

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NO. 557-16-3-2443-0224	PAGE 1 OF 6	
2. CONTRACT NO.	3. AWARD/EFFECTIVE DATE	4. ORDER NO.	5. SOLICITATION NUMBER VA247-16-Q-0933	6. SOLICITATION ISSUE DATE 09-07-2016		
7. FOR SOLICITATION INFORMATION CALL:	a. NAME Rena Silvestri		b. TELEPHONE NO. (No Collect Calls) 478.272.1210 x2893	8. OFFER DUE DATE/LOCAL TIME 09-12-2016 4:00 PM		
9. ISSUED BY Department of Veterans Affairs Carl Vinson VA Medical Center 1826 Veterans Blvd. Dublin GA 31021		CODE	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100 % FOR: <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 339113 <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) SIZE STANDARD: 750 Employees			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS		<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING N/A		
			14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
15. DELIVER TO See Delivery Schedule	CODE	16. ADMINISTERED BY Department of Veterans Affairs Carl Vinson VA Medical Center 1826 Veterans Blvd. Dublin GA 31021		CODE		
17a. CONTRACTOR/OFFEROR	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY Department of Veterans Affairs FMS-VA-2(101) Financial Services Center PO Box 149971 Austin TX 78714-9971 PHONE: FAX:			
TELEPHONE NO.	DUNS:	DUNS+4:	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER						
19. ITEM NO.	20. See CONTINUATION Page SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Therapeutic Sleep Surface Mattresses This action is funded by PO 557-A6XXXX. This number must be annotated on all shipping documents and invoices. CONTRACTOR POC: PHONE: EMAIL: GOVERNMENT POC: Linda Jackson PHONE: 478.272.1210 x2715 EMAIL: Linda.Jackson1@VA.gov GOVERNMENT CONTRACTING OFFICIAL: Rena Silvestri PHONE: 478.272.1210 x2893 EMAIL: Rena.Silvestri@VA.gov (Use Reverse and/or Attach Additional Sheets as Necessary)					
25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page 557-3660160-2443-820100-3131 010040175			26. TOTAL AWARD AMOUNT (For Govt. Use Only)			
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA			<input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED.			
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA			<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED			<input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)		31c. DATE SIGNED		

CONTINUATION OF SF 1449 BLOCKS

CONTRACT ADMINISTRATION DATA

(continuation from Standard Form 1449, block 18A.)

1. Contract Administration: All contract administration matters will be handled by the following individuals:

a. CONTRACTOR:

b. GOVERNMENT: Contracting Officer 36C247
 Department of Veterans Affairs
 Carl Vinson VA Medical Center
 1826 Veterans Blvd.
 Dublin GA 31021

2. CONTRACTOR REMITTANCE ADDRESS: All payments by the Government to the contractor will be made in accordance with FAR 52.232-34, Payment by Electronic Funds Transfer—Other Than System for Award Management.

3. INVOICES: All invoices should be submitted in arrears and must contain the appropriate purchase order number. NOTE: If invoice is submitted improperly (too early, incorrect purchase order number, incorrect billing, etc), invoice will be returned to contractor for correction.

Vendor Electronic Invoice Submission Methods

Facsimile, e-mail, and scanned documents are not acceptable forms of submission for payment requests. Electronic form means an automated system transmitting information electronically according to the accepted electronic data transmission methods below:

1. VA’s Electronic Invoice Presentment and Payment System – The FSC uses a third-party contractor, Tungsten Network (Formerly OB10), to transition vendors from paper to electronic invoice submission. Please go to this website <http://www.tungsten-network.com/us/en/veterans-affairs-us/> to begin submitting electronic invoices, free of charge.
2. A system that conforms to the X12 electronic data interchange (EDI) formats established by the Accredited Standards Center (ASC) chartered by the American National Standards Institute (ANSI). The X12 EDI Web site (<http://www.x12.org>).

Vendor e-Invoice Set-Up Information

Please contact OB10 at the phone number or email address listed below to begin submitting your electronic invoices to the VA Financial Services Center for payment processing, free of charge. If you have question about the e-invoicing program or OB10, please contact the FSC at the phone number or email address listed below:

- OB10 e-Invoice Setup Information: 1-877-489-6135
- OB10 e-Invoice email: VA.Registration@ob10.com
- FSC e-Invoice Contact Information: 1-877-353-9791
- FSC e-invoice email: vafscshd@va.gov

ACKNOWLEDGMENT OF AMENDMENTS: The offeror acknowledges receipt of amendments to the Solicitation numbered and dated as follows:

AMENDMENT NO	DATE

PRICE/COST SCHEDULE**ITEM INFORMATION**

ITEM NO.	DESCRIPTION OF SUPPLIES/SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
0001	Therapeutic Sleep Surface Mattress 500 Wound Surface Included Options: Flat Deck Bed Type and NANO AG+	20.00	EA	_____	_____
GRAND TOTAL					_____

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- FSC e-invoice email: vafscshd@va.gov

DELIVERY SCHEDULE

ITEM NUMBER		QTY	DELIVERY DATE
0001	SHIP TO: Warehouse Chief, A&MM Services Carl Vinson VA Medical Center 1826 Veterans Blvd Dublin, GA 31021	20.00	Within 45 days After receipt of order
	MARK FOR: Linda Jackson 478.272.1210 x2715 linda.jackson@va.gov		

CONTRACT CLAUSES

FSS RFQ INTRODUCTORY LANGUAGE

The terms and conditions of the contractor's FSS contract (including any contract modifications) apply to all Blanket Purchase Agreements (BPA) and task or delivery orders issued under the contract as a result of this RFQ. When a lower price has been established, or when the delivery terms, FOB terms, or ordering requirements have been modified by the BPA or task/delivery order, those modified terms will apply to all purchases made pursuant to it and take precedence over the FSS contract. Any unique terms and conditions of a BPA or order issued under the contract that are not a part of the applicable FSS contract will govern. In the event of an inconsistency between the terms and conditions of a BPA or task/delivery order and the Contractor's FSS terms, other than those identified above, the terms of the FSS contract will take precedence.

