

<b>Program:</b>	<b>327-S</b>									
<b>Term:</b>	<b>April 11, 2014 TO JUNE 30, 2015</b>									
<b>Title:</b>	<b>PUBLIC INFORMANTION REQUEST SYSTEM (PIRS)</b>									
	<b>Formerly 521-S</b>									
										<b>CURRENT</b>
				<b>ABR SERVICES</b>	<b>DATA INTEGRATORS</b>		<b>NPC</b>			<b>CONTRACTOR</b>
				WALDORF,MD	FREDERICKSBURG, VA		CLAYSBURG, PA			NPC
<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>BASIS OF AWARD</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>
<b>I.</b>	<b>COMPOSITION:</b>									
(a)	Setting cover letters and/or inserts ..... per 8-1/2 x 11" page	<b>464</b>	75.00	<b>\$34,800.00</b>	No Charge	<b>\$0.00</b>	No Charge	<b>\$0.00</b>	65.00	<b>\$30,160.00</b>
(b)	Envelopes..... per 8-1/2 x 11"page	<b>10</b>	75.00	<b>\$750.00</b>	No Charge	<b>\$0.00</b>	50.00	<b>\$500.00</b>	77.00	<b>\$770.00</b>
(c)	Digital Content Proofs (Revised for AA's only)..... per 8-1/2 x 11" page	<b>30</b>	75.00	<b>\$2,250.00</b>	No Charge	<b>\$0.00</b>	1.25	<b>\$37.50</b>	5.00	<b>\$150.00</b>
(d)	Digital one-piece composite laminated half-tone proofs... per 8-1/2 x 11" page	<b>10</b>	125.00	<b>\$1,250.00</b>	No Charge	<b>\$0.00</b>	10.00	<b>\$100.00</b>	22.50	<b>\$225.00</b>
<b>II.</b>	<b>PRINTING/IMAGING,BINDING AND CONSTRUCTION:</b>									
(a)	Daily Makeready/Setup Charge	<b>248</b>	600.00	<b>\$148,800.00</b>	No Charge	<b>\$0.00</b>	110.00	<b>\$27,280.00</b>	500.00	<b>\$124,000.00</b>
(b)	Cover Letters English or Spanish  Price offered includes folding down to 8-1/2 x 5-1/2" or 8-1/2 x 3-3/4" as required.....per 100 pages	<b>11,322</b>	1.45	<b>\$16,416.90</b>	1.20	<b>\$13,586.40</b>	1.83	<b>\$20,719.26</b>	1.15	<b>\$13,020.30</b>
(c)	Saddle-stitched Pamphlets: 4 (four) versions Flat size:7 x 8": Finished size: 3-1/2 x 8" 05-10026, 05-10095, 05-10926, 05-10995									
(d)	Prints in 2 Pantone Colors. Price offered includes binding.....per 100 pages Saddle-stitched Pamphlets: 1 (one) version Flat size:7-1/2 x 5-1/2": Finished size: 3-3/4 x 5-1/2" 05-10074	<b>7,409</b>	1.49	<b>\$11,039.41</b>	1.25	<b>\$9,261.25</b>	1.10	<b>\$8,149.90</b>	0.45	<b>\$3,334.05</b>
(e)	Prints in 2 Pantone Colors. Price offered includes binding.....per 100 pages Saddle-stitched Pamphlets: 25 verisons Flat size: 10-1/2 x 8", Finished size: 5-1/4 x 8" 05-10024, 05-10029, 05-10035, 05-10043, 05-10052, 05-10076, 05-10077, 05-10084, 05-10127, 05-10153, 05-10903, 05-10924, 05-10927, 05-10929, 05-10935 05-10943, 05-10952, 05-10976, 05-10977, 05-10984, 05-11000, 05-11011, 05-11015, 05-11024, 05-11090	<b>864</b>	3.71	<b>\$3,205.44</b>	1.25	<b>\$1,080.00</b>	2.45	<b>\$2,116.80</b>	0.45	<b>\$388.80</b>
(f)	Prints in 2 Pantone Colors. Price offered includes binding.....per 100 pages Leaflet: 1 version Flat size: 7 x 8", Folded size: 3-1/2 x 8" 05-10510	<b>80,099</b>	0.82	<b>\$65,681.18</b>	1.20	<b>\$96,118.80</b>	0.69	<b>\$55,268.31</b>	0.37	<b>\$29,636.63</b>
	Prints in 2 Pantone Colors. Price offered includes binding.....per 100 complete forms	<b>116</b>	18.97	<b>\$2,200.52</b>	1.10	<b>\$127.60</b>	4.45	<b>\$516.20</b>	4.45	<b>\$516.20</b>

