Historical Information

The Veterans Health Administration (VHA) Non-Expendable Equipment National Program has identified the BNOE (brand name or equal) **Electromedical Products Int'l, Inc.® Stimulators: Electrical: Brain** product line as a candidate for a VA-wide (otherwise referred to as "national") single Requirements contract award.

Stimulators: Electrical: Brain: Electrical stimulators that apply the stimulus to all or any part of the brain, such as the cerebellum or the cerebrum (sometimes including the deep cerebral centers).

As part of our market research effort, we are seeking input from industry to identify the ability of the commercial market to fulfill potential requirements.

Thank you for your participation.

If unable to complete this questionnaire in one sitting, you will need to close the questionnaire window and re-open the questionnaire link to edit your response. The questionnaire will start from the beginning, but will show the responses previously entered. This only works if returning to the questionnaire from the original computer (IP address) used initially. All responses are collected based on IP addresses; only one response per IP address is permitted. This edit process will not work if you try to use a different computer to complete your response.

All questions with an "*" require a response to continue. Open surveys do time out after approximately 10 minutes of inactivity.

Monterey Consultants, Inc., is contracted by VA, Office of Small and Disadvantaged Business Utilization (OSDBU) to assist with market research. The survey portal is managed by Monterey on behalf of VA OSDBU. Monterey has signed Non-Disclosure Agreements and is restricted under Organizational Conflict of Interest clauses from sharing submitted information with any party outside VA. Monterey is not engaged in this industry and does not plan on doing business within this area in the foreseeable future.

Please email a copy of the BNOE (brand name or equal) Electromedical Products Int'l, Inc.® Stimulators: Electrical: Brain product brochure(s) that your company provides to Charles.Herring@va.gov.

1.	Does your company currently provide BNOE (brand name or equal) Electromedical Products Int'l, Inc.® Stimulators: Electrical: Brain?*
	C Yes No
2.	Is your company prohibited from working with (Federal or State) Government contracts?*
	Yes No
	Demographic Information
3.	Please enter the following information:*
	Name of Firm

	Point of Contact POC Phone Number Business Address City/Town State ZIP Code
4.	Contact Email:* A copy of your responses will be sent to this email address. Please check any "spam" or "junk" files in case the response is rerouted.
5.	Please provide your company's Data Universal Numbering System (DUNS) identification number:* (9-Digit Identification Number without hyphen)
	Identify which of the following NAICS codes your company uses when providing BNOE (brand name or equal) Electromedical Products Int'l, Inc.® Stimulators: Electrical: Brain: * (select all that apply) 333314 - Optical Instrument and Lens Manufacturing 334510 - Electromedical and Electrotherapeutic Apparatus Manufacturing 334516 - Analytical Laboratory Instrument Manufacturing 339112 - Surgical and Medical Instrument Manufacturing 339113 - Surgical Appliance and Supplies Manufacturing 423450 - Medical, Dental, and Hospital Equipment and Supplies Merchant Wholesalers 423490 - Other Professional Equipment and Supplies Merchant Wholesalers Other
7.	What is your company's primary NAICS code of operation?* (Limited to 6 digits)
8.	Please indicate any business designations that describe your company:* (select all that apply) Service-Disabled Veteran Owned Small Business (SDVOSB) Veteran Owned Small Business (VOSB)

