

Program:	138-S					
Term:	September 1, 2020 to August 31, 2021					
Title:	SSA Third Party Draft Checks					
			<b>NPC INC.</b>		<b>CURRENT CONTRACTOR</b>	
		BASIS OF	Claysburg, PA		NPC, INC.	
ITEM NO.	DESCRIPTION	AWARD	UNIT RATE	<b>COST</b>	UNIT RATE	<b>COST</b>
<b>I.</b>	<b>PRINTING, CONSTRUCTION, PACKING, AND DISTRIBUTION:</b>					
	Laser-style checks.....per 1,000 checks.....	160	\$355.54	\$56,886.40	\$299.86	\$47,977.60
<b>II.</b>	<b>ADDITIONAL OPERATIONS</b>					
(a)	Paper samples.....per order.....	2	\$200.00	\$400.00	\$200.00	\$400.00
(b)	Proofs.....per order.....	2	\$5.00	\$10.00	\$5.00	\$10.00
(c)	Prior to production samples.....per order.....	2	\$125.00	\$250.00	\$125.00	\$250.00
	<b>CONTRACTOR TOTALS</b>			<b>\$57,546.40</b>		<b>\$48,637.60</b>
	<b>DISCOUNT</b>		<b>0.25%</b>	\$143.87	<b>0.25%</b>	\$121.59
	<b>DISCOUNTED TOTALS</b>			<b>\$57,402.53</b>		<b>\$48,516.01</b>
				<b>AWARDED</b>		

**U.S. GOVERNMENT PUBLISHING OFFICE**  
Washington, DC

GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS

For the Procurement of

**SSA Third Party Draft Checks**

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

Social Security Administration (SSA)

Single Award

**TERM OF CONTRACT:** The term of this contract is for the period beginning **September 1, 2020** and ending **August 31, 2021** plus up to four (4) optional 12-month extension periods that may be added in accordance with the "OPTION TO EXTEND THE TERM OF THE CONTRACT" clause in Section 1 of this contract.

**Government processing of the security requirements, reviewing paper samples, and approval of Prior to Production test samples (SSA and/or Bank test checks) will take place from September 1, 2020 through February 28, 2021. Actual production begins March 1, 2021.**

**BID OPENING:** Bids shall be opened at 11:00 a.m., prevailing Eastern Standard Time (EST), on **June 5, 2020** at the U.S. Government Publishing Office, APSDC. Due to the COVID-19 pandemic, this will NOT be a public bid opening.

**BID SUBMISSION:** Due to the COVID-19 pandemic, the physical office will NOT be open. Based on this, bidders MUST submit email bids to [Bidsapsdc@gpo.gov](mailto:Bidsapsdc@gpo.gov) for this solicitation. No other method of bid submission will be accepted at this time.

The Program 138-S and the bid opening date must be specified in the subject line of the emailed bid submission. Bids received after 11:00 a.m. on the bid opening date specified above will not be considered for award.

**RESTRICTION ON LOCATION OF PRODUCTION FACILITIES:** Due to the security requirements set forth in these specifications, all checks and security paper must be produced in the United States.

**BIDDERS, PLEASE NOTE:** *This program was formerly Program 693-S.* These specifications have been extensively revised; therefore, all bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding.

Abstracts of contract prices are available at: <https://www.gpo.gov/how-to-work-with-us/vendors/contract-pricing>.

For information of a technical nature, call **David Love** at (202) 512-0307 or email [apsdc@gpo.gov](mailto:apsdc@gpo.gov).

## 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 Publication 310.2, effective December 1, 1987 (Rev. 1-18)) and GPO Contract Terms, Quality Assurance Through Attributes Program for Printing and Binding (GPO Publication 310.1, effective May 1979 (revised 9-19)).

GPO Contract Terms (GPO Publication 310.2) –

<https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/contractterms2018.pdf>

GPO QATAP (GPO Publication 310.1) –

<https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/qatap-rev-09-19.pdf>

**SUBCONTRACTING:** Subcontracting will not be permitted.

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

Product Quality Levels:

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

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

- (a) Non-destructive Tests - General Inspection Level I.
- (b) Destructive Tests - Special Inspection Level S-2.

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

<u>Attribute</u>	<u>Specified Standard</u>
P-7. Type Quality and Uniformity	Approved Prior to Production samples / Approved Proofs / Electronic Media
P-9. Solid and Screen Tint Color Match	Pantone Matching System

**QUALITY CONTROL REQUIREMENTS:** Prior to start-up, the contractor must put into effect, and maintain, within their own organization, an independent quality assurance organization of sufficient size and expertise to 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 the process controls, inspections, and tests required to substantiate that the checks provided under this contract conform to the specifications and contract requirements.

**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 the contract may not exceed five (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 the **September 1, 2020** through **August 31, 2021** 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 **May 31, 2020** 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.

If the Government exercises an option, the extended contract shall be considered to include this economic price adjustment clause.

**NOTE:** Economic price adjustments are not cumulative and are to be applied to original bid prices only.

## **SECURITY REQUIREMENTS:**

### Protection of Confidential Information:

- (a) The contractor shall restrict access to all confidential information obtained from the 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 postaward 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 shall assure 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, 6401 Security Boulevard, 3-B-10-G Annex Building, Baltimore, MD 21235-6401. Attn: Kate Schmidt.

A copy must also be forwarded to: U.S. Government Publishing Office, 732 North Capitol Street, NW, Room C838, MS: CSAP Washington, DC 20401. Attn: David Love, APS DC, (202-512-0307).

- (f) All confidential information obtained from SSA for use in the performance of this contract shall, at all times, be stored in an area that is physically safe from unauthorized access.
- (g) The Government reserves the right to conduct on-site visits to review the contractor's documentation and in-house procedures for protection of confidential information.

**Restrictions on Movement:** Government property shall not be transferred between plants except upon the formal authorization of responsible officials of the contractor and the Contracting Officer. Such transfer shall be at the contractor's expense unless other arrangements are mutually agreed to.

**Prohibition Against Similar Printing:** The contractor shall not make or sell to any person, other than the Government, any documents which resemble the general appearance of the blank checks or which contain such features as may cause confusion in the processing.

**Defective Checks:** Defective checks must be held in the check manufacturing area in a secure, lockable container which shall be constructed of any substance which deters easy access (i.e., cardboard is not acceptable). A department supervisor must hold the key to the container. The department supervisor will periodically transfer the defective checks to the vault for storage until they are delivered to the person charged with their destruction. Such checks shall be destroyed by shredding or hydro-pulping, after which the residue may be disposed of by the contractor as waste. The width of the shreds shall not be more than 3/8". Waste/defective check destruction must be performed on site.

**Secure Production Area:** The contractor must provide designated secure production area(s) for the manufacture of electronic media, plates, check print production, and the final packing into containers. The contractor must provide a designated secure storage room for the storage of the following:

- Plates used for the production of checks
- Old plates awaiting destruction
- Printed checks
- Check formats
- Defective checks
- Check production waste

At contractor's discretion, the secure production area and the secure storage room(s) may be combined to accomplish both requirements.

The contractor must provide security for the designated area to assure protection against theft. Security must include:

- A secure room with controlled access and electronic security/intrusion detection devices.
- Access Control: The contractor shall provide the means to prevent unauthorized personnel into the secure production area on a 24-hour basis. No personnel can access this area unless authorized by the Production Manager/Security Officer.
- Exterior cameras that provide coverage of public and employee entrances and interior cameras that provide coverage of the entrance area and the secure room. Video data shall be stored for a minimum of 30 calendar days.
- A list of personnel authorized by the Production Manager/Security Officer must be forwarded to the Social Security Administration. A copy of this list must be retained by the contractor for future reference during regular security reviews by SSA.
- Working Hours: A system shall be implemented to prohibit the entry of unauthorized personnel into the secure area.
- Non-working Hours: The contractor shall provide approved intrusion alarms to detect any unauthorized entry into the secure area with a 3-minute response capability by company security personnel. The intrusion alarms must also sound in the nearest police facility.
- Accountability: The contractor shall provide a record of accountability which includes all personnel, dates, and movement throughout all phases of production to include (1) the finished product, (2) the destruction of defective work, and (3) production materials.

Unauthorized persons shall not be permitted within areas where these items are being manufactured and/or stored. Before authorizing any employee to enter such area, the employee must adhere to the PERSONNEL SECURITY AND SUITABILITY REQUIREMENTS and SECURITY AND SUITABILITY REQUIREMENTS FOR GOVERNMENT PRINTING as specified herein.

The contractor will be held responsible for maintaining proper control and handling to prevent any information or materials required to produce the product ordered under these specifications from falling into unauthorized hands. Unless otherwise indicated herein, all extra copies, materials, waste, etc., must be destroyed. Paper documents containing confidential information must be destroyed by burning, pulping, shredding, macerating, or similar means that ensures the information cannot be recovered and used. Please note that hand tearing or lining through documents does not meet SSA guidelines for appropriate destruction of the product. Managers should remind their employees of their responsibilities to shred material containing confidential data. Managers should ensure that their facilities have adequate resources to shred the volume of sensitive material produced by their office, or securely store material pending shredding. Any theft or loss of items as defined in these specifications shall be reported immediately by the contractor to the nearest U.S. Secret Service Field Office, to the Social Security Administration, and to the Contracting Officer, U.S. Government Publishing Office, (202) 512-0307.