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				WALDORF,MD	FREDERICKSBURG, VA		CLAYSBURG, PA			NPC
<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>BASIS OF AWARD</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>
(g)	Leaflet: 9 (nine) versions Flat size: 10-1/2 x 8", Finished size: 3-1/2 x 8" 05-10018, 05-10053, 05-10087, 05-10097, 05-10900, 05-10953, 05-10987, 05-11069, 05-11070 Prints in 2 Pantone Colors. Price offered includes folding.....per 100 complete leaflets	<b>508</b>	13.19	<b>\$6,700.52</b>	1.20	<b>\$609.60</b>	4.50	<b>\$2,286.00</b>	5.45	<b>\$2,768.60</b>
(h)	Leaflets: 5 (five) versions Flat size: 14 x 8"; Folded size: 3-1/2 x 8" 05-10058,05-10064,05-10072,05-10073,05-10958 Prints in 2 Pantone Colors. Price offered includes folding.....per 100 complete leaflets	<b>648</b>	7.72	<b>\$5,002.56</b>	1.20	<b>\$777.60</b>	5.20	<b>\$3,369.60</b>	7.30	<b>\$4,730.40</b>
(i)	Leaflets: 10 (ten) versions Flat size: 17-1/2 x 8"; Folded size: 3-1/2 x 8" 05-10023, 05-10069, 05-10090, 05-10923, 05-10964, 05-10969, 05-10972, 05-11008, 05-11017, 05-11098 Prints in 2 Pantone Colors. Price offered includes folding.....per 100 complete leaflets	<b>663</b>	11.92	<b>\$7,902.96</b>	1.25	<b>\$828.75</b>	4.80	<b>\$3,182.40</b>	9.25	<b>\$6,132.75</b>
(j)	Leaflets: 1 (one) version Flat size: 21 x 8"; folded size; 3-1/2 x 8" 05-10902 Prints in 2 Pantone Colors. Price offered includes folding.....per 100 complete leaflets	<b>9</b>	155.56	<b>\$1,400.04</b>	5.00	<b>\$45.00</b>	19.00	<b>\$171.00</b>	19.00	<b>\$171.00</b>
(k)	Leaflet: 1 (one) version Flat size: 24-1/2 x 8"; folded size: 3-1/2 x 8" 05-10002 Prints in 2 Pantone Colors. Price offered includes folding.....per 100 complete leaflets	<b>76</b>	75.00	<b>\$5,700.00</b>	5.00	<b>\$380.00</b>	7.00	<b>\$532.00</b>	10.50	<b>\$798.00</b>
(l)	Fact Sheets: 31 (thirty-one) versions Flat size: 8-1/2 x 11"; Folded size: 8-1/2 x 5-1/2" 05-10007, 05-10021, 05-10022, 05-10031, 05-10041, 05-10907, 05-10921, 05-10045, 05-10063, 05-10068, 05-10070, 05-10075, 05-10085, 05-10093, 05-10096, 05-10101, 05-10121, 05-10141, 05-10907, 05-10921, 05-10922, 05-10931, 05-10941, 05-10945, 05-10968, 05-10970, 05-10975, 05-10985, 05-10996, 05-11051, 05-11052 Prints face and back in 2 Pantone Colors. Price offered includes folding.....per 100 complete fact sheets	<b>1,421</b>	9.15	<b>\$13,002.15</b>	1.20	<b>\$1,705.20</b>	4.60	<b>\$6,536.60</b>	10.40	<b>\$14,778.40</b>
(m)	Form SS-5 (English or Spanish): Flat size: 25-1/2 x 11";Folded size: 8-1/2 x 3-3/4" Prints face and back in Black and PMS 287. Price includes folding.....per 100 complete forms	<b>6,727</b>	38.00	<b>\$255,626.00</b>	5.00	<b>\$33,635.00</b>	1.30	<b>\$8,745.10</b>	1.10	<b>\$7,399.70</b>

