	No. C430-S											
	UNE 30, 2014 TO JUNE 30, 2015 JADCAP, MCS, SSA-L991, TASTE, AND TATTER NOTICES											
TITLE: N	AADCAP, MCS, SSA-L991, TASTE, AND TATTER NOTICES		CENVEO	ST. LOUIS	МРМ СОМ	IM ARD	ND	C, INC.	PINNACLE DA	TA SVSTEM	SOURCEL	INKLLC
				KA, MO	WALDO			BURG, PA	SUWAN		GREENV	
			ECKE	, no	WALDO	a, mb.	CLAIC	berg, IA	SUMAN	EE, GA	GREENV	EEE, 5C
ITEM NO	. DESCRIPTION	BOA	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
I.	COMPOSITION:											
(A)	Envelopesper envelope	22	\$50.00	\$1,100.00	\$50.00	\$1,100.00	NC		\$20.00	\$440.00	\$25.00	\$550.
II.	PROOFS:											
(A)	Color content proofs and construction samplesper/trim-page-size unit	375	\$15.00	\$5,625.00 \$630.00		\$3,750.00			\$20.00	\$7,500.00		\$3,750.
(B)	Ink-jet color proofsper trim/page-size unit PRINTING/IMAGING and BINDING:	63	\$10.00	\$630.00	\$10.00	\$630.00	NC		\$20.00	\$1,260.00	\$20.00	\$1,260.
(A)	Daily makeready/setup charge	250	\$750.00	\$187,500.00	\$1,000.00	\$250.000.00	\$600.00	\$150,000.00	NC		\$500.00	\$125,000.
(B)	Notices face and blackper 1,000 leaves	23,668	\$25.48	\$603,060.64	\$7.00	\$165,676.00		\$343,186.00	\$19.50	\$461,526.00		\$314,784.
(C)	Mailout Envelope (4-1/8 x 9-1/2")per 1,000 leaves	1,033	\$36.95	\$38,169.35	\$3.58	\$3,698.14		\$10,330.00	\$15.50	\$16,011.50		\$8,480.
(D)	Mailout Envelope (4-1/8 x 9-1/4")per 1,000 leaves	1,100	\$36.95	\$40,645.00	\$3.58	\$3,938.00		\$11,000.00	\$15.50	\$17,050.00		\$9,031.
(E)	Mailout Envelope (6-1/8 x 9-1/2")per 1,000 leaves	12,011	\$20.15	\$242,021.65	\$4.59	\$55,130.49		\$144,132.00	\$28.00	\$336,308.00		\$105,696.
(F)	CRM Return Envelopeper 1,000 leaves	38	\$47.60	\$1,808.80	\$6.02	228.76		\$1,330.00	\$15.50	\$589.00		\$1,482.
(G)	Green BRM Envelopeper 1,000 leaves	239	\$33.81	\$8,080.59	\$4.63	\$1,106.57		\$3,226.50	\$22.00	\$5,258.00		\$1,962.
(H)	White BRM window return envelopeper 1,000 leaves	512 107	\$28.00 \$23.73	\$14,336.00 \$2,539.11	\$4.19 \$7.70	\$2,145.28 \$823.90		\$5,888.00 \$1,027.20	\$15.50 \$11.00	\$7,936.00		\$4,126
(I) (J)	Form CMS-2690 (8-1/2 X 3-1/2")per 1,000 complete forms Form SSA-3105 (10-1/2 X 8")per 1,000 complete forms	217	\$23.73 \$51.26	\$2,539.11		\$823.90		\$1,027.20 \$1,844.50	\$11.00	\$1,177.00 \$4,123.00		\$1,335 \$1,807
(J) (K)	Leaflets: SSA Pubs 05-10058 and 05-10072(Printed face and back) (14 x 8")	21/	\$31.20	\$11,123.42	\$18.15	\$3,738.33	\$8.50	\$1,644.50	\$19.00	\$4,123.00	\$6.55	\$1,807
(K)	price offered includes folding down to (3-1/2 x8)per 1,000 complete leaflets	1.083	\$31.07	\$33,648,81	\$41.80	\$45,269,40	\$13.50	\$14,620.50	\$28.00	\$30,324.00	\$9.40	\$10,180
(L)	Leaflets: SSA Pubs 05-10058 and 05-10072(Printed face and back) (17-1/2 x 8") price offered	1,000	\$51.07	\$55,610.01	011.00	\$15,207.10	\$15.50	011,020.00	\$20.00	000,021100	\$7.10	\$10,100
	includes folding down to (3-1/2 x 8)per 1,000 complete leaflets	140	\$59.60	\$8,344.00	\$34.10	\$4,774.00	\$48.00	\$6,720.00	\$39.00	\$5,460.00	\$23.75	\$3,325
(M)	Leaflets: SSA Pub, 70-10283 (Printed face and black) (12 x 8") price offered includes folding											
	down to (3-1/2 x 8")per 1,000 complete leaflets	4	\$935.60	\$3,742.40	\$480.70	\$1,922.80	\$24.00	\$96.00	\$44.00	\$176.00	\$325.68	\$1,302
(N)	Leaflets: SSA Pub, 05-10018 (Printed face and back) (10-1/2 x 8") price offered includes folding											
	down to (3-1/2 x 8")per 1,000 complete leaflets	44	\$106.65	\$4,692.60	\$56.10	\$2,468.40	\$51.50	\$2,266.00	\$19.00	\$836.00	\$30.45	\$1,339.
(0)	Saddle-stitched booklets: SSA Pubs 05-10076, 05-10077,											
	05-10153, 05-10903, 05-10976 and 05-10977	4,859	\$536.29	\$2,605,833.11	\$104.50	\$507,765.50	\$72.50	\$352,277.50	\$70.00	\$340,130.00	\$49.64	\$241,200
(P)	(5-1/4 x 8") including bindingper 1,000 complete booklets Saddle-stitched booklets: SSA Pubs 05-10137, 05-10138, and 05-10095 (3-1/2 x 8") including	4,859	\$536.29	\$2,005,855.11	\$104.50	\$507,765.50	\$72.50	\$352,277.50	\$70.00	\$540,150.00	\$49.04	\$241,200.
(1)	bindingper 1,000 complete booklets	40	\$917.12	\$36,684,80	\$286.00	\$11,440.00	\$110.00	\$4,400.00	\$70.00	\$2,800.00	\$139.29	\$5,571
(Q)	Factsheets: SSA Pubs 05-10007, 05-10075, and 05-10975 (8-1/2 x 11") price offered includes	-10	φ, τ, τ.τ.Ξ	\$50,001.00	\$200.00	<i>Q</i> .1,110.00	\$110.00	\$1,100.00	\$70.00	\$2,000.00	<i><i><i>ϕ</i>137.27</i></i>	\$5,571
	foldingper 1,000 factsheets	53	\$92.69	\$4,912.57	\$60.50	\$3,206.50	\$52.00	\$2,756.00	\$19.00	\$1,007.00	\$31.25	\$1,656
IV.	PAPER											
	Notices: 8-1/2 X 11											
	Mailout Envelope: 4-1/8 x 9-1/2"											
	Mailout Envelope: 6-1/8 x 9-1/2"											
	Green BRM Envelope & CRM Envelope: 3-7/8 x 8-7/8"											
	White BRM Window Envelope:											
	SSA-3105: 10-1/2 x 8" CMS-2690: 8-1/2 X 3-1/2"											
Leaflets:	SSA Pub. 05-10058 14 x 8"											
Ecuricus	SSA Pub. 05-10072 14 x 8"											
	SSA Pub. 70-10281 17-1/2 x 8"											
	SSA Pub. 05-10972 17-1/2 x 8"											
	SSA Pub. 70-10283 21 x 8"											
	SSA Pub. 05-10018 10-1/2 x 8"											
Booklets:	SSA Pub. 05-10076 5-1/4 x 8"											
	SSA Pub. 05-10153 5-1/4 x 8"											
	SSA Pub. 05-10077 5-1/4 x 8" SSA Pub. 05-10903 5-1/4 x 8"											
	SSA Pub. 05-10905 - 5-1/4 x 8 SSA Pub. 05-10976 - 5-1/4 x 8"											
	SSA Pub. 05-10970 5-1/4 x 8"											
			1									
	SSA Pub. 05-10137 3-1/2 x 8"											
	SSA Pub. 05-10138 3-1/2 x 8"		1	İ								
	SSA Pub. 05-10095 3-1/2 x 8"											
Factsheets	SSA Pub. 05-10007 8-1/2 x 11"											
	SSA Pub. 05-10075 8-1/2 x 11"									-		
	SSA Pub. 05-10975 8-1/2 x 11"											

			CENVEO S EUREK		MPM COM WALDOI			C, INC. BURG, PA		DATA SYSTEM NEE, GA		ELINK,LLC WILLE, SC
ITEM NO	DESCRIPTION	BOA	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
	White Offset Book (50 lb.) NoticesPer 1,000 Leaves	DUA	UNITRATE	COST	UNII KAIE	COSI	UNII KAIE	0.051	UNITRATE	COST	UNITKATE	0.051
1	Format A-5-1/4 x 8"											-
	Format B-8-1/2 x 11"	23,668	\$6.75	\$159,759.00	\$7.88	\$186,503.84	\$8.50	\$201,178.00	\$8.00	\$189,344.00	\$8.06	\$190,764.0
	Format C-14 x 8'											
	Format D-17-1/2 x 8"											
	Format E-21 x 8"											
	White Offset Book (60 lb.) Factsheet, Leaflets, and BookletsPer 1,000 Leaves											
	Format A-5-1/4 x 8"	65,514	\$3.98	\$260,745.72	\$5.25	\$343,948.50	\$4.75	\$311,191.50	\$4.25	\$278,434.50	\$5.76	\$377,360.6
	Format B-8-1/2 x 11" Format C-14 x 8'	97 1.083	\$7.86 \$11.75	\$762.42 \$12,725.25	\$10.51 \$20.08	\$1,019.47 \$21,746.64		\$984.55 \$16,786.50	\$8.50 \$11.00	\$824.50 \$11.913.00	\$46.37 \$14.10	\$4,497.8
	Format D-17-1/2 x 8"	1,085	\$18.45	\$12,723.23 \$2,583.00	\$20.08	\$2,811.20		\$2,870.00	\$15.00	\$2,100.00	\$34.99	\$13,270.3
	Format E-21 x 8"	4	\$22.50	\$90.00	\$20.08	\$80.32	\$19.50	\$78.00	\$21.00	\$84.00	\$488.51	\$1,954.0
	White Wove (24 lb.) Mailout and BRM Window EnvelopesPer 1,000 Leaves							\$0.00		+		
	Format A-5-1/4 x 8"											-
	Format B-8-1/2 x 11"	2,645	\$10.75	\$28,433.75	\$10.73	\$28,380.85	\$9.90	\$26,185.50			\$12.28	\$32,480.6
	Format C-14 x 8'	12,011	\$14.50	\$174,159.50	\$13.78	\$165,511.58	\$12.00	\$144,132.00	NC		\$11.70	\$140,528.7
	Format D-17-1/2 x 8"											
	Format E-21 x 8"											
D.	Green Stock (20lb.) 3-7/8 x 8-7/8" BRM EnvelopePer 1,000 Leaves											
	Format A-5-1/4 x 8"	220	A122-	62 02 1	é10	eo ooo :	619.55	60.101.C-	10		A10.4-	ê2 or
	Format B-8-1/2 x 11" Format C-14 x 8'	239	\$16.00	\$3,824.00	\$13.90	\$3,322.10	\$13.20	\$3,154.80	NL .		\$12.49	\$2,985.1
	Format C-14 x 8' Format D-17-1/2 x 8"											
	Format E-21 x 8"											
	White Stock (20 lb.) 3-7/8 x 8-7/8" CRM EnvelopePer 1,000 Leaves											
	Format A-5-1/4 x 8"											
	Format B-8-1/2 x 11"	38	\$13.18	\$500.84	\$18.07	\$686.66	\$30.00	\$1,140.00	NC .		\$58.50	\$2,223.0
	Format C-14 x 8'							. ,				
4	Format D-17-1/2 x 8"											
5	Format E-21 x 8"											
F.	White C.W. Writing (20lb.) Forms SSA-3105Per 1,000 Leaves											
1	Format A-5-1/4 x 8"											
	Format B-8-1/2 x 11"	217	\$12.27	\$2,662.59	\$7.88	\$1,709.96	\$6.95	\$1,508.15	\$11.00	\$2,387.00	\$12.49	\$2,710.3
	Format C-14 x 8'											
	Format D-17-1/2 x 8"											
	Format E-21 x 8" Yellow Index (90 lb.) Form CMS-2690Per 1,000 Leaves											
	Format A-5-1/4 x 8"	107	\$8.17	\$874.19	\$13.75	\$1,471.25	\$12.50	\$1.337.50	\$29.00	\$3,103.00	\$23.41	\$2,504.8
	Format B-8-1/2 x 11"	107	\$0.17	\$074.19	\$13.75	\$1,471.23	312.50	\$1,557.50	\$25.00	\$5,105.00	\$2,3.41	32,304.0
	Format C-14 x 8'											
	Format D-17-1/2 x 8"											
	Format E-21 x 8"											-
v.	INSERTING AND MAILING:											
Α.	Mailer1 (English Notice, mailout envelope, any or all of the following components:											
	Form SSA-3105: Form CMS-2690: Pub. No. 05-10018; Pub. No. 05-10072; Pub. No. 05-10076;											
	Pub No. 05-10137; BRM refund envelope;CRM return envelope)											
	Per 1,000 Complete Mailers	1,767	\$62.53	\$110,490.51	\$55.00	\$97,185.00	\$90.00	\$159,030.00	\$19.00	\$33,573.00	\$37.00	\$65,379.0
В.	Mailer 2 (Spanish/English Notice, mailout envelope, any or all of the following components:											
	Form SSA-3105: Form CMS-2690: Pub. No. 05-10018; Pub. No. 05-10072; Pub. No. 05-10076;											
	No. 05-10077 Pub. No. 05-10137; Pub. No. 10138; Pub. No. 05-10153 Pub No. 10281;											
	Pub. No. 05-10903 Pub No. 05-10972 Pub. No. 05-10976; Pub. No. 05-10977; Pub. No. 70-10283;											
	BRM Refund envelope; CRM Return envelope)Per 1,000 Complete Mailers	113	\$916.67	\$103,583.71	\$85.00	\$9,605.00	\$290.00	\$32,770.00	\$19.00	\$2,147.00	\$210.00	\$23,730.0
C.	Mailer 3 (English Notice, mailout envelope, any or all of the following components:	115	\$710.07	φ10 <i>3</i> ,303./1	\$05.00	\$2,005.00	\$270.00	\$52,110.00	÷17.00	φ2,147.00	\$210.00	φ <i>23</i> ,730.0
	Form CMS-2690; Pub No. 05-10007; Pub. No. 05-10018; Pub No. 05-10072; Pub No. 05-10075;											
	Pub No. 05-10076;Pub No. 10077;Pub No. 05-10137;Pub No. 05-10153;Pub No. 70-10281;											
	CRM Return envelopePer 1,000 Complete Mailers	9,671	\$916.67	\$8,865,115.57	\$55.00	\$531,905.00	\$35.00	\$338,485.00	\$19.00	\$183,749.00	\$36.00	\$348,156.0
D.	Mailers 4 (Spanish/English Notice, mailout envelope, any or all the following components:											
	Form CMS-2690; Pub No. 05-10007; Pub. No. 05-10018; Pub No. 05-10138; Pub No. 05-10903;											· · · · · · · · · · · · · · · · · · ·
	Pub No. 05-10972 Pub. No. 05-10976; Pub. No. 05-10977; Pub. No. 70-10283;											
	CRM Return envelopePer 1,000 Complete Mailers	299	\$916.67	\$274,084.33	\$55.00	\$16,445.00		\$22,425.00	\$19.00	\$5,681.00	\$125.00	\$37,375.
	Mailers 5 (English Notice, mailout envelopePer 1,000 Complete Mailers	1,100	\$38.66	\$42,526.00	\$25.00	\$27,500.00		\$66,000.00	\$19.00	\$20,900.00	\$19.00	\$20,900.
F.	Mailers 6 (English Notice, mailout envelopePer 1,000 Complete Mailers	41	\$50.07	\$2,052.87	\$25.00	\$1,025.00	\$30.00	\$1,230.00	\$19.00	\$779.00	\$19.00	\$779.
G.	Mailers 7 (English Notice, mailout envelope; White BRM Window envelope	10.0	A 17	#22.41.5.5.	#0.5	\$10 tor ==	005	010.045.55	ê10	do 17	<b>#10</b>	00.171
	Per 1,000 Complete Mailers	496	\$47.61	\$23,614.56	\$25.00	\$12,400.00		\$17,360.00	\$19.00	\$9,424.00	\$19.00	\$9,424.
H.	Mailers 8 (English Notice, mailout envelope)Per 1,000 Complete Mailers	496	\$44.94	\$22,290.24	\$25.00	\$12,400.00	\$15.00	\$7,440.00	\$19.00	\$9,424.00	\$15.00	\$7,440.
I.	Mailers 9(English Notice, mailout envelope; Form SSA-3105											
	Pub No. 05-10076;Pub No. 05-10095; Green BBM envelope Per 1 000 Complete Meilers	152	\$63.36	\$9,630.72	\$35.00	\$5,320.00	\$270.00	\$41,040.00	\$19.00	\$2,888.00	\$35.00	\$5,320.
I	Green BRM envelopePer 1,000 Complete Mailers Mailers 10 (English Notice, mailout envelope; Form SSA-3105; Pub No. 05-10058;	152	\$03.30	\$9,030.72	\$33.00	\$5,520.00	\$270.00	\$41,040.00	\$19.00	\$2,888.00	\$35.00	\$5,320.
J.	CRM Return envelopePer 1,000 Complete Mailers	8	\$716.67	\$5,733.36	\$35.00	\$280.00	\$300.00	\$2,400.00	\$19.00	\$152.00	\$210.00	\$1,680.
	etal tetali et elope	9	\$710.07	5,155,50	00.00	\$200.00	\$300.00	\$2,400.00	\$17.00	\$152.00	φ210.00	\$1,080.

			CENVEO		MPM COM			, INC.		DATA SYSTEM		ELINK,LLC
			EUREK	KA, MO	WALDO	RF, MD.	CLAYS	BURG, PA	SUWA	NEE, GA	GREEN	VILLE, SC
TEM NO.	DESCRIPTION	BOA	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
	REPRODUCTION TESTS:											
Α.	Preproduction Press and Mail Run Test	1	\$10,500.00	\$10,500.00	\$15,000.00	\$15,000.00	NC		\$2,500.00	\$2,500.00 N	NC	
В.	Wire Transmission Test	1	\$125.00	\$125.00	\$1,500.00	\$1,500.00	NC		NC	N	NC	
C.	Validation Test	1	\$250.00	\$250.00	\$3,500.00	\$3,500.00	NC		NC		\$250.00	\$250.0
VII.	PROCESSING/FORMATTING FILES:											
Α.	Processing/ Formatting FilesPer/Notice Workload	10	\$300.00	\$3,000.00	\$1,000.00	\$10,000.00	NC		\$1,000.00	\$10,000.00 N	NC .	
VIII.	ADDITIONAL OPERATIONS:											
А.	Destruction of outdated stockPer 1,000 Pieces	807	\$4.00	\$3,228.00	\$3.00	\$2,421.00	NC		\$1.00	\$807.00	\$2.75	\$2,219.2
	CONTRACTOR TOTALS			\$13,977,842.98		\$2,572,690.66		\$2,453,826.70		\$2,010,125.50		\$2,144,673.
	DISCOUNT		0.00%	\$13,977,842.98	5.00%			\$2,453,826.70 \$6,134.57	1.00%	\$2,010,125.50 \$20,101.26	0.00%	\$2,144,073.
	DISCOUNTED TOTALS		0.00%	\$13,977,842.98	5.00%	\$2,444,056.13	0.25%	\$2,447,692.13		\$1,990,024.25	0.00%	\$2,144,673.

#### U.S. GOVERNMENT PRINTING OFFICE

#### Washington, DC

#### GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS

For the Procurement of

#### MADCAP, MCS, SSA-L991, TASTE (Age Attainments), and TATTER Notices

#### as requisitioned from the U.S. Government Printing Office (GPO) by the

Social Security Administration (SSA)

Single Award

**TERM OF CONTRACT**: The term of this contract is for the period beginning Date of Award and ending June 30, 2015, plus up to optional 12-month extension period(s) that may be added in accordance with the "Option to Extend the Term of the Contract" clause in Section 1 of this contract.

NOTE: The period from Date of Award until June 30, 2014 will be used by the contractor for testing and interfacing with SSA's National File Transfer Management System (FTMS) for electronic transmission of files from SSA to the production facility, actual production begins July 1, 2014.

**BID OPENING**: Bids shall be publicly opened at 11:00 a.m., prevailing Washington, DC time March 19, 2014.

**BID SUBMISSION**: Submit bid in pre-addressed envelope furnished with solicitation, or send to: U.S. Government Printing Office, Bid Section, Room C-161, PPSB, 36 H Street NW, Washington, DC 20401. Facsimile bids in response to this solicitation are permitted. Facsimile bids may be submitted directly to the GPO Bid Section, FAX No. (202) 512-1782. The Program number and bid opening date must be specified with the bid. Refer to Facsimile Bids in Solicitation Provisions of GPO Contract Terms, GPO Publication 310.2 as revised June 2001.

#### BIDDERS, PLEASE NOTE: THIS IS A NEW PROGRAM. THERE IS NO ABSTRACT AVAILABLE.

BIDDERS, PLEASE NOTE: This Program was formerly Notices in both Programs 872-S and 45-S; the specifications involve a complex distribution and mailing system. It is strongly encouraged that you ask questions involving these requirements prior to bidding. Also, exhibits (A through J) are included in this specification. A complete copy of the specification including all exhibits, which each bidder is cautioned to inspect prior to bidding, can be obtained from the bid room by request.

For information of a technical nature call Stuart Friedman at (202) 512-0310 (No collect calls).

#### SECTION 1.- GENERAL TERMS AND CONDITIONS

**GPO CONTRACT TERMS:** Any contract which results from this Invitation for Bid will be subject to the applicable provisions, clauses, and supplemental specifications of GPO Contract Terms (GPO Pub. 310.2, effective December 1, 1987, Rev. 6 - 01) and GPO Contract Terms, Quality Assurance Through Attributes Program (GPO Pub. 310.1, effective May 1979, Rev. August 2002).

GPO Contract Terms (GPO Publication 310.2) - <u>http://www.gpo.gov/pdfs/vendors/sfas/terms.pdf</u>.

GPO QATAP (GPO Publication 310.1) – <u>http://www.gpo.gov/pdfs/vendors/sfas/qatap.pdf</u>.

**DISPUTES:** GPO Publication 310.2, GPO Contract Terms, Contract Clause 5. Disputes, is hereby replaced with the June 2008 clause found at <u>www.gpo.gov/pdfs/vendors/contractdisputes.pdf</u>. This June 2008 clause also cancels and supersedes any other disputes language currently included in existing contractual actions.

**SUBCONTRACTING:** The predominant production function is the laser/ion deposition imaging of data from electronically transmitted files and inserting. Any bidder who cannot perform the imaging and inserting portions of the Program will be declared nonresponsible.

Note: The contractor shall be responsible for enforcing all contract requirements outsourced to a subcontractor.

If the Contractor wishes to add a subcontractor at any time after award the subcontractor must be approved by the Government prior to production starting in that facility. If the sub-contractor is not approved by the Government then the contractor must submit a new subcontractor's information to the Government for approval 30 calendar days prior to the start of production at that facility.

**QUALITY ASSURANCE LEVELS AND STANDARDS:** The following levels and standards shall apply to these specifications:

Product Quality Levels:

- (a) Printing (page related) Attributes Level III.
- (b) Finishing (item related) Attributes Level III.

Inspection Levels (from ANSI/ASQC Z1.4):

- (a) Non-destructive Tests General Inspection Level I.
- (b) Destructive Tests Special Inspection Level S-2.
- (c) Transparent, low-gloss, poly-type window material, covering the envelope window must pass a readability test with a rejection rate of less than 1/4% when run through a United States Postal Service (USPS) OCR Scanner.
- (d) Exception: ANSI X3.17 "Character Set for Optical Character Recognition (OCR A)" shall apply to these specifications. The revisions of this standard which are effective as of the date of this contract are those which shall apply.
- (e) Exception: The Data Matrix 2D barcodes must be in accordance with the requirements of ANSI MH 10.8.3M unless otherwise specified.
- (f) The payment portion below the micro-perforation on the "payment stub", once detached, will be scanned and must function properly when processed through the current high speed scanning equipment at SSA. A form is a reject and will be considered a major defect when its OCR print cannot be correctly deciphered on the first pass through the scanning equipment (See PRINTING/IMAGING" for additional information regarding perforated payment stub.)

**NOTE**: Use of equipment or ink which in any way adversely affects the scannability of the payment stub will not be allowed.

ANSI Standards may be obtained from the American National Standards Institute, 25 West 43<sup>rd</sup> Street, 4<sup>th</sup> Floor, New York, NY 10036.

Specified Standards: The specified standards for the attributes requiring them shall be:

	Attribute	Specified Standard
P-7.	Type Quality and Uniformity	Average Type Dimension in Publication Camera Copy/Electronic Media
P-9.	Solid and Screen Tint Color Match	Pantone Matching System

**OPTION TO EXTEND THE TERM OF THE CONTRACT:** The Government has the option to extend the term of this contract for a period of 12 months by written notice to the contractor not later than 30 days before the contract expires. If the Government exercises this option, the extended contract shall be considered to include this clause except, the total duration of this contract may not exceed 5 years as a result of, and including, any extension(s) added under this clause. Further extension may be negotiated under the "Extension of Contract Term" clause. See also "Economic Price Adjustment" for authorized pricing adjustment(s).

EXTENSION OF CONTRACT TERM: At the request of the Government, the term of any contract resulting from this solicitation may be extended for such period of time as may be mutually agreeable to the GPO and the contractor.

**ECONOMIC PRICE ADJUSTMENT:** The pricing under this contract shall be adjusted in accordance with this clause, provided that in no event will any pricing adjustment be made that would exceed the maximum permissible under any law in effect at the time of the adjustment. There will be no adjustment for orders placed during the first period specified below. Pricing will thereafter be eligible for adjustment during the second and any succeeding performance period(s). For each performance period after the first, a percentage figure will be calculated as described below and that figure will be the economic price adjustment for that entire next period. Pricing adjustments under this clause are not applicable to reimbursable postage or transportation costs, or to paper, if paper prices are subject to adjustment by separate clause elsewhere in this contract.

For the purpose of this clause, performance under this contract will be divided into successive periods. The first period will extend from **Date of Award** to **June 30, 2015**, and the second and any succeeding period(s) will extend for 12 months from the end of the last preceding period, except that the length of the final period may vary. The first day of the second and any succeeding period(s) will be the effective date of the economic price adjustment for that period.

Pricing adjustments in accordance with this clause will be based on changes in the seasonally adjusted "Consumer Price Index For All Urban Consumers - Commodities Less Food" (Index) published monthly in the CPI Detailed Report by the U.S. Department of Labor, Bureau of Labor Statistics.

The economic price adjustment will be the percentage difference between Index averages as specified in this paragraph. An index called the variable index will be calculated by averaging the monthly Indexes from the 12-month interval ending 3 months prior to the beginning of the period being considered for adjustment. This average is then compared to the average of the monthly Indexes for the 12-month interval ending October 31, 2014 called the base index. The percentage change (plus or minus) of the variable index from the base index will be the economic price adjustment for the period being considered for adjustment.

