

Department of Veterans Affairs		SMALL BUSINESS PROGRAM AND CONTRACT BUNDLING REVIEW		OSDBU CONTROL NUMBER	
CONTRACTING ACTIVITY AND PROGRAM OFFICE DATA					
1A. CONTRACTING ACTIVITY NCO-23 Black Hills Contracting Office			1B. ADDRESS (Include Street, City, State and Zip Code) 113 Comanche Rd Fort Meade SD 57741		
1C. TELEPHONE NUMBER (Including Area Code) 605 720 6812			1D. CONTRACTING POINT OF CONTACT NAME AND EMAIL ADDRESS Philip Flinders philip.flinders@va.gov		
2A. NAME AND ADDRESS OF PROGRAM OFFICE VAMC Minneapolis One Veterans Drive Minneapolis MN 55417			2B. PROGRAM MANAGER NAME AND EMAIL ADDRESS Gordon Hofman/gordon.hofman@va.gov Linda Beem/linda.beem@va.gov		
			3. REVIEW TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION		
PROCUREMENT DATA					
4. DESCRIPTION OF SUPPLIES OR SERVICES Food Service, Prepared; Adult Day Health Care Meal Service		5. EST. DOLLAR VALUE A. BASE YEAR B. TOTAL \$76,300.00 \$76,300.00		6A. NAICS AND SIZE STD. 722310 /\$38.5 Million	6B. PSC 8940
7. SOLICITATION NUMBER VA263-15-Q-0307	8. PERFORMANCE PERIOD 06/01/2015 - 05/31/2016	9. EST RELEASE DATE 04-20-2015		10. EST AWARD DATE 05-01-2015	
11. PROPOSED METHOD OF PROCUREMENT (Check all that apply) <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> SET-ASIDE <input type="checkbox"/> PARTIAL SET-ASIDE					
<input type="checkbox"/> SDVOSB <input type="checkbox"/> HUBZONE <input checked="" type="checkbox"/> UNRESTRICTED-INSUFFICIENT SMALL BUSINESS (Attach justification) <input type="checkbox"/> VOSB <input type="checkbox"/> 8(a) <input type="checkbox"/> FEDERAL SUPPLY SCHEDULE (FSS) NAME/# _____ <input type="checkbox"/> WOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MULTIPLE AWARD CONTRACT, TYPE/# _____ <input type="checkbox"/> EDWOSB <input type="checkbox"/> OTHER (Affiliate, Ability One, etc.) _____					
12. MARKET RESEARCH/PUBLICATION EFFORTS <input type="checkbox"/> POSTED FCO <input type="checkbox"/> SOURCES SOUGHT <input type="checkbox"/> DSBS <input type="checkbox"/> RFI <input checked="" type="checkbox"/> FBO <input type="checkbox"/> VIP <input type="checkbox"/> GSA EBUY <input checked="" type="checkbox"/> SAM <input type="checkbox"/> FPDS			13. MARKET RESEARCH RESPONSES (Actual Number) ____ SDVOSB ____ VOSB ____ WOSB/EDWOSB ____ SDB/8a ____ HUBZONE ____ SMALL BUSINESS ____ 1 LARGE BUSINESS ____ OTHER		
14. IPT REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. PCR ASSIGNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. BUNDLING CHECKLIST REQUIRED? (Attach VA Form 2268a) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. SUBCONTRACTING PLAN REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PROCUREMENT HISTORY					
18. WAS ITEM PREVIOUSLY AWARDED? <input checked="" type="checkbox"/> YES (Complete 19-23) <input type="checkbox"/> NO (Skip to item 24)	19A. CONTRACTOR NAME AND ADDRESS A'vaiands LLC 1751 County Road B West Roseville, MN 55113 651-262-9018 MN 55113		19B. BUSINESS TYPE <input type="checkbox"/> SDVOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/> VOSB <input type="checkbox"/> WOSB <input type="checkbox"/> HUBZONE <input type="checkbox"/> SDB/8a <input type="checkbox"/> EDWOSB <input checked="" type="checkbox"/> 1 LARGE BUSINESS		
20. DOLLAR VALUE \$83,860.00	21. PERIOD OF PERFORMANCE 12/03/2013 - 12/02/2014	22. NAICS/SIZE STD. 722310 /500		23. PROCUREMENT METHOD Open market	
24. COMMENTS Historical/current supplier of record for Meals Delivered to "Adult Day Health Care" program. Posted RFQ to FBO VA263-15-Q-0307 (only source responded is current provider)					
COORDINATION/CONCURRENCES					
25. CONTRACTING OFFICER (Print), SIGNATURE				DATE SIGNED 04-13-2015	
26. HEAD OF CONTRACTING ACTIVITY (HCA) OR DELEGATE (Print), SIGNATURE				DATE SIGNED 4-21-2015	
27. SMALL BUSINESS LIAISON (Print), SIGNATURE				DATE SIGNED	
28. VA OSDBU REPRESENTATIVE (Print), SIGNATURE (Attach narrative documenting reasons for non-concurrence and recommendations)				DATE SIGNED	
29. SUBCONTRACTING GOALS (%) ____ SDVOSB ____ VOSB ____ HUBZONE ____ SDB ____ WOSB ____ SB					
30. NAME AND EMAIL ADDRESS OF SBA PCR (If assigned):			31. OTHER APPROVING AUTHORITY (as required):		DATE SIGNED