

SOLICITATION, OFFER, AND AWARD (Construction, Alteration, or Repair)	1. SOLICITATION NUMBER	2. TYPE OF SOLICITATION	3. DATE ISSUED	PAGE OF PAGES
	VA246-16-B-0340	<input checked="" type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	05-6-2016	1 56

IMPORTANT - The "offer" section on the reverse must be fully completed by offeror.

4. CONTRACT NUMBER TBD	5. REQUISITION/PURCHASE REQUEST NUMBER TBD	6. PROJECT NUMBER 652-314
7. ISSUED BY CODE	8. ADDRESS OFFER TO	
Department of Veterans Affairs Network Contracting Office 6 100 Emancipation Drive Hampton VA 23667	Department of Veterans Affairs Network Contracting Office 6 ATTN: Mark Harville Bldg. 507, Rm C1-6 1201 Broad Rock Blvd. Richmond VA 23224	
9. FOR INFORMATION CALL:	a. NAME Sallieann Wilson (Contractor)	b. TELEPHONE NUMBER (Include area code) (NO COLLECT CALLS) 757-315-3740

SOLICITATION

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying number, date)

Project Title: SCI (Spinal Cord Injury) Enhancement Center

Project Description: The project will provide a new 20,000 SF addition contiguous to the existing SCI Unit located on the first floor of the Richmond VAMC. The first floor addition will provide 21 new single patient rooms, improve continuity of care during emergencies, and allow for improved flow.

See the SCOPE OF WORK, the BID ITEM LIST, the Specifications, and the Drawings for additional descriptions.

NAICS Code: 236220; Small Business Standard Size: \$36.5 Million

11. The Contractor shall begin performance within 15 calendar days and complete it within 380 calendar days after receiving award, notice to proceed. This performance period is mandatory negotiable. (See 52.211-10).

12a. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS? (If "YES," indicate within how many calendar days after award in Item 12B.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12b. CALENDAR DAYS 15
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13. ADDITIONAL SOLICITATION REQUIREMENTS:

a. Sealed offers in original and NO copies to perform the work required are due at the place specified in Item 8 by 2:00 PM (hour) local time 06-7-2016 (date). If this is a sealed bid solicitation, offers must be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, the date and time offers are due.

b. An offer guarantee is, is not required.

c. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference.

d. Offers providing less than 120 calendar days for Government acceptance after the date offers are due will not be considered and will be rejected.

BID ITEM LIST

SCI Enhancement Center
Project Number 652-314
Richmond VAMC

Note: All items listed are in the correct order of priority

BID ITEM I (BASE BID): GENERAL CONSTRUCTION: The Contractor shall furnish all labor, materials, tools, equipment, transportation, and qualified supervision necessary for the construction of additional patient's room to the VA Medical Center. This work shall include the construction of approximately 20,000 square foot (SF) addition, which includes twenty-one private bedroom/bathroom units, two multidisciplinary stations, one Dayroom and multiple support spaces. The 20,000 SF of new construction will require the strengthening of the existing columns and footings within the footprint of the addition. Work includes general construction, demolition and alterations of existing construction, structural, mechanical, electrical, plumbing, fire protection, hazardous material removal, including a new rooftop unit and emergency generator. Any necessary removal of existing structures and strengthening of existing structural construction must be provided by contractor and any alterations involving connection to the existing building and modification. Work also includes new walks, grading, relocation of existing utilities and site drainage.

The work shall be completed in accordance with the approved schedule. All work, including final cleanup and completion of all punch list items (if any) shall be performed within three hundred eighty (380) calendar days from receipt of the Notice to Precede (NTP)

BID ITEM I (BASE BID I) \$ 13,620,000⁰⁰ ✓

BID ITEM II (DEDUCT ALTERNATE 1): Contractor shall perform all work as described in **BID ITEM I** except **DELETE** the planting and mulch from the courtyard and instead install sod as described on drawings. If selected, the construction time allocated for completion of the work associated with Bid Item II (**Deduct Alternate 1**) is 350 calendar days receipt of the Notice to Precede (NTP).

