

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NO. 529-17-2-093-0110		PAGE 1 OF 16	
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NO.		5. SOLICITATION NUMBER VA244-17-Q-0644	
						6. SOLICITATION ISSUE DATE 05-08-2017	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME ANDREA AULTMAN-SMITH				b. TELEPHONE NO. (No Collect Calls) 610-384-7711 X3228	
						8. OFFER DUE DATE/LOCAL TIME <b>05-15-2017 2:00 PM, EST</b>	
9. ISSUED BY DEPARTMENT OF VETERANS AFFAIRS NETWORK CONTRACTING OFFICE 4 SAO EAST HYBRID 1 TEAM - 542/90C COATESVILLE VA MEDICAL CENTER 1400 BLACK HORSE HILL ROAD COATESVILLE, PA 19320-2096				CODE 36C244			
				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: <b>100</b> % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> EDWOSB <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) Y NAICS: 339112 SIZE STANDARD: 1000 Employees			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS NET 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING N/A	
						14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO DEPARTMENT OF VETERANS AFFAIRS VA BUTLER HEALTH CARE VA MEDICAL CENTER POC: DAWN ZURZOLO 353 NORTH DUFFY ROAD BUTLER, PA 16001				CODE 36C693			
				16. ADMINISTERED BY DEPARTMENT OF VETERANS AFFAIRS NETWORK CONTRACTING OFFICE 4 SAO EAST - HYBRID 1 542/90C CVAMC 1400 BLACK HORSE HILL ROAD COATESVILLE, PA 19320-2096			
17a. CONTRACTOR/OFFEROR		CODE		FACILITY CODE		18a. PAYMENT WILL BE MADE BY	
						CODE 36C244	
				AUSTIN PAYMENT CENTER DEPARTMENT OF VETERANS AFFAIRS  PO BOX 149971 AUSTIN, TX 78714-9971  PHONE: (877) 353-9791 FAX: (512) 460-5429			
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	
		MEDICAL EQUIPMENT - MISCELLANEOUS					
		ALL QUOTES MUST INCLUDE PRODUCT WARRANTY.					
		ALL QUOTES MUST BE SUBMITTED VIA EMAIL TO andrea.aultman-smith@va.gov.					
		NO LATER THAN 2:00 PM, EST., MAY 15, 2017					
		(Use Reverse and/or Attach Additional Sheets as Necessary)					
25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page 529 3670160 093 824200 3131 010040177				26. TOTAL AWARD AMOUNT (For Govt. Use Only)			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA				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"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED			
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> 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				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	

