

**Statement of Work  
For  
Helicopter Charter Services**

**A.1 Scope of Work:**

Phoenix Area Office, Indian Health Service. Non-Personal Services, Helicopter Charter Services

**A.2 DESCRIPTION OF AGREEMENT:**

The vendor shall provide routine transportation via helicopter for the Phoenix Area Indian Health Service personnel, cargo, material and supplies necessary for the personnel subsistence while on duty and periodic transportation of building material, appliances, household goods and medical equipment by way of sling to and from the Supai Canyon.

The vendor shall provide a monthly flight schedule and be available for emergent patient and staff transportation in or out of the Supai Canyon. Provide time line for emergent situations if needed. The authorized travelers list is not all-inclusive and additional authorized travelers may be added with a Manifest on official letterhead approved by the Health System Administrator and provided to the vendor.

The following are **AUTHORIZED TRAVELERS**. This list will be amended as needed as travelers are added or deleted.

Trips to the Supai Canyon should be for direct patient care and related services only. Justification of travel must be on the requesting manifest. All manifests shall be pre-approved a week in advance prior to flight. Exceptions would be for emergent services and natural disasters.

The Contracting Officer Representative is responsible for:

- A. Monitoring the Contractor's technical progress on individual orders, including surveillance and assessment of performance and issuing technical changes to individual orders;
- B. Interpreting the Scope of Work;
- C. Technical evaluation as required;
- D. Technical inspections and acceptance required by this contract; and
- E. Assisting the Contractor in the resolution of technical and administrative problems encountered during performance;
- F. Monitoring funds available for obligation under this contract;
- G. Ensuring that Orders are issued in accordance with the terms of the contract;
- H. Ensuring that Orders and resultant invoices and payments are processed in a timely manner, and;
- I. Assisting the Contractor in resolution of administrative problem encountered during the performance of this contract.

**A.5 FLIGHT RATES:**

1 flight (max 6 people) @ 20-30 Minutes X up to 6 people \$ \_\_\_\_\_  
Doctor Transfer Charter: \$ \_\_\_\_\_ per exchange (round trip -1 in/1 out)  
Cargo: max weight 900lbs = \$ \_\_\_\_\_ per cargo transport each way  
Normal Sling: 20-30 Minutes @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_ per sling each way  
Straight Charter Day: \$ \_\_\_\_\_

**A.6 EXTENT OF OBLIGATION** - The government is obligated only to the extent of authorized purchases actually made under this BPA.

**A.7 ORDERING LIMITS (Contemplated)**

Minimum Order Amount: \$1000.00  
Maximum Order Amount: \$250,000  
Maximum Contract Amount: \$700,000

**A.8 AUTHORIZED BPA CALLERS (Shall be provided at later time/date)**

Parker Health Center  
Peach Springs and Supai  
Parker Health Center

**A.9 Invoice Submission and Payment**

Invoice Requirements and Supporting Documentation: Supporting documentation and invoices must be submitted no later than the 30th workday of the month after services have been provided. Changes or corrections shall be submitted by separate invoice. In addition to information required for submission of a “proper” invoice in accordance with FAR 52.212-4 (g) all invoices must include:

Name and address of Contractor Invoice Date Contract Number and Purchase/Task Order Number Date of Service CLINS-Number: Example: Services and applicable Rates.

Electronic Invoicing: The Phoenix Area Indian Health Service has initiated an important change in the accounts payable process that is mandatory and will ensure Contractors are paid promptly. All invoices are to be submitted through the US Treasury via IPP. If you require assistance registering or IPP account access, please contact the IPP Helpdesk at (866) 973-3131 (M-F 8AM to 6PM ET), or [IPPCustomerSupport@fiscal.treasury.gov](mailto:IPPCustomerSupport@fiscal.treasury.gov) Payments in Full/ No Billing IHS

Beneficiaries: The Contractor shall accept payment for services rendered under this contract as payment in full. IHS beneficiaries shall not under any circumstances be charged nor shall their insurance companies including Medicare be charged for services rendered by the Contractor under this contract, even if IHS does not pay for those services. The Contractor shall not bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against, any person or entity other than the IHS for services provided pursuant

to this contract. It shall be considered fraudulent for the Contractor to bill other third parties for services rendered under this contract.

**HHSAR 352.232-71 Electronic Submission of Invoice Payment Requests (Feb 2022)**

(a) Definitions. As used in this clause Payment request means a bill, voucher, invoice, or request for contract financing payment with associated supporting documentation. The payment request must comply with the requirements identified in FAR 32.905(b), Content of Invoices and the applicable Payment clause included in this contract. (b) Except as provided in paragraph (c) of this clause, the Contractor shall submit payment requests electronically using the Department of Treasury Invoice Processing Platform (IPP) or successor system. Information regarding IPP, including IPP Customer Support contact information, is available at [www.ipp.gov](http://www.ipp.gov) or any successor site. (c) The Contractor may submit payment requests using other than IPP only when the Contracting Officer authorizes alternate procedures in writing in accordance with HHS procedures. (d) If alternate payment procedures are authorized, the Contractor shall include a copy of the Contracting Officer's written authorization with each payment request. (END OF CLAUSE) Unless otherwise agreed to by the contracting officer per HHSAR 352.232-71(c), the use of IPP shall take precedence over previously established invoicing procedures. If you require assistance registering or IPP account access, please contact the IPP Helpdesk at (866) 973-3131 (M- F 8AM to 6PM ET), or [IPPCustomerSupport@fiscal.treasury.gov](mailto:IPPCustomerSupport@fiscal.treasury.gov)