

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30						1. REQUISITION NO.		PAGE 1 OF					
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NO.		5. SOLICITATION NUMBER VA797R-16-Q-0010__		6. SOLICITATION ISSUE DATE 05-12-2016					
7. FOR SOLICITATION INFORMATION CALL:		a. NAME				b. TELEPHONE NO. (No Collect Calls)		8. OFFER DUE DATE/LOCAL TIME 05-19-2016					
9. ISSUED BY Department of Veterans Affairs OA&L/National Acquisition Center Building 37 1st Avenue, One Block North of Cermak Hines IL 60141				CODE _____		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> EDWOSB SIZE STANDARD: <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)							
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS				<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING N/A					
15. DELIVER TO Department of Veterans Affairs OA&L/National Acquisition Center Building 37 1st Avenue, One Block North of Cermak Hines IL 60141				CODE _____		16. ADMINISTERED BY Department of Veterans Affairs OA&L/National Acquisition Center Building 37 1st Avenue, One Block North of Cermak Hines IL 60141							
17a. CONTRACTOR/OFFEROR CODE _____ FACILITY CODE _____						18a. PAYMENT WILL BE MADE BY Department of Veterans Affairs Chief, Fiscal Division (901A) Hines Service and Distribution Center PO Box 7005 Hines IL 60141-7005							
TELEPHONE NO. _____ DUNS: _____ DUNS+4: _____						PHONE: _____ FAX: _____							
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM									
19. ITEM NO.		20. See CONTINUATION Page SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY		22. UNIT		23. UNIT PRICE		24. AMOUNT	
		(Use Reverse and/or Attach Additional Sheets as Necessary)											
25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page								26. TOTAL AWARD AMOUNT (For Govt. Use Only)					
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED													
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED						29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:							
30a. SIGNATURE OF OFFEROR/CONTRACTOR						31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)							
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)			30c. DATE SIGNED			31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) Aldwyn C. Singleton Contracting Officer			31c. DATE SIGNED				

See attached document: VA797R-16-Q-0010-001.

See attached document: RFQ Instructions to Offerors - St. Louis Special Order.

See attached document: CT Scanner Specifications - Saint Louis (657-B20024) - Rad Onc.

See attached document: CT Scanner Specifications - Saint Louis (657-B20025) - Diagnostic CT.

See attached document: Vendor Workup Template.

See attached document: Directive 6550 - February 2015.

See attached document: VA797R-16-Q-0010.