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				<b>ABR SERVICES</b>	<b>DATA INTEGRATORS</b>	<b>NPC</b>	<b>CURRENT</b>			<b>CONTRACTOR</b>
				WALDORF,MD	FREDERICKSBURG, VA	CLAYSBURG, PA				NPC
<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>BASIS OF AWARD</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>	<b>UNIT RATE</b>	<b>COST</b>
(n)	Form SSA-721 Flat size 17 x 11"; finished size 8-1/2 x 11" 4-page folded, with perforation on fold Printing Black ink only. Price offered includes folding with perf.....per 100 complete forms	31	40.33	\$1,250.23	1.40	\$43.40	5.00	\$155.00	5.00	\$155.00
(o)	Form 3368-BK; Form 3820-BK Flat size: 17 x 11" finished size 8-1/2 x 11" 16-page paste-on-fold; Printing in Black ink only. Price offered includes paste binding.....per 100 complete forms	226	46.72	\$10,558.72	1.80	\$406.80	3.85	\$870.10	21.90	\$4,949.40
(p)	Form 3881-BK Flat size: 17 x 11" finished size 8-1/2 x 11" 8-page paste on fold; Printing in Black ink only. Price offered includes paste binding.....per 100 complete forms	25	112.15	\$2,803.75	1.50	\$37.50	5.50	\$137.50	20.50	\$512.50
(q)	White Window Envelope 4-1/8 x 9-1/2"..... per 100 envelopes	5,278	0.45	\$2,375.10	9.00	\$47,502.00	1.10	\$5,805.80	0.80	\$4,222.40
(r)	White Window Envelope 6-1/8 x 9-1/2"..... per 100 envelopes	838	1.18	\$988.84	13.00	\$10,894.00	2.15	\$1,801.70	1.30	\$1,089.40
(s)	White Window Envelope 6-1/2 x 10"..... per 100 envelopes	1,404	1.12	\$1,572.48	9.00	\$12,636.00	2.50	\$3,510.00	1.90	\$2,667.60
(t)	Kraft Window Envelope 9 x 12"..... per 100 envelopes	521	3.62	\$1,886.02	8.00	\$4,168.00	10.55	\$5,496.55	3.50	\$1,823.50
<b>III.</b>	<b>PAPER: Per 100 leaves</b>									
(a)	White Offset Book (50lb.) Cover letter									
(2)	<b>Format B (8-1/2 x 11")</b>	7,934	0.80	\$6,347.20	0.60	\$4,760.40	0.62	\$4,919.08	0.70	\$5,553.80
(b)	White Offset Book (60lb.) All Pamphlets, Leaflets & Fact Sheets									
(1)	<b>Format A (5-1/4 &amp; 8")</b>	47,890	0.50	\$23,945.00	0.60	\$28,734.00	0.45	\$21,550.50	0.65	\$31,128.50
(2)	<b>Format B (8-1/2 x 11")</b>	2,044	0.95	\$1,941.80	0.60	\$1,226.40	0.90	\$1,839.60	1.38	\$2,820.72
(3)	<b>Format C (14 x 8")</b>	648	1.90	\$1,231.20	0.75	\$486.00	1.20	\$777.60	1.74	\$1,127.52
(4)	<b>Format D (24-1/2 x 8")</b>	739	3.80	\$2,808.20	1.20	\$886.80	1.75	\$1,293.25	3.50	\$2,586.50
(c)	White Writing (20lb.) Form SS-5; Form 3881-BK; Form 721									
(2)	<b>Format B (8-1/2 x 11")</b>	20,181	0.80	\$16,144.80	0.65	\$13,117.65	0.75	\$15,135.75	0.70	\$14,126.70
(d)	Green Writing (20lb.) Form 3368-BK									
(2)	<b>Format B (8-1/2 x 11")</b>	1,097	1.50	\$1,645.50	0.90	\$987.30	0.85	\$932.45	0.95	\$1,042.15
(e)	Blue Writing (20 lb.) Form 3820-BK									
(2)	<b>Format B (8-1/2 x 11")</b>	441	0.80	\$352.80	0.90	\$396.90	0.85	\$374.85	0.85	\$374.85