When requested by the Government, the contractor must have the capability to provide a printed inventory list of all Government materials in their possession.

#### **GOVERNMENT ACCESS:**

The Government shall have the right to have representatives inspect the contractor's plant:

- (1) Prior to award;
- (2) Prior to the beginning of production; and

- (3) At any time or times it may elect during the term of the contract, to ascertain whether the Third Party Draft Checks are being produced, stored, shipped, and delivered in accordance with these requirements, and that facilities are suitable, secure, and safe for storage of reproducible, raw materials, and/or checks. Inspections of the contractor's plant may be announced or unannounced.

#### **PERSONNEL SECURITY AND SUITABILITY REQUIREMENTS:**

The contractor must comply with the following Personnel Security and Suitability requirements:

- Contractor personnel are considered Federal employees for purposes of applying provisions of the Privacy Act of 1974, Tax Reform Act of 1976, and SSA regulation 1 and Section 1106 of the Social Security Act on the confidentiality of and disclosure and protection of information entrusted to them.
- Contractor personnel are subject to the same personnel security and suitability requirements as SSA employees. The provisions of Executive Order 10450, Executive Order 12968, and Title 5 of the Code of Federal Regulations (CFR), parts 731, 732, and 736 require that: "Every competitive, excepted and contractor position must be designated at a level of sensitivity that is commensurate with the responsibilities and other attributes, (such as policy making, fiduciary, public contact or public trust) of the position as they relate to the efficiency of the service, and;
- All Federal service and contractor employees must be designated, in terms of their national security sensitivity, to assure appropriate screening. The required background investigation is conducted to provide a basis for ensuring that the employment of an individual is clearly consistent with the interests of the national security."
- The contractor shall be required to provide the information required for such background checks and shall agree to abide by SSA personnel security and suitability determinations.
- Before Government authorization is granted to any employee to enter the secured room and/or vault area(s) where the manufacture, storage, or shipment of items covered by this specification are being produced or held, the background security check must be conducted by the Government. The contractor shall not allow anyone into the secured area(s) until written security clearance has been furnished by the Government.
- Personnel Screening: Before authorizing any employee to enter the secure room and/or vault area(s), or to participate in any way in the manufacture, storage, or shipment of any of the items covered by this contract, the contractor shall submit to the Government the name, address, date and place of birth, Social Security Number, race, sex, and finger prints of the employee for screening purposes. The Government will retain the prerogative for granting access to any of the secure areas.

#### **SECURITY AND SUITABILITY REQUIREMENTS FOR GOVERNMENT PRINTING (NOV 2018):**

***NOTE:** For the purposes of this contract, the Contracting Officer's Representative (COR) or Contracting Officer's Technical Representative (COTR) is the SSA representative/Program Lead. The terms "vendor" and "contractor" are used interchangeably throughout this contract. Additionally, the terms "business days" and "workdays" are used interchangeably throughout this contract.*

##### **(a) Suitability Process**

The background investigation and adjudication processes are compliant with 5 CFR 731 or equivalent. Any new vendor personnel (i.e. those who have not previously received a suitability determination under this contract) requiring access to a SSA facility, site, information, or system, must complete and submit, through the COR-COTR, the documents listed in (a)(1) at least 30 work days prior to the date vendor personnel are to begin work. The suitability process cannot begin until the vendor submits, and SSA receives, accurate and complete documents.

(1) Suitability Document Submission

- a. Immediately upon award, the Company Point of Contact (CPOC) must provide to the Center for Suitability and Personnel Security (CSPS) and a copy to the Contracting Officer's Representative (COR) for all vendor personnel requesting a suitability determination using a secured/encrypted email\* with a password sent separately to [DCHR.OPE.Suitability@ssa.gov](mailto:DCHR.OPE.Suitability@ssa.gov):
  - (i) An e-QIP applicant listing including the names of all vendor personnel requesting suitability;
  - (ii) Completed Optional Form (OF) 306, Declaration for Federal Employment. See **Exhibit C**;
  - (iii) Work authorization for non-United States (U.S.) born applicants, if applicable.
- b. The e-QIP applicant listing must include the vendor's name, the Social Security Administration vendor number, the CPOC's name, the CPOC's contact information, the COR's name, the COR's contact information, and the full name, Social Security Number, date of birth, place of birth (must show city and state if born in the U.S. OR city and country if born outside of the U.S.), and a valid email address for all vendor personnel requesting suitability. All spelling of names, email addresses, places, and numbers must be accurate and legible.

(2) e-QIP Application

- a. Once SSA receives all completed documents, listed in (a)(1), the Center for Suitability and Personnel Security (CSPS) will initiate the e-QIP process using the e-QIP applicant listing. CSPS will email the e-QIP notification to the CPOC and COR inviting vendor personnel to the e-QIP website to electronically complete the background investigation form (Standard Form (SF) 85P, Questionnaire for Public Trust Positions. See **Exhibit D**.
- b. Vendor personnel will have up to 10 business days to complete the e-QIP application. The 10-day timeframe begins the day CSPS sends the invitation to the CPOC and COR. Vendor personnel must electronically sign the signature pages before releasing the application in e-QIP. Signature pages include the Certification, Release, and Medical Release pages for the SF 85P.

Find information about the e-QIP process in the e-QIP Quick Reference Guide for e-QIP Applicants at <https://nbib.opm.gov/e-qip-background-investigations/>.

- c. If vendor personnel need assistance with e-QIP logon and navigation, they can call the e-QIP Hotline at 1-844-874-9940.

(3) Fingerprinting

- a. The e-QIP notification email also provides vendor personnel with instructions to obtain electronic fingerprinting services. Vendor personnel must report for fingerprint services immediately upon completion and release of the e-QIP application and within 10 business days from the day CSPS sends the invitation.
- b. If vendor personnel cannot report to the designated fingerprint locations (in the notification email), CSPS will accept completed Field Division (FD) 258 fingerprint cards. See **Exhibit E**. The COR can provide the FD 258, if required. Vendor personnel must complete all fields on the FD 258. Incomplete fields may delay suitability processing.
- c. If the vendor needs to mail completed FD 258 fingerprint cards, the vendor can send them, via certified mail, along with a completed Vendor Personnel Suitability Cover Sheet to:

Social Security Administration  
Center for Suitability and Personnel Security  
Attn: Suitability Program Officer  
6401 Security Boulevard  
2246 Annex Building  
Baltimore, MD 21235

(4) Status Check

- a. If vendor personnel have completed each of the steps in (e) in their entirety and do not receive a suitability determination within 15 business days of their last submission, call 1-844-874-9940 to determine suitability status.

**(b) Suitability Determination**

- (1) CSPA uses a Federal Bureau of Investigation fingerprint check 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 vendor personnel unsuitable to continue performing under this contract. CSPA will notify the CPOC and the COR of the results of these determinations.

- (2) SSA will not allow vendor personnel access to a facility, site, information, or system until CSPA issues a favorable suitability determination. A suitability determination letter issued by CSPA is valid only for performance on the Vendor specified in the letter.
- (3) If personnel has been cleared at a previous contractor's facility and are to perform work under a new vendor, the CPOC must submit a fully completed, legible Contractor Personnel Rollover Request Form to the COR. **See Exhibit F.** CSPA will notify the CPOC, COR, and Contract Officer (CO) of suitability to work under the new vendor.

**(c) Vendor Personnel Previously Cleared by SSA or Another Federal Agency**

If vendor personnel previously received a suitability determination from SSA or another Federal agency, the CPOC should include this information next to the vendor personnel's name on the initial applicant listing (see paragraph (a)(1)(b)) along with the OF 306. CSPA will review the information. If CSPA determines another suitability determination is not required, it will provide a letter to the CPOC and the COR indicating the vendor personnel was previously cleared under another Federal contract and does not need to go through the suitability determination process again.

**(d) Unsuitable Determinations**

- (1) The vendor must notify the contractor personnel of any unsuitable determinations as soon as possible after receipt of such a determination.
- (2) The vendor must submit requests for clarification for unsuitable determinations in writing within 30 calendar days of the date of the unsuitable determination to the email mailbox or address listed below. Vendor personnel must file their own requests; vendors may not file requests on behalf of vendor personnel.

[dchr.ope.suitclarify@ssa.gov](mailto:dchr.ope.suitclarify@ssa.gov)

OR

Social Security Administration  
Center for Suitability and Personnel Security  
Attn: Suitability Program Officer  
6401 Security Boulevard  
2246 Annex Building  
Baltimore, MD 21235

**(e) Vendor Notification to Government**

The vendor shall notify the COR and CSPS within one (1) business day if any vendor personnel is arrested or charged with a crime, or if there is any other change in the status of vendor personnel (e.g. leaves the company, no longer works under the vendor, the alien status changes, etc.) that could affect their suitability determination.

The vendor must provide in the notification as much detail as possible, including, but not limited to: name(s) of vendor personnel whose status has changed, SSA vendor number, the type of charge(s), if applicable, date of arrest, the court date, jurisdiction, and, if available, the disposition of the charge(s).

**Email Procedures**

For the contractor's convenience, SSA has included the following instructions to send emails with sensitive documentation or messages containing personally identifiable information (e.g., SSNs, etc.) securely to an SSA email address. Contractor is to consult their local information technology staff for assistance. If the contractor utilizes an alternate secure method of transmission, it is recommend that the contractor contact the recipient to confirm receipt.

