

## **STATEMENT OF WORK MULTI-FUNCTION DEVICES**

### **I. Project Title**

Lease of three (3) Multi-Function Devices (MFD) and Maintenance Support.

### **II. Background**

The Chemawa Indian Health Center ['aka', Western Oregon Service Unit (WOSU)] of the Indian Health Service (IHS) leases multifunctional devices (MFDs) and associated lifecycle maintenance services to support the health care operations of the service unit. All three MFDs see daily use, and the use of Network Printers is expected by the HHS Policy on Promoting Efficient Spending.

### **III. Scope**

The Contractor shall provide three (3) MFDs under operating leases with comprehensive lifecycle supplies, service, and maintenance.

### **IV. Specifications (Brand name or Equal)**

a. Lease Three (3) Multi-Function Devices, Brand Konica Model Bizhub C300i or Equal shall have the following salient specifications:

1. Print/Copy/Scan/Fax
2. Color & Black & White
3. Energy Star Certified
4. Enhanced copy desk
5. Finisher (50 sheet inner Staple finisher)
6. Reverse automatic document feeder
7. Fax Kit (1<sup>st</sup> & 2<sup>nd</sup> Line)
8. ESP Power filter 120V/15A basic
9. 600 DPI Print Resolution
10. Fully Automatic Duplexing
11. Automatic Document Feeder – 50 Sheet minimum
12. Minimum of (2) 500-Sheet Adjustable Trays up to 11x17, (3) on volume bands above 40 ppm.
13. Reduction/Enlargement 25%-400% in 1% Increments
14. Sorting/Stacking/Collation
15. Bypass Tray
16. Auto Paper Select
17. Auto Tray Switching Book Copying
18. Image Shift with Auto Center
19. Auto Power Save/Energy Save Mode
20. Network Interface Card/Network Printing Ready
21. Original Type Selection: Photo & Text, Photo, Text
22. Image Adjust: Lighten/Darken; Sharpness; Saturation
23. Image Enhancement: Auto Background Suppression
24. Job Interrupt with Automatic Resume
25. Secure Print
26. Hard-drive data encryption capability
27. Perform Multiple Tasks Simultaneously

28. Wireless print capability with option to disable
29. Scan to Network Folder/Email (PDF, Word, JPG, & Searchable PDF, editable, blank page removal)
30. Smartcard Kit/PIV/CAC (FIPS 201 Compliant)

b. Training

1. The Contractor shall provide training on use, function, and unique capabilities of the MFDs.
2. The Contractor shall coordinate the training with the Contracting Officer's Representative (COR) and complete the training requirement within 90 days after the MFDs are installed.

c. Maintenance/Service

1. Period of Performance: 12 months with four (4) option periods
2. The Contractor shall provide monthly flat rate price for maintenance (includes unlimited copies each month and any parts or service needed throughout the contract term).
3. Maintenance and Emergency Service, minimum Standards:
  - 3.1. The Contractor shall maintain the MFDs in good working order at manufactured recommended intervals.
  - 3.2. The Contractor shall provide maintenance at manufacturer recommended intervals.
  - 3.3. The Contractor shall provide consumable supplies for all print jobs except for copier paper.
  - 3.4. The Contractor shall provide maintenance and unscheduled repair during business hours Monday through Friday, 7:30am to 5:00pm Pacific Standard Time, excluding federal holidays.
  - 3.5. Replacements parts will be furnished by the Contractor on an exchange basis and will be new or equal to new in performance.
  - 3.6. When MFDs become inoperable or fail to function properly, the Contractor shall make every reasonable effort to return the equipment to proper operating conditions, including providing labor and all parts necessary for repair of inoperative or improperly functioning equipment, within 5 business days of the government's request for maintenance.

V. **Deliverables and Delivery Schedule**

1. The Contractor shall provide installation, supply, and removal of the MFDs at Western Oregon Service Unit.
2. The Contractor shall coordinate with the Contracting Officer's Representative (COR) or the Service Unit's Purchasing Agent to schedule the delivery and installation of the MFDs on September 01, 2023 or within 30 days of that date.

VI. **Location**

Services under this contract shall be provided at the following location:

Chemawa Indian Health Center  
Western Oregon Service Unit  
3750 Chemawa Road Northeast  
Salem, Oregon 97305-1198

VII. **Period of Performance**

The period of performance is a Base Period of 12 months with four (4) - 12-month Option Periods, unless the period is extended by modification to this contract. The Government may exercise options to extend the period of performance in accordance with FAR Clause 52.217-9 – Option to Extend the Term of the Contract (MAR 2000); upon written notification by the Contracting Officer within 60 days of contract expiration.

	Period of Performance
Base Period   Year One (1)	September 01, 2023 through August 31, 2024
Option Period I   Year Two (2)	September 01, 2024 through August 31, 2025
Option Period II   Year Three (3)	September 01, 2025 through August 31, 2026
Option Period III   Year Four (4)	September 01, 2026 through August 31, 2027
Option Period IV   Year Five (5)	September 01, 2027 through August 31, 2028

WOSU's business hours are Monday through Friday, 7:30am to 5:00pm Pacific Standard Time. Services will not be provided on federal holidays.

**VIII. Contracting Officer's Representative (COR)**

The following individual or their designee shall serve as the COR:

TBD, COR  
Western Oregon Service Unit  
Chemawa Indian Health Center  
3750 Chemawa Rd NE  
Salem, OR 97305  
Phone No.: (503) 304-xxxx  
E-mail: TBD

**IX. Contractor Program Manager**

The program manager shall have full authority to act in behalf of the Contractor on all contract matters relating under the contract.

Company Name:
Address:
Contact Name:
Phone No.: Click or tap here to enter text.
E-mail: Click or tap here to enter text.
Unique Entity ID (generated by SAM.gov):
NAICS code:
Business Size:
Type of Business:

**X. Invoice Submission**

The Contractor shall submit invoices once a month. Additionally, as prescribed in HHSAR 332.7003, HHSAR 352.232-71 – Electronic Submission of Payment Requests are required to utilize the Invoice Processing Platform (IPP) with the U.S. Department of Treasury's Bureau of Fiscal Service. A complete invoice with all required back-up documentation shall be entered at <https://www.ipp.gov>.

For IPP support, 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)

**\*No other non-invoice related documents (i.e. deliverables, reports, balance statements) shall be sent to the CS or the Office of Finance & Accounting. Failure to submit invoices through IPP will delay prompt payment of your invoice.**

Invoices must be in one of the following formats: PDF, TIFF, or Word. No Excel formats will be accepted. The electronic file cannot contain multiple invoices; example, 10 invoices requires 10 separate files (PDF, TIFF, or Word).

(End of Statement of Work)