

 Department of Veterans Affairs		PROCUREMENT REQUEST REVIEW FOR THE SMALL BUSINESS PROGRAM AND CONTRACT BUNDLING REVIEW			
1. CONTRACTING ACTIVITY INFORMATION					2. DATE OF PURCHASE REQUEST 12-23-2011
A. NAME OF THE CONTRACTING ACTIVITY VA Ann Arbor Healthcare System			3. ESTIMATED DOLLAR VALUE A. THIS F.Y. \$ B. TOTAL CONTRACT VALUE: \$33,302.00		OSDBU CONTROL NO. (Assigned by OSDBU)
B. STREET ADDRESS 2215 Fuller Road			4. PERIOD OF PERFORMANCE (Include all option years)		
C. CITY Ann Arbor	D. STATE MI	E. ZIP CODE 48105	5. DESCRIPTION OF SUPPLIES OR SERVICES Medical Chart Abstraction Services for HSR&D Project "Long-Term Consequences for Veterans with Sepsis"		
F. TELEPHONE NO. (Include Area Code) (734) 845-5598		G. FAX NO. (Include Area Code) (734) 845-3268			
6A. SIGNATURE AND PRINTED NAME OF CONCURRENCE SMALL BUSINESS OFFICE SPECIALIST FOR CONTRACTING ACTIVITY Brenda M. Johnson, Lead, Contract Specialist <i>Brenda M. Johnson</i>					6B. DATE OF CONCURRENCE 1-12-12
CONTRACTING OFFICE					
7. SOLICITATION NUMBER 506-12-1-1382-0010		8. ANTICIPATED DATE OF RELEASE		9. ANTICIPATED DATE OF RESPONSE/BID OPENING	
				10. NAICS CODE AND SMALL BUSINESS SIZE STANDARDS 541618/7.0 Million	
11. PROPOSED METHOD OF PROCUREMENT (Check all applicable boxes)					
<input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED BUSINESS SET-ASIDE <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED BUSINESS'S SOLE SOURCE <input type="checkbox"/> VETERAN OWNED SMALL BUSINESS SET-ASIDE <input type="checkbox"/> VETERAN OWNED SMALL BUSINESS SOLE SOURCE <input type="checkbox"/> 8(A) COMPETITION <input type="checkbox"/> 8(A) SOLE SOURCE			<input type="checkbox"/> HUBZONE COMPETITION <input type="checkbox"/> HUBZONE SOLE SOURCE <input type="checkbox"/> 100% SMALL BUSINESS SET-ASIDE <input type="checkbox"/> PARTIAL SMALL BUSINESS SET-ASIDE: \$ _____ <input type="checkbox"/> Task/Delivery Order against existing contract Value: _____ <input type="checkbox"/> UNRESTRICTED-INSUFFICIENT SMALL BUSINESS (Attach justification, proposed subcontracting amounts and evaluation preference for SDVOSBs and VOSBs) <input checked="" type="checkbox"/> NOT ELIGIBLE FOR COMPETITION List Authority: 41 U.S.C. 253(C)(1) under FAR 6.302-1(A) (2) -Sole Source		
12. FAR PART 5 - PUBLICIZING CONTRACT ACTIONS - HAS THIS REQUIREMENT BEEN ADVERTISED? <input checked="" type="checkbox"/> PRESOLICITATION NOTICE/PROCUREMENT <input type="checkbox"/> MODIFICATION OF A PREVIOUSLY ANNOUNCED PROCUREMENT ACTION <input type="checkbox"/> SOURCES SOUGHT (Includes A-76 Services and Architect-Engineer contracts)					
13. PROPOSED ISSUING NUMBER OF SOLICITATIONS TO _____ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS _____ 8(A) _____ WOMEN-OWNED SMALL BUSINESS _____ 1 LARGE BUSINESS _____ VETERAN-OWNED SMALL BUSINESS _____ HUBZONE _____ SMALL BUSINESS					
14. CONTRACT BUNDLING CHECKLIST 2288 MUST BE SUBMITTED WITH VA FORM 2288 FOR ALL PROCUREMENTS IN EXCESS OF \$1M					
PROCUREMENT HISTORY					
15. HAS ITEM/SERVICE BEEN PREVIOUSLY AWARDED? <input type="checkbox"/> YES (Complete items 16 thru 18) <input checked="" type="checkbox"/> NO (Skip to item 19)		16. PERIOD OF PERFORMANCE		17. CONTRACT NO.	
19A. NAME AND ADDRESS OF CONTRACTOR(S) West Virginia Medical Institute 3001 Chesterfield Place Charleston, WV 25304-1100		19B. BUSINESS TYPE <input type="checkbox"/> SDVOSB <input type="checkbox"/> WOSB <input type="checkbox"/> VOSB <input type="checkbox"/> SB <input type="checkbox"/> 8(A) <input type="checkbox"/> LARGE <input type="checkbox"/> HUBZONE		20. TOTAL DOLLAR VALUE OF PAST PROCUREMENT \$ 21. METHOD OF PROCUREMENT	
				22. NUMBER OF RESPONSES RECEIVED FROM MOST RECENT PROCUREMENT _____ SDVOSB _____ WOMAN OWNED _____ VOSB _____ SMALL BUSINESS _____ 8(A) _____ LARGE BUSINESS _____ HUBZONE	
23A. SIGNATURE AND PRINTED NAME OF CONTRACTING OFFICER Rose M. Reyburn, Contracting Officer		23B. DATE SIGNED 1/3/2012		24A. SIGNATURE, HEAD OF CONTRACTING ACTIVITY <i>Donald R. King</i>	
				24B. DATE SIGNED 1/31/12	
25. Informational Subcontracting Goals					
_____ %SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS		_____ % SMALL DISADVANTAGED BUSINESS		_____ % WOMEN-OWNED SMALL BUSINESS	
_____ %VETERAN-OWNED SMALL BUSINESS		_____ % HUBZONE SMALL BUSINESS		_____ % SMALL BUSINESS	
26A. SIGNATURE VA OSDBU REPRESENTATIVE				26C. EXPIRATION DATE OF THIS 2288	
				26C. DATE OF SIGNATURE	