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				WALDORF,MD	FREDERICKSBURG, VA	CLAYSBURG, PA	NPC			
ITEM NO.	DESCRIPTION	BASIS OF AWARD	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
(f)	Envelope 4-1/8 x9-1/2" White Writing Envelope (24 lb.)									
(2)	<b>Format B (8-1/2 x 11")</b>	<b>5278</b>	1.36	<b>\$7,178.08</b>	0.60	<b>\$3,166.80</b>	1.10	<b>\$5,805.80</b>	0.80	<b>\$4,222.40</b>
(g)	Envelope 6-1/8 x 9-1/2" White Writing Envelope (24 lb.)									
(3)	<b>Format C (14 x 8")</b>	<b>838</b>	1.78	<b>\$1,491.64</b>	0.75	<b>\$628.50</b>	2.10	<b>\$1,759.80</b>	1.20	<b>\$1,005.60</b>
(h)	Envelope 6-1/2 x 10" White Writing Envelope (24 lb.)									
(3)	<b>Format C (14 x 8")</b>	<b>1,404</b>	1.68	<b>\$2,358.72</b>	0.75	<b>\$1,053.00</b>	2.20	<b>\$3,088.80</b>	1.20	<b>\$1,684.80</b>
(i)	Envelope 9 x 12" Light Brown Kraft (28lb.)									
(4)	<b>Format D (24-1/2 x 8")</b>	<b>521</b>	3.62	<b>\$1,886.02</b>	2.00	<b>\$1,042.00</b>	10.55	<b>\$5,496.55</b>	3.40	<b>\$1,771.40</b>
<b>IV.</b>	<b>INSERTING AND MAILING:</b>									
(a)	Inserting and mailing of cover letter and inserts into letter-size envelope.....per envelope	<b>527,720</b>	0.065	<b>\$34,301.80</b>	0.015	<b>\$7,915.80</b>	0.04	<b>\$21,108.80</b>	0.02	<b>\$10,554.40</b>
(b)	Inserting and mailing of cover letter and multiple item request(s) into a 6-1/8 x 9-1/2" or 6-1/2 x 10" white envelope.....per envelope	<b>86,348</b>	0.095	<b>\$8,203.06</b>	0.025	<b>\$2,158.70</b>	0.40	<b>\$34,539.20</b>	0.05	<b>\$4,317.40</b>
(c)	Inserting and mailing of a cover letter and multiple item request(s) into a 9 x 12" Kraft envelope ..... per kraft envelope	<b>52,054</b>	0.115	<b>\$5,986.21</b>	0.075	<b>\$3,904.05</b>	0.40	<b>\$20,821.60</b>	0.12	<b>\$6,246.48</b>
(d)	Manual processing fee									
	Price is to include: labeling/insertion charges will be permitted for 3E, 3S mailers and requests for multiple mailing kits (Form 1020).....per container	<b>367,716</b>	0.15	<b>\$55,157.40</b>	0.65	<b>\$239,015.40</b>	0.68	<b>\$250,046.88</b>	0.225	<b>\$82,736.10</b>
<b>V.</b>	<b>PRE-PRODUCTION TESTS:</b>									
(a)	Pre-production Validation Test OR Systems Change Validation test	<b>1</b>	2,500.00	<b>\$2,500.00</b>	1,000.00	<b>\$1,000.00</b>	No Charge	<b>\$0.00</b>	No Charge	<b>\$0.00</b>
(b)	Pre-production Press and Mail Run Test	<b>1</b>	7,500.00	<b>\$7,500.00</b>	5,000.00	<b>\$5,000.00</b>	No Charge	<b>\$0.00</b>	3,000.00	<b>\$3,000.00</b>
(c)	Transmission Test	<b>1</b>	750.00	<b>\$750.00</b>	1,000.00	<b>\$1,000.00</b>	No Charge	<b>\$0.00</b>	400.00	<b>\$400.00</b>
	<b>CONTRACTOR TOTALS</b>			<b>\$784,892.25</b>		<b>\$550,322.60</b>		<b>\$546,777.83</b>		<b>\$429,098.95</b>
	<b>DISCOUNT</b>		0.00%	<b>\$0.00</b>	2.00%	<b>\$11,006.45</b>	0.25%	<b>\$1,366.94</b>	0.25%	<b>\$1,072.75</b>
	<b>DISCOUNTED TOTALS</b>			<b>\$784,892.25</b>		<b>\$539,316.15</b>		<b>\$545,410.89</b>		<b>\$428,026.20</b>
						<b>AWARDED</b>				