BID ITEM II (DEDUCT ALTERNATE 1) \$ 13,569,000⁰⁰ ✓

BID ITEM III (DEDUCT ALTERNATE 2): Contractor shall perform all work as described in **BID ITEM II** above, except **DELETE** all scope of work indicated for air cooled chiller and packaged chilled water pumping system as described on drawings (**Listed as Deduct Alternate 1a on the drawings**). All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Precede

BID ITEM III (DEDUCT ALTERNATE 2) \$ 13,297,000⁰⁰ ✓

BID ITEM IV (DEDUCT ALTERNATE 3): Contractor shall perform all work as described in **BID ITEM III** above, except **DELETE** approximately 450 sf of finished interior space described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Precede

BID ITEM IV (DEDUCT ALTERNATE 3) \$ 13,263,000⁰⁰ ✓

BID ITEM V (DEDUCT ALTERNATE 4): Contractor shall perform all work as described in **BID ITEM IV** above, except **DELETE** approximately 450 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM V (DEDUCT ALTERNATE 4) \$ 13,229,000⁰⁰ ✓

BID ITEM VI (DEDUCT ALTERNATE 5): Contractor shall perform all work as described in **BID ITEM V** above, except **DELETE** approximately 450 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM VI (DEDUCT ALTERNATE 5) \$ 13,194,000⁰⁰ ✓

BID ITEM VII (DEDUCT ALTERNATE 6): Contractor shall perform all work as described in BID ITEM VI above, except DELETE approximately 1,600 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM VII (DEDUCT ALTERNATE 6) \$ 13,104,000⁰⁰ ✓

BID ITEM VIII (DEDUCT ALTERNATE 7): Contractor shall perform all work as described in BID ITEM VII above, except DELETE approximately 900 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM VIII (DEDUCT ALTERNATE 7) \$ 13,063,000⁰⁰ ✓

BID ITEM IX (DEDUCT ALTERNATE 8): Contractor shall perform all work as described in BID ITEM VIII above, except DELETE approximately 1,650 sf of finished interior space as described on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM IX (DEDUCT ALTERNATE 8) \$ 12,997,000⁰⁰ ✓

BID ITEM X (DEDUCT ALTERNATE 9): Contractor shall perform all work as described in BID ITEM IX above, except DELETE approximately 2,800 sf of construction from the project as indicated on drawings. All work, including final cleanup and completion of all punch-list items (if any) shall be performed within three hundred fifty (350) calendar days from receipt of the Notice to Proceed.

BID ITEM X (DEDUCT ALTERNATE 9) \$ 12,463,000⁰⁰ ✓

BID BOND <i>(See instruction on reverse)</i>	DATE BOND EXECUTED <i>(Must not be later than bid opening date)</i> 6/7/2016	OMB NO.: 9000-0045
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Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

PRINCIPAL <i>(Legal name and business address)</i> District Veterans Contracting, Inc. 3172 B. Bladensburg Road, NE Washington, District of Columbia 20018	TYPE OF ORGANIZATION <i>(“X” one)</i> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> CORPORATION STATE OF INCORPORATION District of Columbia
---	---

SURETY(IES) *(Name and business address)*
 Hartford Fire Insurance Company
 One Hartford Plaza
 Hartford, Connecticut 06155-1707

PENAL SUM OF BOND					BID IDENTIFICATION	
PERCENT OF BID PRICE	AMOUNT NOT TO EXCEED				BID DATE	INVITATION NO.
	MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS		
N/A	003	000	000	00	6/7/2016	VA246-16-B-0340
					FOR <i>(Construction, Supplies, or Services)</i>	Construction

OBLIGATION:
 We, the Principal and Surety(ies) are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:
 The Principal has submitted the bid identified above.
THEREFORE:
 The above obligation is void if the Principal - (a) upon acceptance by the Government of the bid identified above, within the period specified therein for acceptance (sixty (60) days if no period is specified), executes the further contractual documents and gives the bond(s) required by the terms of the bid as accepted within the time specified (ten (10) days if no period is specified) after receipt of the forms by the principal; or (b) in the event of failure to execute such further contractual documents and give such bonds, pays the Government for any cost of procuring the work which exceeds the amount of the bid.

