## fpds.gov List of contracts matching your search criteria

| Contract ID:                         | VA11915A0025                            | Reference IDV:                          | V797P4049B   |
|--------------------------------------|---|---|--|
| Modification Number:                 | 0                                       | Transaction Number:                     | -  |
| Award/IDV Type:                      | BPA Blanket Purchase<br>Agreement       | Action Obligation (\$):                 | \$0.00   |
| Date Signed:                         | Dec 4, 2014                             | Solicitation Date:                      | _  |
| Contracting Agency ID:               | 3600                                    | Contracting Agency:                     | VETERANS AFFAIRS,<br>DEPARTMENT OF   |
| Contracting Office Name:             | 10G STRATEGIC ACQUISITION CENTER        | PSC Type:                               | P  |
| PSC:                                 | 6515                                    | PSC Description:                        | MEDICAL AND SURGICAL<br>INSTRUMENTS, EQUIPMENT,<br>AND SUPPLIES                    |
| NAICS:                               | 423450                                  | NAICS Description:                      | MEDICAL, DENTAL, AND<br>HOSPITAL EQUIPMENT AND<br>SUPPLIES MERCHANT<br>WHOLESALERS |
| Entity City:                         | GROVE CITY                              | Entity State:                           | PA   |
| Entity ZIP Code:                     | 161271638                               | Additional Reporting Code:              | -  |
| Additional Reporting Description:    | -                                       | Unique Entity ID:                       | JH43HWRTJ5H3   |
| Ultimate Parent Unique<br>Entity ID: | JH43HWRTJ5H3                            | Ultimate Parent Legal<br>Business Name: | MERCER COUNTY REHAB SUPPLY INC   |
| Legal Business Name:                 | MERCER COUNTY REHAB SUPPLY INCORPORATED | CAGE Code:                              | -  |

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