

This announcement constitutes a Sources Sought Synopsis (market survey). This is not a request for quote (RFQ). This announcement is for information and planning purposes only and is not to be construed as a commitment by the Government, implied or otherwise, to issue a solicitation or award a contract. The Government will not pay for any cost incurred in responding to this announcement. Any information submitted by respondents to this Sources Sought synopsis shall be voluntary.

This Sources Sought Notice is for Market Research purposes only. The information submitted in response to the Sources Sought Notice will not be utilized to determine vendor standing in any future/potential Request for Quote, nor will it be utilized to determine if a vendor is qualified to submit a Request for Quote for any future/potential requirement. The notice and the information received shall not be used to determine how well respondents can perform a requirement, which can only be evaluated in response to a solicitation.

Vendors will not receive formal notification or feedback on any information submitted in this Sources Sought request. All future/proposed submissions/solicitations requirements solicited on a Government Point of Entry (GPE) will be evaluated independent of any information submitted in response to this Sources Sought Notice. No vendor will be provided information on solicitations issued on a Government Point of Entry based on this Sources Sought request.

Potential Sources shall provide shipping and delivery as well as required lead time from receipt of order to shipping. Their Capability Statement must be clear, concise, and complete.

The Orlando VA Healthcare System (OVAHS) has the need to purchase Hologic NovaSure Ablation Handpiece, "or Equal" relative to NAICS 339112 with a size standard of 1,000 employees.

Potential sources are to respond by email only, to Contract Specialist Duwane B. Snyder at Duwane.snyder@va.gov no later than July 6th, 2018 at 3:30PM Eastern Time, and provide the following information:

Company Name:
Address:
Contact Name:
Phone No:
Email:
DUNS:
CAGE:
TAX ID:
Years in Business:
"Or Equal" Description:

Business size information
Select all that applies:
<input type="checkbox"/> Small Business
<input type="checkbox"/> Emerging Small Business
<input type="checkbox"/> Small Disadvantaged Business
<input type="checkbox"/> Certified under Section 8(a) of the Small Business Act

<input type="checkbox"/> HubZone <input type="checkbox"/> Woman Owned <input type="checkbox"/> Certified Service-Disabled Veteran Owned Small in Vetbiz.gov <input type="checkbox"/> Certified Veteran Owned Small Business in Vetbiz.gov <input type="checkbox"/> Large Business <input type="checkbox"/> Other:_____	
FSS/ GSA Contract Holder	Yes <input type="checkbox"/> No <input type="checkbox"/>
FSS/ GSA Contract Number	
Effective Date / Expiration Date	