The Government will notify the contractor by contract modification specifying the percentage increase or decrease to be applied to invoices for orders placed during the period indicated. The contractor shall apply the percentage increase or decrease against the total price of the invoice less reimbursable postage or transportation costs and separately adjusted paper prices. Payment discounts shall be applied after the invoice price is adjusted.

PAPER PRICE ADJUSTMENT: Paper prices charged under this contract will be adjusted in accordance with "Table 6 - Producer Price Indexes and Percent Changes for Commodity Groupings and Individual Items" in Producer Price Indexes report, published by the Bureau of Labor Statistics (BLS), as follows:

1. BLS code 0913-01 for "Offset & Text" will apply to all paper required under this contract.

- 2. The applicable index figures for the month of December 2013 will establish the base index.
- 3. There shall be no price adjustment for the first three production months of the contract.
- 4. Price adjustments may be monthly thereafter, but only if the index varies by an amount (plus or minus) exceeding 5% by comparing the base index to the index for that month which is two months prior to the month being considered for adjustment.
- 5. Beginning with order placement in the fourth month, index variances will be calculated in accordance with the following formula:

 $\frac{X - base index}{base index} x 100 = ---- \%$ 

where X = the index for that month which is two months prior to the month being considered for adjustment.

- 6. The contract adjustment amount, if any, will be the percentage calculated in 5 above less 5%.
- 7. Adjustments under this clause will be applied to the Contractor's bid price(s) for line items IV. (a) through (g) in the "SCHEDULE OF PRICES" and will be effective on the first day of any month for which prices are to be adjusted.

The Contracting Officer will give written notice to the Contractor of any adjustments to be applied to invoices for orders placed during months affected by this clause.

In no event, however, will any price adjustment be made which would exceed the maximum permissible under any law in effect at the time of the adjustment. The adjustment, if any, shall not be based upon the actual change in cost to the Contractor, but shall be computed as provided above.

The Contractor warrants that the paper prices set forth in this contract do not include any allowance for any contingency to cover anticipated increased costs of paper to the extent such increases are covered by this price adjustment clause.

#### SECURITY REQUIREMENTS: Protection of Confidential Information:

- (a) The contractor must restrict access to all confidential information obtained from the Social Security Administration (SSA) in the performance of this contract to those employees and officials who need it to perform the contract. Employees and officials who need access to confidential information for performance of the contract will be determined at the post award conference between the Contracting Officer and the responsible Contractor representative.
- (b) The contractor must process all confidential information obtained from SSA in the performance of this contract under the immediate supervision and control of authorized personnel, and in a manner that will protect the confidentiality of the records in such a way that unauthorized persons cannot retrieve any such records.
- (c) The contractor must inform all personnel with access to the confidential information obtained from SSA in the performance of this contract of the confidential nature of the information and the safeguards required to protect this information from improper disclosure.
- (d) For knowingly disclosing information in violation of the Privacy Act, the contractor and the contractor employees may be subject to the criminal penalties as set forth in 5 U.S.C. Section 552a (i)(1), which is made applicable to contractors by 5 U.S.C. 552a (m)(1) to the same extent as employees of the SSA. For knowingly disclosing confidential information as described in section 1106 of the Social Security Act (42 U.S.C. 1306), the Contractor and contractor's employees may also be subject to the criminal penalties as set forth in that provision.

- (e) The contractor must ensure that each contractor employee with access to confidential information knows the prescribed rules of conduct, and that each contractor employee is aware that he/she may be subject to criminal penalties for violations of the Privacy Act and/or the Social Security Act. When the contractor employees are made aware of this information, they will be required to sign the SSA-301, "Contractor Personnel Security Certification" (see EXHIBIT A). A copy of this signed certification must be forwarded to: Social Security Administration (SSA), Division of Printing Management, ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401, and a copy must also be forwarded to U.S. Government Printing Office, 732 North Capitol Street, NW, Stop CSAC, Agency Publishing Services Team 4, Room C-838, Attn: Contracting Officer, Washington, DC 20401.
- (f) All confidential information obtained from SSA for use in the performance of this contract must, at all times, be stored in an area that is physically safe from unauthorized access.
- (g) Performance of this contract may involve access to tax return information as defined in 26 U.S.C. Section 6103(b) of the Internal Revenue Code (IRC). All such information must be handled as confidential and may not be disclosed without the written permission of SSA. For willingly disclosing confidential tax return information in violation of the IRC, the contractor and contractor employees may be subject to the criminal penalties set forth in 26 U.S.C. Section 7213.
- (h) The Government reserves the right to conduct on-site visits to review the contractor's documentation and inhouse procedures for protection of confidential information.
- (i) If a subcontractor is used for the sorting and/or mailing of the notices of this contract, the subcontractor must conform to all security requirements of the contract.

**SECURITY WARNING:** It is the contractor's responsibility to properly safeguard personally identifiable information (PII) from loss, theft, or inadvertent disclosure and to immediately notify the Government of any loss of personally identifiable information. Personally identifiable information is "any information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc., alone or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.).

#### All employees working on this contract must:

- Be familiar with current information on security, privacy and confidentiality as they relate to the requirements of this contract.
- Obtain pre-screening authorization before using sensitive or critical applications pending a final suitability determination as applicable to the specifications.
- Lock or logoff their workstation/terminal prior to leaving it unattended.
- Act in an ethical, informed and trustworthy manner.
- Protect sensitive electronic records.
- Be alert to threats and vulnerabilities to their systems.

#### Contractor's managers working on this contract must:

- Monitor use of mainframes, PCs, LANs, and networked facilities to ensure compliance with national and local policies, as well as the Privacy Act statement.
- Ensure that employee screening for sensitive positions within their department has occurred prior to any individual being authorized access to sensitive or critical applications.
- Implement, maintain, and enforce the security standards and procedures as they appear in this contract and as outlined by the contractor.
- Contact the security officer within 24 hours whenever a systems security violation is discovered or suspected.

#### **Applicability**:

The responsibility to protect personally identifiable information applies during the entire term of this contract and all option year terms if exercised. All contractors must secure and retain written acknowledgement from their employees stating they understand these policy provisions and their duty to safeguard personally identifiable information. These policy provisions include, but are not limited to, the following:

- Employees are required to have locking file cabinets or desk drawers for storage of confidential material, if applicable.
- Material is not to be taken from the contractor's facility without express permission from the Government.
- Employees must safeguard and protect all Government records from theft and damage while being transported to and from contractor's facility.

# The following list provides examples of situations where personally identifiable information is not properly safeguarded:

- Leaving an unprotected computer containing Government information in a non-secure space (e.g., leaving the computer unattended in a public place, in an unlocked room, or in an unlocked vehicle).
- Leaving an unattended file containing Government information in a non-secure area (e.g., leaving the file in a break-room or on an employee's desk).
- Storing electronic files containing Government information on a computer or access device (flash drive, CD, etc.) that other people have access to (not password-protected).

This list does not encompass all failures to safeguard personally identifiable information but is intended to act as an alert to the contractor's employees to situations that must be avoided. Misfeasance occurs when an employee is authorized to access Government information that contains sensitive or personally identifiable information and, due to the employee's failure to exercise due care, the information is lost, stolen or inadvertently released.

Whenever the contractor's employee has doubts about a specific situation involving their responsibilities for safeguarding personally identifiable information, they should consult the Contracting Officer or the Contract Administrator.

**PUBLIC TRUST SECURITY REQUIREMENTS**: This contract has been designated Public Trust Position Level 5C. Due to the sensitive nature of the information contained in the products produced under this contract, contractor employees performing under this contract will be subject to a thorough civil and criminal background check as detailed in Exhibit B, "Security and Suitability Requirements."

NOTE: "Performing under this contract" is defined as working on-site at either an SSA facility (including visiting the SSA site for any reason) or having access to Government programmatic or sensitive information.

Upon award, the contractor must provide to SSA an <u>applicant listing</u> of all individuals for whom the contractor is requesting a suitability determination (i.e., background investigation). This listing should include the following:

- the contractor's name
- the contract number
- the contractor's point of contact (CPOC) name
- the CPOC's contact information including email address
- each applicant's full name
- each applicant's Social Security Number (SSN)
- each applicant's date of birth
- each applicant's place of birth (must show city and state if born in the United States (U.S.) OR city and country if born outside of the U.S.)

The contractor must submit the applicant listing within two (2) days of award. The background investigation process will not start until the applicant listing is submitted.

Send the applicant listing via Fax to CPSPM Suitability Team (410)-966-0640 or via U.S. Mail to: SSA, CPSPM Suitability Team, Room 1260 Dunleavy Building, 6401 Security Boulevard, Baltimore, MD 21235.

Once SSA receives and reviews the applicant listing, SSA will initiate the Electronic Questionnaire for Investigations Process (eQIP). SSA will email notification to the CPOC that each applicant has been invited into the eQIP website to electronically complete their background investigation form. The CPOC will provide the website to the applicants to complete their eQIP form. The applicant will have up to seven (7) calendar days to complete the eQIP form. The seven-day timeframe begins once SSA notifies the CPOC of the eQIP invitation(s). The applicant must print the signature pages of the form (pages 7 through 9 of SF 85P), (Sample Form SF85P, ExhibitC), sign the signature pages, and then provide the signed originals to the CPOC.

The following is a list of forms each contractor employee is responsible for completing:

- Original signed and dated eQIP signature pages (pages 7 through 9 of SF 85P) as specified in the above paragraph.
- Two (2) "Fingerprint Cards" (FD-258, Exhibit D) (NOTE: The contractor will absorb the costs for obtaining fingerprints).
- One (1) "Declaration for Federal Employment" (Optional Form 306, Exhibit E).
- One (1) "Fair Credit Reporting Act Authorization Form" (Exhibit F).
- For a non-U.S. citizen, one (1) legible photocopy of the work authorization permit and social security card.

The CPOC must ensure <u>all paper forms are fully completed and signed prior to submission to SSA</u>. All forms and fingerprinting cards must be submitted no later than five (5) workdays after completing the eQIP form. For new contract employees hired during the contract term, forms must be submitted within five (5) workdays after completing the eQIP form. The fingerprint cards and all paper forms must be legible or typed in black ink and all signatures must be in black ink. There must be no "breaks" in residences or employment. SSA requires complete addresses, including zip codes and phone numbers. It is the responsibility of the contract to ensure fingerprint cards are processed through their local police departments or other authorized finger printers. SSA must receive forms within five (5) workdays after completing the eQIP form. SSA will return forms not fully completed back to the contractor. Forms may be obtained by calling SSA Personnel Security Suitability Program Officer (SPO) Leslie Herman at (410) 965-4426 or Joan DeAngelis at 410-965-6845.

The CPOC must submit one cover sheet to SSA containing the names of all of the individuals for whom the contractor is submitting completed paperwork. This cover sheet should include the contract number, each applicant's full name, each applicant's SSN, each applicant's date of birth, and each applicant's place of birth. Submit this cover sheet along with the completed paper forms and two FD-258 fingerprint charts for each applicant to: SSA, CPSPM Suitability Team, Room 1260 Dunleavy Building, 6401 Security Boulevard, Baltimore, MD 21235.

The CPOC must also furnish a copy of the cover sheet only to: SSA, Attn: Sherry Leverett, 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235, Telephone (410) 965-4664.

SSA will send a pre-screening notification within 15 workdays of receipt of properly completed forms and fingerprinting cards. Once a contractor employee is approved to work via the pre-screen notification, they are permitted to perform work under the contract. A final suitability determination can take up to 45 workdays.

**PREAWARD SURVEY:** In order to determine the responsibility of the prime contractor or any subcontractor, the Government reserves the right to conduct an on-site pre-award survey of all of the contractor's computer, printing, and mailing equipment which will be used on this contract or to require other evidence of technical, production, managerial, financial, and similar abilities to perform, prior to the award of a contract.

The preaward survey will include a review of: all subcontractors involved, along with their specific functions; and the contractor's/subcontractor's mail, material, personnel, production, quality control/recovery program and security and backup facility plans, as required by this specification.

The contractor must demonstrate the capability to perform the requirements of the contract at the time of award. If award is predicated on the purchase of additional production and/or systems equipment to increase capacity, the contractor must provide purchase order(s) with delivery date(s) of equipment to arrive at least 90 calendar days prior to the start of live production, on July 1, 2014.

**Production Plans** – The contractor must present, in writing, to the Contracting Officer within five (5) workdays of being notified to do so by the Contracting Officer or his/her representative, detailed plans for each of the following activities. The workday after notification to submit will be the first day of the schedule.

## These proposed plans are subject to review and approval by the Government and award will not be made prior to approval of same.

#### NOTE: THE GOVERNMENT RESERVES THE RIGHT TO WAIVE SOME OR ALL OF THESE PLANS.

**Backup Facility**: The failure to deliver these notices in a timely manner would have an impact on the daily operations of SSA. Therefore, if for any reason(s) (act of God, labor disagreements, etc.) the contractor is unable to perform at said location for a period longer <u>than 24 hours</u>, the contractor must have a backup facility with the capability of producing the notices. The contractor must operate the backup facility.

Plans for their contingency production must be prepared and submitted to the Contracting Officer as part of the pre-award survey. These plans must include the location of the facility to be used, equipment available at the facility, security plans at the facility, and a timetable for the start of production at that facility. Part of the plans must also include the transportation of Government materials from one facility to another. *The contractor must produce items from a test file at the new facility for verification of software prior to producing notices at this facility*. SSA has the option to install a connection into the backup facility.

#### All terms and conditions of this contract will apply to the backup facility.

**Quality Control Plan**: The contractor must provide and maintain, within their organization, an independent quality assurance team of sufficient size and expertise. The team must monitor the operations performed and inspect the products of each operation to a degree and extent that will ensure the Government's quality assurance, inspection, and acceptance provisions herein are met. The contractor must perform, or have performed, the process controls, inspections, and tests required to substantiate that the products provided under this contract conform to the specifications and contract requirements. The contractor must describe in detail their quality control/quality assurance and recovery plans describing how, when and by whom the plans will be performed.

The quality control plan must also include examples and a detailed description of all quality control samples and their corresponding inspection reports or logs the contractor will keep to document the quality control inspections performed on each run.

The quality control system must include all aspects of the job including mail flow and materials handling. The plan must also allow for a complete audit trail (e.g., it must be possible to locate any piece of mail at any time from the point it leaves the press up to and including the point at which the mail is off-loaded at the USPS facility). SSA will not, as a routine matter, request the contractor to produce pieces in transit within the contractor's plant. Furthermore, the plan must include the names of all quality assurance officials and describe their duties in relationship to the quality control plan.

The quality control plan must account for the number of pieces mailed daily, and must also cover the security over the postage meters as well as the controls for the setting of the meters (if meters will be used).

**<u>Quality Control Sample Plan</u>**: The plan must provide a description of how the contractor will create quality control samples for periodic samplings to be taken during the production run and provide for backup and

rerunning in the event of an unsatisfactory sample. The plan shall contain control systems that will detect defective or missing/mutilated pieces.

The plan should include the sampling interval the contractor intends to utilize. The contractor will be required to create two quality control samples to be drawn from the production stream at the same time.

- One (1) sample will be drawn, inspected and retained as part of the contractor's quality assurance records.
- One (1) sample will be drawn for the Social Security Administration, packed with the remaining samples associated with each task order, and shipped to the Social Security Administration, ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401. NOTE: Samples shall be bulk shipped back to SSA weekly for each print order.

The plans shall detail the actions to be taken by the contractor when defects, missing, or mutilated items are discovered. These actions must be consistent with the requirements found in GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987, Rev. 6-01).

The plan shall monitor all aspects of the job including material handling and mail flow, to assure that the production and delivery of these notices meet specifications and Government requirements. This includes maintaining 100% accountability in the accuracy of imaging and mailing of all pieces throughout each run. The contractor must ensure that there are no missing or duplicate pieces.

The contractor must maintain quality control samples, inspection reports and records for a period of no less than 120 days subsequent to the date of the check tendered for final payment by the Government Printing Office. The Government will periodically verify that the contractor is complying with the approved quality control plan through on-site examinations and/or requesting copies of the contractor's quality assurance records and quality assurance random copies.

<u>Computer System Plan</u>: This plan must include a detailed listing of the contractor's operating software platform and file transfer system necessary to interface with SSA's National File Transfer Management System (FTMS) for electronic transmission of files from SSA. The plan must also include the media type on which files from SSA will be received to the extent that operator intervention (e.g., a tape mount) is not required at SSA or the contractor's production facility. This plan must demonstrate the contractor's ability to provide complete hardware and software compatibility with SSA's existing network (see "FILE TRANSFER MANAGEMENT SYSTEM (FTMS) REQUIREMENTS" for additional information). The contractor must complete the System Plan, Exhibit G.

Included with the Computer System Plan must be a resume for each employee responsible for the monitoring and the programming of the contractor's computer system and file transmissions. If the contractor plans to use a consultant for either task, a resume must still be included. This plan must show that the programmer(s) is skilled in the handling and programming of Advanced Function Presentation (AFP) resources and files.

<u>Mail Plan</u>: This plan should include sufficient detail as to how the contractor will comply with all applicable U.S. Postal Service (USPS) mailing requirements as listed in the USPS Domestic and International Mail Manuals in effect at the time of the mailing and other USPS instructional material such as the Postal Bulletin. The contractor must also disclose how they will achieve multi-level USPS automated presort postal discounts as outlined in the contract.

<u>Material Handling and Inventory Control Plan</u>: This plan should explain in detail how the following materials will be handled: incoming raw materials; work-in-progress materials; quality control inspection materials; USPS inspection materials; and all outgoing materials cleared for USPS pick-up/delivery.

**<u>Personnel Plan</u>**: In conjunction with the required applicant listing (see "PUBLIC TRUST SECURITY REQUIREMENTS"), this plan should include a listing of all personnel who will be involved with this contract.

For any new employees the plan should include the source of these employees, and a description of the training programs the employees will receive to familiarize them with the requirements of this program.

**Production Plan**: The contractor is to provide a detailed plan of the following:

- (a) List of all production equipment and equipment capacities to be utilized on this contract;
- (b) The production capacity currently being utilized on this equipment;
- (c) Capacity that is available for these workloads; and,
- (d) If new equipment is to be utilized, documentation of the purchase order, source, delivery schedule and installation dates are required.

The contractor must disclose in their production plan their intentions for the use of any subcontractors for any materials necessary under this contract. If a subcontractor will be handling SSA notices, the plan must include the same information required from the contractor for all items contained under "SECURITY REQUIREMENTS" and "PREAWARD SURVEY." If a subcontractor for any operation is added at any time after award, the contractor must submit the subcontractor's proposed plans which are subject to review and approval by the Government.

NOTE: The subcontractor must be approved by the Government prior to production starting in that facility. If the subcontractor is not approved by the Government, then the contractor has 15 calendar days prior to production to submit to the Government the new subcontractor's information.

<u>Security Control Plan</u>: The contractor must maintain in operation, an effective security system where items by these specifications are manufactured and/or stored (awaiting distribution or disposal) to assure against theft and/or the product ordered falling into unauthorized hands.

Contractor is cautioned that no Government provided information must be used for non-Government business. Specifically, no Government information must be used for the benefit of a third party. The Government retains the right to conduct on-site security reviews at any time during the term of the contract.

The plan must contain at a minimum:

- (1) How Government files (data) will be secured to prevent disclosure to a third party.
- (2) How the disposal of waste materials will be handled.
- (3) How all applicable Government-mandated security/privacy/rules and regulations as cited in this contract must be adhered to by the contractor and/or subcontractor(s).

<u>Materials</u>: The contractor is required to explain how all accountable materials will be handled throughout all phases of production. This plan must also include the method of disposal of all production waste materials.

**Disposal of Waste Materials:** The contractor is required to demonstrate how all waste materials used in the production of sensitive SSA records (records containing PII information as identified in "Security Warning") will be definitively destroyed (e.g., burning, pulping, shredding, macerating, or other suitable similar means). Electronic Records must be definitively destroyed in a manner that prevents reconstruction. *Definitively* destroying the records means the material **<u>cannot</u>** be reassembled and used in an inappropriate manner in violation of law and regulations. *Sensitive* records are records that are national security classified or exempted from disclosure by statute, including the Privacy Act or regulation.

All documents to be destroyed cannot leave the security of the building, must be destroyed at contractor's printing site, and cannot be subcontracted. The contractor must specify the method planned to dispose of the material.

**Production Area**: The contractor must provide a secure area(s) dedicated to the processing and storage of data for SSA notices, either a separate facility dedicated to this product, or a walled-in limited access area within the contractor's existing facility. Access to the area(s) must be limited to security-trained employees involved in the production of notices.

Part of the Security Control Plan must include a floor plan detailing the area(s) to be used, showing existing walls, equipment to be used, and the printing and finishing locations. The plan must include a description of the physical security of the facility as well as the physical security of this notice contract as it progresses to completion.

Contractor must have, in place, a building security system that is monitored 24 hours a day, seven (7) days a week, and a badging/keypunch system that limits access to Government materials (data processing center/production facility and other areas where Government materials with PII are stored or are accessible) that is only accessible by approved personnel. Contractor must present this information, in detail, in the production plans.

If the preaward survey is waived, the above referenced plans must be submitted to the Contracting Officer within five (5) workdays of being notified to do so by the Contracting Officer or his/her representative. The workday after notification to submit will be the first day of the schedule.

THESE PLANS ARE SUBJECT TO REVIEW AND APPROVAL BY THE GOVERNMENT AND AWARD WILL NOT BE MADE PRIOR TO APPROVAL OF THE SAME.

**Unique Identification Number**: Unique identifying numbers will be used to track each individual notice, thereby providing 100% accountability. This enables the contractor to track each notice through completion of the project. The contractor will be required to create a test sample every 4,000 notices. This sample must have a unique number and must be produced on each notice. The contractor will generate a list of the unique identifying numbers for each sample. As samples are pulled, the unique numbers will be marked off the list. This enables the contractor to track which samples have been produced and pulled and what records have been produced.

The contractor may create their own sequence number and run date to facilitate their presorting and inserting process but must maintain the original SSA identification number.

**<u>Recovery System</u>**: A recovery system will be required to ensure all defective or missing and/or mutilated pieces detected are identified, reprinted, and replaced. The contractor's recovery system must use unique sequential alpha/numeric identifiers assigned to each piece (including quality control samples) to aid in the recovery and replacement of any defective or missing and/or mutilated pieces, and must be capable of tracking and/or locating any individual piece of mail from the time it leaves the press, up to and including when it is off-loaded at the USPS facility.</u> An explanation of the contractor's sequential numbering system is required to understand the audit trail required for each and every piece.

**100% ACCOUNTABILITY OF PRODUCTION AND MAILING**: Contractor must have a closed loop process\* to determine that the data from the original print file is in the correct envelope with the correct number of pages and inserts. Notices requiring print regeneration must be reprinted from their original print image with the original job ID and piece ID remaining unchanged as each mail piece continues through the inserting life cycle. This process will repeat itself (since subsequent reprint runs may yield damages) until all mail pieces from the original print run have been inserted and accounted for.

\*<u>CLOSED LOOP PROCESSING</u>: A method for generating a plurality of mail pieces including error detection and reprinting capabilities. The method provides a mail handling process which tracks processing errors with the use of a first and second scan code which obtain information regarding each mail piece, diverts mail pieces in response to error detection, transmits such errors to a processor, and automatically generates a reconfigured print file to initiate reprints for the diverted mail pieces.

Contractor will be responsible for providing a unique identifying number that will be used to track each individual notice, thereby providing **100% accountability and validating the integrity of every notice** produced in all phases of printing, inserting and mailing and to ensure all notices received from SSA were correctly entered into the USPS system.

**NOTE:** Contractor must have all hardware, programming and finalized reports in place to meet this requirement. The equipment must arrive at least 90 calendar days prior to the start of live production, on July 1, 2014. Contractor must submit a sample of their proposed Audit and Summary reports with the required Pre-Award production plans for

approval. The government considers grounds for the immediate default of this contract if the contractor, at any time, is unable to perform or found not complying with any part of this requirement.

Notice integrity must be defined as follows:

- Each notice must include all pages (and only those pages) intended for the designated recipient as contained in the print files received from SSA.
- The contractor's printing process must have automated systems which can detect all sync errors, stop printing when detected, and identify, remove and reprint all affected notices.

Mailing integrity must be defined as follows:

• All notices received from SSA for each file date were printed, inserted and entered correctly into the USPS system.

The contractor is responsible for providing the <u>Automated</u> inserted notice tracking/reporting systems and processes required to validate that 100% of all notices received from SSA were printed, all pages for each notice with the correct inserts are accounted for, inserted and mailed correctly.

The contractor's inserting equipment must have automated systems that include notice coding and scanning technology capable of:

- (a) Uniquely identifying each notice and corresponding notice leaves within each individual file by mailer number and file date.
- (b) Unique identifier to be scanned during insertion to ensure all notices and corresponding notice leaves are present and accounted for.
- (c) <u>Entrance Scanning</u>: a camera system must electronically track and scan all leaves of each mail piece as the inserting equipment pulls them into the machine to ensure each mail piece was produced and inserted. If there is any variance on a mail piece or if a mail piece is not verified that all leaves are present, that piece and the piece prior to and immediately following must be diverted and sent back for reprint. All instances of variance must be logged.
- (d) <u>Touch and Toss</u>: all spoilage, diverted mutilated or mail piece that is acted upon directly by a human hand prior to sealing must be immediately recorded, discarded, properly destroyed, and automatically regenerated in a new print file for reprint. *Exception* Intentionally diverted pieces due to a requirement for a product, which cannot be intelligently inserted and requires manual insertion such as a publication, can be sealed, re-scanned and placed back into production. These must be programmed diverts and sent to a separate bin for processing to ensure they are not mixed with other problem diverts and logged into the Audit system as such. NOTE: due to inserting equipment limitations, the contractor can divert and insert by hand notices over 50 leaves. These notices, to ensure notice integrity, are to be scanned and collated by an automated process prior to manual handling for inserting. The completed mail package must then be processed through exit scanning. The event log report must show these as "50+ Manual".
- (e) Exit Scanning: A camera system must be mounted just off the inserting equipment. This camera system must read a unique code through the window of each mail piece and capable of identifying and reporting all missing notices that were lost or spoiled during production for each individual file by mailer number and file date. This system ensures that no missing mail pieces have been inadvertently inserted into another mail piece. The equipment must check the mail pieces, after insertion and verification that all leaves are accounted for, and divert any suspect product. During exit scanning, if a sequence number is missing the notice prior to and immediately after must be diverted. The equipment must divert all products that exhibit missing or out of order sequence numbers and any other processing errors. All diverted pieces are to be automatically recorded and regenerated in a new print file for reprint.

- (f) <u>Reconciliation</u>: all notices and the amount of correct finished product must be electronically accounted for after insertion through the use of the audit system that is independent of the inserting equipment as well as independent of the operation. The sequence numbers, for each file, must be reconciled; taking into account any spoilage, duplicate and/or diverted product. If the reconciliation yields divergent results, corrective action must be taken to locate the mail pieces that are causing any difference between the input and outputs of the inserting process. Therefore, all finished mail for that sequence run must be held in an accessible area until this reconciliation is complete.
- (g) Generate a new production file for all missing, diverted or mutilated notices (reprint file).
- (h) Contractor must generate an automated audit report from the information gathered from scanning for each mailer number, file date and for each notice (manual inputs are not allowed). This audit report will contain detailed information for each notice as outlined above for each individual file by mailer number and file date. Contractor must maintain this information for a six month period after mailing.
- (i) Audit report must contain the following information:
  - 1. Job name
  - 2. Mailer number, file date and mail date(s)
  - 3. Machine ID
  - 4. Date of production with start and end time for each phase of the run i.e. machine ID.
  - 5. Start and end sequence numbers in each run
  - 6. Status of all sequence numbers in a run
  - 7. Total volume in run
  - 8. Status report for all incidents for each sequence number and cause, i.e. inserted, diverted and reason for divert such as missing sequence number, missing leave, mutilated, duplicate, pulled for inspection, etc.
  - 9. Bottom of audit report must contain total number of records for that run, quantity sent to reprint, number of duplicates, duplicates verified and pulled, total completed.
  - 10. Audit report must contain the same information for all the reprints
- (j) Contractor must generate a **final automated 100% accountability summary report** for each individual file by mailer number and file date. This information must be generated directly from the audit report, manual inputs are not allowed. The summary report must contain the following:
  - 1. Job name
  - 2. Each individual file by mailer number and file date (must show sequence numbers for each section i.e. first pass and then reprints)
  - 3. Sequence number range for each individual file by mailer number and file date
  - 4. Volume of all sequence numbers associated with an individual file by mailer number and file date were inserted.
  - 5. Volume of reprints that were inserted for each file date.
  - 6. Volumes for each file date that each was completed.

**NOTE:** A PDF copy of the summary report(s) and matching GPO 712 form(s) must be submitted to Sherry Leverett at <u>sherry.leverett@ssa.gov</u> for each file date within 2 days of mailing.

**NOTE:** Contractor must submit a sample of their Audit and Summary reports (See Exhibit H) with the required Pre-Award production plans for approval.

Contractor must generate an automated audit report when necessary showing the tracking of all notices through all phases of production for each mail piece. This audit report will contain all information as outlined in item (i) above. Contractor is required to provide any requested Summary and/or Audit reports within an hour of a request via email in MS Word, MS Excel or PDF.

All notice tracking/reporting data must be retained in electronic form for 210 days after mailing, and must be made available to SSA for auditing of contractor performance upon request.

The contractor must maintain quality control samples, inspection reports and records for a period of no less than 180 days subsequent to the date of the check tendered for final payment by the Government Printing Office. The Government will periodically verify that the contractor is complying with the approved quality control plan through onsite examinations and/or requesting copies of the contractor's quality assurance records and quality assurance random copies.

*Note:* The Government will not as a routine matter request the contractor produce individual pieces in transit within the plant, however, the contractor must demonstrate they will have an audit trail established that has the ability to comply with this type of request when and if the need arises.

<u>Pulling of Notices from Production</u>: Due to the sensitivity of some of the notices in this contract, the Government may request that certain notices be removed from the production stream. When this occurs, the Government will supply the contractor with a list of Social Security Numbers (SSNs) that need to be pulled. The SSNs for each notice is contained in the Mail Run Data (MRD) File. The contractor must be able to run a sort to find and eliminate the notice from the production run. If the list is provided after the notice had been produced, the contractor must be capable of identifying the notice and pulling it from the production floor. It is anticipated that this will be an infrequent occurrence.

**Option Years**: For each option year that may be exercised, the contractor will be required to review their plans and resubmit in writing the above plans detailing any changes and/or revisions that may have occurred. THE REVISED PLANS ARE SUBJECT TO GOVERNMENT APPROVAL. The revised plans must be submitted to the Contracting Officer or his/her representative within five (5) workdays of notification of the option year being exercised.

If there are no changes/revisions, the contractor will be required to submit to the Contracting Officer or his/her representative a statement confirming that the current plans are still in effect.

**ON-SITE REPRESENTATIVES**: One or two full-time Government representatives may be placed on the Contractor's premises on a limited basis or throughout the term of the contract.

The contractor will be required to provide a private workspace with a telephone line, internet access, and one facsimile machine.

On-site representative(s) may be stationed at the contractor's facility to: provide project coordination in receipt of wire transmissions; verify addresses; monitor the printing, folding, inserting, mail processing, quality control, sample selections and inspections; and monitor the packing and staging of the mail. These coordinators will not have contractual authority, and cannot make changes in the specifications or in contract terms, but will bring any and all defects detected, to the attention of the company Quality Control Officer. The coordinators must have full and unrestricted access to all production areas where work on this program is being performed.

**POSTAWARD CONFERENCE**: In order to ensure that the contractor fully understands the total requirements of the job as indicated in these specifications, Government representatives will conduct a conference with the Contractor's representatives at the Social Security Administration (SSA), Baltimore, MD, immediately after award.

**PRE-PRODUCTION MEETING**: A pre-production meeting covering printing and mailing must be held at the contractor's facility after award of the contract to review the contractor's production plan and to establish coordination of all operations. Attending this meeting will be representatives from the Government Printing Office, Social Security Administration, and the U.S. Postal Service (USPS). The contractor must present and explain their final plan for both the printing and mailing of all notices (the contractor must be prepared to present detailed production plans, including such items as quality assurance, projected commencement dates, equipment loading, pallet needs, etc.).

The contractor must meet with SSA Division of Mail and Postage Policy (DMPP) and USPS representatives to present and discuss their plan for mailing. The preproduction meeting will include a visit to the contractor's mailing facility, where the contractor is to furnish specific mail flow information. The contractor must present documentation of the plant loading agreement and either a copy of the optional procedure, which has been negotiated with the USPS or a draft of the original procedure that the contractor intends to negotiate with the USPS for SSA approval. The contractor also needs to present SSA with a copy or a draft of the manifest (tracking system) to be used to accomplish the above. DMPP may conduct unscheduled visits during the term of this contract at the contractor's mailing facility. In addition, a mail plan detailing how the contractor will obtain maximum automation postage discounts will be e-mailed to: <u>Francine.Moore@ssa.gov</u> after the contract award. The contractor is to provide the name of the representative responsible for the mailing operation and that individual's backup.

**ASSIGNMENT OF JACKETS, PURCHASE, TASK AND PRINT ORDERS**: A GPO jacket number will be assigned and a purchase order issued to the contractor to cover the work performed. The purchase order will be supplemented by an individual print order for each job placed with the contractor. The print order, when issued, will indicate the quantity to be produced and any other information pertinent to the order.

**ORDERING**: Items to be furnished under the contract must be ordered by the issuance of weekly print orders supplemented by daily electronic task orders. Orders may be issued under the contract from Date of Award through June 30, 2015, plus for such additional period(s) as the contract is extended. All print orders and task orders issued hereunder are subject to the terms and conditions of the contract. The contract must control in the event of conflict with any print order or task order. Task orders will be "issued" daily for purposes of the contract and must detail the daily volume of notices required. A Print Order (GPO Form 2511) to be used for billing purposes, will be issued weekly and will cover all daily task orders issued that week.

**REQUIREMENTS:** This is a requirements contract for the items and for the period specified herein. Shipment/delivery of items or performance of work must be made only as authorized by orders issued in accordance with the clause entitled "Ordering." The quantities of items specified herein are estimates only, and are not purchased hereby. Except as may be otherwise provided in this contract, if the Government's requirements for the items set forth herein do not result in orders in the amounts or quantities described as "estimated," it shall not constitute the basis for an equitable price adjustment under this contract.

The estimated quantities specified in the "Determination of Award" are not the total requirements of the Government but are the estimates of requirements.

The Government must not be required to purchase from the Contractor, requirements in excess of the limit on total orders under this contract, if any.

Orders issued during the effective period of this contract and not completed within that time must be completed by the contractor within the time specified in the order, and the rights and obligations of the contractor and the Government respecting those orders must be governed by the terms of this contract to the same extent as if completed during the effective period of this contract.

If shipment/delivery of any quantity of an item covered by the contract is required by reason of urgency prior to the earliest date that shipment/delivery may be specified under this contract, and if the contractor will not accept an order providing for the accelerated shipment/delivery, the Government may procure this requirement from another source.

The Government may issue orders which provide for shipment/delivery to or performance at multiple destinations.

Subject to any limitations elsewhere in this contract, the contractor must furnish to the Government all items set forth herein which are called for by print orders issued in accordance with the "Ordering" clause of this contract.

**PRIVACY ACT NOTIFICATION**: This procurement action requires the contractor to do one or more of the following: design, develop, or operate a system of records on individuals to accomplish an agency function in accordance with the Privacy Act of 1974, Public Law 93-579, December 31, 1974 (5 U.S.C. 552a) and applicable agency regulations. Violation of the Act may involve the imposition of criminal penalties.

#### PRIVACY ACT

- (a) The Contractor agrees:
  - (1) to comply with the Privacy Act of 1974 and the rules and regulations issued pursuant to the Act in the design, development, or operation of any system of records on individuals in order to accomplish an agency function when the contract specifically identifies (i) the system or systems of records and (ii) the work to be

performed by the contractor in terms of any one or combination of the following: (A) design, (B) development, or (C) operation;

- (2) to include the solicitation notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation when the statement of work in the proposed subcontract requires the design, development, or operation of a system of records on individuals to accomplish an agency function; and
- (3) to include this clause, including this paragraph (3), in all subcontracts awarded pursuant to this contract which require the design, development, or operation of such a system of records.
- (b) In the event of violations of the Act, a civil action may be brought against the agency involved where the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency where the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act when the contract is for the operation of a system of records on individuals to accomplish an agency function, the contractor and any employee of the contractor is considered to be an employee of the agency.
- (c) The terms used in this clause have the following meanings:
  - (1) "Operation of a system of records" means performance of any of the activities associated with maintaining the system of records including the collection, use, and dissemination of records.
  - (2) "Record" means any item, collection or grouping of information about an individual that is maintained by an agency, including, but not limited to, his education, financial transactions, medical history, and criminal or employment history and that contains his name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph.
  - (3) "System of records" on individuals means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

#### **CRIMINAL SANCTIONS:**

(1) Each officer or employee of any person to whom returns or return information is or may be disclosed must be notified in writing by such person that returns or return information disclosed to such officer or employee can be used only for a purpose and to the extent authorized herein, and that further disclosure of any such returns or return information for a purpose or to an extent unauthorized herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the costs of prosecution. Such person must also notify each such officer and employee that any such unauthorized further disclosure of returns or return information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n).

(2) Additionally, it is incumbent upon the contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a(i)(1), which is made applicable to contractors by 5 U.S.C. 552a(m)(1), provides that any officer or employee of a contractor, who by virtue of his/her employment of official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, will be guilty of a misdemeanor and fined not more than \$10,000.

#### **SECTION 2.- SPECIFICATIONS**

SCOPE: These specifications cover the production of mailing packages from five(5) workloads\*, consisting of English and Spanish/English personalized notices; English form inserts; English and Spanish pamphlet inserts; mail out envelopes; Business Reply Mail (BRM) envelopes and Courtesy Reply Mail (CRM) envelopes; requiring such operations as: the receipt and processing of wire transmitted data; re-development of Advanced Function Presentation (AFP) resources; composition; printing and imaging; dating of form inserts; binding; folding; inserting; presorting and mailing.

\*The five workloads identified thus far are as follows:

- 1. MADCAP
- 2. MCS
- 3. SSA-L991
- 4. TASTE
- 5. TATTER

New Notices (during term of the contract):

During the term of this contract, the Government anticipates developing new notice workloads with the same requirements as the five (5) notice workloads described by these specifications. All terms and conditions in this specification will apply to these future notice workloads. It is estimated that approximately one (1) to three (3) new notice workloads may be added during the term of this contract.

FILE NAME	MAILER	DATA SET NAME*
MADCAP	1	OLBG.BTI.vendor.MDCAFP.M1#aaaaa.Ryymmdd
	2	OLBG.BTI.vendor.MDCAFP.M2#aaaaa.Ryymmdd
MCS	3	OLBG.BTI.vendor.MCSAFP.M3#aaaaa.Ryymmdd
	4	OLBG.BTI.vendor.MCSAFP.M4#aaaaa.Ryymmdd
SSA-L991	5	OLBG.BTI.vendor.L99AFP.M51aaaaa.Ryymmdd
TASTE	6	OLBG.BTI.vendor.S76AFP.M61aaaaa.Rmmyy
		OLBG.BTI.vendor.S76AFP.M62aaaaa.Rmmyy
		OLBG.BTI.vendor.S76AFP.M63aaaaa.Rmmyy
		OLBG.BTI.vendor.S76AFP.M64aaaaa.Rmmyy
	7	OLBG.BTI.vendor.S72AFP.M71aaaaa.Ryymm01
		OLBG.BTI.vendor.S72AFP.M72aaaaa.Ryymm01
	8	OLBG.BTI.vendorS87AFP.M81aaaaa.Ryymm01
		OLBG.BTI.vendor.S87AFP.M82aaaaa.Ryymm01
TATTER	9	OLBG.BTI.vendor.EPEAFP.M9#aaaaa.Ryymmdd
	10	OLBG.BTI.vendor.TLCAFP.M10#aaaaa.Ryymmdd

NEW NOTICES: The file names for each new notice workload will be supplied to the contractor as they are developed.

NOTE: All of the data set names are not listed for each mailer. The aaaaa represents the unique job identifier that is assigned at run time. The "#" will be replaced with 1 through 8 for each of the Payment Service Centers. For example, there are 8 files for MADCAP mailer as follows:

OLBG.BTI.vendor.MDCAFP.M11aaaaa.Ryymmdd OLBG.BTI.vendor.MDCAFP.M12aaaaa.Ryymmdd OLBG.BTI.vendor.MDCAFP.M13aaaaa.Ryymmdd OLBG.BTI.vendor.MDCAFP.M14aaaaa.Ryymmdd OLBG.BTI.vendor.MDCAFP.M15aaaaa.Ryymmdd OLBG.BTI.vendor.MDCAFP.M16aaaaa.Ryymmdd OLBG.BTI.vendor.MDCAFP.M17aaaaa.Ryymmdd OLBG.BTI.vendor.MDCAFP.M18aaaaa.Ryymmdd

The data set names listed are SSA names. The first three (3) qualifiers will be removed for the file received by the vendor. The fourth qualifier in the data set name listed is the file type and the fifth is the unique identifier. This qualifier will be used to match the corresponding files (**Mail Run Data file and Banner file**) with the print file. The MRDF name will be OLBG.BTI.vendor.MDCMRD.M1#aaaaa.Ryymmdd and the Banner name will be OLBG.BTI.vendor.MDCMRD.M1#aaaaa.Ryymmdd for the MADCAP file type. The final qualifier is the Run Date.

The files will be broken down and transmitted in segments by Program Service Center (PC) codes. Each file transmitted will have a banner page identifying the PC and required inserts.

The PC codes correspond to the mail-out envelope required as follows:

- PC 1 Northeastern (Jamaica, NY)
- PC 2 Mid-Atlantic (Philadelphia, PA)
- PC 3 Southeastern (Birmingham, AL)
- PC 4 Great Lakes (Chicago, IL)
- PC 5 Western (Richmond, CA)
- PC 6 Mid-America (Kansas City, MO)
- PC 7 Office of Central Operations (Domestic & Foreign) (Baltimore, MD)
- PC 8 Office of International Operations (Baltimore, MD)

# \*NOTE: The data set names listed above (and throughout these specifications) are not the final data set names that will be transmitted to the contractor. Final data set names will be provided to the contractor at the post award meeting.

**MAKE-UP OF MAILERS:** A record will be transmitted for each mailing address. The records will contain all the data relevant for the mailing of an associated mail piece. Unique alpha/numeric identifiers will be part of the record to ensure accuracy in the insertion process. All files transmitted by SSA will be physical sequential Advanced Function Presentation (AFP) mixed mode. Any alteration of the notice content in the file is not permitted.

**MADCAP and MCS NOTE:** MADCAP and MCS files can contain third party notices. The third party notice copy is an exact copy of the original notice with a coversheet containing the name and address of a third party designated by the beneficiary (such as; an attorney, a Representative for the beneficiary (Rep Payee), or others). The original MADCAP notice is also in a file, which is printed separately.

**FOR QUALITY CONTROL AND AUDITING PURPOSES:** The contractor must not merge file dates and mailers during processing, printing and mailing. Any alteration of the notice content in the file is not permitted.

The figures indicated below are estimates that are based on historical data of past production runs. The figures show the minimum and maximum quantities required daily or monthly for the MADCAP, MCS, SSA-L991, TASTE, and TATTER notices; as well as, number of printed pages in a notice (notices are duplex printed and one-side only when an odd page is required), inserts (items that are to be inserted into the mailout envelope along with the notice), and how the notice is to be folded. Exact quantities will not be known until each run is electronically transmitted to the contractor. **NO SHORTAGES WILL BE ALLOWED**.

**NOTICES:** Notices ordered under this contract will range from one (1) to twenty-four (24) printed pages (per notice). See following for page counts of each mailer.

<u>MADCAP</u>: There are two MADCAP mailers. MADCAP mailer #1 notices are considered English but contain English only notices or English notices with the first few paragraphs in Spanish. Mailer #2 is a Spanish/English mailer. This mailer consists of two parts. The first part is the Spanish notice; the second part is the same notice in English. Notices can consist of 1-8 pages. Mailers may generate any combination of components below.

1. OLBG.BTI.vendor.MDCAFP.M1#aaaaa.RYYMMDD

Daily Minimum:	1,840
Daily Maximum:	13,170
Approximate Daily Average:	7,315
Printed Notice Pages:	1 to 6
	Personalized English Notice
	Mailout Envelope 6-1/8 x 9-1/2" (Bifold)
Inserts:	SSA Form SSA-3105
	Form CMS-2690
	BRM Refund Envelope
	CRM Return Envelope
	SSA Publication No. 05-10018
	SSA Publication No. 05-10072
	SSA Publication No. 05-10072
	SSA Publication No. 05-10170 SSA Publication No. 05-10137
	SSA Fublication No. 03-10157
2. OLBG.BTI.vendor.MDCAFP.M2#aaaaa.RYYMMI	תנ
	35
Daily Minimum:	
Daily Maximum:	850
Approximate Daily Average:	195
Printed Notice Pages:	1 to 8
	Personalized Spanish/English Notice
	Mailout Envelope 6-1/8 x 9-1/2" (Bifold)
Inserts:	SSA Form SSA-3105
	Form CMS-2690
	BRM Refund Envelope
	CRM Return Envelope
	SSA Publication No. 05-10018
	SSA Publication No. 05-10072
	SSA Publication No. 05-10076
	SSA Publication No. 05-10077
	SSA Publication No. 05-10137
	SSA Publication No. 05-10138
	SSA Publication No. 05-10153
	SSA Publication No. 70-10281
	SSA Publication No. 05-10903
	SSA Publication No. 05-10972
	SSA Publication No. 05-10976
	SSA Publication No. 05-10977
	SSA Publication No. 70-10283
	55711 u0110au011110, 70-10205

<u>MCS</u>: The MCS mailers are divided into two (2) categories by data set names. These mailers are English Only, or English containing a Spanish Cover Letter, or Spanish/English Bilingual. Notices can consist of 1-24 pages. The

notices are represented by the following data set names. Mailers may generate any combination of the components listed below:

3. OLBG.BTI.vendor id.MCSAFP.M3#aaaaa.Ry	vmmdd
3. OLBG.BTI.vendor_id.MCSAFP.M3#aaaaa.Ry Daily Minimum:	4,000
Daily Maximum:	77,000
Approximate Daily Average:	37,000
Printed Notice Pages:	1 to 24
	Personalized Notice (English Only and English with Spanish
	Cover Letter)
	Mailout Envelope 6-1/8 x 9-1/2" (Bifold)
Inserts:	Form CMS-2690
	SSA Publication No. 05-10007
	SSA Publication No. 05-10018
	SSA Publication No. 05-10072
	SSA Publication No. 05-10075
	SSA Publication No. 05-10076
	SSA Publication No. 05-10077
	SSA Publication No. 05-10137
	SSA Publication No. 05-10153
	SSA Publication No. 70-10281
	CRM Return Envelope
4. OLBG.BTI.vendor_id.MCSAFP.M4#aaaaa.Ryy	mmdd
Daily Minimum:	140
Daily Maximum:	2,100
Approximate Daily Average:	14,000
Printed Notice Pages	1 to 24
Printed Notice Pages:	1 to 24 Personalized Notice (Spanish/English Bilingual)
Printed Notice Pages:	Personalized Notice (Spanish/English Bilingual)
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold)
Printed Notice Pages: Inserts:	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007 SSA Publication No. 05-10018
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007 SSA Publication No. 05-10018 SSA Publication No. 05-10138
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007 SSA Publication No. 05-10018 SSA Publication No. 05-10138 SSA Publication No. 05-10903
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007 SSA Publication No. 05-10018 SSA Publication No. 05-10138
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007 SSA Publication No. 05-10018 SSA Publication No. 05-10138 SSA Publication No. 05-10903 SSA Publication No. 05-10972
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007 SSA Publication No. 05-10018 SSA Publication No. 05-10138 SSA Publication No. 05-10903 SSA Publication No. 05-10972 SSA Publication No. 05-10975
	Personalized Notice (Spanish/English Bilingual) Mailout Envelope 6-1/8 x 9-1/2" (Bifold) Form CMS-2690 SSA Publication No. 05-10007 SSA Publication No. 05-10018 SSA Publication No. 05-10138 SSA Publication No. 05-10903 SSA Publication No. 05-10972 SSA Publication No. 05-10975 SSA Publication No. 05-10976

<u>SSA-L991</u>: The **SSA-L991** mailers are English only personalized notices represented by the following data set names. Notices can consist of 1-4 pages. All mailers will consist of components below.

5. OLBG.BTI.vendor.L99AFP.M51aaaaa.RYYMMDI	D
Daily Minimum:	130
Daily Maximum:	6,400
Approximate Daily Average:	4,265
Printed Notice Pages:	1 to 4
	Personalized English Notice
	Mailout Envelope 4-1/8 x 9-1/2" (Trifold)
Inserts:	None

<u>TASTE</u>: The TASTE mailers are divided into three (3) notice categories by data set names. The notices contained within these mailers carry the form numbers SSA-1076, SSA-1372-BK, SSA-1372-BK-FC, and SSA-1387. Notices can consist of 1-8 pages. These mailers may generate any combination of components listed below:

6. OLBG.BTI.vendor.S76AFP.M61aaaaa.Rmmyy OLBG.BTI.vendor.S76AFP.M62aaaaa.Rmmyy OLBG.BTI.vendor.S76AFP.M63aaaaa.Rmmyy OLBG.BTI.vendor.S76AFP.M64aaaaa.Rmmyy	
Approximate Monthly Average: Printed Notice Pages:	3,500 1 Personalized Notice Mailout Envelope 4-1/8 x 9-1/2" (Trifold)
Inserts:	None
7.OLBG.BTI.vendor.S72AFP.M71aaaaa.Ryymm01 OLBG.BTI.vendor.S72AFP.M72aaaaa.Ryymm01 Approximate Monthly Average: Printed Notice Pages: Inserts:	41,000 6 to 8 Personalized Notice Mailout Envelope 4-1/8 x 9-1/2" (Trifold) White Window BRM Return Envelope
8.OLBG.BTI.vendor.S87AFP.M81aaaaa.Ryymm01 OLBG.BTI.vendor.S87AFP.M82aaaaa.Ryymm01 Approximate Monthly Average: Printed Notice Pages: Inserts:	40,700 1 Personalized Notice Mailout Envelope 4-1/8 x 9-1/2" (Trifold) None

NOTE: Mailers 6, 7, and 8 typically transmit during the last week of the month.

<u>TATTER</u>: The TATTER mailers are dived into two (2) categories by data set names. Notices can consist of 1-6 pages. These mailers may generate any combination of components listed below:

9. OLBG.BTI.vendor.EPEAFP.M9#aaaaa.Ryymmdd	
Daily Minimum:	140
Daily Maximum:	2,500
Approximate Daily Average:	510
Printed Notice Pages:	1 to 6
	Personalized Notice
	Mailout Envelope 6-1/8 x 9-1/2" (Bifold)
Inserts:	SSA Form SSA-3105
	SSA Publication No. 05-10076
	SSA Publication No. 05-10095
	Green BRM Envelope

10. OLBG.BTI.vendor.TLCAFP.M10#aaaaa.Ryymmd	ld
Daily Minimum:	10
Daily Maximum:	125
Approximate Daily Average:	110
Printed Notice Pages:	1
	Personalized Notices
	Mailout Envelope 6-1/8 x 9-1/2" (Bifold)
Inserts:	SSA Form SSA-3105
	SSA Publication No. 05-10058
	CRM Return Envelope
	-

NOTE: During the term of this contract, it is anticipated that SSA will require some of the mailers be sent certified or registered mail.

#### TRIM SIZES:

Notices:	8-1/2 x 11" flat size, folds down to 8-1/2 x 5-1/2" and 8-1/2 x 3-11/16"
Mailout Envelopes:	4-1/8 x 9-1/2" 4-1/8 x 9-1/4" 6-1/8 x 9-1/2"
Green BRM Envelopes:	3-7/8 x 8-7/8"
White BRM Window Envelopes:	3-7/8 x 8-11/16"
CRM Envelopes:	3-7/8 x 8-7/8"
Form SSA-3105:	10-1/2 x 8" flat size, folds down to 3-1/2 x 8"
Form CMS-2690:	8-1/2 x 3-1/2"
SSA Publication No. 05-10076:	5-1/4 x 8", 20 pages
SSA Publication No. 05-10077:	5-1/4 x 8", 28 pages
SSA Publication No. 05-10137:	3-1/2 x 8", 32 pages
SSA Publication No. 05-10138:	3-1/2 x 8", 36 pages
SSA Publication No. 05-10153; 05-10903:	5-1/4 x 8", 24 pages
SSA Publication No. 05-10976:	5-1/4 x 8", 20 pages
SSA Publication No. 05-10977:	5-1/4 x 8", 28 pages
SSA Publication No. 05-10018:	10-1/2 x 8" flat size, folds down to 3-1/2 x 8"
SSA Publication No. 05-10058; 05-10072:	14 x 8" flat size, folds down to $3-1/2 \ge 8$ "
SSA Publication No. 70-10281; 05-10972:	17-1/2 x 8" flat size, folds down to 3-1/2 x 8"

SSA Publication No. 70-10283:	21 x 8" flat size, folds down to 3-1/2 x 8"
SSA Publication No. 05-10007; 05-10075; 05-10975:	8-1/2 x 11", flat size, folds down to 8-1/2 x 5-1/2" and 8-1/2 x 3-11/16"
SSA Publication No. 05-10095:	3-1/2 x 8", 16 pages

#### FREQUENCY OF ORDERS AND QUANTITY:

Combined yearly total for all mailers will be approximately **14,143,500** notices per year. The estimated annual quantity for the daily, MADCAP notices is 1,880,000, MCS notices is 9,970,600, SSA-L991 notices is 1,100,000, TASTE notices is 1,033,000, and TATTER notices is 159,900.

#### The Government reserves the right to increase 20% of the total number of notices ordered annually.

#### MADCAP, MCS, and TATTER MAILOUT ENVELOPES:

#### BIFOLD SIZE: 6-1/8 x 9-1/2"

Program Service Center	90-Calendar Day Volumes
PC1 - Northeastern Program Service Center	379,850
PC2 - Mid-Atlantic Program Service Center	307,498
PC3 - Southeastern Program Service Center	428,085
PC4 - Great Lakes Program Service Center	367,791
PC5 - Western Program Service Center	391,909
PC6 -Mid-America Program Service Center	409,997
PC7 - Office of Central Operations	669,260
PC8 - Office of International Operations	48,235

#### SSA-L991 MAILOUT ENVELOPES:

#### TRIFOLD SIZE: 4-1/8 x 9-1/4"

Social Security Administration 6401 Security Boulevard Baltimore, MD 21235 90-Calendar Day Volumes 275,000

#### TASTE MAILOUT ENVELOPES:

TRIFOLD SIZE: 4-1/8 x 9-1/2"

Social Security Administration 6401 Security Boulevard Baltimore, MD 21235 90-Calendar Day Volumes 258,250

#### **INSERTS:**

#### MADCAP and TATTER BUSINESS REPLY MAIL (BRM) ENVELOPES:

<u>Program Service Center</u> PC2 - Mid-Atlantic Program Service Center 90-Calendar Day Volumes 59.750

All MADCAP and TATTER notices with PC1 through PC7 within the data set name, which require a BRM envelope, will receive a PC2 envelope. The contractor is responsible for setting up their equipment to ensure that the correct envelope is inserted.

All MADCAP and TATTER notices with PC8 within the data set name, which require a BRM envelope, will receive a PC8 CRM envelope, not a PC8 BRM envelope. (Business reply mail does not exist in International mail.) The contractor is responsible for setting up their equipment to ensure that the correct envelope is inserted.

#### TASTE BRM WINDOW RETURN ENVELOPES:

<u>Headquarters Address</u> SSA Headquarters 6401 Security Boulevard Baltimore, MD 21235 90-Calendar Day Volumes 128,000

#### MADCAP, MCS, and TATTER (PC8 only) COURTESY REPLY MAIL RETURN ENVELOPES:

Program Service Center	90-Calendar Day Volumes
PC1 – Northeastern Program Service Center	468
PC2 - Mid-Atlantic Program Service Center	426
PC3 – Southeastern Program Service Center	1024
PC4 – Great Lakes Program Service Center	643
PC5 – Western Program Service Center	647
PC6 – Mid-America Program Service Center	700
PC7 – Office of Central Operations	5672
PC8 – Office of International Operations	*

\*The annual quantity will be less than 200. The contractor is allowed to order the full annual quantity.

#### NON-ENVELOPE INSERTS—MADCAP, MCS, TASTE, TATTER:

Form/Publication Number	90-Calendar Day Volumes
SSA Form SSA-3105	54,125
*CMS Form CMS-2690	26,690
SSA Publication No. 05-10007	7,806
SSA Publication No. 05-10018	11,050
SSA Publication No. 05-10058	4,020
SSA Publication No. 05-10072	266,819
SSA Publication No. 05-10075	5,358
SSA Publication No. 05-10076	133,596
SSA Publication No. 05-10077	806,676
SSA Publication No. 05-10095	379
SSA Publication No. 05-10137	8,489
SSA Publication No. 05-10153	232,299

SSA Publication No. 70-10281	18,715
SSA Publication No. 05-10972	16,282
SSA Publication No. 05-10976	4,183
SSA Publication No. 05-10977	27,101
SSA Publication No. 05-10138	1,120
SSA Publication No. 05-10903	10,915
SSA Publication No. 05-10975	177
SSA Publication No. 70-10283	972

\*NOTE: When Form CMS-2690 is used for any workload, a CRM will be required.

#### TATTER PAYMENT STUB NOTE:

A micro-perforated payment stub will be on the last leaf of approximately 25% of the notices. However, the microperforation will not be on the same leaf for every notice, because the notices have variable page counts. The contractor will be required to identify the payment stub page requiring perforation (OMB No 0960-0462 prints at the top of the payment stub page) and ensure that only these pages are perforated.

If there is a micro-perforated payment stub (Form SSA-53-EP) in the notice, enclose a Green BRM Envelope.

#### **GOVERNMENT TO FURNISH:**

Manuscript copy for 22 envelopes:

- 9 mail-out envelopes (6-1/8 x 9-1/2")
- 1 mail-out envelopes (4-1/8 x 9-1/2")
- 1 mail-out envelopes (4-1/8 x 9-1/4")
- 9 CRM envelopes (3-7/8 x 8-7/8')
- 1 BRM envelope (3-7/8 x 8-7/8")
- 1 White BRM envelope (3-7/8 x 8-11/16")

Camera copy for the Facing Identification Mark (FIM) and ZIP+4 IMB for reply envelopes.

At the Government's option the following may be furnished:

- Camera Copy or electronic files (PostScript format) for recycled paper logo and legend (English and Spanish).
- Camera Copy or electronic files (PostScript or PDF format) for booklets, leaflets, factsheets, and forms.

PS Form 3615, Mailing Permit Application, and Customer Profile.

GPO Form 712 (Certificate of Conformance)

GPO Form 892 (Proof Label)

Postage and Fees Paid Mailing Indicia

Coding Accuracy Support System (CASS) Certificate.

National Change of Address Certificate (NCOA)

A data connection between the contractor's specified location and the nearest available SSA network interface location or SSA's National Computer Center in Baltimore, MD.

At the <u>Post-Award Conference</u> the contractor will be issued either manuscript, camera copy, negatives, or electronic media for the publications (pamphlets, leaflets, fact sheets) and forms used in this contract.

**NOTE:** If electronic media is available, the contractor must be able to accept files electronically via a contractor hosted FTP server.

The electronic media will be as follows:

Platform:	Macintosh OSX (or latest version); IBM Windows XP, Windows 95, Windows NT 4.0 Windows 2000 operating systems.
Storage Media:	Files furnished via FTP. On occasion: CD-R/RW; DVD-R/RW; E-mail.
Software:	Adobe Creative Suite (InDesign, Photoshop, Illustrator, Acrobat); Quark Express; Ventura Publisher; Adobe Capture; PageMaker; Corel Draw, or FrameMaker;
	All files will be created in current versions or near current versions of the above mentioned programs.
	Files will be furnished in native application and postscript format, or as a PDF.
Note:	All platform system and software upgrades (for specified applications) which may occur during the term of the contract must be supported by the contractor.
Fonts:	All printer and screen fonts for the pamphlets, leaflets, and fact sheets will be furnished. The contractor is cautioned furnished fonts are the property of the Government and/or its originator. All furnished fonts are to be eliminated from the contractor's archive immediately after completion of the contract.

Exhibit A: Contractor Personnel Security Certification, Form SSA-301.

Exhibit B: Security and Suitability Requirements.

Exhibit C: Sample Form SF85P.

Exhibit D: Sample Finger Print Card FD-258.

Exhibit E: Declaration for Federal Employment Optional Form 306.

Exhibit F: Fair Credit Reporting Act Authorization Form.

Exhibit G: System Plan.

Exhibit H: Audit and Summary Report

Exhibit I: Mail Run Data (MRD) File Record Layout.

Exhibit J: Perforated Payment Stub

E-mail Address File of Key GPO and SSA Personnel.

#### **Electronic Files:**

All files will be electronically transmitted to the contractor and contain a complete record for each notice. Any programming or other format changes necessitated due to the contractor's method of production will be the full responsibility of the contractor and must be completed prior to SSA's validation.

NOTE: The contractor must not compress files in processing data for this contract.

The contractor will receive three (3) files for each print file: the Advanced Function Presentation (AFP) file, the Mail Run Data (MRD) file and the Banner (BNR) file.

The notice files for printing are formatted for the AFP printing platform in duplex printing (face and back). For proper processing of AFP, SSA supplies resources used for printing notices in AFP format.

The MRD File will contain all information relevant to each mail piece. This would include, for each mail piece, the unique alpha/numeric identifier (the sequential number of the document), the number of sheets of paper, required inserts and insertion bin selection, recipient's address, return address, USPS IMB, the appropriate signature, and any required inserts. (Note: Notices contain either the Commissioner of Social Security signature or a fixed "Social Security Administrations" in lieu of a signature, etc. (See Exhibit I for MRD File record layout.)

The BNR file contains information for setting up the intelligent inserters such as file totals, number of mail packets, and bin set up for those items being included in the mail packets and total required in each bin.

The contractor will receive an electronic daily task order each morning after transmission with the volumes for notices, leaves, pages and any inserts required.

Prior to the commencement of production of orders placed under this contract, the Government will furnish preproduction electronic test files shortly after the postaward conference that are to be used in performing the various preproduction validation tests and the Pre-production Press and Mail Run Tests.

Files will be in print image format and in ZIP Code sequence. Contractor will be required to sort files as necessary to obtain maximum USPS Postal discounts (i.e., leaf counts or mail weight).

Dataset Names for the following items will be provided at Post-award Conference:

Print Resource Library (AFP) for Wire Transmission or Email:

AFP resources include page and form definitions, fonts, page segments and overlays (if applicable) for page formatting.

Preproduction Press and Mail Run Test Files for Wire Transmission:

An AFP formatted print file with the corresponding MRD file and Banner file for each workload in the quantities required.

Revised Resource Library (AFP) for Wire Transmission or Email (when applicable):

AFP print resources, overlays, page segments and non-standard fonts provided shortly after the post award conference may change during the term of the contract, in which case a revised AFP resource file will be electronically transmitted to the contractor as a replacement.

**PRINTER RESOURCES:** AFP SSA will provide the AFP resources for each notice workload, <u>unless licensed to SSA</u> by another vendor, in which case that resource will need to be purchased by the contractor. These resources will be provided on the Contractor's choice of media (wire transmission or Email) shortly after the post-award conference. SSA will also provide test files for VPN transmission with samples of each workload to enable the start of the validation process. These test files may be used for the preproduction press and mail run test. (For additional information, see "PREPRODUCTION PRESS AND MAIL RUN TEST".)

For proper processing of AFP resources supplied to the contractor by SSA, used for printing notices in AFP format, the contractor must have software or an operating system which is 100% compliant with the most recent release of the IBM MVS/ZOS390 operating system accompanied by the most recent release of IBM PSF. These compliances relate solely to interpreting and printing files to be provided to the vendor by SSA, to ensure the contractor is able to print the files as provided without alteration of any kind on the part of SSA. <u>It is solely the contractor's responsibility to redevelop/reprogram the AFP resources to ensure the proper printing in their environment.</u>

**Contractor must have programmer(s) capable of handling AFP resources.** 

# NOTE: SSA prints 2 UP DUPLEX ROLL IN TO ROLL OUT with the file order reversed for insertion. The predominant data file format is AFP Mixed Mode; however any valid AFP format is possible and must be printable at the vendor's location.

The contractor will be responsible for maintaining the AFP resources on each system that processes SSA's notices.

SSA will provide updated resources electronically, as necessary. When the contractor receives an update to the printer resources, the Contractor shall install them immediately and provide SSA with up to 100 sample documents, representative of the workload involved, from the test file within one workday for review. Contractor is to continue using existing resources while the samples are being reviewed. Once the samples are approved the contractor will be told when to start using the new resources. Whenever testing is required, the contractor will be responsible for performing the test on each printer that will be used during actual production. Submit samples to: ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

The contractor is cautioned that there may be a signature change(s) during the term of this contract. If this occurs, SSA will provide the contractor with a new AFP resource file. See "SYSTEMS CHANGE/SIGNATURE CHANGE/NEW AND EXISTING NOTICE FILES VALIDATION TEST" for details.

During the term of the contract, the Government anticipates making programmatic changes to the daily notices as warranted (e.g., changes in language, format, appearance, etc.). When changes occur, SSA will perform testing of the workload in their print facility for a short period of time. (The "Dark Days" for the contractor should only last a few days.) Only those affected workloads (indicated by filename) will be held back at SSA for validation and production. For example: If the MADCAP notice workload were to be changed, SSA would test and print those notices only. The contractor would continue to print and mail the MCS, SSA-L991, TASTE and TATTER notice workloads. Upon successful testing of the changes by SSA, SSA will then transmit the new print resources (if necessary) and resume transmission of the notice file(s).

**CONTRACTOR TO FURNISH**: All materials and operations, other than those listed under 'GOVERNMENT TO FURNISH", necessary to produce the product(s) in accordance with these specifications.

The contractor is required to have a Secure SFTP site set up so SSA can transmit files electronically. The site must allow SSA the ability to upload and download files for proofing and validation.

**COMPOSITION**: Contractor will be required to set type for 22 envelopes. Helvetica or similar typeface will be utilized.

Century Schoolbook, Sonoran Serif or equivalent fonts are to be used for producing the notices. SSA will provide the font part numbers to the contractor who will validate that they have the proper licenses for each required font.

Intelligent Mail Barcode font will be required for the start of this contract. The contractor will be required to obtain the necessary font; SSA will not provide it with Resources supplied.

**PROOFS**: The contractor must submit proofs for all materials under this contract within 7 workdays after receipt of furnished material. Furnished materials must be returned with proofs. The Government will approve, conditionally approve or disapprove these proofs within 5 workdays of receipt thereof. Contractor must submit revised proofs, if necessary due to AA's, within 5 workdays after receipt of furnished materials. No additional time will be permitted due to contractor's errors (PE's). Revised proofs will be available for pickup within 3 workdays. (The first workday after receipt of proofs at SSA is day one (1) of the hold time.)

At the Government's option, three (3) sets of digital color content proofs will be required for each. Proofs must be created using the same Raster Image Processor (RIP) that will be used to produce the product. Proofs must be collated with all the elements in proper position (not pasted up), imaged face and back, trimmed, folded to the finished size of the product.

At the Government's option, three (3) sets of inkjet proofs that are G7 profiled and use pigment based inks will be required for each. A proofing RIP that provides an option for high quality color matching such as Device Links Technology and/or ICC Profiles Technology, and meets or exceeds industry tolerance ISO 12647-2 standard for Graphic Technology (as of 3/19/09 and future amendments) must be utilized. Output must be at a minimum of 720 x 720 dpi on GRACoL or SWOP certified proofing media. Proofs must contain one of the following color control strips to be evaluated for accuracy: IDEAlliance 12647-7 Wedge or P2P25 Target.

The make and model of the proofing system utilized must be furnished with the proofs. These proofs must contain all elements and indicate margins.

Pantone colors may be substituted with a similar color but may not be built out of the four process colors. Contractor may be required to submit ink draw downs on actual production stock of Pantone colors used in job.

SSA reserves the right to make changes to all proofs. The Government may require one (1) or more sets of revised proofs before rendering an "O.K. to print".

If any contractor's errors are serious enough in the opinion of GPO to require revised proofs, the revised proofs are to be provided at no additional expense to the Government. No extra time can be allowed for this reproofing operation; such operations must be accomplished within the original production schedule allotted in the specifications.

If any Author's Alterations (AA's) require additional proofs, the Government will allow for additional time to process this additional requirement (see Schedule on page 46) and will incur these costs under line Item II Proofs (a) and/or (b).

NOTE: SSA uses many of the same booklets, leaflets, fact sheets, and forms in several of its print contracts. If SSA determines after award the contractor is responsible for the production of any other SSA workloads containing the same publications and/or forms required for this program, the revisions may be proofed using one of these other programs to reduce the proofing requirements for any revisions.

**STOCK/PAPER:** The specifications of all paper furnished must be in accordance with those listed herein or listed for the corresponding JCP Code numbers in the "Government Paper Specification Standards No. 11" dated February 1999 (http://www.gpo.gov/vendors/vol11.htm).

Color of paper furnished must be of a uniform shade and a close match by visual inspection of the JCP and/or attached color sample(s). The Contracting Officer reserves the right to reject shipments of any order printed on paper the color of which, in his opinion, materially differs from that of the color sample(s).

All text paper used in each copy must be of a uniform shade.

Personalized Notices: White Offset Book, basis weight: 50 lbs per 500 sheets, 25 x 38", equal to JCP Code A60.

<u>Factsheets, Booklets, and Leaflets:</u> White Offset Book, basis weight: 60 lbs per 500 sheets, 25 x 38", equal to JCP Code A60.

Mail-Out Envelopes: White Wove, basis weight: 24 lbs per 500 sheets, 17 x 22" bursting strength 38 lb/in<sup>2</sup>.

<u>BRM Refund Envelopes:</u> Any green stock (match of PMS-344), (basis weight: 20 lbs per 500 sheets, 17 x 22") bursting strength 20 lb/in<sup>2</sup>, containing a minimum of 50 percent waste paper.

Envelope color must meet USPS print reflectance difference requirements. NOTE: At contractor's option, the green BRM envelopes may be surface tinted. Surface tinting must cover all exposed surfaces (front and back) of the envelope when sealed.

White BRM Window Return Envelope (3-7/8 x 8-11/16"): White Wove, basis weight: 24 lbs. per 500 sheets, 17

#### x 22", bursting strength 20 lb/in<sup>2</sup>.

<u>CRM Return Envelopes:</u> Any white stock, basis weight: 20 lbs per 500 sheets, 17 x 22" bursting strength 20 lb/in<sup>2</sup>, containing a minimum of 50 percent waste paper.

Form SSA-3105: White C.W. Writing, basis weight: 20 lbs per 500 sheets, 17 x 22", equal to JCP Code D10.

Form CMS-2690: Yellow Index, basis weight: 90 lbs per 500 sheets, 25-1/2 x 30-1/2", equal to JCP Code K10.

**PRINTING/IMAGING**: The Government reserves the right to make changes to the envelopes or the format(s)/text of the forms, booklets, leaflets and/or factsheets at any time during the term of the contract. Notification of a proposed change will be given with sufficient time for the contractor to allow for the change, and submit proofs to the Government. Therefore, the contractor is not to preprint or maintain more than a 90 calendar day surplus/inventory of any of the components required on this contract. The Government will not be required to purchase from the contractor the surplus/inventory of any component remaining on hand in excess of what was authorized when an envelope or format/text change is implemented. The cost for an increase or decrease in booklet page counts can only be charged at the prices (per page) currently in the Schedule of Prices in the contract. No additional charge may be incurred.

Contractor will be required to convert furnished data from electronic transmission for either laser or ion deposition printing. All imaging/printing must have a minimum resolution of 300 x 300 dpi.

<u>NOTICES</u>: All notices are simplex (face only), and/or duplex (face and back, head-to-head) printed/imaged in black ink.

In addition, notices can require a combination of simplex and duplex printing/imaging.

- The MADCAP personalized notices print in both English and Spanish/English.
- The MCS personalized notices print in both English and Spanish/English.
- The SSA-L991 personalized notices print English only.
- The TASTE personalized notices print English only.
- The TATTER personalized notices print English only with a Spanish cover letter when applicable.

#### FORMS AND PUBLICATIONS:

Form SSA-3105 – Prints face and back in black ink.

Form CMS-2690 – Prints face and back in black ink.

NOTE: On the face of each form CMS-2690 a date is required. Each form must be dated 60 workdays (Monday through Friday) in the future from the actual mailing date. When a Federal Holiday(s) fall within the 60 day period, that day(s) is not used, skip over that day and go to the next available workday. (e.g. Actual mail date is July 12, 2010 the CMS-2690 would require a date of October 4, 2010.) Federal Holidays are as follows:

New Year's Day	Labor Day
Martin Luther King's Birthday	Columbus Day
Presidents' Day	Veteran's Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

<u>Booklets</u> - Print head-to-head and/or head-to-side. Self-cover: double-sided full bleed; prints in two Pantone ink colors. Balance of pages print in two Pantone ink colors and contain adequate gripper margins. Match Pantone inks specified.

<u>Leaflets</u> - Prints face and back, head-to-head. Face prints in two Pantone ink colors and bleeds three (3) side; back prints in two Pantone ink colors and contains adequate gripper margins. Match Pantone inks specified.

<u>Factsheets</u>: Single leaf, prints face and back, head-to-head, in two Pantone ink colors on both face and back and contains adequate gripper margins. Match Pantone ink color specified.

**ENVELOPES:** Envelopes print face and back after manufacture in black ink. Printing must be in accordance with the requirements for the style envelope ordered. All printing must comply with all applicable U.S. Postal Service regulations. The envelope must accept printing without feathering or penetrating to the reverse side.

<u>CRM Return Envelopes (3-7/8 x 8-7/8")</u>: Requires a security tint printed on the inside (back - before manufacturing) in black ink. The contractor may use his own design but must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein. Face of envelope to be in COURTESTY REPLY FORMAT. Print FIMs and Intelligent Mail Barcodes using the camera ready positive provided. The FIMs and Intelligent Mail Barcodes should be placed on the mailing piece according to the current U.S. Postal Service's Domestic Mail Manual, "Barcoded Mail pieces."

<u>BRM Return Envelope (3-7/8 x 8-7/8"):</u> Requires a security tint printed on the inside (back - before manufacturing) in black ink. The contractor may use his own design but must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein. Face of envelope to be in BUSINESS REPLY FORMAT. Print FIMs and Intelligent Mail Barcodes using the camera ready positive provided. The FIMs and Intelligent Mail Barcodes should be placed on the mailing piece according to the current U.S. Postal Service's Domestic Mail Manual, "Barcoded Mail pieces."

<u>White BRM Window Return Envelope:</u> (3-7/8 x 8-11/16"): Requires a security tint printed on the inside (back - before manufacturing) in black ink. The contractor may use his own design but must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein. Face of envelope to be in BUSINESS REPLY FORMAT. Print FIMs and Intelligent Mail Barcodes using the camera ready positive provided. The FIMs and Intelligent Mail Barcodes should be placed on the mailing piece according to the current U.S. Postal Service's Domestic Mail Manual, "Barcoded Mail pieces."

**RECYCLED PAPER LOGO/LEGEND**: If recycled paper is used, the recycled paper logo and legend must be printed in black ink on the notices, envelopes and forms. If the booklets are printed on recycled paper, the recycled paper logo and legend must be printed in the same Pantone ink color as the text.

<u>Notices</u> - The recycled paper logo/legend must be digitized by the contractor and imaged in the bottom right corner aligned with the contractor's control number on the first page of each notice. For bilingual notices, the logo will appear on the Spanish copy only.

Envelopes - The logo/legend must be printed on the back of all envelopes in the bottom left hand corner.

<u>Forms, Leaflets, Factsheets, and Booklets</u> - The SSA furnished camera copy, negative(s), PDF file or electronic media will already contain the recycled paper logo/legend in English (as appropriate).

**WIRE TRANSMISSIONS:** Upon award of this contract, the Government will determine the connectivity method between SSA and the Contractor. Internet Protocol (IP) will be the connection protocol for the transmissions. The connectivity method will be through the Internet using an encrypted VPN tunnel or the Government will place an order for a dedicated circuit under GSA's Networx contract to be installed within 60 to 90 calendar days between the contractor's location and SSA's network interface location. Either connectivity method will be encrypted with the AES256 encryption algorithm. For the Internet option to be used the contractor must have an Internet ready VPN IPSec capable hardware device. The Government will not be responsible for any cost associated with the VPN Internet connection that the contractor may occur. The connection method is at the sole discretion of the Government. The cost of the dedicated circuit connections due to any external influences such as employee strikes, weather, supplies, etc;

which conditions are beyond the control of the Government.

If a dedicated circuit is deemed necessary, SSA will provide the dedicated data connection, including a router, and firewall at the contractor's specified locations. The contractor shall provide adequate rack space for securing the router and firewall; the contractor shall provide a dedicated analog dial-up line within 8 feet of the router. This dedicated analog dial-up line will be used for router management and access for troubleshooting. The line must be in place and active prior to the installation of the circuit/router.

Also, upon contract award, the contractor shall provide a complete delivery address with nearest cross-street, contact name and phone number for installation of data transmission services and equipment. The contractor's contact person shall be available for delivery of services at the specified location. The Government shall not be responsible for incorrect or lack of address information, nor for non-availability of contact persons at the delivery site.

It is the Contractor's responsibility to notify SSA when systems or data line problems arise and transmission(s) cannot take place. SSA's first point of contact for systems or data line problems shall be the **HELP DESK at 877-697-4978**.

**FILE TRANSFER MANAGEMENT SYSTEM (FTMS) REQUIREMENTS:** The contractor shall provide the capability to interface with SSA's national FTMS for electronic transmission of designated files from SSA to the production facility. SSA will provide the necessary data connection into the contractor's location. At the discretion of SSA the line speed may be either increased or decreased depending on utilization. The contractor must provide, at their expense, the equipment, and operating software platform, and the file transfer software required at their location. The contractor assumes all responsibility for configuration, maintenance, and troubleshooting of their equipment and software. SSA utilizes, and the contractor must provide compatibility with, Cyberfusion Integration Suite software from Proginet Enterprise Software. The contractor may implement the Cyberfusion Platform Server that has embedded software encryption capable of being enabled. The personal computers/servers must have the capability to run Cyberfusion software with encryption enabled using IP protocols on Windows, UNIX (i.e., IBM's AIX, SUN or HP), or z/OS platforms.

SSA will not permit any private class A, B or C IP addresses, i.e., 10.xxx.xxx type IP addresses from external users on its network. At connection time to SSA, the contractor will be provided a suitable IP address for access to SSA's network via a firewall. SSA will provide the necessary subnet(s) for connection at the remote site. The contractor will be responsible for their own name/address translation to fulfill the intended purpose of data transfers. SSA will provide Cyberfusion node information to the contractor as required to accomplish file transfers.

The contractor may determine the media type on which files from SSA will be received, to the extent that operator intervention (e.g., a tape mount) is not required at SSA or the contractor's production facility. Simultaneous multiple transmission sessions must be possible on the contractor's equipment. All files transmitted by the SSA will be written as Physical Sequential or "flat" files at the contractor's location and will be distinguished with a "run date" in the Contractor's file name. Virtual Storage Access Method files and Generation Data Groups, supported by IBM/MVS or IBM/ZOS390 operating systems are not permitted under this contract. The contractor's storage format must not preclude the availability of the Cyberfusion software Checkpoint/Restart feature.

## NOTE: <u>The Contractor may not use VM/VSE/ESA on a mainframe system, as this hampers automated file transmission.</u>

The contractor's FTMS software shall be operational for the receipt of data files 24 hours a day, 7 days a week, unless otherwise specified by the Government. The communications protocol between SSA and the contractor shall be the Internet Protocol (IP). The contractor must specify the type of Local Area Network (LAN) connection that will be used at the location where the SSA connection is to be installed. The contractor is responsible for providing complete hardware and software compatibility with SSA's existing network. Production file transfers will be established according to SSA's standard procedures for transmission control, dataset naming, and resource security. The contractor's file management system must accommodate multiple file transmission sessions without intervention at either end. The Contractor must have sufficient capacity to support the number of concurrent transmission file sessions

as dictated by SSA.

The above will apply, regardless of the number of workloads transmitted to the contractor daily. If the contractor is awarded multiple SSA notice workloads, there must be sufficient capacity at the contractor's production facility to accept transmission of all files according to their schedules.

Wire transmission of production files shall be the standard, automated technique. In the event that the transmission network is unavailable for a time period deemed critical by the Government, the files may (at the Government's option) be processed at the SSA print/mail facility.

The contractor shall notify SSA of any reprogramming and/or reformatting of data supplied by wire transmission necessitated due to the contractor's method of production, within 2 hours of receipt of the data.

All data provided by the Government or duplicates made by the contractor or his representatives and any resultant printouts must be accounted for and kept under strict security to prevent their release to any unauthorized persons. Data may not be duplicated in whole or in part for any other purpose than to create material to be used in the performance of this contract. Any duplicate data and any resultant printouts must be maintained 21 workdays after mailing and then destroyed by the contractor.

**WIRE TRANSMISSION TEST, PRE-PRODUCTION VALIDATION TEST AND PRE-PRODUCTION PRESS AND MAIL RUN TESTS**: Prior to the commencement of production on the contract, the contractor will be required to demonstrate their ability to perform the contract requirements. The contractor will be required to perform the following tests: Wire Transmission Test, Pre-Production Validation Test and a 12-Hour Preproduction Press and Mail Run Test.

WIRE TRANSMISSION TEST: After the appropriate bandwidth connection has been installed, the contractor will be required to receive within five (5) workdays up to 191,845 notices (1-24 printed pages per notice). The contractor will be required to perform a record count verification and perform the Coding Accuracy Support System (CASS) certification within one (1) workday after the complete transmission of all notice test files. The contractor will be required to copy the files to their own system and provide Sherry Leverett of SSA's Division of Printing Management with the exact counts received (broken down by dataset name) before proceeding with any other processing. The SSA will respond immediately for verification. The contractor will be required to run the test file through their CASS certification system to ensure that there are no problems with the reading of the address file. Contractor will be required to report back to SSA with the test results. When the record count verification and CASS certification have been successfully completed, the contractor will be required to process the test files and provide SSA, within two (2) workdays 320 sample notices (10 samples from each PC from each workload) from the wire transmission test files for MADCAP, MCS, and TATTER workloads. The contractor will be required to produce 50 sample notices for the SSA-L991 and 10 samples of each mailer from TASTE from the transmission test file. Wire transmission test notices do not require inserts and envelopes. Submit these test samples to: SSA, ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

The Government will approve, conditionally approve, or disapprove the samples from the Wire Transmission Test within five (5) workdays of receipt thereof. Approval or conditional approval must not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval must state any further action required by the contractor. A notice of disapproval must state the reasons thereof.

**NOTE**: If errors are found, additional samples will be required until such time as the validation produces no errors.

<u>PRE-PRODUCTION VALIDATION TEST:</u> Prior to commencement of production of orders placed under this contract, and within 5 workdays after Government approval of proofs, the contractor must conduct a preproduction validation test and furnish at least 250 sample notice packages (25 notices from each mailer for MADCAP, MCS, TATTER, SSA-L991 and TASTE). Notices must be complete and include all variable data from Government furnished files. Inserts and envelopes may be required; contractor will be notified if waived. The container and accompanying documentation must include the GPO jacket, purchase order and program number, and must be submitted to the attention of Sherry Leverett at the address shown directly above. The Government will approve, conditionally approve, or disapprove the samples from the Pre-Production Validation Test within 5 workdays of receipt thereof. Approval or conditional approval must not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval must state the reasons thereof.

<u>PRE-PRODUCTION PRESS AND MAIL RUN TEST</u>: The contractor will be required to demonstrate their ability to perform the contract requirements, prior to commencement of production, by performing a 12-hour preproduction press and mail run test utilizing the test files transmitted electronically shortly after the post award conference.

During the 12-hour period, the contractor will be required to print and prepare for mailing the following quantities of MADCAP, MCS, SSA-L991, TASTE, and TATTER notices:

MADCAP	Mailer 1 Mailer 2	6,585 425
MCS MCS	Mailer 3 Mailer 4	38,500
MCS	Maner 4	1,050
SSA-L991	Mailer 5	3,200
TASTE	Mailer 6	1,850
TASTE	Mailer 7	21,500
TASTE	Mailer 8	21,500
TATTER	Mailer 9	1,250
TATTER	Mailer 10	63
TOTAL		95,923

The contractor must perform the MADCAP, MCS, SSA-L991, TASTE and TATTER Notice Preproduction Press and Mail Run Test on the equipment they intend to use during live production and using their personnel. This test must be conducted during normal business hours, Monday through Friday. The press run test run will incorporate all aspects of the program consisting of the receipt of wire transmitted data; the duplex/imaging (and simplex imaging when an odd page is required) of notices; gathering; folding; binding; inserting; metering (if approved by SSA under certain circumstances); presorting; and preparing finished notices for delivery to the USPS. This must include any and all reprints required during the course of this test. To simulate actual production conditions the product produced must be in accordance with all contract specifications and all USPS regulations. The contractor will be required to have all composition, proofing, printed leaflets, booklets, forms, and envelopes necessary for the test, completed prior to beginning the test. Contractor must have adequate supplies on-hand to complete the test. Mailers are to be completed in accordance with contract requirements, inserted into correct envelopes, and prepared for mailing.

The contractor must produce a minimum of 95,923 notices in a <u>continuous 12-hour period</u> that will prove to the Government representatives the contractor can satisfactorily complete the requirements of this contract during live production. The 12-hour period for the printing process will begin when an "OK TO PRINT" is given by the Government representative(s) on site. The inserting and mailing process will begin when the contractor deems they have sufficient materials printed to begin the inserting process. The printing, inserting and mail process must be completed in the <u>continuous 12-hour period</u>. See "SCHEDULE" for date of the preproduction press and mail run test.

All samples must be manufactured at the facilities in which the contract production quantities are to be manufactured. Samples of the preproduction press and mail run test will be brought back to SSA for validation.

The Government will approve, conditionally approve, or disapprove the output within seven (7) workdays of receipt thereof. Approval or conditional approval must not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval must state any further action required by the contractor. A notice of disapproval must state the reasons thereof.

**SYSTEMS CHANGE/SIGNATURE CHANGE/NEW NOTICE FILES VALIDATION TEST:** When required, the Government will furnish test files for wire transmission that are to be used in performing a Systems Change/Signature Change/New Notice Files Validation Test. This test is required whenever SSA initiates a systems/programming change, a signature change, or when a new notice workload is developed. The contractor must furnish up to 100 printed samples (no envelopes or enclosures). The Government will approve, conditionally approve or disapprove the samples within seven (7) workdays of receipt thereof. Submit these samples to SSA, ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

The Systems Change/Signature Change/New Notice Files Validation Test must occur without a break in production of daily notices. The Government will inform the contractor in advance when the regular daily wire transmissions will contain the systems changes.

NOTE: Failure of the contractor to perform any of the tests (i.e., Pre-Production Validation Test, Wire Transmission Test, 12-Hour Pre-production Press and Mail Run Test and Systems Change/Signature Change/New Notice Files Validation Test) satisfactorily may be cause for default. The Government reserves the right to waive the requirements of any of these tests. Contractor will be notified at the post-award conference if any test(s) is to be waived.

**PRODUCTION INSPECTION:** Production inspection(s) may be required at the contractor's/subcontractor's plant for the purpose of establishing that the receipt of transmitted files, the printing of booklets, forms, leaflets and/or envelopes, the imaging, dating of form inserts, collating, folding, inserting and mailing is being accomplished in accordance with contract quality attributes and requirements. A production inspection is for the purpose of setting specific standards that are to be maintained throughout the entire run. It does not constitute a prior approval of the entire run.

When a production inspection is required, the Government will notify the contractor.

**PRESS SHEET INSPECTION:** Final makeready press sheets may be inspected and approved at the contractor's plant for the purpose of establishing specified standards for use during the actual press run. Upon approval of the sheets, contractor is charged with maintaining those standards throughout the press run (within QATAP tolerances when applicable) and with discarding all makeready sheets that preceded approval. When a press sheet inspection is required, it will be specified on the individual print order. See GPO Publication 315.3 (Guidelines for Contractors Holding Press Sheet Inspections) issued August 2002. NOTE: <u>A press sheet inspection is for the purpose of setting specific standards that are to be maintained throughout the entire run. It does not constitute a prior approval of the entire run.</u>

Press sheets must contain one color bar for each color placed parallel to the press's ink rollers. The control bars must show areas consisting of  $3/16 \times 3/16$ " minimum solid color patches; tint patches of 25, 50, 75%; dot gain scale (GATF, BRUNNER, or GRETAG); and gray balance patches for process color, repeated across the entire press sheet. The density must be constant across the full width of the sheet with deviations not to exceed plus or minus 5%. For viewing of the press sheets, the contractor must provide a densitometer and controlled lighting using overhead viewing lights with 5000 degree Kelvin lumination.

When a press sheet inspection is required, the Government will notify the contractor.

# NOTE: Before production begins on any new workloads, a production inspection(s) may be required at the contractor's plant.

MARGINS: Will be indicated on print order, sample, or electronic file.

#### **CONSTRUCTION/BINDING:**

<u>Notices</u> - Gather all pages of a notice in numerical sequence. Notices are to be nested together with all faces forward. Fold from a flat size of  $8-1/2 \times 11^{"}$  down to  $8-1/2 \times 3-11/16^{"}$  or  $8-1/2 \times 5-1/2^{"}$  as indicated and insert into the appropriate envelope with title out. Address on first page of notice must be visible through window of mail-out envelope. Either wraparound or accordion folds will be acceptable for the tri-fold notices. The address on the first page of the notice must be visible through the window of the mail-out envelope.

**NOTE:** Bilingual Spanish/English notices consist of two parts: the first part is a Spanish notice; the second part is the same notice in English. The two parts must be nested together.

**<u>Payment Stub</u>** - The last leaf of approximately 25% of the TASTE notices only will contain a micro-perforated payment stub. However, the micro-perforation will not be on the same leaf for every notice, because the notices have variable page counts. The contractor will be required to identify the payment stub page(s) requiring perforation (OMB No. 0960-0462 prints at the top of the payment stub page) and ensure that only these pages are perforated.

**Perforation -** It is critical that the micro-perforation on the payment stub page must be 3-1/2" from the bottom of the payment stub page and run along the entire 8-1/2" dimension (See Exhibit J).

**Form SSA-3105** - Perforate on the fold 7" from left edge. Fold from a flat size of 10-1/2" x 8" down to 3-1/2 x 8" with two parallel wraparound folds, title out. Follow sample.

Form CMS-2690 - 8-1/2" x 3-1/2".

**Booklets** - Saddle-wire stitch in two places and trim three sides. Each product must contain complete 4-page signature after trimming. Single leaves connected with a lip (i.e., binding stub) to left or right side of stitches will not be allowed.

**Leaflets** - Fold from a flat size of 10-1/2" x 8", 14" x 8", or 17-1/2" x 8" down to 3-1/2" x 8" title out, with two or three parallel folds. Follow furnished folding sample.

**BRM Return Envelope and CRM Return Envelope 3-7/8" x 8-7/8"** - Envelope must be open, with gummed foldover flap for sealing and contain high cut diagonal seams or double side seams. Flap depth is at contractor's option, but must meet all USPS requirements. Flap must be coated with a suitable remoistenable glue that will securely seal the return envelope for mailing. (Adhesive must not adhere to the contents of the envelope.)

<u>Mailout Envelope 4-1/8" x 9-1/2"</u>- Envelope must be open, with gummed fold-over flap for sealing and contain high cut diagonal seams. Flap depth is at contractor's option, but must comply with all USPS requirements. Flap must be coated with a suitable glue that will securely seal the envelope without adhering to contents, not permit resealing of the envelope and permit easy opening by the recipient. Face of envelope to contain a 1-1/2" x 4-1/4" die cut address window with slightly rounded corners. Die cut is to be located 5/8" from the bottom edge of the envelope and 3/4" from the left edge of the envelope (the long dimension of the window is to be parallel to the long dimension of the envelope). Contractor has the option to adjust the size of the window opening (subject to Government approval), providing the visibility of the computer generated mailing address and barcode on the notice is not obscured, and other extraneous information is not visible when material is inserted into the envelope. Window is to be covered with a suitable polytype transparent low gloss material that must be clear of smudges, lines, and distortions. Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current U.S. Postal Service's (USPS) readability standards/requirements.

<u>Mailout Envelope 4-1/8" x 9-1/4"</u>-Envelope must be open, with gummed fold-over flap for sealing and contain high cut diagonal seams. Flap is at the contractor's option but must meet all USPS requirements. Flap must be coated with suitable glue that will securely seal the envelope without adhering to contents, permit easy opening by the recipient, and not permit resealing of the envelope. Face of envelope to contain a 1-1/2" x 4-1/4" die cut address window with slightly rounded comers. Die cut is to be located 5/8" from the bottom edge of the envelope and 3/4" from the left edge of the envelope (the long dimension of the window is to be parallel to the long dimension of the envelope). The contractor has the option to adjust the size of the window opening (subject to Government approval), providing the visibility of the computer generated mailing address and barcode on the notice is not obscured, and other extraneous information is not visible when material is inserted into the envelope. Window is to be covered with a suitable poly-type, transparent, low-

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gloss material that must be clear of smudges, lines, and distortions. Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current U.S. Postal Service's (USPS) readability standards/requirements.

**Mailout Envelope 6-1/8" x 9-1/2"**-Envelope must be open, with gummed fold-over flap for sealing and contain high cut diagonal seams. Flap depth is at contractor's option, but must meet all USPS requirements. Flap must be coated with a suitable glue that will securely seal the envelope without adhering to contents, not permit resealing of the envelope and permit easy opening by the recipient. Face of envelope to contain a 1-1/2" x 4-1/4" die cut address window with slightly rounded corners. Die cut is to be located 2" from the bottom edge of the envelope and 1/2" from the left edge of the envelope (the long dimension of the window is to be parallel to the long dimension of the envelope). Contractor has the option to adjust the size of the window opening (subject to Government approval), providing the visibility of the computer generated mailing address and barcode on the notice is not obscured, and other extraneous information is not visible when material is inserted into the envelope. Window is to be covered with a suitable polytype transparent low gloss material that must be clear of smudges, lines, and distortions. Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current U.S. Postal Service's (USPS) readability standards/requirements.

<u>White BRM Window Return Envelope 3-7/8" x 8-11/16"</u>-Envelope must be open, with gummed fold-over flap for sealing and contain high cut diagonal seams or double side seams. Flaps depth must be 1-1/2" and flap must be coated with suitable remoistenable glue that will securely seal the envelope without adhering to contents. Face of envelope to contain a 1-1/4" x 3-1/4" die cut address window with slightly rounded corners. Die cut is to be located 7/16" from the bottom edge of the envelope and 1-3/16" from the right edge of the envelope (the long dimension of the window is to be parallel to the long dimension of the envelope). Window is to be covered with a suitable poly-type, transparent, low-gloss material that must be clear of smudges, lines, and distortions. Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current USPS readability standards/requirements. The contractor has the option to adjust the size of the window opening (subject to Government approval), providing the visibility of the computer generated mailing address and barcode on the notice is not obscured, and other extraneous information is not visible when material is inserted into the envelope.

**PACKING**: Gather the appropriate number of leaves per notice, fold, and insert into mailout envelope with recipient's name and address on first page facing out for visibility through window envelope. It is the contractor's responsibility to assure that only the computer-generated address and IMB on the notice will be visible through the window in the envelope and that only one notice is inserted into each envelope. When required, pamphlet(s), leaflet(s), form(s), and/or return envelope(s) should be inserted behind the notice (when viewed from the window side of the envelope).

In the case of bilingual Spanish/English notices, the recipient's name and address on the Spanish notice should be visible through the window envelope. (NOTE: The bilingual Spanish/English notices must be nested together.)

**NOTE**: When Form CMS-2690 is required, it must be dated 60 workdays in the future from the actual mailing date before inserting in the mailing package. See **PRINTING/IMAGING**.

**DISTRIBUTION**: Deliver f.o.b. destination with the first order and whenever SSA makes a significant change to the language, format, or appearance of a notice, 30 complete sample copies of each type of notice, inserted into mailout envelopes but not sealed. Samples must be printed and constructed in accordance with these specifications. Deliver samples to: SSA, Forms Management Team, Attn: Sherry Leverett, Room 1337 Annex Bldg., 6401 Security Boulevard, Baltimore, MD 21235-6401.

<u>Deliver f.o.b. destination</u> with the first order and whenever copy changes are required, 10 production samples of each business reply and courtesy reply envelope to: SSA, Division of Mail and Postage Policy, Attn: Kevin Jennings, 1309 Annex Bldg., 6401 Security Boulevard, Baltimore, MD 21235-6401.

Deliver f.o.b. destination on the first order and any order that requires revisions to the booklets, 10 production samples of each pamphlet to: SSA, Division of Printing Management, Attn: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

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<u>Mail balance of order f.o.b. contractor's city</u>. The contractor is responsible for all costs incurred in transporting this product to the U.S. Postal Service facility.

**DOMESTIC FIRST-CLASS LETTER-SIZE MAIL:** The contractor is required to prepare domestic First Class letter-size mail in accordance with appropriate USPS rules and regulations, including the USPS Domestic Mail Manual and Postal Bulletins, in effect at the time of the mailing.

The Contractor is required to prepare Domestic First Class letter-size mail pieces and obtain the maximum postage discount allowed by USPS in accordance with the appropriate USPS rules and regulations, including USPS Domestic Mail Manual, and Postal Bulletins on Automation-Compatible First-Class Domestic Mail Automated and Non-automated mail discount structure in effect at the time of the mailing; a) Automation (5-digit); (b) Automation (3-digit); (c) Automation (AADC); (d) Automation (Mixed AADC); (e) Non-automation (Presorted); and (f) Non-automation (Single Piece).

Contractor will be required to presort all mail in this contract and achieve USPS automated postal rates. To achieve the maximum automation compatible postal discount, the contractor is required to either presort the notices prior to printing or sort the mail after the notices are inserted. The contractor may use a Presort subcontractor for the mailing portion of the contract. SSA has the right to inspect the subcontractor for the security of the mailing operation and compliance with the contract. ALL PIECES WITHOUT BARCODES MUST BE SEPARATED and mailed as a non-automation rate single piece mailing. The contractor must disclose how they will achieve maximum postage discounts as required in the contract.

**NOTE:** Mail addressed to United States territories and possessions (e.g., American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, Virgin Islands, Wake Island, and Military Overseas Addresses (APO/FPO mail) is Domestic Mail, not International Mail and should be included in the discount sorting.

SSA requires the use of Permit Imprint. The contractor must use SSA's "Postage and Fees Paid First Class Mail" permit imprint mailing indicia printed on each mail piece. Each mail piece sent under this payment method must bear a permit imprint indicia showing that postage is paid. Permit imprint indicia may be printed directly on mail pieces. Permit imprint mailings must contain at least 200 identical pieces or 50 pounds. The contractor is cautioned to use the permit imprint only for mailing material produced under this contract.

The mail must be metered and any permit imprint must be covered/concealed by a meter strip. The contractor will be reimbursed for the metered postage by submitting a properly completed Postal Service form (or equivalent). All meter supplies will be borne by the contractor.

The contractor is strongly encouraged to use manifest mail when postal regulations allow. The contractor must have a Manifest Mailing System (MMS) for First-Class Mail which has been approved by USPS to document postage charges for this mailing. Each mail piece must be identified with a unique identification number or with a keyline containing a unique identification number and rate information about the piece. Requirements for the MMS are contained in Publication 401 "USPS Guide to the Manifest Mailing System" in effect at the time of the mailing. A copy of the USPS approval for the MMS must be presented at the postaward conference.

**NOTE:** Contractor will be required to produce and use a USPS Intelligent Mail Barcode (IMB) Full Service option and achieve the postage discounts available with this option. The contractor will be required to comply with USPS requirements and place the IMB on all notices/mailpieces of this workload.

The contractor is required to be capable of achieving the postage discounts available with the Full-Service option of the IMB program. The full service option requires the contractor to use Postal One.

**NOTE:** The contractor is responsible for producing and providing all reporting data required for acceptance and processing of full service mail required by USPS for the Intelligent Mail Barcode.

Intelligent Mail Barcoding, delivery address placement and envelopes used for the mailing are among the items that must comply with USPS requirements for automation-compatible mail in effect at the time of the mailing.

In addition, USPS has instituted a verification procedure called a "tap" test. This test is used to screen all mailings with barcoded inserts for proper barcode spacing within the envelope window. When the insert showing through the window is moved to any of its limits inside the envelope, the entire barcode must remain within the barcode clear zone. In addition, a clear space must be maintained that is at least 0.125" between the left and right edges of the window, and at least 0.028" clearance between the Intelligent Mail Bar code and the top and bottom edges of the window.

All letters in a mailing must pass the "tap" test in order to obtain the maximum postal discounts for the ordering agency. The contractor will be responsible for payment of any additional postage resulting from a loss of postage discounts due to failure to pass the "tap" test because of inaccuracy or failure to conform to USPS specifications.

Contractor should be aware that USPS uses the Mail Evaluation Readability Look-up Instrument (MERLIN) to evaluate barcodes. If MERLIN is in effect in the contractor's geographic area, the contractor must ensure that all barcoded mail meets the new barcode standards. The contractor will be responsible for payment of any additional postage resulting from a loss of such discounts due to failure of the contractor-generated barcodes to pass the MERLIN test because of inaccuracy or failure to conform to USPS specifications.

MADCAP, MCS, TASTE, and TATTER notices will be National Change of Address (NCOA) and Coding Accuracy Support System (CASS) certified by SSA and the appropriate documentation will be provided at the postaward meeting. Updated NCOA and CASS certificates will be provided to the contractor throughout the duration of the contract as required by the USPS Domestic Mail Manual. SSA-L991 notices **will not** be NCOA certified by SSA.

#### USPS CERTIFIED MAIL

The domestic mail pieces included in these mailings may be required to be mailed using USPS Certified Mail. The contractor will prepare these mail pieces according to USPS regulations contained in the Domestic Mail Manual (DMM) under Section 503.2.0, Certified Mail.

Notices associated with the certified mail file shall be inserted into envelopes and processed as certified mail. The contractor must place the current Postal Service Form 3800 (20 digit certified number and barcode) on the envelope.

#### USPS INTERNATIONAL REGISTERED MAIL

The mail pieces included in these mailings may be required to be mailed using USPS International Registered Mail. The contractor will prepare these mail pieces according to USPS regulations contained in the International Mail Manual (IMM) under Section 330, Registered Mail.

Notices associated with the registered mail file shall be inserted into envelopes and processed as international registered mail. The contractor must place the current Postal Service Form 3806 (Receipt for Registered Mail) and PS Label 200 (13 digit registered number and barcode) on the envelope.

**INTERNATIONAL MAIL**: All items mailed must conform to the appropriate USPS International Mail Manual (IMM), Postal Bulletin, and other USPS rules and regulations in effect at the time of mailing.

Permit imprint (G-11 mailing indicia) may be used for International Mail providing the mailing consists of at least 200 pieces. Permit imprint may not be used if less than 200 pieces. Instead, the mail must be metered and any permit imprint must be covered/concealed by a meter strip. The contractor will be reimbursed for the metered postage by submitting a properly completed Postal Service form (or equivalent) with the contractor's billing invoice. All meter supplies must be borne by the contractor.

If the mailing meets the qualifications for International Priority Airmail (IPA), it should be processed through IPA in accordance with postal rules and regulations in effect at the time of mailing.

Contractor must prepare mailpieces in accordance with the shape-based requirements of First-Class Mail International

service listed in the USPS International Mail Manual (IMM) and the additional requirements for IPA as specified in the most recent IMM. The contractor is required to sort the mail to achieve the maximum postage discounts available with the IPA program. To maximize postage savings, the contractor shall sort to the IPA Rate Group 1 through 15. Due to heightened security, many foreign postal administrations require complete sender and addressee information in roman letters and Arabic numerals on postal items.

The complete address of the sender, including ZIP Code and country of origin, should be shown in the upper left corner of the address side of the envelope, package, or card. International Mail return addresses must show as the last line of the address "UNITED STATES OF AMERICA" or "USA", all in capital letters.

All International Mail must be endorsed "PAR AVION" or "AIR MAIL" as described in the "USPS IMM". (The contractor may use a rubber stamp to meet these requirements.) <u>International Mail cannot contain a presort</u> <u>endorsement</u>.

**NOTE:** The contractor is cautioned that files listed will contain mail addressed to United States territories and possessions (American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, Virgin Islands, Wake Island, and **Military Overseas Addresses (APO/FPO mail)**. This mail is Domestic Mail, **NOT** International Mail and should be included in the discount sorting above.

**MAILING DOCUMENTATION:** The contractor shall provide SSA with complete copies of all documents, including GPO's Form 712 (Certificate of Conformance), used by USPS to verify and accept the mail (e.g., computer records of presort ZIP+4, barcode breakdown, press runs, etc.). The contractor shall place the number that is on top of the GPO Form 712 (the number that starts with "A") in the space provided on the USPS mailing statements. If no space is provided on the mailing statement, place the number in the upper right margin of the mailing statement.

#### NOTE: The contractor will use Federal Agency Cost Code 276-00043 on all mailing documents.

The contractor shall provide the copies to SSA's Division of Printing Management via overnight/next day delivery carrier (at contractor's expense) within 72 hours of being provided to USPS. All copies must be legible and include both obverse and reverse side and should be addressed to: Social Security Administration (SSA), ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

The contractor is to supply a daily report for each mailing showing the number of notices printed, folded, inserted, and delivered to the post office. These reports are to begin on the day of printing and continue daily until the end of the term of the contract. Report is to be emailed to <u>Sherry.Leverett@ssa.gov</u>.

SSA-L991 - For mailings with addresses from SSA's Supplemental Security Record (SSR), SSA will provide a certificate indicating that within the last six months the addresses have been matched against CASS-certified ZIP Code software. The contractor must ensure that, prior to being released to the USPS, all mail has been processed with the latest move update software approved by USPS at time of mailings.

Contractor must use the latest move update software approved by USPS that uses "INDIVIDUAL" match logic. That is, the matches must be made on the addressee's first name, middle initial and last name. Matching on "ENTIRE FAMILY" moves is unacceptable. Contractor must provide any documentation of the move update software process which is required by USPS.

When using the move update software, contractor must ensure that no portion of the mailing envelope window protrudes into the barcode clear zone as specified in DMM C830.4.1 and the update software license agreement. *NOTE: The move update software version which changes the addresses prior to printing is not acceptable.* 

ALTERNATE: If the contractor cannot process the mail through a MLOCR with the latest move update software approved by USPS at time of mailings and still meet SSA's deadlines, then the "ADDRESS SERVICE REQUESTED" endorsement must appear on the envelopes in one of the locations approved by USPS.

#### NATIONAL CHANGE-OF-ADDRESS AND CODING ACCURACY SUPPORT SYSTEM (CASS):

# MADCAP, MCS, SSA-L991, TASTE and TATTER NOTICES (430-S) 06/15

Addresses for MADCAP, MCS, TASTE, and TATTER will come from SSA's Master Beneficiary Record. SSA will provide certificates indicating that, the addresses have been matched against both USPS-certified Coding Accuracy Support System (CASS) software and USPS's NCOA LINK update service. Updated NCOA LINK and CASS certificates will be provided to the contractor by SSA throughout the duration of the contract.

Furnished material, proofs, and USPS validated copies of postal documentation must be delivered (<u>via overnight carrier</u>) to the SSA Division of Printing Management at the address stated under "SCHEDULE".

Upon termination of this contract, the contractor must return all camera copy and films made for each envelope, form, and booklets to: Social Security Administration (SSA), ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

All expenses incidental to returning materials, submitting proofs, and furnishing sample copies must be borne by the contractor.

**PAYMENTS ON PURCHASE ORDER:** Processing vouchers for payment, FAX the completed invoice to GPO by utilizing the GPO barcode coversheet program application. Access the following hyperlink and follow the instructions as indicated:

http://winapps.access.gpo.gov/fms/vouchers/barcode/instructions.html.

Facsimile transmission should only be used when no samples are required with your invoice, otherwise payment will be held up while the invoice is returned to you for the required sample(s).

If mailed, <u>all</u> voucher packages and envelopes MUST be mailed to: COMPTROLLER-FMCE, Office of Financial Management, U.S. Government Printing Office, Washington, DC 20401.

#### NOTE: Do not mail your invoice to any other GPO Procurement Office.

**SCHEDULE**: Adherence to this schedule must be maintained. Contractor must not start production of any job prior to receipt of the daily electronic task order.

In the event that it becomes necessary for the contractor to deviate from the specified mail out date or the quantity to be mailed, SSA must be notified immediately.

Furnished material and proofs must be picked up from and delivered to: Social Security Administration (SSA), ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

Manuscript copy, camera copy, PDF file or electronic media for envelopes, forms, booklets, and leaflets will be provided at the post-award meeting.

The first task order for actual production will be issued in July.

#### **SCHEDULE FOR PROOFS:**

The contractor must submit all proofs for envelopes, forms, leaflets and booklets within seven (7) workdays after receipt of furnished materials. Manuscript and camera copy must be returned with proofs.

The Government will approve, conditionally approve, or disapprove these proofs within five (5) workdays of the receipt thereof.

Submit revised proofs, if necessary due to author's alterations, within five (5) workdays after receipt of furnished material.

Revised proofs will be available for pickup within three (3) workdays.

#### **SCHEDULE FOR PRIOR TO PRODUCTION TESTS:**

Prior to receiving wire transmission of live production data files, the contractor will be required to perform the following tests: (The wire transmission test will begin after the Government is notified of the availability of the system.)

- Pre-ProductionValidation Test: Within five (5) workdays after Government approval of proofs and prior to the Pre-Production Press and Mail Run test, the contractor is required to perform a Pre-Production Validation Test. The contractor must furnish SSA a total of 250 printed samples of the notices (25 sample notices from each of the 10 mailers) from the test files furnished shortly after the post award conference. The Government will approve, conditionally approve or disapprove the samples from the Pre-Production Validation Test within 10 workdays of receipt thereof. (See PREPRODUCTION VALIDATION TEST).
- 2) Programming a New Notice or Notice Change/Signature Validation Test/New and Existing Notice Files Validation Test – When required, the Government will furnish test files for wire transmission that are to be used performing a Systems Change Validation Test. This test is required whenever SSA initiates a systems/programming change. When required, the contractor will furnish up to 100 printed samples (no envelopes or enclosures). The Government will approve, conditionally approve or disapprove the samples within seven (7) workdays of receipt thereof.
- 3) <u>Pre-Production Press and Mail Run Test</u>: The Contractor will be required to perform a 12-hour press and mail run test on their equipment and using their personnel, within five (5) workdays after Government approval of validation test samples and after the contractor receives the materials necessary to perform the test. The contractor will be required to print and prepare for mailing 95,923 notices. The mailers will be produced in accordance with all contract specifications and USPS regulations. (See "PRODUCTION PRESS AND MAIL RUN TEST").
- 4) <u>Wire Transmission Test</u>: The contractor will be required to receive within one workday 191,845 notices (multiple pages). The contractor will be required to perform a Record Count Verification within one workday after the complete transmission of the test file. The contractor will be required to copy the files to their own system and provide Sherry Leverett, of SSA's Division of Printing Management with the exact counts received (broken down by dataset name) before proceeding with any other processing. SSA will respond immediately for verification. When the Record Count Verification has been successfully completed, the contractor will be required to provide SSA within two workdays, 320 samples (10 samples from each PC from each workload) from the Wire Transmission Test. (See "WIRE TRANSMISSION TEST").

# **NOTE:** Contractor must notify GPO of the date and time the preproduction press/mail-run test will be performed. In order for proper arrangements to be made, notification must be given at least three (3) workdays prior to all tests.

The contractor will be required to have all material necessary to perform these tests. Government representatives will witness all phases of the Preproduction Press and Mail Run Test. The contractor must produce a sufficient amount of notices that will prove to the Government representatives that the contractor can satisfactorily complete the requirements of this contract during live production.

NOTE: Failure of the contractor to perform any of the above tests satisfactorily may be cause for default. The Government reserves the right to waive the requirements of these tests. The contractor will be notified at the Postaward Conference if any test(s) will be waived.

#### **PRODUCTION SCHEDULE**:

Adherence to this schedule must be maintained. Contractor must not start production of any job prior to receipt of the daily electronic task order and verification of counts from same.

<u>Workday</u> – The term "workday" is defined as Monday through Friday\* each week, excluding of the days on which Federal Government holidays are observed. Also excluded are those days on which the Government Printing Office is not open for the transaction of business, such days of national mourning, hazardous weather, etc.

Federal Government Holidays are as follows: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day.

\*NOTE: The contractor's FTMS software must be operational for the receipt of data files 24 hours a day, seven (7) days a week, unless otherwise specified by the Government. (See "FILE TRANSFER MANAGEMENT SYSTEM (FTMS) REQUIREMENTS" for additional information).

Live production files will be transmitted on a daily basis Monday through Saturday for the for, MADCAP, MCS, SSA-L991 and TATTER notices, except for Federal holidays in which case the data will be transmitted on the next day (i.e., when a Federal holiday falls on a Friday, production files will be transmitted on Saturday). Live production files will be transmitted once a month for TASTE notices.

# NOTE: Contractor must not proceed with processing a transmission until counts are verified against the task order. If a discrepancy is found, the contractor must call SSA's Scheduling Helpline immediately at 410-966-5469.

#### **REGULAR SCHEDULE:**

<u>MADCAP Notices (Mailers 1-2)</u>: Complete production and mailing must be made on all daily MADCAP notices within two (2) workdays after receipt of each complete wire transmission; e.g., transmissions received on Monday must be mailed by close of business Wednesday, transmissions received on Saturday, must be mailed by close of business Tuesday.

<u>MCS (Mailers 3-4)</u>: Complete production and mailing must be made within three (3) workdays after receipt of each complete wire transmission (e.g., transmissions received on Monday must be mailed by the close of business the following Monday, transmissions received on Saturday must be mailed by the close of business Friday).

<u>SSA-L991 Notices (Mailer 5)</u>: Complete production and mailing must be made on all daily SSA-L991 notices within three (3) workdays after receipt of each complete wire transmission; e.g., transmissions received on Tuesday must be mailed by close of business Friday, transmissions received on Saturday, must be mailed by close of business Wednesday.

**<u>TASTE</u>** (Mailers 6-8): Complete production and mailing must be made within five (5) workdays after receipt of each complete wire transmission (e.g., transmissions received on Monday must be mailed by the close of business the following Monday, transmissions received on Saturday must be mailed by the close of business Friday).

**TATTER (Mailers 9-10):** Complete production and mailing must be made within five (5) workdays after receipt of each complete wire transmission (e.g., transmissions received on Monday must be mailed by the close of business the following Monday, transmissions received on Saturday must be mailed by the close of business Friday).

**DAILY MAILERS EXCEEDING ESTIMATED QUANTITIES**: When the number of mailers exceeds the maximum estimated total daily mailers combined for MADCAP, MCS, SSA-L991, TASTE, and TASTE by up to an additional 25%, the Contractor will receive a 15% Premium Payment for extra mailers. The premium payment shall apply to all Schedule of Prices item III, IV, and V and must be documented on the vouchers for payment. No additional time will be allowed for the mailing of these notices.

Sample copies of notices, envelopes, forms, leaflets and booklets (with first order or whenever SSA makes a significant change) delivering to SSA on regular schedules must be delivered within 10 workdays after completion of the order. See "DISTRIBUTION", for details.

One copy of billing payment voucher form 1034 for each print order showing amount of billing invoice must be sent within 10 days of mailing date to: SSA, ATTN: Sherry Leverett, Room 1337 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401. The original voucher will be sent to the Comptroller FMCE, U.S. Government Printing Office

**PRODUCTION AND PRESS SHEET INSPECTIONS**: The contractor must notify GPO of the date and time that Production Inspections can be performed. In order for proper arrangements to be made, notification must be given at least 72 hours prior to the inspection for orders placed on the regular schedule, and 24 hours prior to the inspection for orders placed on the regular schedule, and 24 hours prior to the inspection for orders placed on the regular schedule, and 24 hours prior to the inspection for orders placed on the regular schedule, and 24 hours prior to the inspection for orders placed on the accelerated schedule. Notify the U.S. Government Printing Office, Contract Administrator, Agency Publishing Services, Team 4, telephone area code 202, 512-0310. Telephone calls will only be accepted between the hours of 8:00 am and 2:00 pm, prevailing Eastern Time. Note: See contract clauses, paragraph 14(e)(1), Inspections and Tests of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)). When supplies are not ready at the time specified by the contractor for inspection, the Contracting Officer may charge to the contractor the additional cost of the inspection.

# NOTE: If the backup facility is used for the production of these notices, the Government will require a press sheet inspection. Prior to production, notification must be given at least 72 hours in advance of production start up.

Unscheduled material such as shipping documents, receipts or instructions, delivery lists, and labels will be furnished with the order or shortly thereafter. In the event such information is not received in due time, the contractor will not be relieved of any responsibility in meeting the shipping schedule because of failure to request such information.

Upon completion of each order, the contractor is to notify the U.S. Government Printing Office of the date of shipment (or delivery, if applicable). Call (202) 512-0520; callers outside the Washington, DC area may call toll free 800-424-9470 or 800-424-9471.

#### **SECTION 3.- DETERMINATION OF AWARD**

The Government will determine the lowest bid by applying the prices offered in the "Schedule of Prices" to the following units of production which are the estimated requirements to produce the first year's production under this contract. These units do not constitute, nor are they to be construed as, a guarantee of the volume of work which may be ordered under this contract for a like period of time.

The following item designations correspond to those listed in the "Schedule of Prices".

I.		
	(a)	22
II.		
	(a)	375
	(b)	63
III.	(a)	250
	(b)	23,668
	(c)	1,033
	(d)	1,100
	(e)	12,011
	(f)	38
	(g)	239
	(h)	512
	(i)	107
	(j)	217
	(k)	1,083
	(1)	140
	(m)	4
	(n)	44
	(0)	4,859
	(p)	40
	(q)	53

IV.	V. Format A		Format B	Format C	Format D	Format E
	(a)	XXXX	23,668	XXXX	XXXX	XXXX
	(b)	4,899	97	1,083	140	4
	(c)	XXXX	2,645	12,011	XXXX	XXXX
	(d)	XXXX	239	XXXX	XXXX	XXXX
	(e)	XXXX	38	XXXX	XXXX	XXXX
	(f)	XXXX	217	XXXX	XXXX	XXXX
	(g)	107	XXXX	XXXX	XXXX	XXXX

V.

(a)	1,767
(b)	113
(c)	9,671
(d)	299
(e)	1,100
(f)	41
(g)	496
(h)	496
(i)	152
(j)	8

VI.			
	(a)	1	
	(b)	1	
	(c)	1	
VII.			
	(a)	10	
VIII.			
	(a)	807	

#### **SECTION 4.- SCHEDULE OF PRICES**

Bids offered are f.o.b. destination to Baltimore, Maryland and f.o.b. contractor's city for all mailing.

Bidder must make an entry in each of the spaces provided. Bids submitted with any obliteration, revision, or alteration of the order and manner of submitting bids, may be declared nonresponsive.

An entry of NC (No Charge) shall be entered if bidder intends to furnish individual items at no charge to the Government.

Bids submitted with NB (No Bid) or blank spaces for an item may be declared nonresponsive.

The Contracting Officer reserves the right to reject any offer that contains prices for individual items of production (whether or not such items are included in the Determination of Award) that are inconsistent or unrealistic in regard to other prices in the same offer or to GPO prices for the same operation if such action would be in the best interest of the Government.

Saddle-stitched booklets: A charge will be allowed for each page whether printed or blank.

Prices must be submitted for the entire term of the contract and bids qualified for a lesser period will not be considered.

Fractional parts of 1,000 will be prorated at the per 1,000 rate.

Cost of all required paper must be charged under Item III. "PAPER".

- **I. COMPOSITION**: Prices offered must be all-inclusive, and must include the cost of all operations, proofs, films and plates if required in accordance with the terms of these specifications for each of the 22 envelopes.
  - (a) Envelopes ......\$\_\_\_\_\_
- **II. PROOFS:** Booklets, Leaflets, Factsheets, and Forms
  - (a) Color content proofs and construction samples.....per trim/page-size unit......\$\_\_\_\_\_
  - (b) Ink jet color proofs......\$\_\_\_\_\_
- **III. PRINTING/IMAGING and BINDING**: Prices offered must be all-inclusive and include the cost of all proofs, materials and operations necessary for the complete production of the product listed in accordance with these specifications.
  - (a) \*Daily makeready/setup charge ......\$\_\_\_\_\_

\*Contractor will be allowed only one (1) makeready/setup charge per day. This combined charge shall include all materials and operations necessary to makeready and/or setup the contractor's equipment for the 10 mailers. Contractor cannot submit invoices with more than one makeready/setup charge per day.

(b)	Notices face and back	per 1,000 leaves\$
(c)	Mailout Envelope (4-1/8 x 9-1/2")	per 1,000 envelopes\$
(d)	Mailout Envelope (4-1/8 x 9-1/4")	per 1,000 envelopes\$
(e)	Mailout Envelope (6-1/8 x 9-1/2")	per 1,000 envelopes\$
(f)	CRM return envelope	.per 1,000 envelopes\$

(Initials)

## MADCAP, MCS, SSA-L991, TASTE and TATTER NOTICES (430-S) 06/15

(g) Green BRM envelope
(h) White BRM window return envelopeper 1,000 envelopes\$
(i) Form CMS-2690 (8-1/2 x 3-1/2")per 1,000 complete forms\$
(j) Form SSA-3105: (10-1/2 x 8") Price offered includes folding and perforationper 1,000 complete forms\$
<ul> <li>(k) Leaflets: SSA Pubs 05-10058 and 05-10072 (Printed face and back) (14 x 8") price offered includes folding down to (3-1/2 x 8")per 1,000 complete leaflets \$</li></ul>
<ul> <li>(1) Leaflets: SSA Pubs 70-10281 and 05-10972 (Printed face and back) (17-1/2 x 8") price offered includes folding down to (3-1/2 x 8")per 1,000 complete leaflets \$</li> </ul>
<ul> <li>(m) Leaflets: SSA Pub. 70-10283</li> <li>(Printed face and back)</li> <li>(21 x 8") price offered includes</li> <li>folding down to (3-1/2 x 8")per 1,000 complete leaflets \$</li> </ul>
<ul> <li>(n) Leaflets: SSA Pub. 05-10018</li> <li>(Printed face and back)</li> <li>(10-1/2 x 8") price offered includes</li> <li>folding down to (3-1/2 x 8")per 1,000 complete leaflets \$</li> </ul>
<ul> <li>(o) Saddle-stitched booklets: SSA Pubs 05-10076, 05-10077, 05-10153, 05-10903, 05-10976 and 05-10977 (5-1/4 x 8") including bindingper 1,000 complete booklets\$</li> </ul>
(p) Saddle-stitched booklets SSA Pubs 05-10137, 05-10138, and 05-10095 (3-1/2 x 8") including bindingper 1,000 complete booklets\$
(q) Factsheets: SSA Pubs 05-10007, 05-10075 and 05-10975 (8-1/2 x 11") price offered includes foldingper 1,000 factsheets\$

**IV. PAPER**: Payment for all paper supplied by the contractor under the terms of these specifications, as ordered on the individual task order, will be based on the net number of leaves furnished for the product(s) ordered in the applicable "Trim Size" group. The cost of any paper required for makeready or running spoilage must be included in the prices offered.

Computation of the net number of leaves will be based on the following:

Notices:	8-1/2 x 11	A charge will be allowed in Format B for each page-size leaf.
Mailout Envelope:	4-1/8 x 9-1/2".	One page-size leaf in Format B will be allowed for each envelope.

MADCAP, MCS, SSA-L991, TASTE and TATTER NOTICES (430-S) 06/15		Page 49 of 52
Mailout Envelope:	4-1/8 x 9-1/2"	One page-size leaf in Format B will Be allowed for each envelope.
Mailout Envelope:	6-1/8 x 9-1/2"	One page-size leaf in Format C will be allowed for each envelope.
Green BRM Envelope: CRM Envelope:	3-7/8 x 8-7/8"	One page-size leaf in Format B will be allowed for each envelope.
White BRM Window Envelope: leaf in Format B will		3-7/8 x 8-11/16" Onepage-size
		be allowed for each envelope.
SSA-3105:	10-1/2 x 8"	One page-size leaf in Format B will be allowed for each form.
CMS-2690:	8-1/2 x 3-1/2"	One page-size leaf in Format A will be allowed for each form.
Leaflets:		
SSA Pub. 05-10058	14 x 8"	One page-size leaf in Format C will
SSA Pub. 05-10072	14 x 8"	be allowed for each pamphlet.
SSA Pub. 70-10281	17-1/2 x 8"	One page-size leaf in Format D will
SSA Pub. 05-10972	17-1/2 x 8	be allowed for each pamphlet.
SSA Pub. 70-10283	21 x 8"	One page-size leaf in Format E will be allowed for each pamphlet.
SSA Pub. 05-10018	10-1/2 x 8"	One page-size leaf in Format B will be allowed for each pamphlet.
Booklets:		
SSA Pub. 05-10076	5-1/4 x 8"	A charge will be allowed in Format A
SSA Pub. 05-10153	5-1/4 x 8"	for each page-size leaf.
SSA Pub. 05-10077	5-1/4 x 8"	
SSA Pub. 05-10903	5-1/4 x 8"	
SSA Pub. 05-10976	5-1/4 x 8"	
SSA Pub. 05-10977	5-1/4 x 8"	
SSA Pub. 05-10137	3-1/2 x 8"	A charge will be allowed in Format A
SSA Pub. 05-10138	3-1/2 x 8"	for each page-size leaf.
SSA Pub. 05-10095	3-1/2 x 8"	
Factsheets:		
SSA Pub. 05-10007	8-1/2 x 11"	
SSA Pub. 05-10075	8-1/2 x 11"	A charge will be allowed in Format B
SSA Pub. 05-10975	8-1/2 x 11"	for each page-size leaf.

			Initials			
				<u>Per 1,00</u>	<u>0 Leaves</u>	
		<u>Format A</u> (5-1/4 x 8") (1)	<u>Format B</u> ( <u>8-1/2 x 11")</u> (2)	Format C (14 x 8") (3)	Format D (17-1/2 x 8" (4)	$\frac{\text{Format E}}{(21 \times 8'')}$ (5)
(a)	White Offset Book (50 lb.) (Notices)	\$ XXXXX	\$	\$ XXXXX	\$ XXXXX	\$ XXXXX
(b)	White Offset Book (60 lb.) (Factsheets, Leaflets, and Booklets)	\$	\$	\$	\$	\$
(c)	White Wove (24 lb.) Mailout and BRM Window envelopes	\$ XXXXX	\$	\$	\$XXXXX	\$ XXXXX
(d)	Green stock (20 lb.) 3-7/8 x 8-7/8" BRM Envelope	\$ XXXXX	\$	\$ XXXXX	\$ XXXXX	\$ XXXXX
(e)	White stock (20 lb.) 3-7/8 x 8-7/8" CRM Envelope	\$ XXXXX	\$	\$ XXXXX	\$ XXXXX	\$ XXXXX
(f)	White C.W. Writing (20 lb.) Forms SSA-3105	\$ XXXXX	\$	\$ XXXXX	\$ XXXXX	\$ XXXXX
(g)	Yellow Index (90 lb.) Form CMS-2690	\$	\$ XXXXX	\$ XXXXX	\$ XXXXX	\$ XXXXX

V. **INSERTING AND MAILING**: Prices offered must include the cost of all required materials and operations necessary for the mailing of the notice including cost of collating notice (single or multiple leaves) in proper sequence and folding to required size in accordance with these specifications, insertion of notice(s), and appropriate inserts as required (i.e., form(s), pamphlet(s), leaflet(s) and refund/return envelope(s)), into mailout envelope and mailing in accordance with these specifications.

Per 1,000 Complete Mailers

(c)	Mailer 3 (English Notice, mailout envelope, any or all of the following components: Form CMS-2690; Pub. No. 05-10007; Pub. No. 05-10018; Pub. No. 05-10072; Pub. No. 05-10075; Pub. No. 05-10076; Pub. No. 05-10077; Pub. No. 05-10137; Pub. No. 05-10153; Pub. No. 70-10281; CRM return envelope)	.\$
(d)	Mailer 4 (Spanish/English Notice, mailout envelope, any or all of the following components: Form CMS-2690; Pub. No. 05-10007; Pub. No. 05-10018; Pub. No. 05-10138; Pub. No. 05-10903; Pub. No. 05-10972; Pub. No. 05-10975; Pub. No. 05-10976; Pub. No. 70-10283; CRM return envelope)	.\$
(e)	Mailer 5 (English Notice, mailout envelope)	.\$
(f)	Mailer 6 (English Notice, mailout envelope)	. \$
(g)	Mailer 7 (English Notice, mailout envelope; White BRM Window envelope)	.\$
(h	) Mailer 8 (English Notice, mailout envelope)	.\$
(i)	Mailer 9 (English Notice, mailout envelope; Form SSA-3105; Pub No. 05-10076; Pub No. 05-10095; Green BRM envelope)	.\$
(j)	Mailer 10 (English Notice, mailout envelope; Form SSA-3105; Pub No. 05-10058; CRM return envelope)	.\$

# VI. **PREPRODUCTION TESTS**: Price offered must include all costs incurred in performing the three (3) tests (Preproduction Press and Mail Run Test, Wire Transmission Test and Validation Test) as specified in these specifications. These costs shall cover but are not limited to: machine time, personnel, all required materials, wire transmissions, films, plates, paper, printing, imaging, collating, inserting, mail preparation, and any other operations necessary to produce the required quantities of the product in the time specified and in accordance with specifications.

(a)	Preproduction Press and Mail Run Test	\$
(b)	Wire Transmission Test	\$
(c)	Validation Test	\$

#### VII. PROCESSING/FORMATTING FILES:

(a) The contractor will be allowed only one (1) charge per notice workload for the term of the contract to process and/or format the AFP files, AFP resources and the Mail Run Data Files supplied necessary to print and mail the notices for each notice workload.

Processing/Formatting Files......per/notice workload......\$\_\_\_\_\_

#### VIII. ADDITIONAL OPERATIONS:

(a) Destruction of outdated stock......per 1,000 pieces ..... \$\_\_\_\_\_

**INSTRUCTIONS FOR BID SUBMISSION**: Fill out "Section 4.- Schedule of Prices," initialing or signing each page in the space(s) provided. Submit two copies (original and one exact duplicate) of the "Schedule of Prices" with two copies of the GPO Form 910, "BID" form. Do not enter bid prices on GPO Form 910; prices entered in the "Schedule of Prices" will prevail.

Bidder\_\_\_\_\_

(City - State)

By\_\_\_\_\_

(Signature and title of person authorized to sign this bid)

(Person to be contacted)

(Telephone Number)

#### EXHIBIT A – Page 1

#### CONTRACTOR PERSONNEL SECURITY CERTIFICATION

Purpose: This form is used for contractor personnel to certify that they understand SSA's security and confidentiality requirements.

I understand the SSA security and confidentiality requirements and agree that:

1. I will follow all SSA rules of conduct and security policy/privacy rules/regulations.

2. I agree not to construct and maintain, for a period of time longer than required by the contract, any file containing SSA data unless explicitly agreed to by SSA in writing as part of the task documentation.

3. I agree to safeguard SSA information, whether electronic or hardcopy, in secured and locked containers during transportation.

4. I will use all computer software according to Federal copyright laws and licensing agreements.

5. I agree to keep confidential any third-party proprietary information which may be entrusted to me as part of the contract.

6. I will comply with systems security requirements contained in the SSA Systems Security Handbook.

7. I will not release or disclose any information subject to the Privacy Act of 1974, the Tax Return Act of 1976, SSA Regulation 1 and section 1106 of the Social Security Act to any unauthorized person.

8. I understand that disclosure of any information to parties not authorized by SSA may lead to criminal prosecution under Federal law.

Contractor	Date
Contractor Employee	Date

Form SSA-301 (2-98)

Contractor Employee	Date
Contractor Employee	Date

Contractor Employee       Date         Contractor Employee       Date		
Contractor Employee       Date	Contractor Employee	
Contractor Employee       Date		
Contractor Employee       Date		
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Form SSA-301 (2-98)

#### EXHIBIT B

#### 0401 – Security and Suitability Requirements (JUNE 2011)

- a. Acronyms and Definitions
  - Access to a facility, site, system, or information means physical access to any Social Security Administration (SSA) facility or site, logical access to any SSA information system, or access to programmatic or sensitive information.
  - CO Contracting Officer
  - **Contractor** In this clause, this term means any entity that has a relationship with SSA because of this contract. This term includes, but is not limited to, corporations, limited liability partnerships, and individuals.
  - **CPOC** Company Point of Contact as specified by the contract
  - **CPSPM** Center for Personnel Security and Project Management
  - COTR Contracting Officer's Technical Representative
  - **Contractor Employee** In this clause, this term means a person hired by an SSA contractor to provide services in exchange for compensation.
  - **PIV** Personal Identity Verification
  - **Subcontractor** In this clause, this term means any entity that has a relationship with SSA's contractor because of this contract. This term includes, but is not limited to, corporations, limited liability partnerships, and individuals.
  - **Subcontractor Employee** In this clause, this term means a person hired by a subcontractor to provide services in exchange for compensation.
  - eQIP Electronic Questionnaire for Investigations Processing
- b. Purpose

This clause provides SSA's policies and procedures concerning the conduct of background investigations (i.e. suitability determinations). The purpose of these investigations is to determine the suitability of contractors, contractor employees, subcontractors, and subcontractor employees who need access to an SSA facility, site, system, or information. If applicable, the clause also describes the process to obtain a PIV credential.

c. <u>PIV Credentials</u> A PIV credential will be required for:  Any contractor, contractor employee, subcontractor, or subcontractor employee requiring access to a SSA information system or routine, unescorted access to a SSA facility or site for a period of six months or more. (See Paragraph k. for more information.)

A PIV credential will not be required for:

- Any contractor, contractor employee, subcontractor, or subcontractor employee requiring escorted access to a SSA facility or site for less than six months.
- Any contractor, contractor employee, subcontractor, or subcontractor employee requiring infrequent escorted access to a SSA facility or site, even if the access may be longer than six months. For example, contractors or contractor employees who provide infrequent facilities/equipment maintenance or repair, conduct onsite shredding, etc.

<u>Please Note</u>: A background investigation is required any time a contractor, contractor employee, subcontractor, or subcontractor employee requires any type of access to a facility, site, system, or information regardless of whether a credential is required or not.

The contractor is required to include the substance of this clause in any subcontract where subcontractors and subcontractor employees will have similar access as described in the preceding paragraphs. However, the contractor is responsible for obtaining all of the required forms (see paragraphs g-i) from its subcontractors and the subcontractors' employees, reviewing these forms, and submitting them to SSA. Subcontractors and subcontractors' employees shall not submit forms directly to SSA.

- d. Authorities
  - Homeland Security Presidential Directive 12
  - Office of Management and Budget Memorandum M-05-24
  - <u>The Crime Control Act of 1990, Public Law 101-647</u>, subtitle E, as amended by Public Law 102-190 (for childcare center security requirements)
  - <u>Executive Orders 10450</u> and <u>12968</u> and Title 5, Code of Federal Regulations (CFR), Parts <u>731</u>, <u>732</u> and <u>736</u> (for positions assigned a "National Security" designation)
- e. <u>Background Investigation and Adjudication Process</u> The background investigation and adjudication processes are compliant with 5 CFR 731.
- f. Listing of Applicants

Upon award, the CPOC will provide to SSA an applicant listing of **all** individuals for whom the contractor is requesting a suitability determination (i.e., background investigation). This listing should include the contractor's name, the contract number, the CPOC's name, the CPOC's contact information, each applicant's full name, each applicant's Social Security number (SSN), each applicant's date of birth, and each applicant's place of birth (must show city and state if born in the United States (U.S.) OR city and country if born outside of the U.S.). The background investigation process does not start until the CPOC submits this applicant listing; therefore, the CPOC should submit the listing as soon as practical after award.

Submit the applicant listing via U.S. Mail to the address located in paragraph i. OR via fax to 410-966-0640.

- g. Required Forms
  - 1) eQIP

SSA will initiate the eQIP process using the applicant listing provided by the CPOC. SSA will email notification to the CPOC that each applicant has been invited into the eQIP website to electronically complete their background investigation form. The CPOC will provide the website to the applicants to complete their eQIP form. The applicant will have up to seven (7) calendar days to complete the eQIP form. The seven-day timeframe begins once SSA notifies the CPOC of the eQIP invitation(s). The applicant must print the signature pages of the form (pages 5 and 6 for Standard Form (SF) 85; pages 7-9 for SF 85P), sign the signature pages, and then provide the signed originals to the CPOC.

- 2) Paper Forms
  - **Two (2) Field Division-258 charts,** *Applicant Fingerprint Chart* (The CO will provide the FD-258 charts at the time of contract award.) NOTE: The contractor will be responsible for obtaining and providing acceptable fingerprints for use by SSA. Regardless of the method used to fingerprint contractors, contractor employees, subcontractors, or subcontractor employees, (electronic capture or ink) the only acceptable fingerprint chart is the FD-258.
  - Optional Form 306, Declaration for Federal Employment
     <a href="http://www.opm.gov/forms/html/of.asp">http://www.opm.gov/forms/html/of.asp</a>
  - Fair Credit Reporting Act Authorization Form Federal Investigations Notice: 98-02
  - Original signed and dated eQIP Signature Pages (See paragraph g.1 above)
  - If the contractor, contractor employee, subcontractor or subcontractor employee is not a U.S. Citizen, the individual must

provide SSA with a legible photocopy of his or her work authorization permit and Social Security card.

h. Forms Completion

The CPOC must ensure <u>all paper forms are fully completed and signed prior</u> to submission to SSA. The fingerprint charts and all paper forms must be legible or typed in black ink and all signatures must be in black ink. There must be no "breaks" in residences or employment. SSA requires complete addresses, including zip codes and phone numbers. SSA must receive forms within 30 days of signature and date.

SSA will return forms not fully completed to the CPOC. To ensure the forms are completed correctly, obtain a sample of a properly completed form at the following website:

<u>http://www.ssa.gov/oag/acq/Sample\_Security\_Requirement\_Docs%20.pdf</u>. Access information related to the eQIP process at: <u>e-QIP - Quick Reference Guide</u> for the Applicant.

#### i. Forms Submission

The CPOC shall submit **one cover sheet** to SSA containing the names of all of the individuals for whom the contractor is submitting completed paperwork. This cover sheet should include the contract number, each applicant's full name, each applicant's SSN, each applicant's date of birth, and each applicant's place of birth. Submit this cover sheet along with the completed paper forms and two FD-258 fingerprint charts for each applicant to:

SSA

CPSPM Suitability Team 6401 Security Boulevard Room 1260 Dunleavy Building Baltimore, MD 21235

# Simultaneously, the CPOC must submit a copy of the cover sheet ONLY to the COTR.

The CPOC must submit the paper forms **at least 15 days prior to the date work is to begin**. For new contract employees, subcontractors, or subcontract employees (i.e., those who had not previously received a suitability determination under this contract) who will need access to a SSA facility, site, information, or system, the contractor must submit these forms at least 15 days prior to beginning work under the contract.

#### j. <u>Suitability Determination</u>

A Federal Bureau of Investigation fingerprint check will be used as part of the basis for making a suitability determination. This determination is final unless information obtained during the remainder of the full background investigation,

conducted by the Office of Personnel Management, is such that SSA would find the individual unsuitable to continue performing under this contract. CPSPM will notify the CPOC, COTR, and CO of the results of these determinations.

No contractor, contractor employee, subcontractor, or subcontractor employee will be allowed access to a SSA facility, site, information, or system until CPSPM has issued a favorable suitability determination for that contractor, contractor employee, subcontractor, or subcontractor employee.

A contractor is not entitled to an equitable adjustment of the contract because of an unfavorable suitability determination(s). Additionally, if SSA determines that the number or percentage of unfavorable determinations make successful contract performance unlikely, SSA may terminate the contract for cause or default.

The contractor must notify the contractor employee, subcontractor, or subcontractor employee of any unsuitable determinations as soon as possible after receipt of such a determination (see paragraph p., below, for an explanation of the appeals process).

#### k. Obtaining a Credential

**Note**: This section applies only if the contractor, contractor employee, subcontractor, or subcontractor employee will have access to a facility, site, system, or information as described in the first bullet of paragraph c.

Once the contractor, contractor employee, subcontractor, or subcontract employee receives notification of an acceptable suitability determination, but prior to beginning work under the contract, the contractor, contractor employee, subcontractor, or subcontract employee must appear at the respective Regional Security Office or at SSA Headquarters Parking and Credentialing Office to begin the credentialing process. The contractor, contractor employee, subcontractor, or subcontract employee must present the suitability determination letter and two forms of identification at this meeting. At least one of the forms of identification must be a Government-issued photo identification (ID) (please see <u>Employment Eligibility Verification, I-9</u>, for acceptable forms of ID). For SSA Headquarters access, a completed Form SSA-4395, Application for Access to SSA Facilities, signed by the contractor, contractor employee, subcontractor, or subcontract employee and the COTR is also required. The COTR will provide the SSA-4395 Form to the contractor, contractor employee, subcontractor, or subcontract employee when applicable.

The contractor must contact the COTR to arrange for credentialing. The COTR is responsible for scheduling an appointment for contractors, contractor employees, subcontractors, or subcontract employees to meet with the appropriate SSA Parking and Credentialing Office or Regional Security Office and obtain a credential. Once the COTR makes the appointment, the COTR must contact the contractor to inform the contractor of the credentialing appointment(s). The

COTR must also arrange for the contractor, contractor employees, subcontractors, or subcontract employees to be escorted (by either the COTR or a COTR's representative) to the appropriate credentialing office at the time of this appointment.

Credentialing appointments last approximately 15 minutes. Depending on a contractor's scheduling needs and availabilities, contractor employees, subcontractors, or subcontract employees may be scheduled for credentialing all in one day (this process may take a few hours to complete, depending on the number of employees that need to be credentialed) or contractor employees, subcontractors, or subcontract employees may come in at separate times convenient to the individuals' and the COTR's schedules.

SSA Headquarters' Parking and Credentialing Office representatives can be reached by emailing <u>Parking.and.Credentialing@ssa.gov</u> or calling 410/965-5910.

Regional Security Office contact information can be found in the Appendix at the end of this clause.

- <u>Contractors, Contractor Employees, Subcontractors, or Subcontract Employees</u> <u>Previously Cleared by SSA or Another Federal Agency</u> If a contractor, contractor employee, subcontractor, or subcontract employee previously received a suitability determination from SSA or another Federal agency, the CPOC should include this information next to the individual's name on the initial applicant listing (see paragraph f.). CPSPM will review the information. If CPSPM determines another suitability determination is not required, it will provide a letter to the CPOC and COTR indicating the contractor, contractor employee, subcontractor, or subcontract employee was previously cleared under another Federal contract and does not need to go through the suitability determination process again.
- m. Contractor Notification to Government

The contractor shall notify the COTR and CPSPM within one business day if the contractor, contractor employee, subcontractor, or subcontract employee is arrested or charged with a crime during the term of this contract, or if there is any other change in the status of the contractor, contractor employee, subcontractor, or subcontract employee (e.g., the contractor employee leaves the company; the contractor employee no longer works under the contract; the alien status of the contractor, contractor employee changes) that could affect the suitability determination for that individual. The contractor must provide in that notification as much detail as possible, including, but not limited to: name(s) of individual whose status has changed, contract number, the type of charge(s), if applicable, the court date, and, if available, the disposition of the charge(s).

n. Contractor Return of PIV Credential

The contractor must account for and ensure that all forms of Governmentprovided identification (PIV credential) issued to a contractor, contractor employee, subcontractor, or subcontract employee under this contract are returned to SSA's Headquarters' Parking and Credentialing Office or Regional Security Office, as appropriate, as soon as any of the following occur: when no longer needed for contract performance; upon completion of a contractor's, contractor employee's, subcontractor's, or subcontract employee's employment; or upon contract completion or termination.

#### o. Government Control

The Government has full control over and may grant, deny, or withhold access to a facility, site, system, or information and may remove contractors, or require the contractor to remove contractor employees, subcontractors, or require the subcontractor to remove subcontractor employees from performing under the contract for reasons related to conduct even after the individual has been found suitable to work on the contract (see paragraph q. below).

#### p. Appeals Process for Unsuitable Determinations

If a contractor, contractor employee, subcontractor, or subcontract employee would like clarification or wishes to appeal an unsuitable determination, his/her request must be in writing and submitted within 30 days of the date of the unsuitable determination. The contractor may not file appeals on behalf of its employees, subcontractors, or subcontract employees; rather, contractor employees, subcontractors, or subcontract employees must file their own individual appeals.

The request for clarification and/or the appeal can be emailed to SSA at <u>dchr.ope.hspd12appeals@ssa.gov</u>, or mailed to:

Social Security Administration Attn: CPSPM Suitability Program Officer 6401 Security Boulevard Room 1260 Dunleavy Building Baltimore, MD 21235

#### q. Removal From Duty

SSA may remove a contractor, or request that the contractor immediately remove or cause to be removed any contractor employee, subcontractor, or subcontract employee from working under the contract based on conduct that occurs after a favorable suitability determination. This includes temporarily removing a contract employee, subcontractor, or subcontract employee should the individual be arrested for a violation of law pending the outcome of any judicial proceedings. The contractor must comply with these requests to remove or cause to have removed any contractor employee, subcontractor, or subcontract employee. The Government's determination may be made based on, but not limited to, incidents involving the misconduct or delinquency as set forth below:

- i. Violation of the Rules and Regulations Governing Public Buildings and Grounds, 41 CFR 101-20.3. This includes any local badging requirements.
- ii. Neglect of duty, including sleeping while on duty; unreasonable delays or failure to carry out assigned tasks; conducting personal affairs while on duty; and refusing to cooperate in upholding the integrity of SSA's security program.
- iii. Falsification or unlawful concealment, removal, mutilation, or destruction of any official documents or records, or concealment of material facts by willful omissions from official documents or records.
- iv. Disorderly conduct, use of abusive or offensive language, quarreling, intimidation by words or actions, or fighting. Also, participating in disruptive activities that interfere with the normal and efficient operations of the Government.
- v. Theft, vandalism, or any other criminal actions.
- vi. Selling, consuming, possessing, or being under the influence of intoxicants, drugs, or substances that produce similar effects.
- vii. Improper use of official authority or credentials.
- viii. Unauthorized use of communications equipment or Government property.
- ix. Misuse of weapon(s) or tools used in the performance of the contract.
- x. Unauthorized access to areas not required for the performance of the contract.
- xi. Unauthorized access to employees' personal property.
- xii. Violation of security procedures or regulations.
- xiii. Prior determination by SSA or other Federal agency that a contractor, contractor employee, subcontractor, or subcontract employee was unsuitable.
- xiv. Unauthorized access to, or disclosure of, agency programmatic or sensitive information, or Internal Revenue Service Tax Return information.
- xv. Unauthorized access to an agency Automated Information System.

- xvi. Unauthorized access of information for personal gain (including, but not limited to, monetary gain), or with malicious intent.
- xvii. Not providing for the confidentiality of and protection from disclosure of information entrusted to them. Certain provisions of the following statutes and regulations that apply to Federal employees also apply equally to contractors, contractor employees, subcontractors, and subcontract employees:

The Privacy Act of 1974 The Tax Reform Act of 1976 and the Taxpayer Browsing Protection Act of 1997 SSA regulation 1 The Computer Fraud and Abuse Act of 1986 Section 1106 of the Social Security Act

xviii.Being under investigation by an appropriate authority for violating any of the above.

#### **Appendix: Regional Security Offices**

Regional Credentialing Contacts for Contractor Employees

*Region 1 – Boston* Management and Operations Support, Lenny Nyren – 617-565-2840

*Region 2 – New York* Center for Materiel Resources, Field Services Team, General Office – 212-264-2603

*Region 3 – Philadelphia* Center for Materiel Resources, Building Management Team, General Office - 215-597-8201

*Region 4 – Atlanta* Center for Security and Integrity, Coleman Wicks – 404-562-1252

Region 5 – Chicago

Management and Operations Support, Building Services Unit

Sharon Young	- 312 575-4150
Evelyn Principe	- 312 575-6342
Sofia Luna	- 312 575-5762
Carlon Brown	- 312 575-5957
Cassandra Murphy	y - 312 575-5067

*Region 6 – Dallas* Center for Materiel Resources, Employee Relations, Veronica Drake – 214-767-2221

*Region 7 – Kansas City* Center for Security Integrity, General Office Line – 816-936-5555

*Region 8 – Denver* Center for Security and Integrity, Phil Mocon – 303-844-4016

*Region 9 - San Francisco* Center for Security and Integrity, Cassandra Mapp - 510-970-4124

Region 10 - Seattle Center for Security and Integrity Lisa Steepleton - 206-615-2186 D'ette Day - 206-615-2149

#### **Questionnaire for Public Trust Positions**

Exhibit C - Medicare Acknowledgment Form approved: OMB No. 3206-0191 NSN 7540-01-317-7372

85-1602

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. If you have any questions, call the office that gave you the form.

#### **Purpose of this Form**

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

#### Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

#### The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, mis-representation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

#### Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

#### Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

#### Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

#### Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

#### **Disclosure of Information**

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

#### PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the Higation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referrai to another office within the agency or to another Federal agency for criminal, civil, administrative, personnei, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

 To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

 To the Office of Management and Budget when necessary to the review of private relief legislation.

#### STATE CODES (ABBREVIATIONS)

Georgia American Samoa Trust Territory	GA AS TT	Maryland District of Columbia Virgin Islands	MD DC VI	New Jersey Guam	GU	Northern Marianas	СМ	Puerto Rico	PR
Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Florida	AL AK AZ CA CO CT DE FL	Hawaii Idahoi Illinois Indiana Iowa Kansas Kentucky Louisiana Maine	HID IL IN IA SSY LA EL	Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire	MA MI MS MO MT NE NV NJ	New Mexico New York North Carolina North Dakota Oklahoma Oregon Pennsylvania Rhode Island South Carolina	NM NY ND OH KR PA RI SC	South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	SD TN TX UT VA WA WV WI WY

#### PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address. Standard Form 85P (EG) Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

#### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved: OMB No. 3206-0191 NSN 7540-01-317-7372 85-1602

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soi l	Folder M Location of Security Folder	At SON None At SOI	Other Addres	5						 ZIP	Code	
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	RTH - Use the two I	latter code for the S	tato	<u> </u>				4.8		SECUR		
City	TH - Ose the two i	County		State Co	untry <i>(if n</i> e	ot in the United	States)					
	SUSED	<u> </u>		<b>L</b>								
Name 1			Month/Year Mont To	h/Year #3	Name I				Monti	n/Year Tr		ı/Yea
Name \$2			Month/Year Mont	th/Year #4	Name				Monti	n/Year Té		⊓/Yea
	Height <i>(feet a</i>	nd inches)	Weight (pounds)	Ha	ir Color		Eye Color		<u> </u>	<i>lark on</i> Female	e box)	Male
TELEPHONE		Area Code and ex	tension)	Ho	me <i>(inclue</i> Day Night	te Area Code) (      )						
CITIZENSHIP Mark the box a			citizen or national by f d.	birth in the U	.S. or U.S	. territory/posse	ssion. Answer	<b>(</b> ) Y	our Moth	er's Ma	iden N	lame
reflects your cu	irrent citizenship ow its instructions.		citizen, but I was NO J.S. citizen. Answer ite		U.S. Ansı	ver items b, c ai	nd d.	_				
UNITED STAT	ES CITIZENSHIP	f you are a U.S. Citi	izen, but were not bor	n in the U.S.,	provide ir	formation abou	t one or more o	of the followi	ng proof	s of you	r citiz	enship
Naturalization Court	Certificate (Where w	ere you naturalized	?) City		State	Certificate N	umber	Month	i/Day/Ye	ar Issue	d	
Citizenship Cer City	tificate (Where was	the certificate issue	d?)		State	Certificate N	umber	Month	n/Day/Ye	ar Issue	ed	
State Departme	ent Form 240 - Repo	rt of Birth Abroad o	f a Citizen of the Unite	d States								
Give the date the		Month/Day/Year	Explanatio									
U.S. Passport					Pacan	ort Number		Mont	h/Day/Ye	ear Issu	ed	
This may be eil	ther a current or prev	vious U.S. Passport			Passpi							
DUAL CITIZEN			zen of the United Stat htry in the space to the		ier country	Country	. <u></u>	··				
ALIEN If you a	are an alien, provide	the following inform		You Entere	1115	Alien Registr	ation Number	Count	ry(ies) of	f Citizer	ship	
Place You Entered the United States:	City				Year		2.011401000				F	
xception to SF85, SF	1 F85P, SF85P-S, SF86, a	and SF86A approved i	by GSA September, 1995	<u></u>							F	age

Designed using Perform Pro, WHS/DIOR, Sep 95

#### SWHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year	Month/Year	Street Address		Apt. #	City (Country)			State	ZIF CODE
#1	To Present								
Name of Person		Street Address	Apt. #	City (Countr	y)	State	ZIP Code	Telepho	ne Number
								(	)
Month/Year	Month/Year	Street Address		Apt. #	City (Country)	L		State	ZIP Code
#0	То								
Name of Person	Who Knew You	Street Address	Apt. #	City (Countr	v)	State	ZIP Code	felepho (	)
Month/Year	Month/Year	Street Address		Apt. #	City (Country)	J	<u>.                                    </u>	State	ZIP Code
#3	То				1	1 01 1		Talanha	ne Number
Name of Person	Who Knew You	Street Address	Apt. #	City (Countr	Y)	State	ZIP Code	Telepric	
							<u> </u>	<u>\</u>	1
Month/Year	Month/Year	Street Address	<u> </u>	Apt. #	City (Country)			State	ZIP Code
#4	То								
Name of Person		Street Address	Apt. #	City (Countr	y)	State	ZIP Code	Telepho	one Number
				1				(	)
Month/Year	Month/Year	Street Address	· · · · · · · · · · · · · · · · · · ·	Apt. #	City (Country)	•		State	ZIP Code
#5	То								
Name of Person		Street Address	Apt. #	City (Countr	ry)	State	ZIP Code	Telepho	one Number
								(	)
				1				·	

#### WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

3 - Vocational/Technical/Trade School

Use one of the following codes in the "Code" block:

1 - High School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

2 - College/University/Military College

Month/Year Month/Year	Code	Name of School		Deg	pree/Diploma/Other			Month/Year Awarded
#1 <sub>To</sub>								
Street Address and City (Country) o	f School						State	ZIP Code
Street Address and Orly (Codinity) o	. 00,100.							
			A 4 .24	City (Country)	State	TZIP C	ode	Telephone Number
Name of Person Who Knew You	Street /	Address	Apt. #	City (Country)	Clate		.540	
Month/Year Month/Year	Code	Name of School		De	gree/Diploma/Other			Month/Year Awarded
40 0								
# <b>∠</b> To						T	State	ZIP Code
		· · · · · · · · · · · · · · · · · · ·						
	f School	··					Otate	
	f School	_ <u></u>						
Street Address and City (Country) o		Address	Apt. #	City (Country)	State			Telephone Number
Street Address and City (Country) o		Address	Apt. #	City (Country)	State			
Street Address and City (Country) o Name of Person Who Knew You	Street /		Ápt. #			ZIPC		
Street Address and City (Country) o Name of Person Who Knew You Month/Year Month/Year		Address Name of School	Apt. #		State gree/Diploma/Other	ZIPC		Telephone Number
Street Address and City (Country) o Name of Person Who Knew You Month/Year Month/Year	Street /		Ápt. #				Code	Telephone Number ( ) Month/Year Awarded
Street Address and City (Country) o Name of Person Who Knew You Month/Year Month/Year #3 To	Street / Code		Apt. #					Telephone Number
Street Address and City (Country) o Name of Person Who Knew You Month/Year Month/Year #3 To	Street / Code		Apt. #				Code	Telephone Number ( ) Month/Year Awarded
Street Address and City (Country) o Name of Person Who Knew You Month/Year Month/Year #3 To Street Address and City (Country) o	Street / Code	Name of School		De		-	State	Telephone Number ( ) Month/Year Awarded
Street Address and City (Country) o Name of Person Who Knew You Month/Year Month/Year #3 To	Street / Code		Apt. # 		gree/Diploma/Other	-	State	Telephone Number ( ) Month/Year Awarded ZIP Code

Enter your Social Security Number before going to the next page

YOUR	EMPLOYMENT ACTIVI	TIES					
tempor	ary military duty locations	s over 90	ning with the present (#1) and days, self-employment, other p loyments before your 16th birth	aid work, and all periods of u	shouid iist all full-ti memployment. The	me work, part-tim e entire 7-year pe	e work, military service, riod must be accounted for
1 - 2 - 3 -	Use one of the codes lis Active military duty static National Guard/Reserve U.S.P.H.S. Commission Other Federal employme	ins ed Corps			person v 8 - Federal	oyment (Include n vho can verify) Contractor (List C rral agency)	
military your m Previo period	service is being listed, in ilitary duty locations or he us Periods of Activity. of employment in the init Let XY Bumbing in Dany	clude you ome ports Complete ial numbe	: e these lines if you worked for a red block, provide previous per	ere as well as your branch of an employer on more than on riods of employment at the sa e you would enter dates and	e occasion at the s ame location on the information conce	ame location. Aft additional lines p ming the most red	er entering the most recent
Month/Y		Code	Employer/Verifier Name/Milit			r Position Title/M	ilitary Rank
#1	To Present						
Employer's/V	/erifier's Street Address	<u>}</u>		City (Country)	Sta	e ZIP Code	Telephone Number
Street Addre	ss of Job Location (if diffe	erent than	Employer's Address)	City (Country)	Sta	e ZIP Code	Telephone Number
Supervisor's	Name & Street Address	(if differer	nt than Job Location)	City (Country)	Sta	te ZIP Code	Telephone Number ( )
PREVIOUS	Month/Year Mon To	th/Year	Position Title	_ 1	Supervisor		
PERIODS OF		th/Year	Position Title		Supervisor		
ACTIVITY (Block #1)		th/Year	Position Title	*********	Supervisor		
Month/Y #2		Code	Employer/Verifier Name/Mili	tary Duty Location	Υοι	ir Position Title/M	ilitary Rank
Employer's/	/erifier's Street Address	L	J	City (Country)	Sta	te ZIP Code	Telephone Number
Street Addre	ss of Job Location (if diff	erent thar	n Employer's Address)	City (Country)	Sta	te ZIP Code	Telephone Number ( )
Supervisor's	Name & Street Address	(if differer	nt than Job Location)	City (Country)	Sta	te ZIP Code	Telephone Number
PREVIOUS	Month/Year Mor To	ith/Year	Position Title		Supervisor		
PERIODS OF	Month/Year Mor To	hth/Year	Position Title	L///m	Supervisor		
ACTIVITY (Block #2)		nth/Year	Position Title		Supervisor		
Month/Y #3		Code	Employer/Verifier Name/Mili	tary Duty Location	You	r Position Title/M	
Employer's/	/erifier's Street Address			City (Country)	Sta	te ZIP Code	Telephone Number
Street Addre	ess of Job Location (if diff	erent than	n Employer's Address)	City (Country)	Sta	te ZIP Code	Telephone Number
Supervisor's	Name & Street Address	(if differe	nt than Job Location)	City (Country)	Sta	te ZIP Code	Telephone Number
	Month/Year Mor To	nth/Year	Position Title	<u> </u>	Supervisor		
PERIODS OF		nth/Year	Position Title		Supervisor		
ACTIVITY (Block #3)		nth/Year	Position Title		Supervisor		
	<u> </u>						

Enter your Social Security Number before going to the next page-

Page 3

Month/\			UED)					
¥4	Year Month/Year To	Code	Employer/Verifier Name/I	Military Duty Location		Your Po	sition Title/Milita	ary Rank
mployer's/	Verifier's Street Addre	ISS	I	City (Country)		State	ZIP Code	Telephone Number
treet Addre	ess of Job Location (if	different than	Employer's Address)	City (Country)	<u> </u>	State	ZIP Code	Telephone Number
upervisor's	Name & Street Addr	ess (if differer	nt than Job Location)	City (Country)		State	ZIP Code	Telephone Number
		Month/Year	Position Title	L . <u></u>	Supervis	sor	I	
REVIOUS PERIODS OF	Month/Year	Month/Year	Position Title		Supervis	sor		······
ACTIVITY Block #4)		Month/Year	Position Title		Supervis	sor	<u>_</u>	
Month/Y	To Year Month/Year	Code	Employer/Verifier Name/	Military Duty Location		Your Po	sition Title/Milita	ary Rank
5	То					<b>.</b>		Telephone Number
mployer's/\	Verifier's Street Addre	:85		City (Country)		State	ZIP Code	()
treet Addre	ess of Job Location (if	different than	Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
iupervisor's	Name & Street Addr	ess (if differer	t than Job Location)	City (Country)		State	ZIP Code	Telephone Number
REVIOUS	Month/Year To	Month/Year	Position Title		Supervis	sor		
PERIODS	Month/Year	Month/Year	Position Title		Supervis	sor		
CTIVITY Block #5)	To Month/Year To	Month/Year	Position Title		Supervi	sor		
Month/Y f6	Year Month/Year To	Code	Employer/Verifier Name/I	Wilitary Duty Location		Your Po	sition Title/Milita	ary Rank
mployer's/\	Verifier's Street Addre	ess	J	City (Country)		State	ZIP Code	Telephone Number
	Verifier's Street Addre		Employer's Address)	City (Country) City (Country)		State State	ZIP Code ZIP Code	Telephone Number ( ) Telephone Number ( )
treet Addre		different than				-		( )
treet Addre	ess of Job Location (if Name & Street Addro Month/Year	different than		City (Country)	Supervis	State State	ZIP Code	( ) Telephone Number ( ) Telephone Number
treet Addre	ass of Job Location (if Name & Street Addre Month/Year To Month/Year	different than ess (if differer	t than Job Location)	City (Country)	Supervis	State State	ZIP Code	( ) Telephone Number ( ) Telephone Number
REVIOUS PERIODS OF	ess of Job Location (if s Name & Street Addre Month/Year Month/Year To Month/Year	different than ess (if differer Month/Year	t than Job Location) Position Title	City (Country)		State State sor	ZIP Code	( ) Telephone Number ( ) Telephone Number
REVIOUS PERIODS OF ACTIVITY Block #6)	ass of Job Location (if Name & Street Addre Month/Year Month/Year To	different than ess (if differer Month/Year Month/Year Month/Year	t than Job Location) Position Title Position Title	City (Country)	Supervis	State State sor	ZIP Code	( ) Telephone Number ( ) Telephone Number ( )
Street Addre Supervisor's PREVIOUS PERIODS OF ACTIVITY (Block #6) YOUR Has an	Ass of Job Location (if Name & Street Addre Month/Year To Month/Year To Month/Year To E EMPLOYMENT REC	different than ess (if differen Month/Year Month/Year Month/Year CORD	t than Job Location) Position Title Position Title Position Title in the last 7 years? If "Year	City (Country)	Supervis Supervis	State State sor sor	ZIP Code ZIP Code	( ) Telephone Number ( ) Telephone Number ( )
REVIOUS PERIODS OF ACTIVITY Block #6) YOUR Has an fired, q	ass of Job Location (if Name & Street Addre Month/Year To Month/Year To Month/Year To EEMPLOYMENT REC ny of the following hap	different than ess (if differen Month/Year Month/Year Month/Year CORD	t than Job Location) Position Title Position Title Position Title in the last 7 years? If "Yes quested.	City (Country) City (Country)	Supervis	State State sor sor	ZIP Code ZIP Code	( ) Telephone Number ( ) Telephone Number ( )
Treet Addre upervisor's PERIODS OF CTIVITY Block #6) YOUR Has ar fired, q Use th	ass of Job Location (if Name & Street Addre Month/Year To Month/Year To Month/Year To EEMPLOYMENT REC ny of the following hap	different than ess (if differer Month/Year Month/Year Month/Year CORD opened to you information re	t than Job Location) Position Title Position Title In the last 7 years? If "Yea quested. eason your employment wa	City (Country) City (Country)	Supervis	State State sor sor go backw	ZIP Code ZIP Code vard, providing d 5 - Left a job for	(       )         Telephone Number       (         (       )         Telephone Number       (         (       )         ate       Yes
REVIOUS PERIODS OF ACTIVITY (Block #6) YOUR Has ar fired, q Use th 1 - Fire 2 - Qui	Ass of Job Location (if Name & Street Addre Month/Year To Month/Year To Month/Year To E EMPLOYMENT REC In y of the following hap quit, or left, and other the following codes and	different than ess (if differer Month/Year Month/Year Month/Year CORD opened to you information re d explain the r 3	t than Job Location) Position Title Position Title Position Title in the last 7 years? If "Yea quested. eason your employment wa - Left a job by mutual agree	City (Country) City (Country) City (Country)	Supervis	State State sor sor go backw	ZIP Code ZIP Code vard, providing d 5 - Left a job for	( ) Telephone Number ( ) Telephone Number ( )
REVIOUS PERIODS OF ACTIVITY (Block #6) YOUR Has ar fired, q Use th 1 - Fire 2 - Qui	Ass of Job Location (if Name & Street Addre Month/Year To Month/Year To Month/Year To EEMPLOYMENT REC Association of the following has quit, or left, and other the following codes and ed from a job it a job after being told of de fired	different than ess (if differer Month/Year Month/Year Month/Year CORD opened to you information re d explain the r 3	t than Job Location) Position Title Position Title Position Title In the last 7 years? If "Yea quested. eason your employment wa Left a job by mutual agree unsatisfactory performanc	City (Country) City (Country) City (Country)	Supervis Supervis	State State sor sor go backw	ZIP Code ZIP Code vard, providing d 5 - Left a job for under unfavo	( ) Telephone Number ( ) Telephone Number ( )
Treet Addre upervisor's PERIODS OF ACTIVITY Block #6) YOUR Has an fired, q Use th 1 - Fire 2 - Qui	Ass of Job Location (if Name & Street Addre Month/Year To Month/Year To Month/Year To EEMPLOYMENT REC Association of the following has quit, or left, and other the following codes and ed from a job it a job after being told of de fired	different than ess (if differen Month/Year Month/Year Month/Year CORD Depened to you information ree d explain the r 3 d 4	t than Job Location) Position Title Position Title Position Title In the last 7 years? If "Yea quested. eason your employment wa Left a job by mutual agree unsatisfactory performanc	City (Country) City (Country) City (Country) s," begin with the most recent c as ended: ment following allegations of m ment following allegations of e	Supervis Supervis	State State sor sor go backw	ZIP Code ZIP Code vard, providing d 5 - Left a job for under unfavo	(       )         Telephone Number         (       )         Telephone Number         (       )         ate       Yes         other reasons         arable circumstances