**To Encrypt a File using WinZip**

- i. Save the file to contractor's hard drive
- ii. Open Windows Explorer and locate the file
- iii. Right click on the file
- iv. Select "WinZip"
- v. Select "Add to Zip File"
- vi. An Add box pops up. Near the bottom of the box is an "Options" area.
- vii. Click the "Encrypt added files" checkbox
- viii. Click the "Add" button
- ix. Check the "Hide Password" checkbox if not already checked
  - a. Enter a string of characters as a password composed of letters, numbers, and special characters (minimum: 8 characters – maximum: 64 characters)
  - b. Select the 256-Bit AES encryption radio button
  - c. Click "OK"
- x. The file has been successfully encrypted, and the new Zip file can now be attached to an email.

**Providing the Recipient with the Password**

Send the password to the intended recipient in a separate email message prior to sending the encrypted file or after sending the encrypted file. Do not send the password in the same email message to which the encrypted file is attached.

If possible, it is recommended to provide the password to the COR-COTR by telephone or establish a predetermined password between the contractor and the COR-COTR.

The COR-COTR should also submit the password in a separate email from the documentation when submitting to ^DCHR OPE Suitability. Due to the large volume of submissions, the COR-COTR must always provide the password to ^DCHR OPE Suitability in a separate email, even if it is a pre-established password for a contract.

**Sending an encrypted Zip File via email:**

1. Compose a new message
2. Attach the Zip File
3. Send message

**CONTRACTOR LIABILITY:** The contractor shall be responsible for all electronic media, printed checks, plates, SSA Logo, blank proofs or photocopies thereof, and all other materials necessary to produce this product, while in their custody and control. The contractor agrees to pay the Government the amount of loss(es) sustained by misappropriation or improper use of the electronic media, paper, printed checks, plates, or proofs in the custody and control of the contractor.

**The contractor shall guarantee that the imprinted checks:**

- Will have no missing numbers.
- Will have the correct Common Accounting Number (CAN) numbers on them.
- Are sequential and shipped to the correct address.
- That duplicate numbers or blank checks will not be included in shipments.

**NOTE:** The contractor shall reimburse the Government for any costs incurred from the use of checks furnished by the contractor which do not conform to the specifications.

The contractor may be held responsible and/or liable to reimburse SSA and/or the bank for any misprinted, incorrect, and/or duplicate stock, blank stock, and/or incorrectly delivered stock resulting in fraudulent or counterfeit activity. Such activity will be determined by SSA and/or the bank and reimbursement will be required by the contractor within 30 workdays upon notification.

Upon notification from SSA of any incorrect printing or incorrect shipment, the contractor will replace order(s) with a new shipment of stock within two workdays and shall deliver to the office(s) in question by overnight, traceable delivery at no additional cost to the Government.

**PREAWARD SURVEY:** In order to determine the responsibility of the contractor, the Government reserves the right to conduct an on-site preaward survey at the contractor's facility and to require other evidence of technical, production, managerial, financial, and similar abilities to perform, prior to the award of a contract. As part of the financial determination, the contractor in line for award may be required to provide one (1) or more of the following financial documents:

- 1) Most recent profit and loss statement
- 2) Most recent balance sheet
- 3) Statement of cash flows
- 4) Current official bank statement
- 5) Current lines of credit (with amounts available)
- 6) Letter of commitment from paper supplier(s)

The documents will be reviewed to validate that adequate financial resources are available to perform the contract requirements. Documents submitted will be kept confidential and used only for the determination of responsibility by the Government. Failure to provide the required information within five workdays after requested by the Government may result in the Contracting Officer not having adequate information to reach an affirmative determination of responsibility.

The preaward survey will include a review of the contractor's mail, material, personnel, production, quality control/recovery program, security, and backup facility plans as required by this specification.

If award is predicated on the purchase of production and/or systems equipment, the contractor must provide purchase order(s) with delivery date(s) of equipment to arrive at least **120 calendar days** prior to the start of live production, on or about **March 1, 2021**.

If the Government, during the preaward survey, concludes that the contractor does not or cannot meet all of the requirements as described in this contract, the Government reserves the right to deem the contractor nonresponsive and will proceed to the next responsive bidder, if applicable.

**PRODUCTION PLANS:** The contractor shall present, in writing, to the Contracting Officer within five 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/Contingency Plan*** – Failure to deliver checks in a timely manner would have a major negative impact on the Government. Therefore, if for any reason(s) (Act of God, labor disagreements, etc.) the contractor is unable to perform at the said location for a period longer than 48 hours, the contractor must have a backup facility with the capability of producing the checks. This backup facility must be operated by the contractor and must meet the requirements of this contract.

Plans for this contingency production must be prepared and submitted to the Contracting Officer as part of the preaward survey. These plans must include the location of the facility to be used, equipment available at the facility, security plans at that facility, and a timetable for the start of production at that facility. Part of this plan must also include the transportation of Government materials from one (1) facility to the other.

**NOTE:** All terms and conditions of this contract will apply to the backup facility.

***Distribution Plan*** – This plan must include sufficient detail as to how the contractor will comply with all applicable shipping requirements.

***Material Handling and Inventory Control*** – This plan must explain in detail how the following materials will be handled: incoming raw materials, work-in-progress materials, and quality control inspection materials.

***Personnel Plan*** – This plan must include a listing of all personnel who will be involved with this contract. For any new employees, the plan must include the source of these employees, and a description of the training programs the employees will be given to familiarize them with the requirements of this program.

***Production Plan*** – This plan must include items such as a detailed listing of all production equipment and equipment capacities to be utilized on this contract. If new equipment is to be utilized, documentation of the source, delivery schedule, and installation dates are required.

***Security Control Plan*** – This plan must provide the details of the contractor's entire production facility and surrounding areas. 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. This plan must also address all topics noted in the section detailing the Security Requirements.

***Quality Control Plan*** – The contractor must describe in detail their quality control/quality assurance plan including how, when, where, and by whom the items in the plan will be performed. This plan must also address all topics noted in the section detailing the Quality Control Requirements.

The Quality Control Plan must include, as a minimum, the following elements:

1. Quality assurance of all materials (e.g., check paper and inks). Each homogeneous lot of check paper and inks shall be tested for compliance with specification requirements. Records of all materials tests and inspections shall be maintained and made available to the Government upon request.

These records include tests and inspections performed by the contractor and/or by third party laboratories. If the contractor is receiving test and inspection data from material suppliers, these records shall also be maintained and made available to the Government upon request.

2. Process controls inspections and tests during all phases of production.
3. Targets for control and measurement of color register.

4. Use of standard specimens for color and printing matching purposes when printing checks.
5. Independent inspections during the printing process of printed checks for conformance to the standard.
6. Use of equipment in the manufacture of checks which will reject, or identify for rejection, those with defects which cause incorrect operation of high speed print equipment, high speed MICR Reader/Sorter, or other equipment used in the issuance and payment of checks.
7. Examination of each delivery order to assure that pre-printed serial numbers are not duplicated from previous orders. If this is the case, the contractor must immediately notify the Contracting Officer or designee.
8. Independent verification of the machine set-up as to disbursing check serial number at the beginning of the numerical printing operations and prior to resuming such operations after each machine stoppage.
9. Audit of each batch of checks involved in a machine jam or malfunction during numerical printing or MICR encoding to verify the accuracy of such printing and MICR encoding.
10. Independent inspection and approval of checks made up specifically to replace defective checks and of their insertion in numerical sequence within the related batches.
11. All records covering the manufacturing, packaging, and shipping of the checks must be identified by the serial numbers of the checks when applicable. They must also contain the following information:
  - (a) Employee(s) handling the checks
  - (b) Description of any difficulties encountered
  - (c) Date
  - (d) Time
  - (e) Machine identification
12. Records of all tests and inspections. When quantitative results are available, they shall be recorded. Results of non-quantitative inspections (e.g., visual matches) shall also be recorded.
13. Records of process controls sufficient to validate their effectiveness.
14. All quality system records shall be maintained throughout production and be made available to the Government upon request.
15. Appointment of an official who shall be responsible for the operation of the quality control system and for investigating and ascertaining the causes of deficiencies found in checks shipped.

**NOTE:** A Certificate of Inspection of each shipment, certifying that the checks were tested and inspected and found to comply with all requirements and giving the number of the final inspection, may be required by the Contracting Officer.
16. Inspection for conformance to color standards and integrity of numbers.
17. Performance of Finished Product: Checks produced under these specifications must be guaranteed to function properly when processed. Checks require precision spacing, printing, perforating, and trimming.

**Recovery Plan** – A recovery system will be required to ensure that all defective, missing, or mutilated pieces detected are identified, reprinted, and replaced.

**Material Plan** – The contractor must describe in detail 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.

**POSTAWARD CONFERENCE:** Unless waived by the Contracting Officer, the total requirements of the job as indicated in these specifications will be reviewed by Government representatives with the contractor's representatives at the Social Security Administration, 6401 Security Boulevard, Baltimore, MD, 21235, immediately after award.

Person(s) that the contractor deems necessary for the successful implementation of the contract must be in attendance.

**ASSIGNMENT OF JACKETS, PURCHASE AND PRINT ORDERS:** A Government Publishing Office jacket number will be assigned and a purchase order issued to the contractor to cover 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 particular order.

