



Questionnaire in Support of The US Department of Veterans Affairs Medical/Surgical Prime Vendor Initiative

RFI VA119-14-I-0151
Attachment A

Company Name: _____ Home State: _____ DUNS: _____
3-yr Average Number of Employees: _____ 3-yr Average Annual Revenue: _____

1. Check the box for each designation that applies to your company as registered with the Small Business Administration (SBA). If your company is not a small business, please check the N/A column:
(select all that apply)

	<u>Registered with SBA</u>	<u>VA CVE Verified</u>	<u>N/A</u>
8(a)			
HUBZone			
NATIVE AMERICAN			
WOSB			
SDVOSB			
VOSB			
Alaskan Owned Corp.			
Native Hawaiian Owned Corp.			
AbilityOne			

2. Please identify how many teaming agreements your company would need to fulfill the work as described in the VA MSPV Draft Statement of Work (SOW) attached to this RFI notice? (select only one option)

a. 0	d. 6 – 8
b. 1 – 2	e. 9 – 12
c. 3 – 5	f. > 12

3. Please identify those MSPV Federal Supply Codes (FSCs) that your company could support with products if awarded a Prime Vendor (PV) contract for medical and surgical supplies: (select all that apply)

4240 - Safety and rescue equipment	6540 - Opticians equipment and supplies
6509 - Drugs and biologicals, veterinary use	6545 - Medical sets, kits, and equipment
6510 - Surgical dressing materials	6550 - In Vitro diagnostic substances, reagents, test kits and sets
6515 - Medical & Surgical instruments, equipment	6630 - Chemical analysis and equipment
6520 - Dental equipment, instruments, supplies	6640 - Laboratory equipment and supplies
6525 - X-ray equipment and supplies	6650 - Optical instruments, test equipment, reagents
6530 - Hospital equipment, furniture	6670 - Scales and balances
6532 - Hospital and Surgical clothing and related special purpose items	8520 - Toilet soap, shaving preparations, and dentifrices

4. What percentage of your company's customer contracts are for non-Federal medical providers?
(select one option) <10% 10 – 25% 26 – 50% 51 – 75% >75%

5. Has your company submitted a proposal to any Federal RFP in the past 24 months?
Yes No

6. Would your company submit a proposal as a Prime Contractor for a potential RFP related to the Medical/Surgical Prime Vendor Program?
Yes No



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7. Place a check mark for those States in each VISN where your company could support the MSPV draft SOW. (please refer to the VISN Region Map above)

Source: (please refer to the West Region map above)								
VISN 1	ME	VT	NH	MA	CT	RI		
VISN 2	NY							
VISN 3	NJ	NY						
VISN 4	PA	WV	DE					
VISN 5	WV	MD	DC					
VISN 6	VA	NC	WV					
VISN 7	SC	GA	AL					
VISN 8	FL							
VISN 9	KY	TN	MS	AR	IN	VA	WV	
VISN 10	OH							
VISN 11	MI	IN	IL					
VISN 12	WI	IL	IN					
VISN 15	KS	MO	IL	IN				
VISN 16	MO	OK	AR	MS	LA	TX	AL	FL
VISN 17	TX							
VISN 18	TX	NM	AZ	OK	CO			
VISN 19	MT	ND	WY	NE	NV	UT	CO	KS
VISN 20	WA	OR	ID	MT				
VISN 21	CA	NV						
VISN 22	NV	CA						
VISN 23	MT	WY	ND	MN	SD	NE		
	MN	IA	KS	MO	WI			
Alaska		Hawaii		Puerto Rico				

8. How many commercial medical/surgical supplier agreements does your company currently have on file and, how long are those contracts on average? (fill in all that apply)

of Contracts

of Contracts

< 6 months

3 to 5 years

6 to 12 mths

6 to 10 years

1 to 2 years

> 10 years

9. What would you consider the primary function of your company in the role of a MSPV Prime contractor? (select one option)

Manufacturer

Distribution Only

Logistics and Distribution Services

Integrated Delivery Network

Warehouse Management Services

Other (please give short title)