**U.S. GOVERNMENT PRINTING OFFICE**

Washington, DC

**GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS**

For the procurement of

**Public Information Request System (PIRS)**

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

**Social Security Administration (SSA)**

Single Award

**TERM OF CONTRACT:** The base term of this contract is for approximately 16 months beginning **Date of Award** and ending **June 30, 2015**, plus up to four (4) optional 12-month extension period(s) that may be added in accordance with the "OPTION TO EXTEND THE TERM OF THE CONTRACT" clause in SECTION 1 of this contract.

**Contractor interfacing with SSA's National File Transfer Management System (FTMS) for electronic transmission of files from SSA to the production facility will take place from Date of Award (or from date of installation of up to a T-1 line) through June 30, 2014, actual production begins July 1, 2014.**

**BID OPENING:** Bids shall be publicly opened at 11 a.m., prevailing Washington, DC time, on **January 24, 2014**

**BID SUBMISSION:** Submit bid in pre-addressed envelope furnished with solicitation or send to: U.S. Government Printing Office, 732 North Capitol Street, NW, Mailstop: PPSB, Room C-161, Attn: Bid Section, Washington, DC 20401. Facsimile bids in response to this solicitation are permitted. Facsimile bids may be submitted directly to the GPO Bid Section, Fax No. (202) 512-1782. The program number and bid opening date must be specified with the bid. Refer to Facsimile Bids in Solicitation Provisions of GPO Contract Terms, GPO Publication 310.2, as revised June 2001.

**PLEASE NOTE: These specifications have been extensively revised. Bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding. Special attention is directed to the following items which differ significantly from the previous contract:**

- Small Package Common Carrier for mail pieces weighing over 13 ounces.
- Priority mail envelopes/shipping containers are to be used for mailings over 13 ounces to US Possessions, PO Boxes and APO/FPO's
- VPN or T-1 line for transmissions.

Abstracts of contract prices are available at <http://www.gpo.gov/gpo/abstracts/abstract.action?region=Central>

For information of a technical nature call **David Love** (202) 512-0310 (No collect calls).

## SECTION 1 - GENERAL TERMS AND CONDITIONS

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

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

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

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

**SUBCONTRACTING:** The predominant production function is the laser/ion deposition imaging of data for the cover letters from electronically transmitted files, inserting and mailing. Any bidder who cannot perform the imaging, inserting and mailing portions of this contract will be declared non-responsible. Contractor may subcontract the printing of the envelopes.

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

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

**DISPLAY SAMPLES:** Previously printed samples comparable to those to be produced on this contract will be available upon request. To arrange for supplied samples contact David Love at (202) 512-0310 between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday, until the bid opening date. While these samples are representative of the printing, binding and other operations required for the major part of the work to be ordered on this contract, occasional orders may include additional requirements as provided for in these specifications.

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

### *Product Quality Levels:*

- (a) Printing (page related) Attributes – Level III.
- (b) Finishing (item related) Attributes – Level III.
- (c) Exception: SSA Form 7004 must be held to  $\pm 1/32$ " of the stated standard after folding.