Each Surety executing this instrument agrees that its obligation is not impaired by any extension(s) of the time for acceptance of the bid that the Principal may grant to the Government. Notice to the surety(ies) of extension(s) are waived. However, waiver of the notice applies only to extensions aggregating not more than sixty (60) calendar days in addition to the period originally allowed for acceptance of the bid.

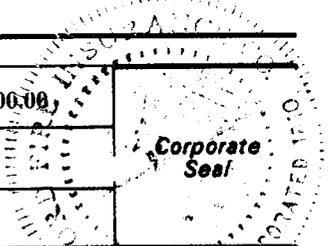
WITNESS:
 The Principal and Surety(ies) executed this bid bond and affixed their seals on the above date.

PRINCIPAL			
SIGNATURE(S)	1. <i>(Seal)</i>	2. <i>(Seal)</i>	3. <i>(Seal)</i>
NAME(S) & TITLE(S) <i>(Typed)</i>	1. Steven Gross, President	2.	3.



INDIVIDUAL SURETY(IES)			
SIGNATURE(S)	1. <i>(Seal)</i>	2. <i>(Seal)</i>	3. <i>(Seal)</i>
NAME(S) <i>(Typed)</i>	1.	2.	3.

CORPORATE SURETY(IES)				
SURETY A	NAME & ADDRESS	Hartford Fire Insurance Company One Hartford Plaza, Hartford, CT 06155-1707	STATE OF INC. Connecticut	LIABILITY LIMIT (\$) \$1,408,141,000.00
	SIGNATURE(S)	1.	2.	
	NAME(S) & TITLE(S) <i>(Typed)</i>	1. Attorney-In-Fact: Kimberly Santiago	2.	



SURETY B	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY C	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY D	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY E	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY F	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY G	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT (\$)	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		

INSTRUCTIONS

- This form is authorized for use when a bid guaranty is required. Any deviation from this form will require the written approval of the Administrator of General Services.
- Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- The bond may express penal sum as a percentage of the bid price. In these cases, the bond may state a maximum dollar limitation (e.g., (e.g., 20% of the bid price but the amount not to exceed \$3,000,000.00 dollars).
- (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.
 (b) Where individual sureties are involved, a completed Affidavit of Individual surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
- Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal"; shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- Type the name and title of each person signing this bond in the space provided.
- In its application to negotiated contracts, the terms "bid" and "bidder" shall include "proposal" and "offeror."

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

Bond T-4

One Hartford Plaza

Hartford, Connecticut 06155

call: 888-266-3488 or fax: 860-757-5835

Agency Code: 42-641149

KNOW ALL PERSONS BY THESE PRESENTS THAT:

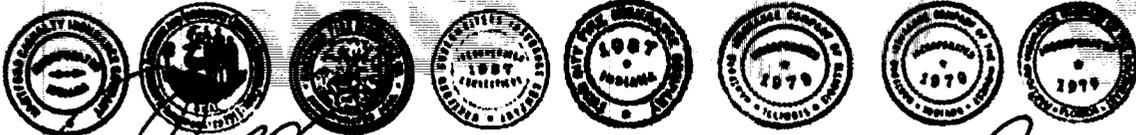
- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of unlimited:

John M. Hughes, Joshua A. Etemadi, Edin Zukanovic, Kimberly Santiago
of
Hamdon, VA

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on September 12, 2000, July 21, 2003, or January 22, 2004 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney



Cheryl A. O'Brien
Cheryl A. O'Brien, Assistant Secretary

M. Ross Fisher
M. Ross Fisher, Assistant Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

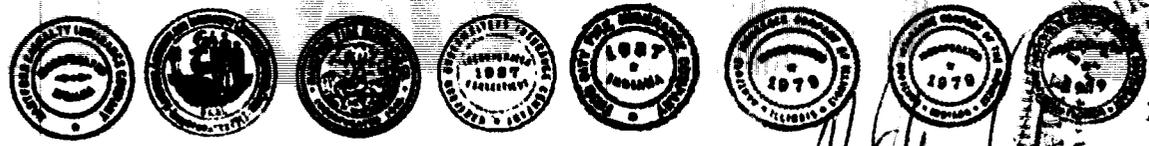
On this 20th day of July, 2011, before me personally came M Ross Fisher, to me known, who being by me duly sworn, did depose and say that (s)he resides in the County of Hartford, State of Connecticut; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument, that (s)he knows the seals of the said corporations, that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Nora M. Stranko
Nora M. Stranko
Notary Public
My Commission Expires March 31, 2013

CERTIFICATE

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of June 7, 2016
Signed and sealed at the City of Hartford.



