

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		3. ESTIMATED DOLLAR VALUE	
A. NAME OF THE CONTRACTING ACTIVITY VA Ann Arbor Healthcare System		12-23-2011		A. THIS F.Y. \$	B. TOTAL CONTRACT VALUE \$33,302.00
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			
8A. SIGNATURE AND PRINTED NAME OF CONCURRENCE SMALL BUSINESS OFFICE SPECIALIST FOR CONTRACTING ACTIVITY Brenda M. Johnson, Lead, Contract Specialist					8B. 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 2268 MUST BE SUBMITTED WITH VA FORM 2268 FOR ALL PROCUREMENTS IN EXCESS OF \$1M					
PROCUREMENT HISTORY					
15. HAS ITEM/SERVICE BEEN PREVIOUSLY AWARDED?		16. PERIOD OF PERFORMANCE		17. CONTRACT NO.	
<input type="checkbox"/> YES (Complete Items 16 thru 18) <input checked="" type="checkbox"/> NO (Skip to Item 19)					
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		23C. SIGNATURE, HEAD OF CONTRACTING ACTIVITY Donald R. King	
				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 2268	
				26C. DATE OF SIGNATURE	

JUNE 2007

VA FORM 2268