Sources Sought Notice

SUBJECT* OR/SICU Renovation for OKC VAMC| 635

GENERAL INFORMATION

CONTRACTING OFFICE'S ZIP CODE*	95652
SOLICITATION NUMBER*	36C24W26Q0211
RESPONSE DATE/TIME/ZONE	07-23-2026 9:00AM CENTRAL TIME, CHICAGO, USA
ARCHIVE	15 DAYS AFTER THE RESPONSE DATE
RECOVERY ACT FUNDS	N
SET-ASIDE	TBD
PRODUCT SERVICE CODE*	6515
NAICS CODE*	339113
CONTRACTING OFFICE ADDRESS	Department of Veterans Affairs Regional Procurement Office West (RPOW) 3237 Peacekeeper Way Building 200 Suite 204 McClellan Park CA 95652
POINT OF CONTACT*	Contract Specialist Amelia Roberson Amelia.Roberson1@va.gov

PLACE OF PERFORMANCE

ADDRESS	Oklahoma City – OR & SICU Renovation C/O Ace Moving 8120 Mid America Business Park Bldg 3, STE #500 OKC OK
POSTAL CODE	73135
COUNTRY	

ADDITIONAL INFORMATION

AGENCY'S URL
URL DESCRIPTION
AGENCY CONTACT'S EMAIL ADDRESS
EMAIL DESCRIPTION

Sources Sought Notice

DESCRIPTION

THIS IS A SOURCES SOUGHT ONLY. THIS IS NOT A REQUEST FOR PROPOSAL.

This is a Sources Sought for market research. Information is to be used primarily for planning purposes in accordance with Federal Acquisition Regulation (FAR) Part 10. This announcement does not constitute a Request for Quote (RFQ) and does not commit the Government to solicit or award a contract now or in the future. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this Sources Sought Notice.

Purpose: The Department of Veterans Affairs (VA) is seeking to identify contractors capable of performing the specified requirement below:

Requirement: Oklahoma City VA Health Care System (OKCVAHCS) requires a qualified contractor to provide flow meters and regulators to the Oklahoma City – OR & SICU in a safe, effective and efficient manner, per this Statement of Work (SOW). This Statement of Work (SOW) defines the requirements of the Oklahoma City – OR & SICU Renovation. Oklahoma City – OR & SICU Renovation requires flowmeters and regulators to outfit the new facility.

Location: Oklahoma City – OR & SICU Renovation.

GENERAL REQUIREMENTS

Firms responding shall specify they can meet the required specifications:

- See Statement of Work

Contractors shall provide:

- A completed copy of Business information listed below with a capabilities statement.

The scope of this purchase order is to ensure the products provided must meet or exceed the specifications laid out in these sections for the Oklahoma City – OR & SICU Renovation. Contractors shall furnish all requirements. The equipment features are essential to the technical requirements to meet the VA's needs. OEM part numbers/references, in the Specifications sections are used as a basis of design and are provided as a means to convey the minimum standard characteristics.

The delivery schedule is based upon the current construction schedule, which is subject to change. The vendor shall not increase prices for a change in delivery date due to construction delays. The awardees actual delivery dates will be confirmed by VA upon award.

The associated North America Classification Systems **(NAICS) Code** is **339113 Surgical Appliance and Supplies Manufacturing. The business size standard is 800 employees.** The **PSC** is **6515 Medical and Surgical Instruments, Equipment, and Supplies.**

Sources Sought

Only written responses will be accepted at this stage. Do not submit additional documentation or attachments outside these requirements unless your company POC receives a direct request in writing by the Contracting Officer. Information is being gathered for market research purposes only.

Questions must be addressed in writing to the Contract Specialist. If your organization can provide these services and is interested in this opportunity, please respond to Contract Specialist, Amelia Roberson via e-mail at Amelia.Roberson1@va.gov with the above information.

Complete the information in the table listed below.

Exhibit A: In response to this announcement, please provide the information below:

Company Name:	
Address:	
UEI (Unique Entity ID) Number:	
Contact Name:	
Phone No.:	
Email:	
Place of Manufacture:	
Lead Time:	
Business Size Information - Select all that applies: ☐ Small Business ☐ Emerging Small Business ☐ Small Disadvantaged Business ☐ Certified under Section 8(a) of the Small Business Act ☐ HUBZone ☐ Woman Owned ☐ Certified Service-Disabled Veteran Owned Small ☐ Veteran Owned Small Business ☐ Large Business ☐ Lead Time	
FSS/GSA Contract Holder	Yes☐ No☐
FSS/GSA Contract Number:	
Effective Date/ Expiration Date:	