R. Scott Cochrane
R. Scott Cochrane, Assistant Vice President





5772 2nd Street, NE
Washington, DC 20011-2524
T 202.386.6030
F 202.558.5262
www.districtvetcon.com

June 7, 2016

Department of Veterans Affairs
Network Contracting Office 6
ATTN: Mark Harville Bldg. 507, Rm C1-6
1201 Broad Rock Blvd.
Richmond VA 23224

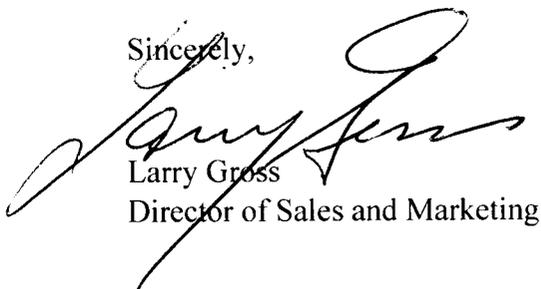
Re: Attest to OSHA Violation Record

Dear Sirs:

I, Larry Gross, Director of Sales and Marketing for District Veterans Contracting Inc. ("the company"), hereby attest that the company has no more than three (3) serious, or one (1) repeat or one (1) willful OSHA or any EPA violation(s) in the past three years.

Attached to this letter are copies of the company's OSHA logs (OSHA Form 300A) for the past three years.

Sincerely,



Larry Gross
Director of Sales and Marketing



Mod Factors

DISTRICT VETERANS CONTRACTING INC

Risk ID 913407601
Rating Eff Date 06/25/2016
Production Date 02/19/2016

Mod Factor **0.82**

Status Final

ARAP 1.00 FLARAP SARAP MAARAP

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OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 15

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0

(G) (H) (I) (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
177	

(K) (L)

Injury and Illness Types

Total number of (M)	(1) Injuries	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
1	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Analysis, Room 351044, 200 Constitution Avenue, NW Washington, DC 20210. Do not send the completed forms to this office.

Establishment information
Your establishment name District Veteran's Contracting, Inc.
Street 3172 B Bladensburg Road, NE
City Washington State DC Zip 20018
Industry description (e.g., *Manufacture of motor truck trailers*)
General Contractors
Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
Annual average number of employees 25
Total hours worked by all employees last year 41619

Sign here
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
[Signature] Title
Phone 301-317-1107 Date 02 01 16

Save Input

OSHA's Form 301 Injury and Illness Incident Report

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by: IR Green
 Title: SALES
 Date: 01/25/15
 Month: 01 Day: 25 Year: 15
 Phone: 513-313-1115

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Information about the employee

- 1) Full name _____
- 2) Street _____
- 3) City _____ State _____ ZIP _____
- 4) Date of birth _____
 Month _____ Day _____ Year _____
- 5) Date hired _____
 Month _____ Day _____ Year _____
 Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____

- 7) If treatment was given away from the worksite, where was it given?
 Facility _____
 Street _____
 City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
 Yes No

- 9) Was employee hospitalized overnight as an in-patient?
 Yes No

Page 1 of 1

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Information about the case

- 10) Case number from the Log _____
(Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
 Month _____ Day _____ Year _____
- 12) Time employee began work _____
 AM PM AM PM
- 13) Time of event _____
 AM PM Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

- 15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected, be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

- 18) If the employee died, when did death occur?
 Date of death _____
 Month _____ Day _____ Year _____

Save Input

Add a Form Page

Reset



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms

Number of Cases

Total number of deaths _____ Total number of cases with job transfer or restriction _____ Total number of other recordable cases _____

(G) _____ (H) _____ (I) _____ (J) _____

Number of Days

Total number of days away from work _____ Total number of days of job transfer or restriction _____

(K) _____ (L) _____

Injury and Illness Types

Total number of (M) _____
 (1) Injuries _____ (4) Poisonings _____
 (2) Skin disorders _____ (5) Hearing loss _____
 (3) Respiratory conditions _____ (6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-5104, 200 Constitution Avenue, N.W., Washington, DC 20210. Do not send the completed forms to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 14

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment information

Your establishment name District Veteran's Contracting, Inc.