#### -

BEOPLE WHO KNOW YOU WELL List three people who know you well a association with you covers as well as elsewhere on this form.	and live ir s possible	the United States. the last 7 years. Do	They should be g o not list your spo	use, ionnei spo	uses, or one	Si foiatives	, and a y not to	tc., whose list anyone	combined who is lis	ted
Name			Mo	Dates Know onth/Year Mo	n nth/Year		one Number Day	)		
#1 Home or Work Address	<b>.</b>		i	<u> </u>	City (C	Country)	light (	State	ZIP Co	de
				Dates Know		Teleph	one Number			
Name #2			Mo	onth/Year Mo	nth/Year		Day Night (	}		
Home or Work Address				<u>To</u>	City (C	Country)		State	ZIP Co	de
Name	<u></u>	······		Dates Know onth/Year Mo	/n nth/Year		ione Number Day	<u> </u>		
#3 Home or Work Address			<u>1</u>	То	City (	Country)	Night	) State	ZIP Co	de
YOUR MARITAL STATUS Mark one of the following boxes to st     1 - Never married (go to questin     2 - Married	on 15)	3 - Sepa 4 - Lega				5 - Divorce 6 - Widow				
Current Spouse Complete the following al Fuil Name	bout your	Date of Birth	(Mo./Day/Yr.)	Place of Birth (	Include cour	ntry if outsi	de the U.S.)	Soci	al Security	Number
Other Names Used (Specify maiden name	, names l	by other marriages, e	tc., and show da	tes used for eac	h name)	. <u> </u>				
Country of Citizenship		Date Married	(Mo./Day/Yr.)	Place Married	Include cou	ntry if outs	ide the U.S.)		5	State
If Separated, Date of Separation (Mo./Day	(Yr.)	If Legally Sep	parated, Where is	the Record Loc	ated? City (	Country)	. <u></u> ,	<u></u>		State
Address of Current Spouse (Street, city, a	nd countr	y if outside the U.S.)					State	ZIP	Code	
<ul> <li>YOUR RELATIVES</li> <li>Give the full name, correct code, and</li> <li>1 - Mother (first)</li> <li>2 - Father (second)</li> </ul>	d other re	quested information f 3 - Stepmoth 4 - Stepfathe	er	5 - Fe	dead, spec oster Parent hild <i>(adopte</i>	d also)			Stepchild	
Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Bit		ry(ies) of enship	Current	Street Addres Living R		(country) a	State
	1									
	2							~		
						<u> </u>				-
										1
							·			
					,		*			
	1	before going to	L							

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										Yes	No
¢	OUR MILITARY HISTORY		dan militar 2								
	Have you served in the								···		····
	Have you served in the					ant Marina	Start with t	he most rec	ent period of se	n/ice (#1)	and wo
ba	ist all of your military service backward. If you had a break •Code. Use one of the cod	in service	, each separate period sho	uld be listed.		Idin Manie.		ne mostroe			
	1 - Air Force 2 - Army	3 - Nav	y 4 - Marine Corps	5 - Coast Gua	rd 6 - Mercha	nt Marine	7 - Nation	al Guard			
	•O/E. Mark "O" block for C	fficer or "E	" block for Enlisted.								
	Status. "X" the appropria an "X": use the two-letter	te block for code for the	the status of your service of state to mark the block.	during the time	e that you served.	If your serv	rice was in t	ne National	Guard, do not u	se	
	Country. If your service	vas with ot	her than the U.S. Armed Fo	orces, identify	the country for wh	ich you serv	/ed.				
	Month/Year Month/Year		Service/Certificate N		E Active		atus Inactive	National	c	ountry	
					Active	Reserve	Reserve	Guard (State)			
	То										
_	То									Yes	No
Y	OUR SELECTIVE SERVIC										
¢	<u> </u>		per 31, 1959? If "No," go to				<u> </u>	-	<u> </u>		<u> </u>
¢		th the Sele	ctive Service System? If "	Yes," provide y	our registration n	umber. If "N	lo," show th	e reason foi	r your legal		
	exemption below.		Land Examplian Evolution	tion		~~			<u> </u>	L	
R	Registration Number		Legal Exemption Explana	auon							
_		· · ·	l							Yes	No
Y	YOUR INVESTIGATIONS R									185	140
ŧ	3 Has the United States	Governmer	nt ever investigated your ba	ackground and	/or granted you a	security clea	arance? If "	Yes," use th	e codes that		
	follow to provide the re	quested inf	formation below. If "Yes," to ode or clearance code, as a	out you can't re	call the investigated and the investigated and the second se	ting agency r "Don't rec	and/or the s all" under th	ecurity clea e <b>"Other A</b> d	rance dency"		
	heading, below, if you	response	is "No," or you don't know (	or can't recall i	if you were invest	gated and c	leared, cheo	k the "No" l	DOX.		
		-			1						L
	Codes for Investigating Ager I - Defense Department	су	4 - FBI		Codes for Secu 0 - Not Require	-	- Top Secret			6	۰L
	2 - State Department		5 - Treasury Department		1 - Confidential				nted Information	7	Other
3	3 - Office of Personnel Mana	gement	6 - Other (Specify)		2 - Secret	5	- Q				
1	Month/Year Agency		Other Agency	Clearance Code	Month/Year	Agency Code		Other A	gency	C	learand Code
	Code			Code		0000					
_											
		Ang. 1.									
			r bad a clearance or acces	s authorization	denied, suspend	ed. or revok	ed, or have	vou ever be	en debarred	Yes	No
(	To your knowledge, ha from government employed	ve you eve	r had a clearance or acces " <b>Yes,"</b> give date of action	s authorization and agency.	denied, suspend Note: An administ	led, or revok rative downg	ed, or have grade or terr	you ever be nination of a	een debarred a security	Yes	No
(	To your knowledge, ha from government emplicitearance is not a revo	oyment? If	r had a clearance or acces "Yes," give date of action :	s authorization and agency.	n denied, suspend Note: An administ	led, or revok rative downg	grade or terr				No
_	from government empl	oyment? If cation.	r had a clearance or acces " <b>Yes</b> ," give date of action nt or Agency Taking Action	and agency. I	a denied, suspend Note: An administ Month/Year	led, or revok rative downg	grade or terr		een debarred a security ency Taking Ac		No
_	from government emploide clearance is not a revo	oyment? If cation.	"Yes," give date of action :	and agency. I	vote: An administ	led, or revok rative downg	grade or terr				No
_	from government emploide clearance is not a revo	oyment? If cation.	"Yes," give date of action :	and agency. I	vote: An administ	ed, or revok rative downg	grade or terr				No
	from government emploide clearance is not a revo	oyment? If cation.	"Yes," give date of action :	and agency. I	vote: An administ	ed, or revok rative downg	grade or terr				No
_	from government emploide clearance is not a revo	oyment? If cation.	"Yes," give date of action :	and agency. I	vote: An administ	led, or revok rative down	grade or terr				No
1	from government emploide clearance is not a revo	oyment? If cation. Departmen	"Yes," give date of action and the of action of action of action of action of a second	and agency. I	vote: An administ	led, or revok rative down	grade or terr				No
F	from government empl clearance is not a revo Month/Year FOREIGN COUNTRIES YO	Department J HAVE VI	"Yes," give date of action and the off action of action and the off ac	and agency.	Note: An administ		Depar	tment or Ag	ency Taking Ac	tion	
F	from government empl clearance is not a revo Month/Year	Department? If Department Department Department Department	"Yes," give date of action and the of action of the of Agency Taking Action (SITED) except on travel under offici	and agency.	Note: An administ		Depar	tment or Ag	ency Taking Ac	tion	
FLd	from government empliciearance is not a revo Month/Year FOREIGN COUNTRIES YO List foreign countries you had dependent or contractor mus	Department? If Department Department Department Department Department Department Department Department Department Department Department Department	"Yes," give date of action : nt or Agency Taking Action SITED except on travel under offici )	and agency. I	Note: An administ Month/Year	g with the m	Depar	tment or Ag	ency Taking Ac	tion	
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Page 6

							Yes	No
YOUR PO	OLICE RECORD (Do	o not include anythin	ig that happened before your	r 16th birthday.)			165	
In the last	t 7 years, have you be	een arrested for, cha	arged with, or convicted of an	iy offense(s)? (Lea	ve out traffic fines of less than \$150.)			
lf you ans	swered "Yes," explain	your answer(s) in th	ne space provided.					
lonth/Year	Offense	Action	Taken Law Enforcem	ent Authority or Col	urt (City and county/country if outside the U.S.)	State	ZIP	Code
			ĺ					
						J		
ILLEGAL	DRUGS						Yes	No
					wer the questions fully and truthfully, and either your truthful responses nor informat		162	140
			nce against you in any subse					
In the last	t year, have you illega	lly used any control	led substance, for example, i	marijuana, cocaine,	, crack cocaine, hashish, narcotics (opium	۱,		
	, codeine, heroin, etc.				ilizers, etc.), hallucinogenics (LSD, PCP, i			
	-							
			legal purchase, manufacture innabis, for your own intende		tion, transfer, shipping, receiving, or sale	ofany		
		-				volotina		
			ation relating to the types of treatment or counseling rece		ature of the activity, and any other details	relating		
Month/Year	Month/Year	Controlled	Substance/Prescription Dru	ig Used	Number of Times	Used		
Ť	`o			-				
	0							
т	o							
YOUR FI	NANCIAL RECORD						Yes	No
In the last		r a company over w	hich you exercised some cor	ntrol filed for bankri	uptcy, been declared bankrupt, been subj	ect to a		
tax lien, o	r had legal judgment	rendered against yo	u for a debt? If you answere	ad "Yes," provide da	ite of initial action and other information re	equested		
below.					. <u> </u>			
Month/Ye	ear Type of Ac	tion Nam	e Action Occurred Under	Name/Addre	ss of Court or Agency Handling Case	State	ZIP (	Code
				]				
Are you n	ow over 180 days del	inquent on any loan	or financial obligation? Inclu	ude loans or obligat	ions funded or guaranteed by the Federal	I	Yes	No
Governme	ent.							
lf you ans	wered "Yes," provide	the information requ	uested below:					
Month/Ye	ear Type of Loa	an or Obligation	Name/Address of Creditor	or Obligee		State	ZIP (	Code
	and A	an or Obligation Account #		-				
								<b>_</b>

following certification and sign and date the release on Page 8.

#### **Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
	·····
Enter your Social Security Number before going to the next page	

### **UNITED STATES OF AMERICA**

#### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)			Date Signed
Other Names Used			4m- <b>-</b>	Social Security Number
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code)
				( )

Form approved: OMB No. 3206-0191 NSN 7540-01-317-7372 85-1602

### UNITED STATES OF AMERICA

#### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legit	oly)		Date Signed
Other Names Used				Social Security Number
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code)
				( )

#### EXHIBIT D - Medicare Acknowledgment

***	LEAVE BLANK	TYPE OR PRINT ALL	INFORMATION IN BLACK FIRST NAME MIDDLE NAME	Eli	LEAVEBLANK
APPLICANT					
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WHONE AND ADDRESS		18: NC <u>FB</u> 1			
		armed forces no. MNU			
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				Contraction (1997)	
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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

7. 1. THUMA E. THUMA RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY.

# **Declaration for Federal Employment**

#### Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

#### Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

#### Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

NSN 7540-01-368-7775

# **Declaration for Federal Employment**

1.	FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER				
	◆	•				
3.	PLACE OF BIRTH (Include city and state or country)	4. DATE OF BIRTH (MM/DD/YYYY)				
5.	OTHER NAMES EVER USED (For example, maiden name, nickname, etc)	6. PHONE NUMBERS (Include area codes)				
	•	Day ♦				
	•	Night ♦				
lf y	Dective Service Registration You are a male born after December 31, 1959, and are at least 18 years of age, civil servic u must register with the Selective Service System, unless you meet certain exemptions.	ice employment law (5 U.S.C. 3328) requires that				
7a	. Are you a male born after December 31, 1959? YES NO	If "NO" skip 7b and 7c. If "YES" go to 7b.				
7b						
7c.	If "NO," describe your reason(s) in item #16.					
Mi	litary Service					
8.	Have you ever served in the United States military?	Provide information below NO				
	If you answered "YES," list the branch, dates, and type of discharge for all active duty	/.				
	If your only active duty was training in the Reserves or National Guard, answer "NO."	,				
	Branch From Lo LawDorry	Type of Discharge				
Ba	ckground Information					
For	all questions, provide all additional requested information under item 16 or on att	tached sheets. The circumstances of each event				
-	list will be considered. However, in most cases you can still be considered for Federal ju					
fine if fil	equestions 9,10, and 11, your answers should include convictions resulting from a plea of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any vinally decided in juvenile court or under a Youth Offender law, (4) any conviction set asid the state law, and (5) any conviction for which the record was expunged under Federal or the state law.	iolation of law committed before your 18th birthday e under the Federal Youth Corrections Act or				
9.	During the last 10 years, have you been convicted, been imprisoned, been on probatic					
	(Includes felonies, firearms or explosives violations, misdemeanors, and all other offer to provide the date, explanation of the violation, place of occurrence, and the name ar department or court involved.	nses.) If "YES," use item 16				
10.	Have you been convicted by a military court-martial in the past 10 years? (If no military	(service, answer "NO.") If YES NO				
	"YES," use item 16 to provide the date, explanation of the violation, place of occurrence of the military authority or court involved.	e, and the name and address				
11.	Are you now under charges for any violation of law? If "YES," use item 16 to provide the violation, place of occurrence, and the name and address of the police department or o					
12.	During the last 5 years, have you been fired from any job for any reason, did you quit a would be fired, did you leave any job by mutual agreement because of specific problem Federal employment by the Office of Personnel Management or any other Federal age to provide the date, an explanation of the problem, reason for leaving, and the employment	ns, or were you debarred from res not more you debarred from res not the not t				
13.	Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal benefits, and other debts to the U.S. Government, plus defaults of Federally guarantee student and home mortgage loans.) If "YES," use item 16 to provide the type, length, or default, and steps that you are taking to correct the error or repay the debt.	ed or insured loans such as				
U.S.	Office of Personnel Management NSN 7540-01-368-7775	Optional Form 306 Revised January 2001				

GENERAL INFORMATION

# **Declaration for Federal Employment**

NO

NO

#### Additional Questions

Do any of your relatives work for the agency or government organization to which you are submitting this form? 14. (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.

15.	Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military
	Federal civilian, or District of Columbia Government service?

YES

YES

Appointing Officer:

#### Continuation Space / Agency Optional Questions

Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets 16 with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

#### Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, 17. including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a.	a. Applicant's Signature: Date Date			Enter Date of Appointment or Conversion MM / DD / YYYY		
17b.	Appointee's Signature: Date					
18.	Appointee (Only respond if you have been employed by the Federal Government before): Your e previous Federal employment may affect your eligibility for life insurance during your new appointmen help your personnel office make a correct determination.	ections of t. These qu	life insur estions a	ance during are asked to		
18a.	When did you leave your last Federal job? DATE:					
18b.	When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	YES	NO	Do Not Know		
18c.	If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.	YES	NO	Do Not Know		
	Office of Personnel Management NSN 7540-01-368-7775	Pre	vious editions	Optional Form 306 Revised January 2001 obsolete and unusable		

## Federal Investigations Notice Exhibit F

### Letter No. 98-02 Date: March 6, 1998

On September 30, 1997, amendments to the Fair Credit Reporting Act (FCRA) (15 U.S.C. § 1681, *et seq.*) became effective as a result of the Consumer Credit Reporting Reform Act of 1996. The amendments require changes on the part of the users of consumer reports and providers of information to consumer reporting agencies. These changes impact on OPM-IS as the provider of investigative services to other Federal agencies, and on our customer agencies as the final users of credit information gathered as a result of OPM's investigations.

Most notably, **Section 1681b** of title 15 addresses permissible purposes for which consumer reports may be furnished and conditions for furnishing and using consumer reports for employment purposes. If an a enc. intends to use a consumer report for employment purposes, **Subsection 1681b** (b) (2) of title 15 requires that the applicant/employee be notified in a document consisting solely of the notice that a consumer report may be used, and the applicant/employee must authorize this use in writing before the consumer report is obtained. **Subsection 1681b** (b)(3) of title 15 requires that, before taking adverse action relative to an employment decision based on a consumer report, the agency must provide the consumer with a copy of the report, and a copy of the Federal Trade Commission's (FTC) Consumer Rights Notice.

The notice, disclosure, certification and adverse action requirements of the **FCRA** do not directly apply to OPM-IS in its role as the provider of investigative services to other requesting Federal agencies. However, we do obtain credit reports on behalf of other Federal agencies, and will require those Federal agencies to certify that they are the procurer of the credit report and that they are compliant with the FCRA's relevant provisions. We are, therefore, sending under separate cover a request to each agency for a one-time blanket certification to this effect, to be completed and returned to OPM-IS no later than May 1, 1998.

We will ask that the certification acknowledge that the requesting Federal agency is the procurer of the credit report for purposes of compliance with the FCRA. We will also ask that the requesting Federal agency certify that it is compliant with all relevant provisions of the FCRA. This certification should include certification that the agency will (a) clearly and conspicuously disclose to the subject of investigation, in a written document consisting solely of the disclosure, that the agency may obtain a credit report for employment purposes; and (b) obtain the subject's written authorization to obtain the credit report. It will also state that the agency will not take adverse action against the subject of investigation, based in whole or in part upon the credit report, without first providing the subject a copy of the report and a written description of the subject's rights as described by the FTC under **Section 1681g(c)(3)** of title 15. Finally, the certification must state that the requesting Federal agency will not use any information from the consumer report in violation of any applicable equal employment opportunity law or regulation. A sample release for obtaining written authorization from each affected applicant/employee, as well as a copy of the FTC's Consumer Rights Notice are attached for your information and may be reproduced as necessary. You can obtain additional information regarding the FCRA at the Federal Trade Commission's web site (http://www.ftc.gov).

Attachments

Inquiries: OPM-IS, Oversight and Technical Assistance Division, 202-606-1042 OPM-FIPC, Contract Management Branch, 724-794-5612 Code:736 Distribution: SOI/SON's Letter Expires: When superseded

#### SAMPLE RELEASE

Fair Credit Reporting Act of 1970, as amended PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U. S. C., §1681, ET SEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the		_ to obtain such report(s) from any
·	(Name of Requesting Agency)	
/ <b>1</b> •		

consumer/credit reporting agency for employment purposes.

(Print Name)	(SSN)
(Signature)	(Date)
ur Social Security Number is	needed to keep records accurate, because other people

Your Social Security Number is needed to keep records accurate, because other people may have the same name. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

A Summary of Your Rights Under the Fair Credit Reporting Act The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S. C. 1681-168 1 u, at the Federal Trade Commission's web site (<u>http:www.FTC.GOV</u>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers, without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington , DC 20580 202-326-3761
National banks, Federal branches/agencies of foreign banks (word "National" or initials "N.A" appear in or after banks name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington , DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and Federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal or initials "F.S.B." appear in federal institutions name"	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Div. of Compliance & Consumer Affairs Washington, DC 20429 202-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of the Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051

### EXHIBIT G

### SYSTEM PLAN

TYPE OF PROPOSED MAINFRAME PLATFORM
TYPE OF PERSONAL COMPUTER
MEDIA TO BE USED FOR RECEIPT OF FILE TRANSMISSION
FILE STORAGE MEDIUM
CONNECT:DIRECT INSTALLED?
AMOUNT OF AVAILABLE FILE STORAGE SPACE
TYPE OF PRINT STREAM MAIL RUN CONTROL SYSTEM

TYPE OF NETWORK PLATFORM (i.e., NOVELL/NT/UNIX)\_\_\_\_\_

### **Exhibit H 100% Accountability and Summary Reports**

Full Audit report must include the following information (reprints must have the same information):

- 1. Program Number/Job Name/Print Order/File Date
- 2. PC#/Sequence numbers/Total Volume
- 3. Inserter ID and Operator
- 4. Date of insertion
- 5. Start and End time
- 6. Start and End Range (sequence numbers)
- 7. Total for each Start and End Range
- 8. Event (i.e. Processed, Spoiled, Diverted and reason: Missing Piece, Unverified, Misread etc.)
- 9. Status (i.e. Inserted, Routed to Reprint Area, etc.)
- 10. Totals
  - a. Machine inserted
  - b. Sent to Reprint
  - c. Reprints Recovered
  - d. Records Accounted For
  - e. Duplicates
  - f. Duplicated Verified
  - g. Records less duplicates
  - h. Reported Output
  - i. Variances

#### Example:

Audit Report										
Program 123-S/SSA Notices Name/PO#54001/File Date										
PC # and Sequence Numbers and Volume										
Inserter ID	Date	Start Time	End Time	Start Range		Total	EVENT	STATUS		
Inserter 1			11:12:45 AM	19386			Standard Processing	Inserted		
Operator Joe			11:12:50 AM	21568		1	Diverted	Routed to Reprint		
			11:28:06 AM	21569	22516	948	Standard Processing	Inserted		
	05/10/12	11:28:07 AM	11:28:10 AM	22517	22518	2	Diverted/ leave count unverified	Routed to Reprint		
	05/10/12	11:29:30 AM	11:29:35 AM	22519	22521	3	Diverted/missing piece	<b>Routed to Reprint</b>		
	05/10/12	11:29:45 AM	11:30:15 AM	22522		1	Diverted/manual insertion of pub	Manual Scan		
	05/10/12	11:30:34 AM	11:40:35 AM	22523		1	Diverted/misread	Manual Scan		
Inserter 2	05/11/12	8:12:50 AM	8:12:50 AM	21568		1	Standard Processing	Inserted		
(REPRINTS)	05/11/12	8:28:07 AM	8:28:10 AM	22517	22518		Standard Processing	Inserted		
Operator Sue	05/11/12	8:29:30 AM	8:29:35 AM	22519	22521		Standard Processing	Inserted		
				TOTALS						
			Machine Inse		26604					
					582					
			Sent to Repri		582					
			Reprints Rec							
Records Accounted for: Duplicates:		27186								
		16								
	Duplicates Verified:		16							
Records Less Duplicates:		27170								
			Reported Ou	tput:	27170					
Variance:					0					

### Exhibit H (cont'd)

The Summary Report must include the following; Reprints must also have all of the same information:

- 1. Job Name/Print Order
- 2. Piece Quantity
- 3. Sequence number range (Start and End Range)
- 4. Start date and time
- 5. End date and time
- 6. Total Processed Pieces
- 7. Total Reprints
- 8. Total Pieces Inserted
- 9. Total Variances
- 10. Job Complete or Incomplete

Summary Report								
Jo	<u>Operation</u>	n Information						
Job Name:	XYZ Notice							
PO #	54001		Start Range:	1				
Piece Quantity:	35862		End Range	35862				
Job Status:	Completed							
Date Created:	05/10/12	10:29:54						
Date Completed:	05/11/12	14:22:34						
	Statistical Summary							
	35537 Processed Pieces - Completed 05/10/12							
	325 Process	sed Reprints -	Completed 05/11/12					
	35862 Total Pie	ces Inserted -	Completed 05/11/12					
0 Variances - Job Complete								

#### EXHIBIT I

### Mail Run Data File (MRDF) Or Item Level Accountability File

Record Descriptions		Position	Length
Job ID Piece ID Total Pages Select Feeder 2 Select Feeder 3 Select Feeder 4 Select Feeder 5 Select Feeder 6 Select Feeder 7	(0 = No Feed, 1 = Feed)	$ \begin{array}{r} 1-5\\ 6-11\\ 12-13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\end{array} $	5 6 2 1 1 1 1 1 1 1
Select Feeder 8 Select Feeder 9		20 21	1 1
Select Feeder 10		22	1
Vertical Stacker 1 Vertical Stacker 2	(Seal envelope, do not meter) (Do not seal envelope, do not meter)	23 24	1 1
Vertical Stacker 3	(Overweight)	25	1
Vertical Stacker 4	(Trash)	26	1
Sealer	(0 = No Outsort, 1 = Outsort)	27	1
Meter 1 Meter 2	(0 = Print, 1 = No Print)	28 29	1 1
Customer Name		30	40
Address Line 1		70	40
Address Line 2		110	40
Address Line 3		150	40
Address Line 4		190	40
Address Line 5 Address Line 6		230 270	40
Zip Code		310	40 5
+4		315	4
+2		319	2
Return Name		321	40
Address Line 1		361	40
Address Line 2		401	40
Address Line 3		441	40
Address Line 4		481	40
Account ID Input File Name		521 537	16 44
IMBC Codes		581	65
Service Type		646	3
IMBC SerialID		649	9
Filler		658	3
User Defined		661	29
Vendor ID		690	4
Code Name		694	5
Total Documents End		699 701	2 1
LIIU		/01	1

Exhibit J

Page 5 of 6

# **PAYMENT STUB**

- Return the bottom portion of the stub with your payment.
- Use the enclosed envelope to mail your payment to us.
- Do not send cash.
- Do not enclose any correspondence with your remittance. Send any correspondence to: Social Security Administration, Northeastern Program Service Center, PO Box 314400, Jamaica NY 11431-9887.
- If you have changed your address or telephone number, be sure to check the box below and write your new address or telephone number in the space provided.
- If you pay by check or money order, include the Social Security Account Number as shown below and make the check or money order payable to "Social Security Administration."
- If paying by credit card, complete the appropriate information below and return it in the enclosed envelope

**OR** to pay by phone, call 1-888-280-9419 TOLL FREE during the hours 8:00 AM to 5:00 PM ET. Please have this notice and your credit card available when you call.

SSA-53-EP	DETACH F	IERE. DO NOT STA	APLE.	
ACCOUNT NUMBER:		[]MASTERCARD	[]VISA	[]DISCOVER
AMOUNT DUE: DATE DUE:		Credit Card Numbe	er	Exp Date
PAYMENT AMOUNT \$		Cardholder's Signat	ure	Date
Check box if your a [] telephone number h Make changes below	as changed.			
		PO BOX	3430	ADMINISTRATION 19122-9985