

Department of Veterans Affairs		SMALL BUSINESS PROGRAM AND CONTRACT BUNDLING REVIEW		OSDBU CONTROL NUMBER	
CONTRACTING ACTIVITY AND PROGRAM OFFICE DATA					
1A. CONTRACTING ACTIVITY NCO23 Black Hills Contracting Office			1B. ADDRESS (Include Street, City, State and Zip Code) 113 Commanche Street 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 attn: Jennifer Gerstein Minneapolis MN 55417			2B. PROGRAM MANAGER NAME AND EMAIL ADDRESS Jennifer gerstein jennifer.gerstein@va.gov		
			3. REVIEW TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION		
PROCUREMENT DATA					
4. DESCRIPTION OF SUPPLIES OR SERVICES Annual Service/support of Hardware, software, licenses to support VISN23 Dictaphone services... Ratification Action		5. EST. DOLLAR VALUE A. BASE YEAR \$246,944.00		6A. NAICS AND SIZE STD. 811219 /\$20.5 Million	6B. PSC H299
7. SOLICITATION NUMBER VA263-16-Q-0307		8. PERFORMANCE PERIOD 11 month	9. EST RELEASE DATE 02-26-2016	10. EST AWARD DATE 03-26-2016	
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 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 checked="" type="checkbox"/> FPDS			13. MARKET RESEARCH RESPONSES (Actual Number) ___ SDVOSB ___ VOSB ___ WOSB/EDWOSB ___ SDB/8a ___ HUBZONE ___ SMALL BUSINESS <input checked="" type="checkbox"/> 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 Nuance Communications Incorporated 1 Wayside Road Burlington MA 01803		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 \$173,153.02	21. PERIOD OF PERFORMANCE 04/01/2015	22. NAICS/SIZE STD. 811219 /20.5 million		23. PROCUREMENT METHOD Simplified Acq	
24. COMMENTS Support action for two (2) year service agreement. P03 Justification and Approval of Single Source issued and attached. Proprietary Hardware/Software and a total of 280 licenses utilized VISN wide Purchase History amassed for this service and supplier recorded since February 2008 at an extended expenditure of: \$2.486 million Ratification period performance 04/01/2015 - 02/28/2016					
COORDINATION/CONCURRENCES					
25. CONTRACTING OFFICER (Print), SIGNATURE Amanda J. Hildreth				DATE SIGNED 2/22/2016	
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 (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