### *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	O.K. Press Sheets
P-8. Halftone Match (Single and Double Impression)	O.K. Press Sheets
P-9. Solid and Screen Tint Color Match	O.K. Press Sheets

**Special Instructions:** In the event that inspection of press sheets is waived by the Government, the following listed alternate standards (in order of precedence) shall become the Specified Standards:

- P-7. Average type dimension in publication, electronic media, camera copy, Government furnished negatives.
- P-8. Electronic media, camera copy, Government furnished negatives.
- P-9. Pantone Matching System

**OPTION TO EXTEND THE TERM OF THE CONTRACT:** The Government has the option to extend the term of this contract for a period of 12 months by written notice to the contractor not later than 30 days before the contract expires. If the Government exercises this option, the extended contract shall be considered to include this clause, except, the total duration of the contract may not exceed four (4) months for setup of file transfer system and testing, and five (5) years for actual production 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 **Date of Award to June 30, 2015** and the second and any succeeding period(s) will extend for 12 months from the end of the last preceding period, except that the length of the final period may vary. The first day of the second and any succeeding period(s) will be the effective date of the Economic Price Adjustment for that period.

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

The Economic Price Adjustment will be the percentage difference between Index averages as specified in this paragraph. An index called the variable index will be calculated by averaging the monthly Indexes from the 12-month interval ending 3 months prior to the beginning of the period being considered for adjustment. This average is then compared to the average of the monthly Indexes for the 12-month interval ending **September 30, 2013** called the Base Index. The percentage change (plus or minus) of the variable index from the Base Index will be the Economic Price Adjustment for the period being considered for adjustment.

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

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

1. BLS code **0913-01** for "Offset & Text" will apply to all paper required under this contract.
2. The applicable index figures for the month of **December 2013** will establish the Base Index.

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

$$\frac{X - \text{Base Index}}{\text{Base Index}} \times 100 = \text{ \_\_\_\_\_\_ } \%$$

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

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

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

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

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

**SECURITY REQUIREMENTS: Protection of Confidential Information:**

- (a) The Contractor shall restrict access to all confidential information obtained from the Social Security Administration (SSA) in the performance of this contract to those employees and officials who need it to perform the contract. Employees and officials who need access to confidential information for performance of the contract will be determined at the post award conference between the Contracting Officer and the responsible Contractor representative.
- (b) The Contractor shall 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 shall inform all personnel with access to the confidential information obtained from Social Security Administration (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 are required to sign Form SSA -301, Contractor Personnel Security Certification

**See Exhibit A: Form SSA -301 - Contractor Personnel Security Certification**

A copy of this signed certification must be forwarded to: Social Security Administration (SSA), Printing Management Team, ATTN: Tina Johnson/Justin Smith, 1363 Annex Building and a copy must also be forwarded to: U.S. Government Printing Office, 732 North Capitol Street NW, Stop: CSAPS, Room C-838, AST-4, Washington, DC 20401. Attn: Contracting Officer

- (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) Performance of this contract may involve access to tax return information as defined in 26 U.S.C. Section 6103(b) of the Internal Revenue Code (IRC). All such information shall be handled as confidential and may not be disclosed without the written permission of SSA. For willingly disclosing confidential tax return information in violation of the IRC, the Contractor and Contractor employees may be subject to the criminal penalties set forth in 26 U.S.C. Section 7213.
- (h) The Government reserves the right to conduct on-site visits to review the Contractor's documentation and in-house procedures for protection of confidential information.
- (i) If a subcontractor is used for the sorting and/or mailing of the cover letters of this contract the sub-contractor must conform to all security requirements of the contract.

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

***All employees working on this contract must -***

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

***Contractor's managers working on this contract must -***

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

***Applicability -***

The responsibility to protect personally identifiable information applies during the entire term of this contract and all option year terms if exercised. All contractors must secure and retain written acknowledgement from their employees stating they understand these policy provisions and their duty to safeguard personally identifiable information.

These policy provisions include, but are not limited to, the following:

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

***The following list provides examples of situations where personally identifiable information is not properly safeguarded -***

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

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

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

**PUBLIC TRUST SECURITY REQUIREMENTS:** This contract has been designated NACI Non-Sensitive Public Trust Position Level 1. Due to the nature of the information contained in the products produced under this contract, contractor employees performing under this contract will be subject to a thorough civil and criminal background check as detailed in the Security Requirements.