SOLICITATION PROVISIONS

LIMITATIONS ON SUBCONTRACTING-- MONITORING AND COMPLIANCE (JUN 2011)

Any contract resulting from this solicitation will include this clause. The contractor is advised in performing contract administration functions, the CO may use the services of a support contractor(s) retained by VA to assist in assessing the contractor's compliance with the limitations on subcontracting or percentage of work performance requirements specified in the clause. To that end, the support contractor(s) may require access to contractor's offices where the contractor's business records or other proprietary data are retained and to review such business records regarding the contractor's compliance with this requirement. All support contractors conducting this review on behalf of VA will be required to sign an "Information Protection and Non-Disclosure and Disclosure of Conflicts of Interest Agreement" to ensure the contractor's business records or other proprietary data reviewed or obtained in the course of assisting the CO in assessing the contractor for compliance are protected to ensure information or data is not improperly disclosed or other impropriety occurs. Furthermore, if VA determines any services the support contractor(s) will perform in assessing compliance are advisory and assistance services as defined in FAR 2.101, Definitions, the support contractor(s) must also enter into an agreement with the contractor to protect proprietary information as required by FAR 9.505-4, obtaining access to proprietary information, paragraph (b). The contractor is required to cooperate fully and make available any records as may be required to enable the CO to assess the contractor's compliance with the limitations on subcontracting or percentage of work performance requirement.

SECTION D - CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS

CHARACTERISTICS STATEMENT

Therapeutic Sleep Surface

Scope

This characteristics statement defines the effort required for the Dublin VA Medical Center (VAMC) to acquire therapeutic sleep surface mattresses. This characteristics statement includes the associated requirements for any applicable reference documents, place of delivery, schedule of deliveries, and acceptance procedures.

Statement of Required Goods/Deliverables

Request specification sheet, drawings, brochures, or pictures for item quoted as an OR EQUAL item to fully describe item to be furnished. Failure to provide sufficient technical data to allow a comprehensive review may result in being determined as non-responsive.

Brand Name

Hill-Rom, OR EQUAL

General

Teaming Arrangement: Contractor is permitted to provide all products from a single supplier or to provide products from more than one supplier with an adequate teaming arrangement. Payment is to be provided to a single prime contractor.

Pre-Proposal Site Visit: There will be no pre-proposal site visit scheduled. This characteristics statement gives adequate information needed to provide a proposal.

Contractor Proposal

The contractor shall submit the following information with the proposal. Failure to provide the requested documentation in this paragraph may result in non-compliance.

Compliance Documentation: Contractor shall provide documentation to demonstrate compliance.

Product Technical Evaluation Compliance Documentation: Contractor shall provide manufacturer literature or other evidence to demonstrate compliance with all of the technical requirements specified in Product Technical Specifications in this characteristics statement. Failure to adequately demonstrate compliance on all Technical Specification requirements may result in non-compliance.

Please Note: Product technical compliance must be demonstrated with manufacturer's literature or other definitive proof such as photographs or product demo's and samples. A simple "Contractor meets specifications" statement is unacceptable and may be considered non-compliant.

Deviation Statement: There shall be a written deviation statement provided by the contractor in their submittal addressing any deviations to any section of the PWS.

Manufacturer's Literature/Catalog: Contractor shall provide a current copy of the manufacturer's catalog for the product(s) being quoted. The catalog shall reference all items being quoted.

Warranties: Warranty shall be typical standard commercial warranty. A copy of the warranty must be included, clearly stating all terms.

Product Technical Specifications

Products shall comply with the minimum technical specifications. The surface, often a type of mattress, is designed to prevent the development of pressure wounds as well as treat existing pressure wounds.

- SHALL MEET OR EXCEED Hill-Rom P500 Wound Surface, with included options of Flat Deck Bed Type and Nano AG+
- Mattress replacement, not an overlay
- Recommended for treatment of stage III & IV wounds
- Recommended for prevention of wound development
- In the case of inflation failure, a cushion or some other object to protect the veteran from the hard bed frame
- Mattress-hose-pump connection away from moving bed parts (e.g. side-rail, flexion, and extension)
- 500 lb weight limit
- Turn assist feature
- Life expectancy of 5 years
- Provision of end-user training
- Provision of biomedical training
- Fluid and bacterial resistant cover
- Removable/replaceable mattress cover
- Cleaning method similar to current sleep surfaces

Operator and Service Manuals

These may be submitted as hard copy or electronic copy. Approved electronic copy must be in pdf format, one document per CD, properly labeled with description and product name/model number.

Days and Hours of Operation/Receiving Hours

Monday – Friday, 8:00 am to 4:30 pm, excluding federal holidays.

Point of Contact

Ms. Linda Jackson, Supervisor
Sterile Processing Services (SPS)
Phone: 478-272-1210 x2715.
Email: Linda.Jackson.1@VA.gov

Delivery Address

Warehouse
Carl Vinson VA Medical Center
ATTN: Linda Jackson x2715
1826 Veterans Blvd.
Dublin, Georgia 31021

Requested Delivery Date

The items shall be delivered no later than 45 days after receipt of order.