

Department of Veterans Affairs		SMALL BUSINESS PROGRAM AND CONTRACT BUNDLING REVIEW		OSDBU CONTROL NUMBER									
CONTRACTING ACTIVITY AND PROGRAM OFFICE DATA													
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 Shamile Bethea shamile.bethea@va.gov										
2A. NAME AND ADDRESS OF PROGRAM OFFICE North Central Consolidated Patient Account Center (NCCPAC) 8001 Terrace Ave Suite 101 Middleton, WI 53562 KS 66048			2B. PROGRAM MANAGER NAME AND EMAIL ADDRESS Laura Severin laura.severin@va.gov										
3. REVIEW TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION													
PROCUREMENT DATA													
4. DESCRIPTION OF SUPPLIES OR SERVICES Insurance Identification and Verification Services for NCCPAC for six (6) months		5. EST. DOLLAR VALUE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">A. BASE YEAR</td> <td style="width:50%;">B. TOTAL</td> </tr> <tr> <td style="text-align: center;">\$400,020.00</td> <td style="text-align: center;">\$400,020.00</td> </tr> </table>		A. BASE YEAR	B. TOTAL	\$400,020.00	\$400,020.00	6A. NAICS AND SIZE STD. 541211 \$20.5 Million		6B. PSC R499			
A. BASE YEAR	B. TOTAL												
\$400,020.00	\$400,020.00												
7. SOLICITATION NUMBER VA732-15-AP-0004		8. PERFORMANCE PERIOD 04/01/2015 - 09/30/2015		9. EST RELEASE DATE 04-01-2015									
11. PROPOSED METHOD OF PROCUREMENT (Check all that apply) <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 52015 <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) <table style="width:100%;"> <tr> <td>___ SDVOSB</td> <td>___ VOSB</td> <td>___ WOSB/EDWOSB</td> <td>___ SDB/8a</td> </tr> <tr> <td>___ HUBZONE</td> <td>___ SMALL BUSINESS</td> <td>1 LARGE BUSINESS</td> <td>___ OTHER</td> </tr> </table>				___ SDVOSB	___ VOSB	___ WOSB/EDWOSB	___ SDB/8a	___ HUBZONE	___ SMALL BUSINESS	1 LARGE BUSINESS	___ OTHER
___ 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 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 \$377,806.50		21. PERIOD OF PERFORMANCE 07/17/2014 - 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-0144 for six month base and three (3) one month option periods. Task Orders were awarded for a six month base for \$251,871.00 (07/17/2014 - 12/31/2014) and three (3) one month option periods for a total of \$125,935.50 (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.													
COORDINATION/CONCURRENCES													
25. CONTRACTING OFFICER (Print), SIGNATURE NEFERTITI MCDONALD 322962 Steve Furrer, Director NCCPAC				FURRER, STEVEN <small>Signature of Contracting Officer (Print Name and Title)</small>									
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)				<input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR 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				DATE SIGNED									