Street 3172 B Bladensburg Road, NE

City Washington State DC Zip 20018

Industry description (e.g., *Manufacture of motor truck trailers*) _____

General Contractors

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR _____

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 21

Total hours worked by all employees last year 42000

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete

Company executive [Signature] Title Owner

Phone 301-247-1115 Date 5/30/15

Save Input

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Year 20 14

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name
District Veteran's Contracting, Inc

City Washington State DC

Identify the person

(A) Case no. _____
(B) Employee's name _____
(C) Job title (e.g., Welder) _____

(D) Date of injury or onset of illness (e.g., 2/10) _____
(E) Where the event occurred (e.g., Loading dock north end) _____
(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Six and a half degree burn on right forearm from acetylene torch) _____

Classify the case

SELECT ONLY ONE box for each case based on the most serious outcome for that case:

Remained at Work
Days away from work (H) Job transfer or restriction (I) Other recordable cases (J)

Away from work (K) On job transfer or restriction (L) days _____

Enter the number of days the injured or ill worker was: (M)

Select the "injury" column or choose one type of illness:
(1) (2) (3) (4) (5) (6)

Reset 1

Reset

Reset

Reset

Reset

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Reset

Page totals

Add a Form Page

Save Input

Page 1 of 1

Hours (1) (2) (3) (4) (5) (6)
Days (1) (2) (3) (4) (5) (6)
All other illnesses (6)

Please contact your state or local OSHA office for more information or assistance. If you need help, call 1-800-368-5888. For more information, visit the OSHA website at www.osha-slc.gov. This form is available in Spanish and Chinese. For more information, visit the OSHA website at www.osha-slc.gov. This form is available in Spanish and Chinese.

OSHA's Form 300A (Rev 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this Summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths _____ Total number of cases with job transfer or restriction _____ Total number of other recordable cases _____

(G) _____ (H) _____ (I) _____ (J) _____

Number of Days

Total number of days away from work _____ Total number of days of job transfer or restriction _____

(K) _____ (L) _____

Injury and Illness Types

Total number of (M) _____
 (1) Injuries _____ (4) Poisonings _____
 (2) Skin disorders _____ (5) Hearing loss _____
 (3) Respiratory conditions _____ (6) All other illnesses _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3104, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 13

U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no 1218-0176

Establishment information
 Year establishment name: District Veteran's Contracting
 Street: 3172B Bladensburg Rd NE
 City: Washington State DC Zip: 20018
 Industry description (e.g., Manufacture of motor truck trailers): General Contractors
 Standard Industrial Classification (SIC), if known (e.g., 3715):
 OR _____
 North American Industrial Classification (NAICS), if known (e.g., 336212):
Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
 Annual average number of employees: 35
 Total hours worked by all employees last year: 33871
Sign here
 Knowingly falsifying this document may result in a fine.
 I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.
 Company executive _____ Title _____
 Phone _____ Date _____
 Save Input

OSHA's Form 300 (Rev 01/2004) Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.



Form approved OMB no 1218-0176

Year 20 13
U.S. Department of Labor
Occupational Safety and Health Administration
District Veteran's Contracting
City Washington State DC

Identify the person		Describe the case		Classify the case			Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness:									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Total	(1) Skin disease	(2) Respiratory	(3) Poisoning	(4) Hearing loss	(5) All other illnesses	
Reset					None													
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DEPARTMENT OF VETERANS AFFAIRS
Center for Verification and Evaluation
Washington DC 20420

May 24, 2016
In Reply Refer To: 00VE

Mr. Steven Gross
District Veterans Contracting, Inc.
DUNS: 830066036
5772 2nd St. NE
Washington, DC 20011-2524

Dear Mr. Gross:

On behalf of the U.S. Department of Veterans Affairs (VA), Center for Verification and Evaluation (CVE), I am writing to inform you that your application for reverification has been approved. District Veterans Contracting, Inc. will remain eligible to participate in Veterans First Contracting Program opportunities with VA as a verified Service-Disabled Veteran-Owned Small Business (SDVOSB).

This verification is valid for two years from the date of this letter. Please retain a copy of this letter to confirm District Veterans Contracting, Inc.'s continued program eligibility in accordance with 38 Code of Federal Regulation (CFR) § 74.12. You may reapply 120 days prior to your new expiration date by logging into <http://www.vetbiz.gov>.

To promote your verified status, you may use the following link to download the logo for use on your marketing materials and business cards:
http://www.vetbiz.gov/cve_completed_s.jpg. In addition, please access the following link for information on next steps and opportunities for verified businesses:
<http://www.va.gov/osdbu/verification/whatsNext.asp>.

While CVE has confirmed that District Veterans Contracting, Inc. is presently, as of the issuance of this notice, in compliance with the regulation, District Veterans Contracting, Inc. must inform CVE of any changes or other circumstances that would adversely affect its eligibility. Eligibility changes not reported to CVE within 60 days could result in a referral to the Office of Inspector General (OIG), a referral to the Debarment and Suspension Committee, and the initiation of cancellation proceedings— all of which could result in District Veterans Contracting, Inc. being removed from the VIP Verification Program.

Please be advised all verified businesses may be required to participate in one or more post-verification audits at CVE's discretion. Additionally, this letter and other information pertaining to District Veterans Contracting, Inc.'s verification application may be subject to

*"World Class Professionals
Enabling Veteran Business Opportunities by Protecting the Veteran Advantage - One Vet at a Time"*

Page 2.

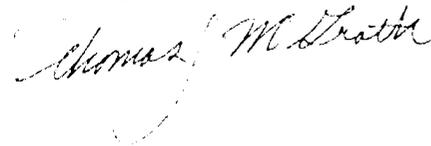
Mr. Steven Gross

Freedom of Information Act (FOIA) requests. However, FOIA disclosures include exceptions regarding the personal privacy of individuals, and VA policy similarly provides limitations on the release of individuals records.

If District Veterans Contracting, Inc. receives a negative size determination from the U.S. Small Business Administration (SBA), CVE must act in accordance with 38 CFR § 74.2(e). Also note, if at any time District Veterans Contracting, Inc. discovers that it fails to meet the size standards for any NAICS Code(s) listed on its VIP profile, CVE requires such NAICS Code(s) be removed within five (5) business days. If these NAICS Codes are not removed within the allotted five (5) business days, CVE may request SBA conduct a formal size determination. In addition, CVE may initiate a referral to OIG, a referral to the Debarment and Suspension Committee and pursue cancellation proceedings. All of the aforementioned referrals and procedures could result in District Veterans Contracting, Inc. being removed from the VIP Verification Program.

Thank you for your service to our country and for continuing to serve America through small business ownership.

Sincerely,



Thomas J. McGrath
Director
Center for Verification and Evaluation

REPRESENTATIONS AND CERTIFICATIONS

3.1 52.204-8 ANNUAL REPRESENTATIONS AND CERTIFICATIONS (DEC 2014)

(a)(1) The North American Industry Classification System (NAICS) code for this acquisition is 236220.

(2) The small business size standard is \$36.5 Million.

(3) The small business size standard for a concern which submits an offer in its own name, other than on a construction or service contract, but which proposes to furnish a product which it did not itself manufacture, is 500 employees.

(b)(1) If the provision at 52.204-7, System for Award Management, is included in this solicitation, paragraph (d) of this provision applies.

(2) If the provision at 52.204-7 is not included in this solicitation, and the offeror is currently registered in the System for Award Management (SAM), and has completed the Representations and Certifications section of SAM electronically, the offeror may choose to use paragraph (d) of this provision instead of completing the corresponding individual representations and certifications in the solicitation. The offeror shall indicate which option applies by checking one of the following boxes:

(i) Paragraph (d) applies.