		8(a) Business Development Small Business Certification
		HUBZone Business Concern
		Economically Disadvantaged Women-Owned Small Business (EDWOSB in accordance with 19.1503)
		Women-Owned Small Business (WOSB in accordance with 19.1503)
		Small Disadvantaged Business (SDB)
		Small Business as per primary NAICS code of operation
		Large Business
		AbilityOne Firm
		Other
9.		your company a manufacturer, distributor, or reseller of the equipment/product(s) described in the Sources Sought iopsis for this request?*
	0	Manufacturer
	0	Distributor/Reseller
	0	Both Manufacturer and Distributor of your company's product(s)
	0	Other
10	Ις ν	your company currently providing support to (Federal or State) government agencies?*
	0	No
	0	
	Ī	Yes. Please specify which agencies/offices:
	J	
11	Da	as your company surrently have a MARPA or other VA contract for DNOT (hyand name or osual) Floatromedical
11		es your company currently have a VA BPA or other VA contract for BNOE (brand name or equal) Electromedical oducts Int'l, Inc.® Stimulators: Electrical: Brain or related products?*
	O	No
	O	
		Ves. Please provide the contract number:
		Yes. Please provide the contract number:
		Yes. Please provide the contract number:
12	Но	
12		Yes. Please provide the contract number: w many years of experience does your business have providing BNOE (brand name or equal) Electromedical oducts Int'l, Inc.® Stimulators: Electrical: Brain?*
12		w many years of experience does your business have providing BNOE (brand name or equal) Electromedical
12	Pro	w many years of experience does your business have providing BNOE (brand name or equal) Electromedical oducts Int'l, Inc.® Stimulators: Electrical: Brain?*
12	Pro	w many years of experience does your business have providing BNOE (brand name or equal) Electromedical oducts Int'l, Inc.® Stimulators: Electrical: Brain?* < 1 year
12	Pro	w many years of experience does your business have providing BNOE (brand name or equal) Electromedical oducts Int'l, Inc.® Stimulators: Electrical: Brain?* < 1 year 1 - 2 years
12	Pro	w many years of experience does your business have providing BNOE (brand name or equal) Electromedical oducts Int'l, Inc.® Stimulators: Electrical: Brain?* < 1 year 1 - 2 years 3 - 4 years
12	Pro	w many years of experience does your business have providing BNOE (brand name or equal) Electromedical oducts Int'l, Inc.® Stimulators: Electrical: Brain?* < 1 year 1 - 2 years 3 - 4 years 5 - 6 years

13. Identify those BNOE (brand name or equal) Electromedical Products Int'l, Inc.® Stimulators: Electrical: Brain manufacturers with which your company has a current contract or other agreement (distribution):* (select all that apply)			
☐ Mecta			
☐ Somatics			
☐ Other			
14. Identify those items below where your company can provide BNOE (brand name or equal) Electromedical Products Int'l, Inc.® Stimulators: Electrical: Brain and/or ancillary items:* (select all that apply)			
 Alpha-Stim M combined microcurrent and cranial electrotherapy stimulator and accessories-Part Number 400KITUS 			
Alpha-Stim AID cranial electrotherapy stimulator and accessories- Part Number 500KITUS			
☐ None of the Above			
□ Other			
Other, please specify			
15. Identify what tools, accessories, or services your company includes in the purchase of a single BNOE (brand name or equal) Electromedical Products Int'l, Inc.® Stimulator: Electrical: Brain:* (select all that apply)			
On-line web-based clinical user training			
On-line web-based biomedical technical training			
On-Site (at VAMC) clinical user training			
On-Site (at VAMC) biomedical technical training			
2 or more quick reference guides			
2 or more system user manuals			
2 or more system technical manuals			
Sterilization protocol reference sheet/guide			
Product warranty			
On-line support			
Software update service options			
☐ Hardware repair service options			
Preventive maintenance service options			
☐ None of the Above			
☐ Other			