**See Exhibit B: Security and Suitability Requirements**

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

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

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

The contractor should submit the applicant listing upon contract award. The background investigation process will not start until the applicant listing is submitted.

The applicant listing must be sent via Fax to: CPSPM Suitability Team at (410) 966-0640 OR sent via U.S. Mail to: SSA, CPSPM Suitability Team, Room 1260 Dunleavy Building, 6401 Security Boulevard, Baltimore, MD 21235.

Once SSA receives and reviews the applicant listing, SSA will initiate the Electronic Questionnaire for Investigations Process (eQIP). SSA will email notification to the CPOC that each applicant has been invited into the eQIP website to electronically complete their background investigation form. The CPOC will provide the website to the applicants to complete their eQIP form. The applicant will have up to seven (7) calendar days to complete the eQIP form. The 7-workday 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 of Standard Form SF 85), sign the signature pages, and provide the signed originals to the CPOC.

**See Exhibit C: Questionnaire for Public Trust Positions (SF-85)**

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

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

The CPOC must ensure all paper forms are fully completed and signed prior to submission to SSA.

All forms and fingerprinting cards must be submitted at least 15 workdays prior to the date work is to begin on the contract. For new contract employees hired during the contract term, forms must be submitted at least 15 workdays prior to working under the contract.

The fingerprint cards and all paper forms must be legible or typed in black ink and all signatures must be in black ink. There must be no “breaks” in residences or employment. SSA requires complete addresses, including zip codes and phone numbers. It is the responsibility of the contractor to ensure fingerprint cards are processed through their local police departments or other authorized finger printers. SSA must receive forms within 30 calendar days of signature and date. SSA will return forms not fully completed back to the contractor.

Forms may be obtained by calling SSA Personnel Security Suitability Program Officer (SPO) Leslie Herman at (410) 965-4426 or Joan DeAngelis at (410) 965-6845.

The CPOC shall submit one (1) cover sheet to SSA containing the names of all of the individuals for whom the contractor is submitting completed paperwork. This cover sheet should include the contract number, each applicant’s full name, each applicant’s SSN, each applicant’s date of birth, and each applicant’s place of birth.

Submit this cover sheet along with the completed paper forms and two FD-258 fingerprint charts for each applicant to: SSA, CPSPM Suitability Team, Room 1260 Dunleavy Building, 6401 Security Boulevard, Baltimore, MD 21235.

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

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

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

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

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

If award is predicated on the purchase of production and/or systems equipment to meet the file transmission requirements, the contractor must provide purchase order(s) with delivery date(s) at least **45 workdays** prior to the start of live production on **July 1, 2014**.

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

***Backup Facility:*** The failure to deliver these cover letters / publications / forms in a timely manner would have an impact on the daily operations of SSA. Therefore, if for any reason(s) (act of God, labor disagreements, etc.) the contractor is unable to perform at said locations for a period longer than five (5) workdays, contractor must have a backup facility with the capability of producing the cover letters/inserts specified in this program.

Plans for their contingency production must be prepared and submitted to the Contracting Officer as part of the pre-award survey. These plans must include the location of the facility to be used, equipment available at the facility, and a timetable for the start of production at that facility.

Part of the plan must also include the transportation of Government materials from one facility to another. SSA has the option to install a T1 line into the backup facility.

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

***Quality Control Plan:*** Contractor shall provide 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. Contractor shall perform, or have performed, the process controls, inspections, and tests required to substantiate that the products provided under this contract conform to the specifications and contract requirements. The Contractor shall describe in detail their quality control/quality assurance and recovery plans describing how, when and by whom the plans will be performed.

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

The plan shall detail how the Contractor will ensure that the correct address label with recipients name will be matched with the personalized cover letters and inserts to that same recipient inside the package.

Furthermore, the plan must include the names of all quality assurance officials and describe their duties in relationship to the quality control plan.

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

***Quality Control Sample Plan*** – The plan must provide a description of how the contractor will create quality control samples for periodic samplings to be taken during the production run, provide for back-up and re-running in the event of an unsatisfactory sample and contain control systems that will detect defective, missing, or mutilated pieces.