(ii) Paragraph (d) does not apply and the offeror has completed the individual representations and certifications in the solicitation.

(c)(1) The following representations or certifications in SAM are applicable to this solicitation as indicated:

(i) 52.203-2, Certificate of Independent Price Determination. This provision applies to solicitations when a firm-fixed-price contract or fixed-price contract with economic price adjustment is contemplated, unless—

(A) The acquisition is to be made under the simplified acquisition procedures in Part 13;

(B) The solicitation is a request for technical proposals under two-step sealed bidding procedures; or

(C) The solicitation is for utility services for which rates are set by law or regulation.

(ii) 52.203-11, Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions. This provision applies to solicitations expected to exceed \$150,000.

(iii) 52.204-3, Taxpayer Identification. This provision applies to solicitations that do not include the provision at 52.204-7, System for Award Management.

(iv) 52.204-5, Women-Owned Business (Other Than Small Business). This provision applies to solicitations that—

(A) Are not set aside for small business concerns;

(B) Exceed the simplified acquisition threshold; and

(C) Are for contracts that will be performed in the United States or its outlying areas.

(v) 52.209-2, Prohibition on Contracting with Inverted Domestic Corporations—Representation.

(vi) 52.209-5, Certification Regarding Responsibility Matters. This provision applies to solicitations where the contract value is expected to exceed the simplified acquisition threshold.

(vii) 52.214-14, Place of Performance—Sealed Bidding. This provision applies to invitations for bids except those in which the place of performance is specified by the Government.

(viii) 52.215-6, Place of Performance. This provision applies to solicitations unless the place of performance is specified by the Government.

(ix) 52.219-1, Small Business Program Representations (Basic & Alternate I). This provision applies to solicitations when the contract will be performed in the United States or its outlying areas.

(A) The basic provision applies when the solicitations are issued by other than DoD, NASA, and the Coast Guard.

(B) The provision with its Alternate I applies to solicitations issued by DoD, NASA, or the Coast Guard.

(x) 52.219-2, Equal Low Bids. This provision applies to solicitations when contracting by sealed bidding and the contract will be performed in the United States or its outlying areas.

(xi) 52.222-22, Previous Contracts and Compliance Reports. This provision applies to solicitations that include the clause at 52.222-26, Equal Opportunity.

(xii) 52.222-25, Affirmative Action Compliance. This provision applies to solicitations, other than those for construction, when the solicitation includes the clause at 52.222-26, Equal Opportunity.

(xiii) 52.222-38, Compliance with Veterans' Employment Reporting Requirements. This provision applies to solicitations when it is anticipated the contract award will exceed the simplified acquisition threshold and the contract is not for acquisition of commercial items.

(xiv) 52.223-1, Biobased Product Certification. This provision applies to solicitations that require the delivery or specify the use of USDA-designated items; or include the clause at 52.223-2, Affirmative Procurement of Biobased Products Under Service and Construction Contracts.

(xv) 52.223-4, Recovered Material Certification. This provision applies to solicitations that are for, or specify the use of, EPA-designated items.

(xvi) 52.225-2, Buy American Certificate. This provision applies to solicitations containing the clause at 52.225-1.

(xvii) 52.225-4, Buy American—Free Trade Agreements—Israeli Trade Act Certificate. (Basic, Alternates I, II, and III.) This provision applies to solicitations containing the clause at 52.225-3.

(A) If the acquisition value is less than \$25,000, the basic provision applies.

(B) If the acquisition value is \$25,000 or more but is less than \$50,000, the provision with its Alternate I applies.

(C) If the acquisition value is \$50,000 or more but is less than \$79,507, the provision with its Alternate II applies.

(D) If the acquisition value is \$79,507 or more but is less than \$100,000, the provision with its Alternate III applies.

(xviii) 52.225-6, Trade Agreements Certificate. This provision applies to solicitations containing the clause at 52.225-5.

(xix) 52.225-20, Prohibition on Conducting Restricted Business Operations in Sudan—Certification. This provision applies to all solicitations.

(xx) 52.225-25, Prohibition on Contracting with Entities Engaging in Certain Activities or Transactions Relating to Iran—Representation and Certifications. This provision applies to all solicitations.

(xxi) 52.226-2, Historically Black College or University and Minority Institution Representation. This provision applies to solicitations for research, studies, supplies, or services of the type normally acquired from higher educational institutions.

(A) Solicitations for research, studies, supplies, or services of the type normally acquired from higher educational institutions; and

(B) For DoD, NASA, and Coast Guard acquisitions, solicitations that contain the clause at 52.219-23, Notice of Price Evaluation Adjustment for Small Disadvantaged Business Concerns.

(2) The following certifications are applicable as indicated by the Contracting Officer:

(i) 52.204-17, Ownership or Control of Offeror.

(ii) 52.222-18, Certification Regarding Knowledge of Child Labor for Listed End Products.

(iii) 52.222-48, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment—Certification.

(iv) 52.222-52, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services—Certification.

(v) 52.223-9, with its Alternate I, Estimate of Percentage of Recovered Material Content for EPA-Designated Products (Alternate I only).

(vi) 52.227-6, Royalty Information.

(A) Basic.

(B) Alternate I.

(vii) 52.227-15, Representation of Limited Rights Data and Restricted Computer Software.

(d) The offeror has completed the annual representations and certifications electronically via the SAM Web site accessed through <https://www.acquisition.gov>. After reviewing the SAM database information, the offeror verifies by submission of the offer that the representations and certifications currently posted electronically that apply to this solicitation as indicated in paragraph (c) of this provision have been entered or updated within the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201); except for the changes identified below [offeror to insert changes, identifying change by clause number, title, date]. These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer.

FAR Clause #	Title	Date	Change

Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on SAM.

(End of Provision)

3.2 52.209-7 INFORMATION REGARDING RESPONSIBILITY MATTERS (JUL 2013)

(a) *Definitions.* As used in this provision—

"Administrative proceeding" means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative Proceedings, Civilian Board of Contract Appeals Proceedings, and Armed Services Board of Contract Appeals Proceedings). This includes administrative proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include agency actions such as contract audits, site visits, corrective plans, or inspection of deliverables.

"Federal contracts and grants with total value greater than \$10,000,000" means—

- (1) The total value of all current, active contracts and grants, including all priced options; and
- (2) The total value of all current, active orders including all priced options under indefinite-delivery, indefinite-quantity, 8(a), or requirements contracts (including task and delivery and multiple-award Schedules).

"Principal" means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a division or business segment; and similar positions).

(b) The offeror [] has [] does not have current active Federal contracts and grants with total value greater than \$10,000,000.

(c) If the offeror checked "has" in paragraph (b) of this provision, the offeror represents, by submission of this offer, that the information it has entered in the Federal Awardee Performance and Integrity Information System (FAPIIS) is current, accurate, and complete as of the date of submission of this offer with regard to the following information:

(1) Whether the offeror, and/or any of its principals, has or has not, within the last five years, in connection with the award to or performance by the offeror of a Federal contract or grant, been the subject of a proceeding, at the Federal or State level that resulted in any of the following dispositions:

(i) In a criminal proceeding, a conviction.

(ii) In a civil proceeding, a finding of fault and liability that results in the payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more.

(iii) In an administrative proceeding, a finding of fault and liability that results in—

(A) The payment of a monetary fine or penalty of \$5,000 or more; or

(B) The payment of a reimbursement, restitution, or damages in excess of \$100,000.

(iv) In a criminal, civil, or administrative proceeding, a disposition of the matter by consent or compromise with an acknowledgment of fault by the Contractor if the proceeding could have led to any of the outcomes specified in paragraphs (c)(1)(i), (c)(1)(ii), or (c)(1)(iii) of this provision.

(2) If the offeror has been involved in the last five years in any of the occurrences listed in (c)(1) of this provision, whether the offeror has provided the requested information with regard to each occurrence.

(d) The offeror shall post the information in paragraphs (c)(1)(i) through (c)(1)(iv) of this provision in FAPHS as required through maintaining an active registration in the System for Award Management database via <https://www.acquisition.gov> (see 52.204-7).

(End of Provision)