

07-059  
ongoing

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**  
**OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

1 REQUISITION NUMBER  
 2 CONTRACT NO: V568P-2096  
 3 AWARD/EFFECTIVE DATE: 01/01/2008  
 4 ORDER NUMBER  
 5 SOLICITATION NUMBER  
 6 SOLICITATION ISSUE DATE: 12/15/07

7. FOR SOLICITATION INFORMATION CALL: Jodi Provorse  
 8. OFFER DUE DATE/LOCAL TIME: ASAP  
 b. TELEPHONE NUMBER (No collect calls): 605/745-7229

9 ISSUED BY: CONTRACTING OFFICER (LOG-CON-HS)  
 BLACK HILLS HEALTH CARE SYSTEM  
 500 NORTH 5<sup>TH</sup> STREET  
 HOT SPRINGS, SD 57747

10. THIS ACQUISITION IS  
 UNRESTRICTED  
 SET ASIDE 100% FOR  
 SMALL BUSINESS  
 HUBZONE SMALL BUSINESS  
 8(A)  
 NAICS: 561621  
 SIZE STANDARD: #10.5m

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MAKRED  
 SEE SCHEDULE  
 12. DISCOUNT TERMS: NONE  
 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)  
  
 13b. RATING  
 14. METHOD OF SOLICITATION  
 RFQ  IFB  RFP

15 DELIVER TO: Same as Block 9  
 16. ADMINISTERED BY: Same as Block 9

17. CONTRACTOR/OFFEROR: FRIENDSHIP HOUSE  
 211 W. Blvd  
 Rapid city, SD 57701

18a. PAYMENT WILL BE MADE BY: VA Black Hills Healthcare  
 500 N. 5th St.  
 Hot Springs, SD  
 57747

TELEPHONE NO. 605-716-2865 DUNS#  
 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  SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	Halfway house services as specified in the Attached document.	—	SEE	ATTACHED	—

(Use Reverse and/or Attach Additional Sheets as Necessary)

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

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED  
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ONE COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.  
 29. AWARD OF CONTRACT: REF. OFFER DATED \_\_\_\_ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR: *Doug Austin*  
 30b. DATE SIGNED: 1-23-08  
 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER): *Jodi Provorse*  
 31b. NAME OF CONTRACTING OFFICER (Type or print): JODI PROVORSE  
 31c. DATE SIGNED: 2/14/08

**PART I – CONTINUATION OF STANDARD FORM 1449 (SF 1449)**

**CONTRACT ADMINISTRATION DATA**

**1. PAYMENT**

(a) Payment will be made in arrears upon receipt of a properly prepared invoice.

(b) Invoices shall be submitted in the ORIGINAL ONLY, unless otherwise specified, and shall contain the following information: contract number, order number, item(s) number(s), description of services, sizes, quantities, unit prices and extended totals.

(c) Submit invoices to the following payment office: VA FSC  
PO Box 149971  
Austin, TX 78714

(d) Prior to payment, the accuracy of each invoice will be certified by the Contracting Officer's designated representative.

**2. All contract administration matters will be handled by the following individuals:**

a. **CONTRACTOR:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Faxcimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

b. **GOVERNMENT:** Contracting Officer  
Black Hills Healthcare Systems  
500 N. 5<sup>th</sup> St.  
Hot Springs, SD 57747  
Tel: 605/745-7229  
Fax: 605/745-2831

**3. CONTRACTOR'S REMITTANCE ADDRESS:**

All payments by the Government to the contractor will be made in accordance with:

52.232-34, Payment by Electronic funds Transfer – Other than Central Contractor Registration, or

52.232-36, Payment by Third Party