

SOLICITATION, OFFER, AND AWARD (Construction, Alteration, or Repair)	1. SOLICITATION NUMBER	2. TYPE OF SOLICITATION	3. DATE ISSUED	PAGE OF PAGES
	36C25618B0295	<input checked="" type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	02-22-2018	1 51

IMPORTANT - The "offer" section on the reverse must be fully completed by offeror.

4. CONTRACT NUMBER	5. REQUISITION/PURCHASE REQUEST NUMBER 667-18-2-513-0004	6. PROJECT NUMBER 667-18-116
7. ISSUED BY ALEXANDRIA VA HEALTH CARE SYSTEM NETWORK CONTRACTING OFFICE 16 ALEXANDRIA VA HEALTH CARE SYSTEM PO BOX 69004 ALEXANDRIA LA 71306-9004	CODE 00502	8. ADDRESS OFFER TO DEPARTMENT OF VETERANS AFFAIRS ALEXANDRIA VA HEALTH CARE SYSTEM Attn:Gina Roach, Contracting Officer, 2495 Shreveport Highway Pineville LA 71360-9004
9. FOR INFORMATION CALL:	a. NAME Gina Roach	b. TELEPHONE NUMBER (Include area code) (NO COLLECT CALLS) 318 466-4484

SOLICITATION

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying number, date)

This procurement is a 100% set-aside for Service-Disabled Veteran-Owned Small Businesses (SDVOSB's) under Public Law (PL) 109-461. Bidders must be verified as a SDVOSB in the VetBiz Vendor information Pages (VIP) at <http://www.vetbiz.gov>. Bids received from contractors who are not SDVOSB verified in the VetBiz VIP will be considered non-responsive and will not be considered for award.

BASE BID ITEM: Furnish all labor, tools, materials, equipment and supervisory necessary to perform all work associated with Project No. 667-18-116 "Renovate BEI, Release of Information for the Overton Brooks VA Medical Center, 510 E. Stoner Avenue, Shreveport, LA 71101.

CONTRACTOR'S PAST SAFETY RECORD: As per VHA Directive 7715 Safety and Health During Construction, Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency (EPA) Violations: Bidders must verify that they have had no more than three serious, no repeat or no willful OSHA or EPA violations in the past three (3) years and have an Experience Modification Rate (EMR) of equal or less than 1.0.

Therefore, Bidders must submit the attached Contractor Verification Form Construction Safety as a part of their bid package to be eligible for award. Bidders who fail to submit a completed Contractor Verification Form Construction Safety as a part of their bid package will be considered non-responsive and will not be considered for award. Bidders who submit a completed Contractor Verification Form Construction Safety showing an EMR greater than 1.0 will also be considered non-responsive and will not be considered for award.

SITE VISIT: A Site Visit will be held at 10:00 AM local (Shreveport) Time on: WEDNESDAY, MARCH 7, 2017. Interested parties will meet in Bldg 4, Room 4-17, Engineering Conference Room at the Overton Brooks VA Medical Center. This will be the only Site Visit conducted for this procurement.

AS PER VAAR 836.204 AND FAR 36.204 THE ESTIMATED MAGNITUDE OF THIS PROJECT IS BETWEEN \$25,000 AND \$100,000

NAICS CODE: 236220 SIZE STANDARD: \$36.50M

GEOGRAPHICAL AREA WHERE WORK IS TO BE PERFORMED: SHREVEPORT, LA

THIS PROCUREMENT IS SUBJECT TO THE AVAILABILITY OF FUNDS.

11. The Contractor shall begin performance within <u>10</u> calendar days and complete it within <u>60</u> calendar days after receiving <input type="checkbox"/> award, <input type="checkbox"/> notice to proceed. This performance period is <input type="checkbox"/> mandatory <input type="checkbox"/> negotiable. (See <u>52.211-10</u>).	
12a. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS? (If "YES," indicate within how many calendar days after award in Item 12B.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12b. CALENDAR DAYS 10

13. ADDITIONAL SOLICITATION REQUIREMENTS:

- Sealed offers in original and _____ copies to perform the work required are due at the place specified in Item 8 by 1:00 CST (hour) local time 03-26-2018 (date). If this is a sealed bid solicitation, offers must be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, the date and time offers are due.
- An offer guarantee ☒ is, ☐ is not required.
- All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by reference.
- Offers providing less than _____ calendar days for Government acceptance after the date offers are due will not be considered and will be rejected.

OFFER (Must be fully completed by offeror)

14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)		15. TELEPHONE NUMBER (Include area code)
		16. REMITTANCE ADDRESS (Include only if different than Item 14.)
CODE	FACILITY CODE	

17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of the solicitation, if this offer is accepted by the Government in writing within _____ calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in Item 13d. Failure to insert any number means the offeror accepts the minimum in Item 13d.)

AMOUNTS

BASE BID ITEM: \$

18. The offeror agrees to furnish any required performance and payment bonds.

19. ACKNOWLEDGMENT OF AMENDMENTS

(The offeror acknowledges receipt of amendments to the solicitation -- give number and date of each)

AMENDMENT NUMBER										
DATE.										

20a. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER
(Type or print)

20b. SIGNATURE

20c. OFFER DATE

AWARD (To be completed by Government)

21. ITEMS ACCEPTED:

22. AMOUNT

23. ACCOUNTING AND APPROPRIATION DATA

667-3680162-513-854200-3223 23NRPRJ00

24. SUBMIT INVOICES TO ADDRESS SHOWN IN
(4 copies unless otherwise specified)

ITEM

25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO
☐ 10 U.S.C. 2304(c)() ☒ 38 U.S.C. 8127 (d))

26. ADMINISTERED BY

00502

DEPARTMENT OF VETERANS AFFAIRS
NETWORK CONTRACTING OFFICE 16
ALEXANDRIA VA HEALTH CARE SYSTEM
2495 SHREVEPORT HIGHWAY
PINEVILLE LA 71360-4004

27. PAYMENT WILL BE MADE BY

Department of Veterans Affairs
Financial Services Center
PO Box 149971
Austin TX 78714
PHONE: 877-353-9791 FAX: 512-460-5429

CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE

☐ 28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work requirements identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract.

☐ 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.

30a. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED
TO SIGN (Type or print)

31a. NAME OF CONTRACTING OFFICER (Type or print)

GINA L. ROACH
NCO1615L2-4109

30b. SIGNATURE

30c. DATE

31b. UNITED STATES OF AMERICA

31c. AWARD DATE

BY

