

Department of Veterans Affairs		<b>SMALL BUSINESS PROGRAM AND CONTRACT BUNDLING REVIEW</b>		OSDBU CONTROL NUMBER	
<b>CONTRACTING ACTIVITY AND PROGRAM OFFICE DATA</b>					
1A. CONTRACTING ACTIVITY Program Contracting Office (PCO) East			1B. ADDRESS (Include Street, City, State and Zip Code) 201 Hay Street Suite 305 Fayetteville NC 28301		
1C. TELEPHONE NUMBER (Including Area Code) 910-482-5199			1D. CONTRACTING POINT OF CONTACT NAME AND EMAIL ADDRESS Shamike Bethea shamike.bethea@va.gov sham.ke.bethea@va.gov		
2A. NAME AND ADDRESS OF PROGRAM OFFICE Mid-South Consolidated Patient Account Center (MSCPAC) 1412 Hazelwood Drive  Smyrna, TN 37167-3900			2B. PROGRAM MANAGER NAME AND EMAIL ADDRESS Kathy Faulk kathy.faulk@va.gov		
			3. REVIEW TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION		
<b>PROCUREMENT DATA</b>					
4. DESCRIPTION OF SUPPLIES OR SERVICES Insurance Identification and Verification Services for MSCPAC for six (6) months		5. EST. DOLLAR VALUE A. BASE YEAR \$307,538.00 B. TOTAL \$307,538.00		6A. NAICS AND SIZE STD 541211 \$20.5 Million	6B. PSC R499
7. SOLICITATION NUMBER VA731-15-AP-0004	8. PERFORMANCE PERIOD 04/01/2015 - 09/30/2015	9. EST RELEASE DATE 04-01-2015		10. EST AWARD DATE 04-01-2015	
11. PROPOSED METHOD OF PROCUREMENT (Check all that apply)		<input checked="" 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 checked="" type="checkbox"/> FEDERAL SUPPLY SCHEDULE (FSS) NAME# GS-23F-0150R 520.15 <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 type="checkbox"/> FBO <input type="checkbox"/> VIP <input checked="" type="checkbox"/> GSA EBUY <input checked="" type="checkbox"/> SAM <input type="checkbox"/> FPDS		13. MARKET RESEARCH RESPONSES (Actual Number) <input type="checkbox"/> SDVOSB <input type="checkbox"/> VOSB <input type="checkbox"/> WOSB/EDWOSB <input type="checkbox"/> SDB/8a <input type="checkbox"/> HUBZONE <input type="checkbox"/> SMALL BUSINESS <input checked="" type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> 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	
<b>PROCUREMENT HISTORY</b>					
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 Integriguard, LLC DBA HMS Federal 1121 N. 102 Court Suite 202  Omaha NE 68164-3629		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"/> LARGE BUSINESS		
20. DOLLAR VALUE \$649,369.00	21. PERIOD OF PERFORMANCE 07/01/2015 - 12/31/2015	22. NAICS/SIZE STD 541211 /20.5 Million		23. PROCUREMENT METHOD Sole Source	
24. COMMENTS The previous contract was awarded to Integriguard, LLC under GS-23F-0150R VA730-14-F-0143 for six mo base and three (3) one month option periods. Task Orders were awarded for a six month base for \$649,369 (07/17/2014 - 12/31/2014) and three (3) one month option periods for a total of \$51,256.25 (01/01/2015 - 03/31/2015). A six (6) month transition contract is requested for period of April 1, 2015 through September 30, 2015 while the IDIQ is being awarded.					
<b>COORDINATION/CONCURRENCES</b>					
25. CONTRACTING OFFICER (Print), SIGNATURE NEFERTITI McDONALD NEFERTITI McDONALD 322962 Greg A. Becker, FACHE Director MSCPAC				DATE SIGNED 3/30/15	
26. HEAD OF CONTRACTING ACTIVITY (HCA) OR DELEGATE (Print), SIGNATURE Cassandra Dowdell, acting Director of Contracting				DATE SIGNED	
27. SMALL BUSINESS LIAISON (Print), SIGNATURE Nefertiti McDonald				DATE SIGNED	
28. VA OSDBU REPRESENTATIVE (Print), SIGNATURE (Attach narrative documenting reasons for non-concurrence and recommendations)				DATE SIGNED	
29. SUBCONTRACTING GOALS (%) <input type="checkbox"/> SDVOSB <input type="checkbox"/> VOSB <input type="checkbox"/> HUBZONE <input type="checkbox"/> SOB <input type="checkbox"/> WOSB <input type="checkbox"/> SB					
30. NAME AND EMAIL ADDRESS OF SBA PCR (if assigned):				31. OTHER APPROVING AUTHORITY (as required): DATE SIGNED	