16.	with TAA the	you certify, on behalf of your company, that all CLIN items you have identified for this effort are fully compliant h the Trade Agreements Act (TAA)?* of 1979, Pub.L. 96–39, 93 Stat.144, enacted July 26, 1979, is an Act of Congress that governs trade agreements negotiated between United States and other countries under the Trade Act of 1974. Products must be manufactured or "substantially transformed" in the sed States or a TAA designated country.
	O	Yes
	~	No
17.	Elec acc	ase identify those salient characteristic requirements that can be met by Brand Name or Equal (BNOE) ctromedical Products Int'l, Inc.® Alpha-Stim M combined microcurrent and cranial electrotherapy stimulator and ressories-Part Number 400KITUS your company provides:* ect all that apply)
		Stimulators: Electrical: Brain provides treatment of mental issues such as pain, anxiety, depression, and insomnia.
		Stimulators: Electrical: Brain provides low level electrical simulation to the brain.
		Stimulators: Electrical: Brain is hand-held.
		Stimulators: Electrical: Brain allows user control.
		Stimulators: Electrical: Brain operates on battery power.
		None of the Above
		Other
		Other, please specify
18.	Elec 500	ase identify those salient characteristic requirements that can be met by Brand Name or Equal (BNOE) ctromedical Products Int'I, Inc.® Alpha-Stim AID cranial electrotherapy stimulator and accessories- Part Number DKITUS your company provides:* ect all that apply)
		Stimulators: Electrical: Brain provides treatment of mental issues such as pain, anxiety, depression, and insomnia.
		Stimulators: Electrical: Brain provides low level electrical simulation to the brain.
		Stimulators: Electrical: Brain is hand-held.
		Stimulators: Electrical: Brain allows user control.
		Stimulators: Electrical: Brain operates on battery power.
		None of the Above
		Other
		Other, please specify
19.	nan	ase list your company's products that meet the aforementioned salient characteristics. Include the manufacturer me, part number, and short item description for the top five BNOE (brand name or equal) Electromedical Products II, Inc.® Stimulators: Electrical: Brain products your company provides:
		Manufacturer Name Part Number Short Description

	Pro	duct 1					
	Pro	duct 2					
	Pro	duct 3					
	Pro	duct 4					
]			
	Pro	duct 5					
20.	Please identify the characteristic(s) of Biomedical Training that your company provides:* (select all that apply)						
		Technical training inc	· ·			-	
		Vendor incurs all tran for up to two Biomed	sportation, tuiti ical Engineer sta	ion and lodging co aff per facility.	sts for service a	nd maintenance	technical 3 day training
		Two Service and two	operators' man	uals provided for	each unit purcha	ised.	
		None of the Above					
		Other					
21.		use identify the charactect all that apply)	teristic(s) of Us	er Training that yo	our company pro	ovides:*	
		Initial On-site User Treffectively.	raining includes	information on ho	w to operate an	d clean the equip	pment safely and
		Vendor supports inter	rface changes a	s they become ne	eded and provid	es subsequent re	efresher training.
		None of the Above					
		Other					
22.	Wha	at is the average lengt	h of time cover	ed by your compa	ny's product wai	rranties?*	
	0	No Warranty					
	0	<6 months					
	0	>6 months <1 year					
	0	>1 year					
	~) I your					
23. What terms are included in the standard warranty provided with purchase of this type of product?* (select all that apply)		oduct?*					
		Equipment repair ser	vices				
		Equipment replacement	ent				
		Downtime recompens	se				
		Emergency repair ser	vices				
		Software upgrades Warranty not void if p chemicals.	oroduct is clean	ed and disinfected	using EPA and I	EPS standardized	d cleaning and disinfectant

	Warranty not void if non-OEM peripheral attachments are used with the equipment No warranty offered
24. Wh	at is the largest geographic area covered by your firm for this type of work?*
0	Local availability only
0	Within one State only
0	Primarily within one state and its bordering states
0	Regionally
0	Nationally
C	Nationally and US Territories
	es your company currently have teaming arrangements in place to support BNOE (brand name or equal) ctromedical Products Int'l, Inc.® Stimulators: Electrical: Brain product orders?*
0	Yes
C	No
26. On	an annual basis, what is the total workload capacity that your firm could execute?*
0	Less than \$5M
0	\$5M to \$10M
0	\$10M to \$20M
0	\$20M to \$30M
C	Greater than \$30M
	units, what is your company's monthly capacity to provide BNOE (brand name or equal) Electromedical Products 'I, Inc.® Stimulators: Electrical: Brain?*
0	1 to 5 units
0	6 to 10 units
0	11 to 15 units
0	16 to 20 units
0	> 20 units
	your company's total line of credit capacity, what is its remaining capacity after accounting for current and icipated contracts?*
0	< \$100K
0	\$100K to \$150K
0	\$151K to \$200K
0	\$201K to \$300K

