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| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS<br/>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |  | 1. REQUISITION NO.<br>9207-000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                            | PAGE 1 OF 153                                             |            |
| 2. CONTRACT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3. AWARD/EFFECTIVE DATE                                              |  | 4. ORDER NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                            | 5. SOLICITATION NUMBER<br>VA786-16-R-0382                 |            |
| 6. SOLICITATION ISSUE DATE<br>12-09-2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. FOR SOLICITATION INFORMATION CALL:<br>a. NAME<br>Teresa Cabanting |  | b. TELEPHONE NO. (No Collect Calls)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                            | 8. OFFER DUE DATE/LOCAL TIME<br>01-20-2017<br>4:00 PM MST |            |
| 9. ISSUED BY<br>Department of Veterans Affairs<br>National Cemetery Administration<br>75 Barrett Heights Rd. Suite 309<br><br>Stafford, VA 22556                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |  | 10. THIS ACQUISITION IS<br><input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100 % FOR:<br><br><input type="checkbox"/> SMALL BUSINESS<br><input type="checkbox"/> HUBZONE SMALL BUSINESS<br><input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS<br><input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM<br><input type="checkbox"/> EDWOSB<br><input type="checkbox"/> 8(A) Y<br>NAICS: 561730<br>SIZE STANDARD: \$7.5 Million |                                                                                                                                                                                                                                                                                                                                                                            |                                                           |            |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><input type="checkbox"/> SEE SCHEDULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12. DISCOUNT TERMS                                                   |  | 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            | 13b. RATING<br>N/A                                        |            |
| 14. METHOD OF SOLICITATION<br><input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15. DELIVER TO<br>CODE                                               |  | 16. ADMINISTERED BY<br>Department of Veterans Affairs<br>NCA Contracting Service<br><br>75 Barrett Heights Rd. Suite 309<br>Stafford VA 22556<br><br>CODE 43C1                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                            |                                                           |            |
| 17a. CONTRACTOR/OFFEROR<br>CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FACILITY CODE                                                        |  | 18a. PAYMENT WILL BE MADE BY<br>CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                            |                                                           |            |
| TELEPHONE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DUNS:                                                                |  | DUNS+4:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                            |                                                           |            |
| 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |  | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED<br><input type="checkbox"/> SEE ADDENDUM                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                            |                                                           |            |
| 19. ITEM NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20. SCHEDULE OF SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |  | 21. QUANTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22. UNIT                                                                                                                                                                                                                                                                                                                                                                   | 23. UNIT PRICE                                            | 24. AMOUNT |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>           GROUNDS MAINTENANCE SERVICES AT FORT SILL NATIONAL CEMETERY. Services include, but are not limited to, mowing, trimming, edging (features and flat markers), weed control, fertilizing, removal of trash in accordance with the PWS.<br/><br/>           100% Set aside for SDVOSB<br/><br/>           Site Visit: 01/10/2017 at 10:30 AM, MST. POC is William Rhoades at william.rhoades@va.gov, to sign up.<br/><br/>           Deadline for submission of questions: 1/13/2017 2:00 pm, MST<br/>           Questions shall be submitted via the Vendor Portal.<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/>           ALL VENDORS SHALL SUBMIT THEIR PROPOSAL THROUGH THE VENDOR PORTAL AT: <a href="https://www.vendorportal.ecms.va.gov">https://www.vendorportal.ecms.va.gov</a>. A Vendor Portal guide is provided as an attachment.<br/><br/>           (Use Reverse and/or Attach Additional Sheets as Necessary)         </p> |                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                            |                                                           |            |
| 25. ACCOUNTING AND APPROPRIATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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<br><input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA<br><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"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED.<br><input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED<br><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)<br>Teresa Cabanting<br>Contracting Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                            | 31c. DATE SIGNED                                          |            |