**ORDERING:** Items to be furnished under the contract shall be ordered by the issuance of print orders by the Government. Orders may be issued under the contract from **September 1, 2020** through **August 31, 2021**, plus for such additional period(s) as the contract is extended. All print orders issued hereunder are subject to the terms and conditions of the contract. The contract shall control in the event of conflict with any print order. A print order shall "be issued" upon notification by the Government for purposes of the contract when it is electronically transmitted or otherwise physically furnished to the contractor in conformance with the schedule.

**REQUIREMENTS:** This is a requirements contract for the items and for the period specified herein. Shipment/delivery of items or performance of work shall 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.

Except as otherwise provided in this contract, the Government shall order from the contractor all the items set forth which are required to be purchased by the Government activity identified on page 1.

The Government shall 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 shall 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 shall 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 shall 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.

**ADDITIONAL EMAILED BID SUBMISSION PROVISIONS:** The Government will not be responsible for any failure attributable to the transmission or receipt of the emailed bid including, but not limited to, the following –

1. Illegibility of bid.
2. Emails over 75 MB may not be received by GPO due to size limitations for receiving emails.
3. The bidder's email provider may have different size limitations for sending email; however, bidders are advised not to exceed GPO's stated limit.

4. When the email bid is received by GPO, it will remain unopened until the specified bid opening time. Government personnel will not validate receipt of the emailed bid prior to bid opening. GPO will use the prevailing time (specified as the local time zone) and the exact time that the email is received by GPO's email server as the official time stamp for bid receipt at the specified location.

**PAYMENT:** Submitting all invoices for payment via the GPO fax gateway (if no samples are required) utilizing the GPO barcode coversheet program application is the most efficient method of invoicing. Information for using this method can be found at the following web address:

<https://winapps.access.gpo.gov/fms/vouchers/barcode/instructions.html>.

Invoices may also be mailed to: U.S. Government Publishing Office, Office of Financial Management, Attn: Comptroller, Stop: FMCE, Washington, DC 20401.

For more information about the billing process refer to the General Information of the Office of Finance web page located at: <https://www.gpo.gov/how-to-work-with-us/vendors/how-to-get-paid>.

**Contractor's billing must be itemized in accordance with line items in the "SCHEDULE OF PRICES."**

**PRIVACY ACT NOTIFICATION:** This procurement action requires the contractor to do one (1) 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 as stated in 5 U.S.C. 552a (i)(1) CRIMINAL PENALTIES.

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) CRIMINAL PENALTIES and m(1) GOVERNMENT CONTRACTORS.

### 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.

## SECTION 2 – SPECIFICATIONS

**SCOPE:** These specifications cover the production of paper SSA checks requiring such operations as composition, proofing, printing including MICR numbering, construction, packing, and distribution.

**TITLE:** SSA Third Party Draft Checks.

### **FREQUENCY OF ORDERS:**

Approximately four (4) orders will be placed each year (12 months) of live production.

A separate print order will be issued for paper samples, proofs, and prior to production samples

It is possible that additional special re-stocking requests for approximately 1,000 to 10,000 printed checks may be required on occasion. The contractor will meet the delivery requirements for restocking within 48 hours by overnight delivery at a premium rate. Contractor will be reimbursed for all shipping of special stocking requests by submitting the overnight shipping receipts with the invoice for billing. See “*ACCELERATED SCHEDULE – SPECIAL RESTOCKING REQUESTS*” under “SCHEDULE”

**QUANTITY:** Approximately 15,000 to 40,000 checks per order.

**NOTE:** A special order as high as 250,000 checks may be required if a change in banks becomes necessary as a result of changes to the separate bank contract or in the 5<sup>th</sup> year of this contract if a new bank is awarded the bank contract.

**QUANTITY VARIATION ALLOWED:** None.

**TRIM SIZE:** 8-1/2 x 11”

### **GOVERNMENT TO FURNISH:**

- Artwork for artificial (SSA logo) watermark to be supplied electronically by email
- Distribution lists with delivery quantities to be provided via email with the print order
- Name and address of financial institution (for contractor to forward test checks for approval)
- Check numbering sequence and Common Accounting Numbers (CAN) - to be provided after award
- Exhibit A: Form SSA-301, Contractor Personnel Security Certification
- Exhibit B: Security and Suitability Requirements
- Exhibit C: Declaration for Federal Employment Optional Form 306
- Exhibit D: Questionnaire for Public Trust Positions - Sample Form SF85P
- Exhibit E: Sample Finger Print Card FD-258
- Exhibit F: Contractor Personnel Rollover Request Form
- Exhibit G: Check Testing Specifications

**NOTE:** Check testing specifications are subject to change at any time.

- Exhibit H: Check Sample – not available as an exhibit, a voided digital copy is available upon request. The awarded contractor will be supplied voided hard copies for review.

Identification markings such as register marks, ring folios, rubber stamped jacket numbers, commercial identification marks of any kind, etc., must not print on finished product.

**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.

All technology necessary to produce signature security line (micro printing).

**COMPOSITION:**

The entirety of all composition must be identical throughout the products ordered under these specifications.

Typefaces and Sizes: The contractor is required to match the Government furnished samples.

Text Matter: Imprint lines.

Base stock is personalized to include a static 10-digit MICR number (the first four (4) digits represent the static CAN and the last six (6) digits represent the consecutive check/draft number), a static 9-digit bank routing transit number, and one (1) of the approximately 15 different static 8-digit SSA Account numbers (no spaces, dashes, or alpha characters may be used in this number).

The design of the SSA Third Party draft checks shall be subject to approval by SSA and consist of, at a minimum, the following items:

- Pre-numbered check number
- Social Security Administration, Office of Travel and Administrative Payment Services address.
- Payee line.
- Date line.
- Amount line (for spelling the money amount)
- Amount block (for numeric amount).
- Three (3) accounting/management information memo lines.
- Authorized signature line.
- Include the statement “Void After 60 Days”

**2D Barcode:** The contractor will generate a 2D barcode that will be a unique identifier for each check form. The 2D barcode will have a unique identifier which will allow the contractor to verify each check is accounted for in the required quantity.

**CHECK SECURITY FEATURES:** The contractor must provide the Government with the following security features built into the checks ordered during the course of this contract:

- **Chain-link Design Watermark** – Created by the Fourdrinier (dandy-roll) papermaking process, this overall design is pressed into the wet paper, displacing some fibers thereby achieving various levels of light transmission which allow easy recognition from either side as a two-dimensional watermark which cannot be photocopied or scanned, removed, corrupted, or faithfully replicated. The watermark design must be Conservator or SSA approved, functional, and aesthetic equivalent.
- **Invisible Fluorescent Security Fibers** – Paper must contain two (2) different colors of fibers (blue and yellow-green) that are embedded into the paper, invisible to the naked eye, and viewable only with a UV light. This feature therefore cannot be photocopied or scanned and is valuable as an additional tool in determining document authenticity.
- **Toner Retention Treatment** – At least the front of the paper must be fully treated with a security level toner retention purposed to facilitate the bonding of laser printed toner characters to the paper surface to deter mechanical alteration through removal of toner data via tape-lift, scraping, or other abrasive techniques so that attack results in either the inability to effectively remove laser printed data, or a perceptible disruption of the surface print and/or fibers.

The toner retention treatment must be either TA4 or SSA approved functional equivalent to TA4 which is a full-face toner retention treatment developed for high-speed laser printers such as the Xerox 4635 series and Xerox DP180 as well as for general laser-printers.

- **Full Chemical Sensitization** – The paper pulp must contain chemical reagents to the five families of known chemical alteration agents. If chemicals from the families of oxidants, polar solvents, non-polar solvents, acids, or alkalis are applied to attempt localized chemical alteration, noticeable colored stains will appear through the paper and be visible from either side.
- Warning Band on top of check
- Logo line of the words “SECURE DOCUMENT” document for the signature line
- “VOID” pantograph if check is copied. The “VOID” pantograph should not appear in amount box and signature line.

**NOTE:** ANY “VOID” FEATURE USED BY THE CONTRACTOR CANNOT VIOLATE ANY COPYRIGHTS OR PATENTS.

- Padlock icon on the face. Exact location to be determined.

The contractor may also suggest or notify the Government of additional industry standard security features and technologies when possible to improve the security of the checks during the course of this contract. Acceptance of new technologies or altering of the checks is at the Government’s discretion. In the event any new technology is approved by SSA, the cost will be negotiated between the contractor and the Government.

**PAPER SAMPLES:** As indicated on Print Order

Contractor to supply 40 sheets of blank production stock, each 8-1/2 x 11” in size, containing all security features and meeting all required paper specifications. The contractor shall submit paper samples to each of the following:

30 sheets deliver to: U.S. Government Publishing Office, 732 North Capitol Street, NW, Room C838, MS: CSAP Washington, DC 20401. Attn: David Love, APS DC, (202-512-0307)

10 sheets deliver to: Social Security Administration, 6401 Security Boulevard, 3-B-10-G Annex Building, Baltimore, MD 21235-6401. Attn: Kate Schmidt.

The container and accompanying documentation shall be marked PREPRODUCTION SAMPLES and shall include the GPO jacket, purchase order, and program numbers.

The samples must be submitted, in accordance with the schedule for “*PROOFS AND PAPER SAMPLES.*”

Samples will be reviewed and must comply with the specifications as to kind and quality of materials. If paper samples are disapproved by the Government, the Government, at its option, may require the contractor to submit additional samples for inspection and test, in the time and under the terms and conditions specified in the notice of rejection.

In the event the revised test samples are disapproved by the Government, the contractor shall be deemed to have failed to comply with the applicable requirements of these specifications and will be found non-responsible regarding these requirements.

Samples will not be returned to the contractor.

**PROOFS:** As indicated on Print Order

Contractor must supply two (2) sets of digital color content proofs. Proofs must be created using the same Raster Image Processor (RIP) that will be used to produce the product. Proofs shall be imaged face and back with all elements in proper position (not pasted up) and trimmed to the finished size of the product.

The contractor will be required to furnish an overlay (film positive) of the black image of the check to show the exact position of the MICR line and the Check number.

- All proofs must be uniform in size and must contain a single imprint to a sheet.
- The imprint information contained on each proof will be overprinted.
- Contractor will produce generic stock for overprinting the information, as well as the numbering sequence.

At agency's option, contractor to submit ink drawdowns on actual production stock with Pantone colors to be used in job.

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 the GPO to require revised proofs, the revised proofs are to be provided at no expense to the Government. No extra time can be allowed for this reproofing; such operations must be accomplished within the original production schedule allotted in the specifications.

The contractor must not print prior to receipt of an "O.K. to Print".

**PRIOR TO PRODUCTION SAMPLES:** As indicated on Print Order

Prior to the commencement of production on the first order and any time there is a bank change, the sample requirement for this contract is as follows:

1. **Bank Test Checks:** The contractor must submit 15 test checks (of the first part of the actual check) for each of SSA's approximately 15 accounts for bank testing of MICR printing specifications.

Samples are to be printed on the actual security paper to be used in this contract. Samples will be tested for conformance of material(s) and construction

Samples deliver directly to the financial institution by the contractor. The container and accompanying documentation shall be marked PREPRODUCTION SAMPLES and shall include the GPO jacket, purchase order, and program numbers.

The samples must be submitted, in accordance with the schedule for *PRIOR TO PRODUCTION SAMPLES*.

SSA will notify Contractor of bank approval of test checks.

The Government may exercise the option to waive Bank Test Checks.

2. **SSA Test Checks:** The contractor must submit 100 laser style test checks for SSA testing.

For the SSA test check samples the full 8-1/2 x 11" sheet is required. Samples are to be printed on the actual security paper to be used in this contract, but do not have to contain the MICR printing. Samples will be tested for conformance of material(s) and construction

For testing purposes only, contractor is to ensure the top portion of the check is voided and the middle and bottom portions contain a "Non Negotiable" pantograph (location to be determined at postaward conference).

The contractor shall submit samples to: Social Security Administration, 6401 Security Boulevard., 3-B-10-G Annex Building, Baltimore, MD 21235-6401. Attn: Kate Schmidt.

The container and accompanying documentation shall be marked PREPRODUCTION SAMPLES and shall include the GPO jacket, purchase order, and program numbers.

The samples must be submitted, in accordance with the schedule for *PRIOR TO PRODUCTION SAMPLES*.

The Government will approve, conditionally approve, or disapprove the samples. Approval or conditional approval shall 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 shall state the reasons therefor.

If the samples are disapproved by the Government, the Government, at its option, may require the contractor to submit additional samples for inspection and test, in the time and under the terms and conditions specified in the notice of rejection. Such additional samples shall be furnished, and necessary changes made, at no additional cost to the Government and with no extension in the shipping schedule.

In the event the additional samples are disapproved by the Government, the contractor shall be deemed to have failed to make delivery within the meaning of the default clause in which event this contract shall be subject to termination for default, provided however, that the failure of the Government to terminate the contract for default in such event shall not relieve the contractor of the responsibility to deliver the contract quantities in accordance with the shipping schedule.

In the event the Government fails to approve, conditionally approve, or disapprove the samples within the time specified, the Contracting Officer shall automatically extend the shipping schedule in accordance with Contract Clause 12, "Notice of Compliance With Schedules," of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 01-18)).

The Government may exercise the option to waive SSA Test Checks.

All samples shall be manufactured at the facility and on the equipment in which the contract production quantities are to be manufactured.

Samples will not be returned to the contractor.

Manufacture of the final product prior to the approval of the samples submitted is not permitted. Violation of this restriction shall be considered a breach of security, and contractor shall be subject to default.

**STOCK/PAPER:** The specifications of all paper furnished must be in accordance with those listed herein.

Color of paper furnished shall be of a uniform shade and a close match to samples provided after award.

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).

**White Safety Check Paper for laser printers with the following characteristics:**

Basis Weight: 17 x 22 inches, 500 sheets.....pounds ..... 25  
A tolerance of -4 and +1.3 percent shall be allowed.

Caliper (in mils= 0.001”) Target ..... 5.0 (0.005”)  
A tolerance of 0.0004 inches shall be allowed.

Paper shall be uniform and shall not vary more than 0.0004 inch from one (1) edge to the other.

Tearing strength: Elmendorf Tester  
Target Machine Direction (MD) ..... grams ..... 70  
Target Cross Machine Direction (CD) ..... grams ..... 75

Stiffness: Gurley Tester  
Target MD ..... milligrams ..... 200  
Target CD ..... milligrams ..... 130

Smoothness: Sheffield Tester  
Target, Felt side and Wire side..... units ..... 160

Porosity: Sheffield Tester

Target..... units ..... 11

Opacity: Target..... percent ..... 91

A tolerance of -6 percent shall be allowed.

Brightness: Target ..... percent ..... 84

A tolerance of -4 and +3 percent shall be allowed.

Shade L: Target ..... UV ..... 93.5

Shade a: Target..... UV ..... 0.2

Shade b: Target..... UV ..... 1.6

UV Fluorescent Component: Target..... units ..... 0.2

A maximum tolerance of +0.6 units shall be allowed.

Tensile strength: CD Target ..... units ..... 17

Bursting strength: Mullen

Target..... units ..... 45

Moisture content: Target ..... percent ..... 5.5

A tolerance of -5 and +3 percent shall be allowed.

Pulp components: ..... no post-consumer waste

The paper must be a true security paper with fully integrated security features. Print-based features such as an artificial watermark are not acceptable. Paper must be UV Dull and contain a Fourdrinier process two-dimensional chain link design mill-formed into the fibers of the security paper which is the first line of defense containing features that provide deterrence to counterfeiting, chemical alteration, and mechanical alteration.

**PRINTING:** (LIVE CHECK STOCK) - Contractor is to meet the industry standards for Third Party Draft checks for all the ink, OCR, MICR and Check Numbering requirements.

**Face of Check**

Prints in Pantone 185 Red, blue (to match sample), and black plus MICR. The warning band and SSA logo is reversed out of blue at the top of the check. The “NON-NEGOTIABLE” text prints in Pantone 185 Red (or match sample) in the middle and bottom portions of the check. All other text prints in black. All colors are subject to Government approval.

Micro printing is required on the signature line and dollar amount box. Contractor to print the following on stub (at top of page): “PLEASE REMOVE THIS STUB BEFORE CASHING.”

Only the top and middle check portions need to reflect the SSA emblem printed in the background in a phantom manner so as not to interfere with other information printed or written on the check. Only the original check shall be imprinted with the MICR encoded account number line.

Check stock is to be printed on appropriate quality security paper. Printed checks must be imprinted on the front with a legend limiting negotiability to 60 calendar days after issuance.

Checks must have a “VOID” pantograph (incorporated into the background) intended for use on products produced on this program. The proposed “VOID” pantograph is subject to Government approval and must be created by the contractor. The word “VOID” will print on the face of the check. The word “VOID” must not be visible on the printed check, but must appear when the check is reproduced by use of a single or multi-color laser copier or other similar duplicating processes on the market today. The “VOID” pantograph should not appear in amount box and signature line.

No additional time will be given in the contract schedule for creating the “VOID” pantograph and/or performing any testing of the “VOID” pantograph. Any void feature used by the contractor cannot violate any copyrights or patents.

Base stock is personalized to include a static 10-digit MICR number (the first four (4) digits represent the static CAN and the last six (6) digits represent the consecutive check/draft number), a static 9-digit bank routing transit number, and one (1) of the approximately 15 different static 8-digit SSA Account numbers (no spaces, dashes, or alpha characters may be used in this number).

### **2D Barcode**

The 2D Barcode is required to print in the bottom portion of the check on the right corner approximately 3/4” from right edge and 3/4” from bottom edge or foot of the 8-1/2 x 11” check form.

After printing, the operator will scan the 2D code on each check form to verify each check is accounted for in the required quantity.

### **Back of Check**

Prints black only with custom check endorsement copy.

Location and dimensions of the endorsement copy will be provided at the postaward conference.

**All inks, screens, and pantographs must be image-friendly as the checks will be processed through the IBM image capture deposit and check payment processing system.**

The Government reserves the right to alter base stock requirements or make format/text changes to the checks 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 stock samples, proofs, and test checks to the Government and test checks to the bank. Therefore, the contractor is not to preprint or maintain an inventory of base stock greater than as is necessary to meet restocking requirements.

The Government shall not be obligated to purchase from the contractor any inventory of unused paper or base stock remaining on hand beyond this requirement when a stock or format/text change is implemented OR at the end of the term of the contract.

**MARGINS:** Follow sample and check testing specifications provided. **See Exhibit G and Exhibit H.**

**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 QA TAP 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 January 2015.

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.

*Viewing Light:* Press sheets will be viewed under controlled conditions with 5000 degrees Kelvin overhead luminaries. The viewing conditions must conform to ISO 3664-2009; a viewing booth under controlled conditions with 5000 degrees Kelvin overhead luminaries with neutral gray surroundings must be provided.

**CONSTRUCTION:** Finished checks must be suitable for continuous operation on laser compatible printers.

The document is 8-1/2 x 11" with three (3) horizontal perforations. The first perforation is 3/8" from the top of the check page. This is the top stub portion of the check. The second and third perforations are every 3-9/16" from the first perforation. This document must be cut exactly to specifications in order to properly be used with SSA's software that is required for issuing checks. No magnetic ink, other than the encoded MICR, may appear on the lower 5/8" of the document. This includes additional printing, signature, or printing on the reverse of the document.

The check is comprised of three (3) parts: one original check at the top, the middle portion a blank section containing only the "NON NEGOTIABLE" marking. The bottom portion shall be a contrasting color to the top (check) portion.

**DEFECTIVES:** A single check is defective if it fails to conform to any applicable requirements of this specification.

The contractor shall examine finished checks, to the extent necessary, to eliminate imperfect work prior to delivery. Defective work includes, but is not limited to, the following defects:

Not color specified; scuffs or tears; broken corners; split, ragged, or crushed edges; wrinkles; encoding quality not equal to the standard; slime spots, dirt spots, knots, lumps, or blisters in excess of standard; improper registration; incorrect printing; defective tinting; printing quality not equal to the standard; checks not in number sequence; missing checks; and duplicate checks. The Contracting Officer reserves the right to require the contractor to replace any defective checks and any related copies or stubs found in any order or to replace all checks within a continuous series if, in his/her opinion, segregation of the defective items would not be feasible. The determination by the Contracting Officer as to defective workmanship in a particular check or lots of checks shall be final and conclusive, subject to normal appeal procedures as outlined in the Disputes Clause as indicated in GPO Contract Terms.

Testing and Inspection by the Contracting Officer: Occasionally, the Contracting Officer will, at his/her option, perform tests to determine that the checks being manufactured adhere to the specifications and standards prescribed herein. He/she may use either or both of the following methods for obtaining samples:

- a. An authorized representative may periodically visit the contractor's manufacturing plant to inspect quality of printing, shade of tint, the methods of packing, etc., and will select or require the contractor to furnish samples of blank stock, printed work, ink, packing material, etc., for laboratory testing.
- b. The Contracting Officer may request the contractor to take samples of the security paper, checks, ink, packing material, etc., and promptly forward them by registered mail or by hand delivery with appropriate receipt to the GPO. All photo prints or specimens of checks shall be voided in an approved manner before being permitted to leave the contractor's plant.

**PACKING:**

Checks must be bagged in lots of 100 (because of bending, no shrink wrap will be permitted).

Pack into shipping containers in multiples of 100. Shipping containers must be white or brown and approved by SSA.

Contractor is required to use a sealing tape on the outer shipping container that will detect if the tape has been tampered with or broken.

All shipments must be packaged with materials of sufficient strength and durability and in such a manner which will guarantee that the product will not be damaged, and the package will not open nor split during shipment.

**LABELING AND MARKING:** Contractor to download the "Labeling and Marking Specifications" form (GPO Form 905, R. 7-15) from [gpo.gov](http://gpo.gov), fill in appropriate blanks, and attach to shipping containers.

**DISTRIBUTION:**

Deliver f.o.b. contractor's city by small package common carrier to approximately 50 to 200 addresses nationwide (including U.S. Territories) per order. If a bank change occurs, then this quantity could increase for a onetime delivery of up to 1,500 different addresses. Contractor will be reimbursed for all shipping costs by submitting shipping receipts with billing invoice for payment.

Complete addresses and quantities will be furnished with each print order.

Printed checks must be shipped by a 2 or 3-day delivery service (pre-approved by SSA) with a required signature of the receiving office. Contractor must begin shipping to destinations with the furthest delivery point (specific CANs/addresses may require shipping first as directed on the print order).

**NOTE: No orders are to be shipped by U.S. Postal Service.**

The contractor shall provide hardcopy or electronic confirmation of deliveries to SSA no later than three (3) calendar days following complete distribution. The Government reserves the right to request from the contractor and obtain the tracking numbers, CANs, and delivery dates for all offices not receiving their deliveries by the required due date.

Contractor is required to notify SSA immediately of any undeliverable addresses. Contractor CANNOT make any address corrections. If an address discrepancy is identified, the contractor must ask SSA for clarification.

***Shipping Documentation***

Upon completion of each order the contractor must notify the ordering agency (on the same day the order ships) via email to Kate Schmidt at [Kathryn.Schmidt@ssa.gov](mailto:Kathryn.Schmidt@ssa.gov). The subject line of the email shall be "Distribution Notice for Program 138-S, Print Order XXXXX, Jacket Number XXX-XXX." The notice must provide all applicable tracking numbers, shipping/ mailing method, and title of publication.

Within five (5) workdays of completion of each order, contractor must email all supporting delivery documentation (i.e., delivery/ mailing receipts, and mailing documentation) and one (1) copy of the contractor's billing invoice. Contractor to email as a PDF file to Kate Schmidt at [Kathryn.Schmidt@ssa.gov](mailto:Kathryn.Schmidt@ssa.gov). Contractor must identify the contract number and print order number in the subject line of all emails.

All expenses incidental to picking up and returning materials (if applicable), submitting proofs, paper samples, and prior to production samples, and furnished sample copies must be borne by the contractor.

Upon completion of the contract, all furnished material must be returned to: Social Security Administration, 6401 Security Boulevard., 3-B-10-G Annex Building, Baltimore, MD 21235-6401. Attn: Kate Schmidt.

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

Most Government furnished materials and print orders will be supplied by e-mail. All other Government furnished materials must be picked up from SSA in Baltimore MD at the contractor's expense.

Submit proofs to: Social Security Administration, 6401 Security Boulevard, 3-B-10-G Annex Building, Baltimore, MD 21235-6401. Attn: Kate Schmidt. The container and accompanying documentation must be marked "PROOFS", and must include the GPO jacket, purchase, and program numbers. The contractor must provide their UPS number for SSA to use to return signed-off proofs.

No definite schedule for release of print orders and Government Furnished Materials can be predetermined.

The following schedules begin the workday (WD) after notification of the availability of print order and furnished material; the workday after notification will be the first workday of the schedule.

### ***PROOFS AND PAPER SAMPLES***

No specific date is set for submission of proofs and paper samples. Proofs and paper samples must be submitted as soon as possible to allow for revised proofs and/or paper samples, if contractor's errors are judged serious enough to require them.

Proofs will be withheld no more than two (2) workdays from their receipt at the ordering agency until they are made available for pickup. The first workday after receipt of proofs at the ordering agency is day one (1) of the hold time.

The Government will approve, conditionally approve or disapprove the paper samples within seven (7) workdays of the receipt thereof.

### ***PRIOR TO PRODUCTION SAMPLES***

The Bank Test checks and/or SSA test checks samples must be submitted within seven (7) workdays after approval of proofs.

The Government will approve, conditionally approve or disapprove the samples with in seven (7) workdays of the receipt thereof.

### ***REGULAR SCHEDULE***

Contractor must complete production and distribution within 15 workdays upon receipt of "O.K. to print" on proofs and priors or after notification of the availability of print order and furnished material, as applicable.

**NOTE:** With notification provided to SSA, the contractor is authorized to deliver any completed Print Order prior to the contracted delivery date.

### ***ACCELERATED SCHEDULE – SPECIAL RESTOCKING REQUESTS***

If an accelerated schedule is required, orders must be completed and delivered (by over-night delivery\*) within 48 hours after notification of the availability of print order and furnished material.

Approximately 1,000 to 10,000 printed checks may be required under an accelerated schedule.

\* Contractor to utilize overnight shipping for all special restocking requests in order to meet accelerated schedule requirements. Reimbursement will be made by submitting the receipts with the invoice for billing.

Orders requiring this accelerated schedule will not require proofs or priors.

Orders requiring this accelerated schedule will be paid at the premium rate of an additional 25% of the total invoice, (minus shipping) as determined in the SCHEDULE OF PRICES.

All other orders will be placed with the REGULAR SCHEDULE and paid for at the basic prices offered.

### **Press Sheet Inspection**

The contractor must notify the U.S. GPO of the date and time the press sheet inspection can be performed. In order for proper arrangements to be made, notification must be given at least two (2) workdays prior to the inspection. Notify the U.S. Government Publishing Office, Quality Control for Procured Printing, Washington, DC 20401 at (202) 512-0542. Telephone calls will only be accepted between the hours of 8:00 a.m. and 2:00 p.m., prevailing Eastern Time, Monday through Friday.

**NOTE:** See contract clauses, paragraph 14(e)(1), Inspections and Tests of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev 1-18))

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

The ship/deliver date indicated on the print order is the date products ordered for delivery f.o.b. contractor's city must be delivered to the destinations specified.

Unscheduled material such as shipping documents, receipts or instructions, delivery lists, labels, etc., will be furnished with each 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.

For compliance reporting purposes, contractors are to report information regarding each order with date of shipment or delivery, as applicable, in accordance with the contract requirements by contacting the Shared Support Services Compliance Section via email at [compliance@gpo.gov](mailto:compliance@gpo.gov). Personnel receiving the email will be unable to respond to questions of a technical nature or to transfer any inquiries.

### 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 one (1) 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 during a like period of time.

**NOTE:** The Determination of Award estimates specified below are based on historical data; however, due to the current global pandemic, the contractor is put on notice that the estimated amounts of work anticipated on this contract may be significantly impacted during the first period of performance.

Although the base year will allow only six (6) months of live production, the determination below was estimated on a full years' production

**Premium Payments:** Orders requiring the “ACCELERATED SCHEDULE” will be paid for at the premium rate.

All other orders will be placed with the REGULAR SCHEDULE and paid for at the basic prices offered.

Failure of the contractor to deliver work at the time specified will result in disallowance of premium payments that were anticipated, and the contractor will not list such items on his voucher.

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

**I.** 160

**II.** (a) 2  
(b) 2  
(c) 2

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**SECTION 4 – SCHEDULE OF PRICES**

Bids offered are f.o.b. contractor’s city.

Prices must include the cost of all required materials and operations for each item listed in accordance with these specifications.

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), NA (Not Applicable), 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.

All invoices submitted to the GPO shall be based on the most economical method of production.

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

**I. PRINTING, CONSTRUCTION, PACKING, AND DISTRIBUTION:** Prices offered shall include the cost of all required materials and operations (including all composition and paper) necessary for the printing, construction, packing and distribution of the product listed in accordance with these specifications. Cost of makeready must be included.

Laser-style checks..... per 1,000 checks.....\$ \_\_\_\_\_

**II. ADDITIONAL OPERATIONS**

(a) Paper samples..... per order .....\$ \_\_\_\_\_

(b) Proofs ..... per order .....\$ \_\_\_\_\_

(c) Prior to production samples ..... per order .....\$ \_\_\_\_\_

\_\_\_\_\_  
(Initials)



**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

**EXHIBIT A** – Page 2

----- Contractor Employee	----- Date

----- Contractor Employee	----- Date



## 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. PIV Credentials

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.

Please Note: 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](#)
- [The Crime Control Act of 1990, Public Law 101-647](#), subtitle E, as amended by Public Law 102-190 (for childcare center security requirements)
- [Executive Orders 10450](#) and [12968](#) and Title 5, Code of Federal Regulations (CFR), Parts [731](#), [732](#) and [736](#) (for positions assigned a "National Security" designation)

e. Background Investigation and Adjudication Process

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***  
<http://www.opm.gov/forms/html/of.asp>
- **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 **all paper forms are fully completed and signed prior 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:

[http://www.ssa.gov/oag/acq/Sample\\_Security\\_Requirement\\_Docs%20.pdf](http://www.ssa.gov/oag/acq/Sample_Security_Requirement_Docs%20.pdf).

Access information related to the eQIP process at: [e-QIP - Quick Reference Guide 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. Suitability Determination

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 [Employment Eligibility Verification, I-9](#), 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 [Parking.and.Credentialing@ssa.gov](mailto:Parking.and.Credentialing@ssa.gov) or calling 410/965-5910.

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

l. Contractors, Contractor Employees, Subcontractors, or Subcontract Employees Previously Cleared by SSA or Another Federal Agency

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, subcontractor, or subcontract 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 Government-provided 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 [dchr.ope.hspd12appeals@ssa.gov](mailto:dchr.ope.hspd12appeals@ssa.gov), 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

Carlton Brown – 312 575-5957

Cassandra Murphy - 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





# Declaration for Federal Employment\*

(\*This form may also be used to assess fitness for federal contract employment)

Form Approved:  
OMB No. 3206-0182

## 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 requested, we cannot process your application. 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.

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## GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES  NO (If "NO", provide country of citizenship)

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

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

## Military Service

8. Have you ever served in the United States military?

YES (If "YES", 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 (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.  YES  NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.  YES  NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.  YES  NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.  YES  NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.  YES  NO

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## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (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.*  YES  NO
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  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets 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.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, 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. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

### Appointing Officer:

Enter Date of Appointment or Conversion  
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? \_\_\_\_\_  
DATE: MM / DD / YYYY

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



# Questionnaire for Public Trust Positions

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.

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## 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, misrepresentation, 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 trustworthiness is a very important consideration in deciding 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 litigation 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 referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, 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.

7. 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.

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

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

## STATE CODES (ABBREVIATIONS)

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

## 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.

**QUESTIONNAIRE FOR  
 PUBLIC TRUST POSITIONS**

OPM USE ONLY	Codes	Case Number
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**Agency Use Only (Complete items A through P using instructions provided by USOPM)**

<b>A</b> Type of Investigation	<b>B</b> Extra Coverage	<b>C</b> Sensitivity/Risk Level	<b>D</b> Compu/ADP	<b>E</b> Nature of Action Code	<b>F</b> Date of Action	Month	Day	Year
<b>G</b> Geographic Location	<b>H</b> Position Code	<b>I</b> Position Title						
<b>J</b> SON	<b>K</b> Location of Official Personnel Folder	None		Other Address				ZIP Code
		NPRC						
		At SON						
<b>L</b> SOI	<b>M</b> Location of Security Folder	None		Other Address				ZIP Code
		At SOI						
		NPI						
<b>N</b> OPAC-ALC Number	<b>O</b> Accounting Data and/or Agency Case Number							
<b>P</b> Requesting Official	Name and Title			Signature		Telephone Number		Date
						( )		

**Persons completing this form should begin with the questions below.**

<b>1 FULL NAME</b> Last Name	• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	<b>2 DATE OF BIRTH</b>
First Name	Middle Name	Jr., II, etc.	Month Day Year

<b>3 PLACE OF BIRTH</b> - Use the two letter code for the State. City	County	State	Country (if not in the United States)	<b>4 SOCIAL SECURITY NUMBER</b>
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**5 OTHER NAMES USED**

#1 Name	Month/Year	To	Month/Year	#3 Name	Month/Year	To	Month/Year
#2 Name	Month/Year	To	Month/Year	#4 Name	Month/Year	To	Month/Year

<b>6 OTHER IDENTIFYING INFORMATION</b>	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male
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<b>7 TELEPHONE NUMBERS</b>	Work (include Area Code and extension) Day Night ( )	Home (include Area Code) Day Night ( )
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<b>8 CITIZENSHIP</b> <b>a</b> Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<b>b</b> Your Mother's Maiden Name
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d.	
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.	
<input type="checkbox"/> I am not a U.S. citizen. Answer items b and e.	

**c UNITED STATES CITIZENSHIP** If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

<b>Naturalization Certificate (Where were you naturalized?)</b>				
Court	City	State	Certificate Number	Month/Day/Year Issued
<b>Citizenship Certificate (Where was the certificate issued?)</b>				
City	State	Certificate Number	Month/Day/Year Issued	
<b>State Department Form 240 - Report of Birth Abroad of a Citizen of the United States</b>				
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation		
<b>U.S. Passport</b>				
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued

**d DUAL CITIZENSHIP** If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

	Country
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**e ALIEN** If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship
			Month Day Year		

**9 WHERE 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 <b>#1</b>	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ( )							
Month/Year <b>#2</b>	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ( )							
Month/Year <b>#3</b>	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ( )							
Month/Year <b>#4</b>	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ( )							
Month/Year <b>#5</b>	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ( )							

**10 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.

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

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade 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.

Month/Year <b>#1</b>	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You			Street Address	Apt. #	City (Country)
State			ZIP Code	Telephone Number ( )	
Month/Year <b>#2</b>	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You			Street Address	Apt. #	City (Country)
State			ZIP Code	Telephone Number ( )	
Month/Year <b>#3</b>	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State
ZIP Code					
Name of Person Who Knew You			Street Address	Apt. #	City (Country)
State			ZIP Code	Telephone Number ( )	

Enter your Social Security Number before going to the next page

**11 YOUR EMPLOYMENT ACTIVITIES**

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment:

- |                                   |   |  |           |
|-----------------------------------|---|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment)                               | 7 - Unemployment (Include name of person who can verify)     | 9 - Other |
| 2 - National Guard/Reserve        | 6 - Self-employment (Include business and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) |           |
| 3 - U.S.P.H.S. Commissioned Corps |   |  |           |
| 4 - Other Federal employment      |   |  |           |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

<b>#1</b>	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To	Present						
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )	
<b>PREVIOUS PERIODS OF ACTIVITY (Block #1)</b>	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank				
To								
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )	
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )	
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )	
<b>PREVIOUS PERIODS OF ACTIVITY (Block #2)</b>	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
<b>#3</b>	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )	
<b>PREVIOUS PERIODS OF ACTIVITY (Block #3)</b>	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							

Enter your Social Security Number before going to the next page

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

<b>#4</b>	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )	
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
To								
Month/Year	Month/Year	Position Title		Supervisor				
To								

<b>#5</b>	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )	
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
To								
Month/Year	Month/Year	Position Title		Supervisor				
To								

<b>#6</b>	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank			
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ( )
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ( )	
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
To								
Month/Year	Month/Year	Position Title		Supervisor				
To								

<b>12</b>	<b>YOUR EMPLOYMENT RECORD</b>						Yes	No
	Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.							

