

Department of Veterans Affairs		SMALL BUSINESS PROGRAM AND CONTRACT BUNDLING REVIEW		OSDBU CONTROL NUMBER	
CONTRACTING ACTIVITY AND PROGRAM OFFICE DATA					
1A. CONTRACTING ACTIVITY BHHCS Contracting Office VISN 23			1B. ADDRESS (Include Street, City, State and Zip Code) 113 Comanche Street Fort Meade SD 57741		
1C. TELEPHONE NUMBER (Including Area Code) 605 720 6812			1D. CONTRACTING POINT OF CONTACT NAME AND EMAIL ADDRESS philip.flinders@va.gov		
2A. NAME AND ADDRESS OF PROGRAM OFFICE VAMC Fort Meade 1130 Comanche Street attn:Matthew Erpenbach Fort Meade SD 57741			2B. PROGRAM MANAGER NAME AND EMAIL ADDRESS matthew.erpenbach (605) 720-7075		
			3. REVIEW TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION		
PROCUREMENT DATA					
4. DESCRIPTION OF SUPPLIES OR SERVICES Emergency Service: Black Hills Power, automatic transfer switch upgrade. Secondary Elelctrical Feed, VAMC.		5. EST. DOLLAR VALUE A. BASE YEAR B. TOTAL \$112,150.00 \$112,150.00		6A. NAICS AND SIZE STD. 221112 /	
6B. PSC K059					
7. SOLICITATION NUMBER VA263-16-Q-0588		8. PERFORMANCE PERIOD 3 months		9. EST RELEASE DATE 06-16-2016	
		10. EST AWARD DATE 06-16-2016			
11. PROPOSED METHOD OF PROCUREMENT (Check all that apply) <input checked="" type="checkbox"/> SOLE SOURCE <input type="checkbox"/> SET-ASIDE <input type="checkbox"/> PARTIAL SET-ASIDE					
<input type="checkbox"/> SDVOSB <input type="checkbox"/> HUBZONE <input type="checkbox"/> UNRESTRICTED-INSUFFICIENT SMALL BUSINESS (Attach justification)					
<input type="checkbox"/> VOSB <input type="checkbox"/> 8(a) <input type="checkbox"/> FEDERAL SUPPLY SCHEDULE (FSS) NAME/# _____					
<input type="checkbox"/> WOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MULTIPLE AWARD CONTRACT, TYPE/# _____					
<input type="checkbox"/> EDWOSB <input type="checkbox"/> OTHER (Affiliate, Ability One, etc.) _____					
12. MARKET RESEARCH/PUBLICATION EFFORTS <input type="checkbox"/> POSTED FCO <input type="checkbox"/> SOURCES SOUGHT <input type="checkbox"/> DSBS <input type="checkbox"/> RFI <input checked="" type="checkbox"/> FBO <input type="checkbox"/> VIP <input type="checkbox"/> GSA EBUY <input checked="" type="checkbox"/> SAM <input type="checkbox"/> FPDS			13. MARKET RESEARCH RESPONSES (Actual Number) ____ SDVOSB ____ VOSB ____ WOSB/EDWOSB ____ SDB/8a ____ HUBZONE ____ SMALL BUSINESS <u>1</u> LARGE BUSINESS ____ OTHER		
14. IPT REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. PCR ASSIGNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. BUNDLING CHECKLIST REQUIRED? (Attach VA Form 2268a) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. SUBCONTRACTING PLAN REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
PROCUREMENT HISTORY					
18. WAS ITEM PREVIOUSLY AWARDED? <input type="checkbox"/> YES (Complete 19-23) <input checked="" type="checkbox"/> NO (Skip to item 24)		19A. CONTRACTOR NAME AND ADDRESS BLACK HILLS UTILITY HOLDINGS PO BOX 1400 RAPID CITY, SD 57709-1400		19B. BUSINESS TYPE <input type="checkbox"/> SDVOSB <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/> VOSB <input type="checkbox"/> WOSB <input type="checkbox"/> HUBZONE <input type="checkbox"/> SDB/8a <input type="checkbox"/> EDWOSB <input checked="" type="checkbox"/> LARGE BUSINESS	
20. DOLLAR VALUE \$683.04		21. PERIOD OF PERFORMANCE September 2, 2014		22. NAICS/SIZE STD. 221112 /750 employees	
		23. PROCUREMENT METHOD simplified acquistio			
24.COMMENTS Upgrade of Transfer Switch, secondary electrical feed to the Fort Meade Campus. No historic orders let with Black Hills Utility on the size, order, scope, magnitude of work prescribed with this effort. Market Research Conducted. Black Hills Utility Services BHHCS and surrounding counties..					
COORDINATION/CONCURRENCES					
25.CONTRACTING OFFICER (Print), SIGNATURE					DATE SIGNED 06/24/2016
26.HEAD OF CONTRACTING ACTIVITY (HCA) OR DELEGATE (Print), SIGNATURE					DATE SIGNED
27.SMALL BUSINESS LIAISON (Print), SIGNATURE					DATE SIGNED
28.VA OSDBU REPRESENTATIVE (Print), SIGNATURE (Attach narrative documenting reasons for non-concurrence and recommendations) <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR					DATE SIGNED
29. SUBCONTRACTING GOALS (%) ____ SDVOSB ____ VOSB ____ HUBZONE ____ SDB ____ WOSB ____ SB					
30. NAME AND EMAIL ADDRESS OF SBA PCR (If assigned):				31. OTHER APPROVING AUTHORITY (as required):	DATE SIGNED

******* Begin Word Document - 'EVIDENCE-OF-PCR-COORDINATION' *******

Small Business Representative: Delanda Ward

C.O.R.: Matthew Erpenbach

******* End Word Document - 'EVIDENCE-OF-PCR-COORDINATION' *******