0	\$301K to \$500K
0	\$501K to \$1M
0	\$1.1M to \$5M
0	\$5.1M to \$15M
0	\$15.1M to \$30M
0	> \$30M
29. Is y	your company ISO 9000 certified?*
O	Yes
0	No
	eck those areas where your company has an established on-going program.* ect all that apply)
	Company is a registered establishment with the U.S. Food and Drug Administration (FDA)
	Additional licensure/certification for in-place staff
	Diversity subcontracting
	Ethics/Core Values Training and Audits
	ISO Certification
	Licensure/certification renewals or upgrades for in-place staff
	Limited-Access Site clearance
	Organizational Conflict of Interest Awareness Training
	Organizational Conflict of Interest Mitigation
	Quality assurance/quality control
	Security and Compliance
	Staff advancement
	None of the above
	es your company have a project manager on staff who is responsible for project scheduling, coordination, and hnical assistance to the VA representative throughout the delivery/task order for each VA site location?*
0	Yes
0	No
	es your company have a contract administrator (manager) on staff to oversee the performance of work for all ivery orders/task orders?*
0	Yes
O	No

w does your company self-evaluate contract performance?* = Quality Assurance) (select all that apply)		
Customer interviews by corporate leadership or QA group		
Customer interviews by project leadership or QA group		
Customer questionnaires by corporate leadership or QA group		
Customer questionnaires by project leadership or QA group		
Informal random spot-checks		
Internal project reviews, including financial and schedule milestones		
Verification of compliance with project QA Plans or equivalent		
None of the Above		
Other, please specify		
w does your company self-evaluate overall corporate performance?* ect all that apply)		
Account Condition Report (ACR)		
Balanced Scorecard		
Benchmarking		
☐ Business Process Improvement		
Customer Satisfaction Questionnaire Analysis		
Employee Round Table		
No corporate practice for company self-evaluation		
ich of the following information is available in your company's current Capabilities Statement?* ect all that apply)		
Company Overview		
CAGE Code		
Vets First Verification Logo		
Contact Information		
Core Capabilities		
NAICS Code		
List of Products/Services Offered		
Past Performance Project Descriptions/Narratives		
Certifications/Credentials Identified		
Current/Prior Business Partners		
Current/Prior Business Clients		
Company Web Address		
Socioeconomic Information		

☐ Testimonials
☐ National Institute of Governmental Purchasing (NIGP) Codes
Awards and Recognitions Listed
Performance History Evaluations
Contract Vehicles
None of the above
36. Company website address (URL):*
37. We welcome your comments and suggestions on the subject of this FBO Announcement Request:
38. How long did it take you to complete this FBO announcement response request?*
C 0-15 Minutes
C 16-30 Minutes
C 31-45 Minutes
C 46 Minutes – 1 Hour
C >1 Hour
39. If your company submitted a paper FBO announcement response in the past, approximately what amount of time did that take?*
O 0-15 minutes
C 16-30 minutes
C 31-45 minutes
C 46-60 minutes
C >1 hour
C >1 day
C >1 week
No previous response via paper
We have breathers and haper
40. How would your company prefer to submit your company's responses to FBO announcements?*
© Electronic Format (eRFI)
C Traditional Format
- Tradicional Format

41	. How likely do you think your company would be to response to more FBO requests if this electronic format became the standard request format?*
	C Highly Likely
	C Likely
	Unchanged Response Level
	C Unlikely
	C Highly Unlikely
42	2. If there is some other method by which your company would prefer to submit FBO announcement responses, please specify here: