

SOLICITATION, OFFER, AND AWARD (Construction, Alteration, or Repair)		1. SOLICITATION NUMBER VA246-16-B-0340	2. TYPE OF SOLICITATION <input checked="" type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	3. DATE ISSUED 05-6-2016	PAGE OF PAGES 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 Department of Veterans Affairs Network Contracting Office 6 100 Emancipation Drive Hampton VA 23667		CODE	8. ADDRESS OFFER TO 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 <u>15</u> calendar days and complete it within <u>380</u> calendar days after receiving <input type="checkbox"/> award, <input checked="" type="checkbox"/> notice to proceed. This performance period is <input checked="" type="checkbox"/> mandatory <input type="checkbox"/> negotiable. (See <u>52.211-10</u>).	
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
13. ADDITIONAL SOLICITATION REQUIREMENTS:	
a. Sealed offers in original and <u>NO</u> copies to perform the work required are due at the place specified in Item 8 by <u>2:00 PM</u> (hour) local time <u>06-7-2016</u> (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 <input checked="" type="checkbox"/> is, <input type="checkbox"/> 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 <u>120</u> calendar days for Government acceptance after the date offers are due will not be considered and will be rejected.	

OFFER (Must be fully completed by offeror)

14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)

Talon Veteran Services, Inc.
9600 Cavalin Court
Mechanicsville, VA 23116
DUNS#831223610

15. TELEPHONE NUMBER (Include area code) (804) 240-9429

16. REMITTANCE ADDRESS (Include only if different than Item 14.)

Same as #14

CODE

FACILITY CODE

17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of the solicitation, if this offer is accepted by the Government in writing within 120 calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in Item 13d. Failure to insert any number means the offeror accepts the minimum in Item 13d.)

AMOUNTS

Please see the Bid Items list on Page 3 for further details.

18. The offeror agrees to furnish any required performance and payment bonds.

19. ACKNOWLEDGMENT OF AMENDMENTS

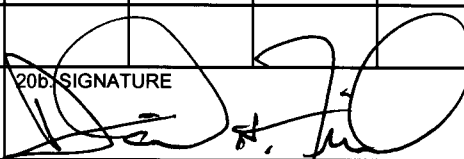
(The offeror acknowledges receipt of amendments to the solicitation -- give number and date of each)

AMENDMENT NUMBER	A0001	A00002							
DATE	06-3-2016	06-3-2016							

20a. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER
(Type or print)

David N. Finch, President

20b. SIGNATURE



20c. OFFER DATE

6-7-2016

AWARD (To be completed by Government)

21. ITEMS ACCEPTED:

22. AMOUNT

23. ACCOUNTING AND APPROPRIATION DATA

24. SUBMIT INVOICES TO ADDRESS SHOWN IN
(4 copies unless otherwise specified)

ITEM

25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO

☐ 10 U.S.C. 2304(c) ☐ 41 U.S.C. 3304(a)

26. ADMINISTERED BY

Department of Veterans Affairs
Network Contracting Office 6
1970 Roanoke Boulevard
Salem VA 23153

27. PAYMENT WILL BE MADE BY

Department of Veterans Affairs
Financial Services Center
PO BOX 149971
Austin TX 78714-9971

PHONE:

FAX:

CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE

☐ 28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work requirements identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract.

☐ 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.

30a. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED
TO SIGN (Type or print)

31a. NAME OF CONTRACTING OFFICER (Type or print)

30b. SIGNATURE

30c. DATE

31b. UNITED STATES OF AMERICA

31c. AWARD DATE

BY

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) \$ 10,816,810 ✓

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) \$ 10,786,400 ✓

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 Proceed

BID ITEM III (DEDUCT ALTERNATE 2) \$ 10,516,055 ✓

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 Proceed

BID ITEM IV (DEDUCT ALTERNATE 3) \$ 10,421,966 ✓
~~10,100,967~~

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) \$ 10,333,576 ✓
~~9,802,577~~

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) \$ 10,242,695 ✓
~~9,529,695~~

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) \$

10,106,540
~~9,147,540~~ ✓

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) \$

10,015,175 ✓
~~8,797,175~~

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) \$

9,847,882 ✓
~~8,362,882~~

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) \$

9,396,618 ✓
~~7,622,618~~

NOTICE

1. The Base Bid contains all the project work. Each Bid deduct deletes a portion of the work.
2. It is anticipated that award will be made on Bid Item I (Base Bid) to the lowest responsive and responsible offeror for Bid Item I. However, if the bids exceed the funds available, award will be made on Bid Item II (Deduct Alternate 1) to the lowest responsive and responsible offeror for Bid Item II. Likewise, if the bids exceed the funds available for the Bid Item I (Base Bid) and Bid Item II (Deduct Alternate 1), award will be made on Bid Item III (Deduct Alternate 2) to the lowest responsive and responsible offeror for Bid Item III (Deduct Alternate 2), et cetera.
3. The Bid Items are listed in descending order.
4. Bidders shall affix a price to each bid item. **Failure to do so may render the bid as nonresponsive.**
5. Prices for each Bid Deduct Alternate shall be expressed as the total price for the entire project at the Deduct Alternate level and NOT the dollar amount to be deducted from the price for the Bid Item above. For example, price the Deduct Alternate as a whole value, such as \$425,000.00 in lieu of a negative value, such as -\$25,320.00.

**Status During
Registration**

Getting Started

Draft

Work In Progress

Submitted

Active

Inactive / Expired

Additional ResourcesWhat If My Entity Fails
Registration?

Federal Service Desk

How to Check Your
Registration StatusFind Your Registration in
SAM**SAM Status Tracker**

Check registration status by typing in a DUNS number.

DUNS Number 831223610

Plus 4 (Optional)

Search

Reset

Or, check registration status by typing in a (N)CAGE Code.

(N)CAGE Code

Search

Reset

TALON VETERAN SERVICES INCORPORATED

Status: Active

Your registration was activated on Jan 14, 2016. It expires on Jan 13, 2017 which is one year after you submitted it for processing.

**Core Data**

Completed

**Assertions**

Completed

**Reps &
Certs**

Completed

**POCs**

Completed

**Submit**

Completed

**Processing**

Completed

**Active**

Completed

Check Your Registration Status in SAM

You can quickly check your registration status in SAM by entering your DUNS number or (N)CAGE Code. The SAM Status Tracker will show you the current status of the entity associated with that DUNS number or (N)CAGE Code, as well as tell you what steps you have left to complete based on why you are registering.

The SAM Status Tracker uses seven circles to represent the registration process: Core Data, Assertions, Reps & Certs, POCs, Submit, Processing, and Active. Visual indicators in the circles, text underneath the circles, a status message in bold above the circles and user messaging combine to give the registration status.

You will only see results for publicly searchable registration records. Federal government users must log into SAM to search for non-public records.

BID BOND

(See instruction on reverse)

DATE BOND EXECUTED (Must not be later than bid opening date)

June 7, 2016

OMB NO.: 9000-0045

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 (Legal name and business address)

Talon Veteran Services, Inc.

9600 Cavalin Court

Mechanicsville, VA 23116

TYPE OF ORGANIZATION ("X" one)

☐ INDIVIDUAL☐ PARTNERSHIP☐ JOINT VENTURE☒ CORPORATION

STATE OF INCORPORATION

VA

SURETY(IES) (Name and business address)

The Cincinnati Insurance Company

P.O. Box 145496

Cincinnati, OH 45250-5496

Surety Phone No. 513-870-2000

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		
20%					June 7, 2016	652-314
					FOR (Construction, Supplies, or Services)	Spinal Cord Injury Enhancement Center

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.

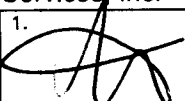
THEREFORE:

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:

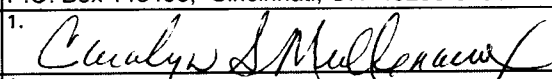
The Principal and Surety(ies) executed this bid bond and affixed their seals on the above date.

PRINCIPAL			
SIGNATURE(S)	1.  (Seal)	2. (Seal)	3. (Seal)
NAME(S) & TITLE(S) (Typed)	1. Joe Bowman Vice-President	2.	3.

INDIVIDUAL SURETY(IES)

SIGNATURE(S)	1. (Seal)	2. (Seal)
NAME(S) (Typed)	1.	2.

CORPORATE SURETY(IES)

SURETY A	NAME & ADDRESS	The Cincinnati Insurance Company P.O. Box 145496, Cincinnati, OH 45250-5496	STATE OF INC.	OH	LIABILITY LIMIT (\$)	414,199,000	Corporate Seal
	SIGNATURE(S)	1. 	2.				
	NAME(S) & TITLE(S) (Typed)	1. Carolyn S. Mullenau Attorney-in-Fact	2.				

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

INSTRUCTIONS

1. 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.
2. 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.
3. 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 _____ dollars).
4. (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 designed "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.
5. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal"; and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
6. Type the name and title of each person signing this bond in the space provided.
7. In its application to negotiated contracts, the terms "bid" and "bidder" shall include "proposal" and "offeror."

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint Walter P. Smith, III; Carolyn S. Mullenau; Christopher Brandon Pulliam; Neil Brian Biller; Veronica Hodkin Fox; Joyce D. Barrett; Richard W. Coon and/or Leah D. Goare each in their separate capacity.

of Richmond, Virginia

and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States, up to Fifty Million and No/100 Dollars (\$50,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 10th day of May, 2012.



STATE OF OHIO) ss:
COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY

Stephen A. Jantz

Vice President

On this 10th day of May, 2012, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



Mark J. Huller

MARK J. HULLER, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.
this 7th day of June, 2016.



Scott R. Bolan

Assistant Secretary



The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

June 7, 2016

Department of Veterans Affairs
1201 Broad Rock Boulevard
Richmond, VA 23224

RE: Talon Veteran Services, Inc.
9600 Cavalin Court
Mechanicsville, VA 23116

Project: Department of Veterans Affairs – Solicitation Number: 652-314
Spinal Cord Injury Enhancement Center - H. H. McGuire VA Medical Center
1201 Broad Rock Boulevard, Richmond, VA

To Whom It May Concern:

This letter will serve to inform the Department of Veterans Affairs that Talon Veteran Services, Inc. will be bidding the above referenced project. Bonds will be underwritten with the indemnity of W. E. Bowman Construction, Inc. Based on the strength of this indemnification, Talon Veteran Services, Inc. is able to secure our surety bond credit for this project. A copy of the indemnification arrangement between Talon Veteran Services, Inc. and W. E. Bowman Construction, Inc. will be made available for your review if requested.

By this disclosure, the Department of Veterans Affairs acknowledges the terms of this arrangement do not cause any affiliation of similar issue to exist under applicable rules and regulations between Talon Veteran Services, Inc. and W. E. Bowman Construction, Inc. If this arrangement does not comply with applicable rules and regulations, the Department of Veterans Affairs should notify the Surety before any final bonds are issued for this project.

As always, The Cincinnati Insurance Company does reserve the right to perform normal underwriting at the time of any bond request, including, without limitation, prior review and approval of relevant contract documents, bond forms, project financing, and current underwriting information.

The Cincinnati Insurance Company currently has an A.M. Best Rating of A+ (Superior) and a Financial Size Category of XV. Their US Treasury limitation is \$414,199,000.

If you require any further information or have any questions please feel free to contact me at 804-437-1364.

Sincerely,

Chris Rittenhouse
Senior Bond Field Director



Talon Veteran Services, Inc.
9600 Cavalin Court
Mechanicsville, VA 23116
(804) 240-9429

10 May 2016

Department of Veterans Affairs
1201 Broad Road Blvd
Richmond, VA 23249

CERTIFICATION OF OSHA OR EPA VIOLATIONS

We certify our company over the past 3 years has the following OSHA/ EPA record:

No Serious Violations
No Repeat Violations
No Willful OSHA Violations
No EPA violations
EMR is equal to or less than 1.0

Regards,

David N. Finch

David N. Finch
President

TOWNE INSURANCE

January 25, 2016

To: Whom It May Concern

Talon Veteran Services, INC
P O Box 42062
Richmond, VA 23224

Policy # EWC0297319
Effective 1/1/2015

This letter is to confirm the Workers Compensation Experience Modification rate for the past three years:

1/1/2013 -1/1/2014	1.00
1/1/2014 -1/1/2015	1.00
1/1/2015 -1/1/2016	1.00
1/1/2016- 1/1/2017	.97

Should you need additional information, please do not hesitate to contact me.



Kate M. Francis
Senior Account Manager

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 job transfer or restriction	Total number of cases other recordable cases
0 (G)	0 (H)	0 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of (M)	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
0			
(1) Injuries			
(2) Skin disorders			
(3) Respiratory conditions			

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 U.S. Department of Labor, OSHA, Office of Statistical Analysis, Room N-3144, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name: Talon Veteran Services
Street: 9600 Cavalin Court
City: Mechanicsville State: VA Zip: 23116
Industry description (e.g., *Manufacture of motor truck trailers*): General Contractor
Standard Industrial Classification (SIC), if known (e.g., 3713): _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212): 236220

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

Annual average number of employees: 5
Total hours worked by all employees last year: 2570

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: David N. Finch Title: President
Phone: 804-878-9191 Date: 2/4/2014

Save Input

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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. 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 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 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
0	0	0	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 50 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 14
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0178

Establishment Information

Your establishment name Talon Veteran Services, Inc.
Street 9600 Cavalin Ct
City Mechanicsville State VA Zip 23116
Industry description (e.g., Manufacture of motor truck trailers)
General Contractor
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 6 2 2 0

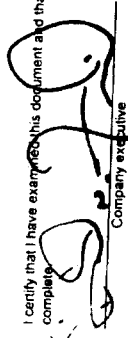
Employment Information

Annual average number of employees 9
Total hours worked by all employees last year 4563.75

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

President/Owner
Title

1/31/2015
Date

804.878.9181

Phone

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 injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. 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 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 (G)	0 (H)	0 (I)	0 (J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

Injury and Illness Types

Total number of ... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	0	0	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 58 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2013

U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

Establishment Information

Your establishment name Talon Veteran Services, Inc.
Street P.O. Box 42082
City Richmond State VA Zip 23224
Industry description (e.g., Manufacture of motor truck trailers)
Construction
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 6 2 2 0

Employment Information

Annual average number of employees 17
Total hours worked by all employees last year 2452.75

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
804-240-9429 Phone

President
2/1/2014 Date