FedBizOpps

**Combined Synopsis/Solicitation Notice**

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**CLASSIFICATION CODE**

**SUBJECT**

**CONTRACTING OFFICE'S**

**ZIP-CODE**

**SOLICITATION NUMBER**

**RESPONSE DATE (MM-DD-YYYY)**

**ARCHIVE**

**DAYS AFTER THE RESPONSE DATE**

**RECOVERY ACT FUNDS**

**SET-ASIDE**

**NAICS CODE**

**CONTRACTING OFFICE**

**ADDRESS**

**POINT OF CONTACT**

(POC Information Automatically Filled from

User Profile Unless Entered)

**DESCRIPTION**

**\***

**See Attachment**

**AGENCY'S URL**

**URL DESCRIPTION**

**AGENCY CONTACT'S EMAIL**

**ADDRESS**

**EMAIL DESCRIPTION**

**ADDRESS**

**POSTAL CODE**

**COUNTRY**

**ADDITIONAL INFORMATION**

**GENERAL INFORMATION**

**PLACE OF PERFORMANCE**

**\* = Required Field**

FedBizOpps Combined Synopsis/Solicitation Notice

Rev. March 2010

54

Smoking shelter

53214-1476

VA69D-17-Q-1723

09-25-2017

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321992

Department of Veterans Affairs

Great Lakes Acquisition Center (GLAC)

115 S 84th Street, Suite 100

 WI 53214-1476

Pauline Ludwig

414-844-4868

pauline.ludwig@va.gov

Dept of Veterans Affairs

VA Illiana Health Care System VAMC

1900 E Main St

Danville, IL

61832

USA

**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: Pauline Ludwig, Contract Specialist

 Great Lakes Acquisition Center

 115 S 84th St.

 Milwaukee, WI 53214 (414) 844-4868

2. CONTRACTOR REMITTANCE ADDRESS: All payments by the Government to the contractor will be made in accordance with:

 [X] 52.232-33, Payment by Electronic Funds Transfer – System for Award Management (Jul 2013)

3. INVOICES: Invoices shall be submitted in arrears in accordance with:

 a. 852.232-72 Electronic Submission of Payment Requests (Nov 2012)

 b. Upon Acceptance of Items

**FACSIMILE, E-Mail, and Scanned Documents are Not Acceptable forms of Submission for Payment Requests.**

**For assistance setting up e-Invoice, the below information is provided:**

 **\*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:** **vafsccshd@va.gov**

**BASIS OF AWARD:**

The Government will make the award to the most fair and reasonably priced offer.

**SCHEDULE OF SUPPLIES/SERVICES AND PRICES/COSTS**

(SF 1449, Continuation of Blocks 19 – 24)

Contractor shall provide the following **smoking shelter** for the **VA Illiana Health Care System VAMC, Danville, IL**. Offeror shall provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No.** | **Description**  | **QTY** | **UNIT** | **UNIT PRICE****EST** | **TOTAL PRICE** |
| 1 | #S6-4R Handi-Hut Passenger/Smoking Shelter | 1 | each |  |  |
|  | TOTAL |  |  |  |  |

Salient characteristics:

* Provide a freestanding structure designed to be bolted to an existing concrete pad capable of withstanding a 90 MPH wind at ground level.
* Provide a structure approximately 15’0” x 10’0”.
* Framing is to be 6063-T52 aluminum alloy with 313 dark bronze anodized finish.
* Three (3) walls are to be completely enclosed with ¼” tempered glass at an elevation starting at 10” above the finished grade with closure all the way up to the eave.
* Fourth (front wall) to be enclosed with ¼” tempered glass at an elevation starting 10” above the finished grade with closure all the way up to the eave with one (1) 36” ADA approved opening to allow access located off of a corner.
* Structure to have a center ridge style roof comprised of Dutch seam decking with a black Kynar finish.
* Provide two (2) infrared heaters, 1500 watts each, 120 volts with a wall mounted timer.
* Provide two (2) solar lighting kits. Units to be STH-1501 or comparable equivalent.