

1. REQUISITION NO. 636-12-4-3963-0013	PAGE 1 OF 105
5. SOLICITATION NUMBER VA263-12-R-0601	6. SOLICITATION ISSUE DATE 09-20-2012
b. TELEPHONE NO. (No Collect Calls) 515-699-5449	8. OFFER DUE DATE/LOCAL TIME 09-27-2012

9. ISSUED BY	CODE: <input type="text"/>	10. THIS ACQUISITION IS	<input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR:
Department of Veterans Affairs		<input type="checkbox"/> SMALL BUSINESS	<input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS
VA Central Iowa Health Care System		<input type="checkbox"/> HUBZONE SMALL BUSINESS	<input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED
Des Moines Division		<input type="checkbox"/> SERVICE-DISABLED	<input type="checkbox"/> SMALL BUSINESS PROGRAM NAICS: 624221
3600 30th Street		<input type="checkbox"/> VETERAN-OWNED	<input type="checkbox"/> EDWOSB
Des Moines IA 50310		<input type="checkbox"/> SMALL BUSINESS	<input type="checkbox"/> 8(A) SIZE STANDARD: \$7. Million

15. DELIVER TO	CODE	16. ADMINISTERED BY	CODE
Department of Veterans Affairs VA Central Iowa Health Care System Des Moines Division 3600 30th Street Des Moines IA 50310		Department of Veterans Affairs VA Central Iowa Health Care System Des Moines Division 3600 30th Street Des Moines IA 50310	

TELEPHONE NO.	DUNS:	PHONE:	FAX:
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM	

25. ACCOUNTING AND APPROPRIATION DATA	26. TOTAL AWARD AMOUNT (For Govt. Use Only)
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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