

CONTRACT NO. 2015-047198
PROGRAM ATTACHMENT NO.001
PURCHASE ORDER NO.0000409206

CONTRACTOR: CITY OF CORPUS CHRISTI

DSHS PROGRAM: SEAFOOD & AQUATIC LIFE

TERM: 09/01/2014 THRU 08/31/2015

SECTION I. STATEMENT OF WORK:

A. Contractor will provide laboratory services for the analysis of bay water samples collected by the Department of State Health Services (DSHS). Tests will be performed in a laboratory certified to meet United States Food and Drug Administration requirements for shellfish waters testing.

B. Contractor will:

1. Provide testing capacity for a minimum of forty 40 laboratory analysis tests of bay water samples per day for DSHS field offices. The number of laboratory analysis tests of bay water samples required per year is approximately 800-1500. Peak laboratory needs are from October 15 through May 15;
2. Analyze bay water samples for fecal coliform using the Association of Analytical Chemists (AOAC) modified A-1 method for Most Probable Number (MPN) using multiple-tube fermentation;
3. Be available for providing analyses a minimum of six days a week, 8:00 am to 5:00 pm;
4. Make results available to DSHS by phone and e-mail within two hours of completion of laboratory analyses and mail legible, reproducible, laboratory result forms to DSHS at the following address:

Department of State Health Services
Attn: Seafood and Aquatic Life Group
PO Box 149347 MC: 1987
Austin, Texas 78714-9347

5. Be accessible by land and air travel and in a location where delivery services are available which can guarantee overnight delivery;
6. Be certified by the U.S. Food and Drug Administration or its certifying agency, DSHS, for analysis of shellfish waters;
7. Meet laboratory proficiency standards as set forth in *Laboratory Procedures for the Examination of Seawater and Shellfish* for analysis of shellfish by laboratories that have been cleaned and autoclaved; and
8. Return bay water sample bottles to the originating DSHS field office in containers supplied by DSHS, return freight collect, to DSHS.

C. Payment under this Contract is subject to availability of funds. If funds become unavailable, DSHS will immediately notify Contractor in writing. Contractor will be relieved of further performance under this Contract if and as of the time it is notified in writing that funds are or will be unavailable.

SECTION II. PERFORMANCE MEASURES:

DSHS will monitor the Contractor's compliance with and performance of the requirements in Section I(B).

SECTION III. SOLICITATION DOCUMENT:

Exempt-Governmental Entity.

SECTION IV. RENEWALS:

NONE

SECTION V. PAYMENT METHOD:

Fee for Service

SECTION VI. BILLING INSTRUCTIONS:

Contractor will submit a State of Texas Purchase Voucher (Form B-13) monthly, for services performed each month to:

Department of State Health Services
Claims Processing Unit MC: 1940
PO Box 149347
Austin, Texas 78714-9347

Contractor may submit the State of Texas Purchase Voucher (Form B-13) via facsimile at (512) 458-7442 or e-mail at <mailto:invoices@dshs.state.tx.us>.

Form B-13 will include the total number of laboratory tests performed for which results are reported. Compensation for tests will be based on the bidder's test fee schedule for the test.

SECTION VII. BUDGET:

DSHS will pay Contractor an amount of \$35.00 for each completed and satisfactorily performed fecal coliform test.

Total payments will not exceed \$22,500.00.

SOURCE OF FUNDS: State

SECTION VIII. SPECIAL PROVISIONS: N/A