

10/01/20015

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|--|---|--|--|--|-----------------|
| <b>Department of Veterans Affairs</b>  |   | <b>SMALL BUSINESS PROGRAM AND<br/>CONTRACT BUNDLING REVIEW</b>   |  | OSDBU CONTROL NUMBER   |                 |
| <b>CONTRACTING ACTIVITY AND PROGRAM OFFICE DATA</b>  |   |  |  |  |                 |
| 1A. CONTRACTING ACTIVITY<br>NCO23 Black Hills Contracting Office   |   |  | 1B. ADDRESS (Include Street, City, State and Zip Code)<br>113 Comanche Road<br>Fort Meade<br>Building 53 SD 57741  |  |                 |
| 1C. TELEPHONE NUMBER (Including Area Code)<br>605 720 6812   |   |  | 1D. CONTRACTING POINT OF CONTACT NAME AND EMAIL ADDRESS<br>philip flinders   |  |                 |
| 2A. NAME AND ADDRESS OF PROGRAM OFFICE<br>VAMC Minneapolis<br>One Veterans Drive<br>Minneapolis<br><br>612 467-2012 MN 55417   |   |  | 2B. PROGRAM MANAGER NAME AND EMAIL ADDRESS<br>petroula.hansen@va.gov<br>Biomedical Engineer  |  |                 |
|  |   |  | 3. REVIEW TYPE<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION  |  |                 |
| <b>PROCUREMENT DATA</b>  |   |  |  |  |                 |
| 4. DESCRIPTION OF SUPPLIES OR SERVICES<br>Annual Service and support of OEM medical equipment located within VAMC Minneapolis. Proprietary equipment   |   | 5. EST. DOLLAR VALUE<br>A. BASE YEAR \$11,354.00<br>B. TOTAL \$56,770.00   |  | 6A. NAICS AND SIZE STD.<br>811219 /\$20.5 Million  | 6B. PSC<br>J065 |
| 7. SOLICITATION NUMBER<br>VA263-15-Q-0772  | 8. PERFORMANCE PERIOD<br>five (5) years   | 9. EST RELEASE DATE<br>10-01-2015  |  | 10. EST AWARD DATE<br>10/01/2015   |                 |
| 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)<br><input type="checkbox"/> VOSB <input type="checkbox"/> 8(a) <input type="checkbox"/> FEDERAL SUPPLY SCHEDULE (FSS) NAME/# _____<br><input type="checkbox"/> WOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MULTIPLE AWARD CONTRACT, TYPE/# _____<br><input type="checkbox"/> EDWOSB <input type="checkbox"/> OTHER (Affiliate, Ability One, etc.) _____ |   |  |  |  |                 |
| 12. MARKET RESEARCH/PUBLICATION EFFORTS<br><input type="checkbox"/> POSTED FCO <input type="checkbox"/> SOURCES SOUGHT <input type="checkbox"/> DSBS <input type="checkbox"/> RFI <input type="checkbox"/> FBO<br><input type="checkbox"/> VIP <input type="checkbox"/> GSA EBUY <input checked="" type="checkbox"/> SAM <input checked="" type="checkbox"/> FPDS  |   |  | 13. MARKET RESEARCH RESPONSES (Actual Number)<br>_____ SDVOSB _____ VOSB _____ WOSB/EDWOSB _____ SDB/8a<br>_____ HUBZONE _____ SMALL BUSINESS _____ 1LARGE BUSINESS _____ OTHER  |  |                 |
| 14. IPT REQUIRED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | 15. PCR ASSIGNED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | 16. BUNDLING CHECKLIST REQUIRED? (Attach VA Form 2268a)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | 17. SUBCONTRACTING PLAN REQUIRED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                 |
| <b>PROCUREMENT HISTORY</b>   |   |  |  |  |                 |
| 18. WAS ITEM PREVIOUSLY AWARDED?<br><input checked="" type="checkbox"/> YES (Complete 19-23)<br><input type="checkbox"/> NO (Skip to item 24)  | 19A. CONTRACTOR NAME AND ADDRESS<br>Alcon Laboratories, Inc.<br>15800 Alton Parkway<br>Irvine<br><br>949 753-1393 CA 92623-9587 |  | 19B. BUSINESS TYPE<br><input type="checkbox"/> SDVOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> OTHER<br><input type="checkbox"/> VOSB <input type="checkbox"/> WOSB <input type="checkbox"/> HUBZONE<br><input type="checkbox"/> SDB/8a <input type="checkbox"/> EDWOSB <input checked="" type="checkbox"/> LARGE BUSINESS |  |                 |
| 20. DOLLAR VALUE<br>\$11,922.00  | 21. PERIOD OF PERFORMANCE<br>10/01/2014 -- 09/30/2015   | 22. NAICS/SIZE STD.<br>811219 /20.5 million  |  | 23. PROCUREMENT METHOD<br>VA263-14-P-1298  |                 |
| 24. COMMENTS<br>Proprietary supplier of annual service and support of OEM medical equipment installed within VAMC Minneapolis, MN<br><br>No additional sources authorized to perform services required to support equipment integrity.   |   |  |  |  |                 |
| <b>COORDINATION/CONCURRENCES</b>   |   |  |  |  |                 |
| 25. CONTRACTING OFFICER (Print), SIGNATURE   |   |  |  |  | DATE SIGNED     |
| 26. HEAD OF CONTRACTING ACTIVITY (HCA) OR DELEGATE (Print), SIGNATURE  |   |  |  |  | DATE SIGNED     |
| 27. SMALL BUSINESS LIAISON (Print), SIGNATURE  |   |  |  |  | DATE SIGNED     |
| 28. VA OSDBU REPRESENTATIVE (Print), SIGNATURE<br>(Attach narrative documenting reasons for non-concurrence and recommendations) <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR   |   |  |  |  | DATE SIGNED     |
| 29. SUBCONTRACTING GOALS (%)<br>_____ SDVOSB _____ VOSB _____ HUBZONE _____ SDB _____ WOSB _____ SB  |   |  |  |  |                 |
| 30. NAME AND EMAIL ADDRESS OF SBA PCR (If assigned):   |   |  |  | 31. OTHER APPROVING AUTHORITY (as required):   | DATE SIGNED     |

**\*\*\*\*\* Begin Inserted Adobe Acrobat Document (.pdf) - 'P03 VA263-15-Q-0772 r1' \*\*\*\*\***

See attached document: P03 VA263-15-Q-0772 r1.

**\*\*\*\*\* End Inserted Adobe Acrobat Document (.pdf) - 'P03 VA263-15-Q-0772 r1' \*\*\*\*\***

**\*\*\*\*\* Word Document 'UNRESTRICTED-JUSTIFICATION: P03 Single Source Awards - GE Agiletrac RTLS FY15' Ignored \*\*\*\*\***