IHS	HHS	NIH	SVH1	SVH (SVH1, 2, 3, & 4)	USCG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This section does not apply to 65 I B. Indicate if your offered price reduction is permanent or temporary. If temporary, indicate the beginning and end date for the reduction.

Permanent/Temporary Price Reduction

Indicate if the offered price reduction is temporary or permanent. If temporary, indicate the time frame.

Permanent Temporary (Time Frame: *Begin* _____ *End* _____)

This price reduction will apply to :

VA only. Other Government agencies only All agencies.

552.238-75 Price Reductions

The Tracking Customer (TC) relationship set forth during contract award or via modification shall be maintained throughout the contract period. Any change in the Contractor's commercial pricing or discount arrangement applicable to the identified Tracking Customer (or category of customers) which disturbs this relationship shall constitute a price reduction.

Check all that apply of the following reasons for your proposed price reduction.

Select one reason for your proposed price reduction.

- Voluntary, to Government only
- My firm has revised the commercial catalog, pricelist, schedule or other document upon which contract award was predicated.
- My firm has granted more favorable discounts or terms and conditions than those contained in the commercial catalog, pricelist, schedule or other documents upon which contract award was predicated.
- My firm has granted discounts to the awarded Tracking Customer (or category of customers), and the change disturbs the price/discount relationship (the awarded Tracking Customer ratio).

Select one. Note that a commercial price list is not required to be submitted for voluntary price reductions.

Commercial Price List

- I am proposing a voluntary price reduction and, therefore, am not providing a commercial pricelist.
- I have provided a **DATED** copy of the previous and current commercial price lists (or an extract of the price lists) that include the affected line items.

Justification

Provide a narrative describing the rationale for requesting the price reduction.

Provide an explanation of the conditions under which the reductions were made.

This section does not apply to 65 I B. Provide the requested information by completing the preformatted Commodities Price Increase/Decrease Proposal Spreadsheet. If you choose to use your own spreadsheet, then it must contain (at a minimum) the below column headings.

Price Decrease Proposal

Complete the preformatted Commodities Price Increase Proposal Spreadsheet provided with the online RFM package. If utilizing your own spreadsheet, provide the following required information as column headings in one continuous spreadsheet. Utilization of the preformatted spreadsheet can greatly shorten CS review time.

Product Information				Commercial List Information		
SIN	Item #	Product Description	Award or Mod # that initially Added Product	Previous Comm. Price	New Comm. Price	% Comm. Change

FSS Information				TC Information	
Current, Awarded FSS Price w/ IFF	New, Proposed FSS Price without IFF	New, Proposed FSS w/ IFF	% FSS Change	New TC Price	Awarded TC Ratio

This section applies to 65 I B only.

Provide the requested information by completing the preformatted 65 I B Price Increase/Decrease Proposal Spreadsheet. If you choose to use your own spreadsheet, then it must contain (at a minimum) the below column headings.

65 I B Price Decrease Proposal

Complete the preformatted 65 I B Price Decrease Proposal Spreadsheet provided with the online RFM package. If utilizing your own spreadsheet, provide the following required information as column headings in one continuous spreadsheet. You must include all required column as it is required for entry into the pharmaceutical database. Utilization of the preformatted spreadsheet can greatly shorten CS review time.

Product Information				Commercial List Information		
SIN	NDC or Item #	Product Description Including Generic and Trade Name and Package Size/Strength	Award or Mod# that initially Added Product	Previous Comm. Price	New Comm. Price	% Comm. Change

FSS Information				TC Information	
Current, Awarded FSS Price w/ IFF	New, Proposed FSS Price without IFF	New, Proposed FSS w/ IFF	% FSS Change	New TC Price	Awarded TC Ratio

RFM Verification

Check each box below to verify compliance.

- I understand that these TPRs/Price Reductions are in no way associated with commitments or agreements outside of this RFM request (see FAR 8.4).
- I verify that all of the information supplied in this request is current, accurate, and complete.
- I verify that the signatory of this document is an authorized signatory for the company as provided for under the current contract.

Disclaimer: Except as provided herein, all terms and conditions of the subject VA Federal Supply Schedule contract, remain unchanged and in full force and effect.

The signatory below must be someone authorized under your contract on the Signatory Authority Form provided with your initial contract proposal or as updated through a subsequent modification.

Signature and Title of **Authorized** Representative

Date

Print Name and Title of **Authorized** Representative