

Justification and Approval Notice

SUBJECT* VA Augusta Health Care System Home Oxygen and Ventilator Services

GENERAL INFORMATION

CONTRACTING OFFICE'S ZIP CODE*	30084
SOLICITATION NUMBER*	
DELIVERY/TASK ORDER NUMBER	
BASE NOTICE TYPE	
ARCHIVE	60 DAYS AFTER THE RESPONSE DATE
RECOVERY ACT FUNDS	N
PRODUCT SERVICE CODE*	W065
NAICS CODE*	621610
CONTRACTING OFFICE ADDRESS	Department of Veterans Affairs VISN 7 Network Contracting Office LaVista Business Park - Bldg A 2008 Weems Road Tucker GA 30084
POINT OF CONTACT*	Contract Officer Leonard Robinson leonard.robinson@va.gov

AWARD INFORMATION

STATUTORY AUTHORITY*	FAR 6.302-5 - Authorized or required by statute
AWARD NUMBER*	36C24727D0007
MODIFICATION NUMBER	
AWARD AMOUNT*	\$800,000.00
LINE ITEM NUMBER	21
AWARD DATE (MM-DD-YYYY)*	10-01-2026
AWARDEE NAME*	HOMETOWN VETERANS MEDICAL, LLC
CONTRACTOR'S UEI	ZZ2QXY53NL71
AWARDEE ADDRESS LINE 1*	
AWARDEE ADDRESS LINE 2*	
AWARDEE ADDRESS LINE 3*	39 S MAIN ST STE 2
AWARDEE ADDRESS LINE 4*	
AWARDEE CITY	WHITLEY CITY
AWARDEE STATE	KY
AWARDEE ZIP CODE	42653

ADDITIONAL INFORMATION

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

*= Required Field

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DESCRIPTION

See attached Justification and Approval