Use the following codes and explain the reason your employment was ended:

1 - Fired from a job                      3 - Left a job by mutual agreement following allegations of misconduct                      5 - Left a job for other reasons under unfavorable circumstances

2 - Quit a job after being told you'd be fired                      4 - Left a job by mutual agreement following allegations of unsatisfactory performance

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page



<b>16 YOUR MILITARY HISTORY</b>	Yes	No
<b>a</b> Have you served in the United States military?		
<b>b</b> Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force    2 - Army    3 - Navy    4 - Marine Corps    5 - Coast Guard    6 - Merchant Marine    7 - National Guard

•**O/E.** Mark "O" block for Officer or "E" block for Enlisted.

•**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

•**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	Status				Country
				O	E	Active	Active Reserve	
	To							
	To							

<b>17 YOUR SELECTIVE SERVICE RECORD</b>	Yes	No
<b>a</b> Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
<b>b</b> Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number \_\_\_\_\_ Legal Exemption Explanation \_\_\_\_\_

<b>18 YOUR INVESTIGATIONS RECORD</b>	Yes	No
<b>a</b> Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

<b>Codes for Investigating Agency</b> 1 - Defense Department                      4 - FBI 2 - State Department                        5 - Treasury Department 3 - Office of Personnel Management       6 - Other (Specify)	<b>Codes for Security Clearance Received</b> 0 - Not Required                              3 - Top Secret                                      6 - L 1 - Confidential                                4 - Sensitive Compartmented Information    7 - Other 2 - Secret                                        5 - Q
---	--

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

<b>b</b> To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. <b>Note:</b> An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

<b>19 FOREIGN COUNTRIES YOU HAVE VISITED</b>		
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)		
•Use one of these codes to indicate the purpose of your visit: 1 - Business    2 - Pleasure    3 - Education    4 - Other		
•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").		
•Do not repeat travel covered in items 9, 10, or 11.		

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

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

<b>20 YOUR POLICE RECORD</b> <i>(Do not include anything that happened before your 16th birthday.)</i>					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? <i>(Leave out traffic fines of less than \$150.)</i>						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i>	State	ZIP Code	

<b>21 ILLEGAL DRUGS</b>					Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.						
<b>a</b> In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?						
<b>b</b> In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?						
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.						

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
	To		
	To		
	To		

<b>22 YOUR FINANCIAL RECORD</b>					Yes	No
<b>a</b> In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.						
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	

<b>b</b> Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.					Yes	No
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Oblígee	State	ZIP Code		

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the 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 <i>(Sign in ink)</i>	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 ( <i>Sign in ink</i> )	Full Name ( <i>Type or Print Legibly</i> )	Date Signed
Other Names Used	Social Security Number	
Current Address ( <i>Street, City</i> )	State	ZIP Code
Home Telephone Number ( <i>Include Area Code</i> ) (       )		

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



# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046

# APPLICANT

## THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. **Ensure all information is typed or legibly printed using blue or black ink.**

**Enter data within the boundaries of the designated field or block.**

**Complete all required fields.** (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

**Do not use highlighters on fingerprint cards.**

**Do not enter data or labels within 'Leave Blank' areas.**

**Ensure fingerprint impressions are rolled completely from nail to nail.**

**Ensure fingerprint impressions are in the correct sequence.**

**Ensure notations are made for any missing fingerprint impression (i.e. amputation).**

**Do not use more than two retabs per fingerprint impression block.**

**Ensure no stray marks are within the fingerprint impression blocks.**

Training aids can be ordered online via the Internet by accessing the FBI's website at: [fbi.gov](http://fbi.gov), click on 'Fingerprints', then click on

'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

**Social Security Account Number (SSAN):** Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

## PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

## INSTRUCTIONS:

- \* 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- \*\* 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

### 1. LOOP

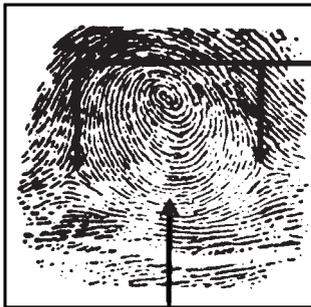


CENTER  
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF  
LOOP AND DELTA MUST SHOW

### 2. WHORL



DELTA

THESE LINES RUNNING BETWEEN  
DELTA MUST BE CLEAR

### 3. ARCH



ARCHES HAVE NO DELTAS





# CONTRACTOR PERSONNEL ROLLOVER REQUEST FORM

Social Security Administration (SSA)

Center for Suitability and Personnel Security (CSPS)

Submit this document to your designated contracting officer's representative-contracting officer's technical representative (COR-COTR) via secure email. The COR-COTR must ensure the information is complete and accurate (all fields are required) and then submit to ^DCHR OPE Suitability.

Only use this form when contractor personnel already working on an SSA contract need to move to another SSA contract. The information on this form must be typed, complete, and accurate. Failure to do so may result in a delay in receiving a suitability letter. The company point of contact (CPOC) and COR-COTR will receive suitability letters from the Center for Suitability and Personnel Security (CSPS) once the rollover is complete.

FULL NAME			SOCIAL SECURITY NUMBER	DATE OF BIRTH	FROM	TO	ACTIVE ON BOTH CONTRACTS?	
LAST	FIRST	MIDDLE	000-00-0000	MM/DD/YYYY	CONTRACT NUMBER	CONTRACT NUMBER	YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

<b>CPOC INFORMATION:</b>	
NAME: _____	EMAIL ADDRESS: _____
PHONE: _____	DATE OF SUBMISSION: _____
<b>COR-COTR INFORMATION:</b>	
NAME: _____	EMAIL ADDRESS: _____
PHONE: _____	





# CHECK TESTING SPECIFICATIONS

## Delaware Accounts

### GENERAL INFORMATION

Height of the document must be between 2-3/4 and 3-5/8 inches.

Length of the document must be between 6-1/2 and 8-3/4 inches. *Citi recommends choosing a stock between 6-3/4 and 8-1/2 inches.*

The company name must appear at the top of the check.

“Citibank, N.A. - One Penn’s Way - New Castle DE 19720” must appear on the face of the document.

### The Fractional Transit Routing Code ( 62-20/311)

must appear on the face of the document.

*Citi recommends the Routing Code be located in the top right corner of the check.*

The serial number must be printed in the upper right-hand corner of the document. The entire serial number must be printed in the same size font and color. The number must match the serial number encoded in the MICR line. Serial number must be 4-10 digits. No spaces, dashes or alpha characters may be used in the serial number. Check stock must be 24 lb. paper or better. Safety paper is recommended.

### IMAGING

The minimum background paper reflectance is 60%.

The printed background pattern of the check in the payee area must be light enough to not interfere with the imaging.

GREEN or RED backgrounds are NOT recommended as these colors are not as image friendly as BLUE or YELLOW.

Check Printing: Dot Matrix printers are NOT recommended when printing checks.

Laser printing quality is preferred.

### MICR LINE

No magnetic ink, other than the encoded MICR may appear on the lower 5/8” of the document. This includes additional printing, signature, or printing on the reverse of the document. *Please ensure signatures DO NOT cross into the 5/8” MICR band area.*

Characters must be black MICR ink, printed in E13-B font. Signal strength must be between 50% and 200 % of nominal strength.

There must be at least 1/4” margin between trailing edge of check and the left-most MICR character.

**On-Us Field:** Opening On-us symbol must be within positions 14 to 23. *Citi recommends position 19.* No blanks or dashes are permitted between the On-Us symbol and the account number. (Reference check #)

Account number must be within positions 15 to 31.

- *Citi recommends positions 20 to 27*

- *Account numbers must NOT have blanks or dashes.*

**Transit Number field:** Positions 32 and 44 must be blank

Transit symbols must be in positions 33 and 43

**Citi Transit #:** 031100209

**Auxiliary On-Us field:** Opening symbol must be in position 45 or 46; closing symbol must be immediately to the left of the serial number. No blanks or dashes are permitted between the On-Us symbols.

Serial number must be 4 to 10 digits. The maximum number is 10 digits. No pre-filled zeros required.

Check Printing: Dot Matrix printers are NOT permitted when printing the MICR line on checks.

Laser printing quality is preferred.

### PAYEE NAME AUTHENTICATION

The payee name information printed on the check must EXACTLY MATCH, character by character, the format of the payee name information submitted in the issuance file. The first two lines of payee information will be matched on the check. Up to 60 characters may be printed per line. Choice of validating one or two lines of Payee details will be determined during the implementation process. The payee name information (and address, if present) must be printed on the check using fixed pitch (where all characters have the same width). **During implementation, your current font will be tested to see if changes must be made.** The following font types are not permitted: Any fonts using Serifs and Decorative / Cursive / Shaded fonts. Variations to this specification will need to be tested based on font type. Citi recommends the utilization of Helvetica and Arial fonts.

*NO HANDWRITTEN CHECKS WILL BE ACCEPTED FOR PNA PROCESSING.*

*Citi recommends 12 Character Per Inch (CPI).*

Print with default font spacing to ensure that there will be a clear separation between individual characters and between lines of text. Do not use **bold** or *italic* effects. Check Printing: Dot Matrix printers are NOT permitted when printing checks with PNA services.

The payee name must be printed no higher than 2 ¼” from the bottom of the check. The area of the check in which the payee name and address is printed, and extending at least .25 inches around the printing, must be white (clear band), or printed with a light pastel color of print contrast signal .30 or less. There should be no other information, lines, symbols, or marks appearing in this region. This will prohibit extraneous noise from interfering with the automated character recognition. The location of the payee name(s) on the check and the payee font type may not vary. Citi must be alerted immediately of any layout changes.

# SAMPLE CHECK AND GRID NOT TO SCALE