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

- One (1) sample will be drawn, inspected and retained as part of the contractor's quality assurance records.
- One (1) sample will be drawn for the Social Security Administration and will be packed with the remaining samples associated with each print order and shipped to the Social Security Administration (address to be supplied at the Post-Award Conference).

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

The plan shall monitor all aspects of the job including material handling and mail flow, to assure the production and delivery of these letters meet specifications and Government requirements.

This includes maintaining 100% accountability in the accuracy of imaging and mailing of all pieces throughout each run. The contractor must ensure there are no missing or duplicate pieces.

**NOTE:** Contractor must submit samples of the Automated Audit Report and 100% Accountability Summary report.

**See page 11 of 43: 100% ACCOUNTABILITY OF PRODUCTION AND MAILING**

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

***Computer System Plan*** – This plan must include a detailed listing of the Contractor's/Subcontractor's operating software platform and file transfer system necessary to interface with SSA's national File Transfer Management System (FTMS) for electronic transmission of PIRS files from SSA. The plan must also include the media type on which files from SSA will be received to the extent that operator intervention (pc transfer or to DARD) is not required at SSA or the Contractor's/Subcontractor's production facility.

The system plan shall demonstrate the Contractor's/Subcontractor's ability to provide complete hardware and software compatibility with SSA's existing network

**See page 25 of 43: TRANSMISSION TEST**

The contractor must complete a System Plan. Included with the Computer System Plan shall be a resume for each employee responsible for the monitoring and the programming of the contractor's computer system and file transmissions. If the contractor(s) plans to use a consultant for either of these operations, a resume(s) must still be included.

**See Exhibit H: System Plan**

***Mail Plan*** – This plan should include sufficient detail as to how the contractor will comply with all applicable United States Postal Service (USPS) mailing requirements as listed in the USPS Domestic Mail Manual in effect at the time of the mailing and other USPS instructional material such as the Postal Bulletin. The contractor must also disclose how they will achieve multi-level USPS automated presort postal discounts as outlined in the contract.

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

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

**See page 6 of 43: PUBLIC TRUST SECURITY REQUIREMENTS**

**Production Plan** –

**NOTE:** As part of this plan, the contractor must provide a flow chart depicting each step in the process (including automated and manual processing) from receipt of files to mailing.

In addition to the flow chart, this plan should detail the following:

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

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

Contractor is cautioned that no Government provided information shall be used for non-Government business. Specifically, no Government information shall be used for the benefit of a third party.

The Government retains the right to conduct on-site security reviews at any time during the term of the contract.

**The plan shall contain at a minimum:**

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

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

Part of the Security Control Plan shall include a floor plan detailing the area(s) to be used, showing existing walls, equipment to be used, and the printing and finishing locations.

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

**Disposal of Waste Materials** – The contractor is required to demonstrate how all waste materials used in the production of sensitive SSA records will be definitively destroyed (ex., burning, pulping, shredding, macerating, or other suitable similar means). Electronic Records must be definitively destroyed in a manner that prevents reconstruction. *Definitively* destroying the records means the material cannot be reassembled and used in an inappropriate manner in violation of law and regulations. *Sensitive* records are records that are national security classified or exempted from disclosure by statute, including the Privacy Act or regulation. The contractor, at a minimum, must crosscut shred all documents into squares not to exceed one-quarter inch. All documents to be cannot leave the security of the building, must be destroyed at contractor's printing site, and cannot be subcontracted. The contractor must specify the method planned to dispose of the material.

**UNIQUE IDENTIFICATION NUMBER:** Unique identification numbers will be used to track each individual cover letter, thereby providing 100% accountability. This enables the contractor to be able to track each letter throughout production to mailing. The contractor will be required to create a test sample every 1,000 cover letters. This sample must have a unique number identification number produced on each cover letter. The contractor will generate a list of the unique identifying numbers for each sample. One the samples are pulled, the unique numbers will be marked off the list. This enables the contractor to track which samples have been produced and pulled and what records have been produced. The contractor may create their own sequence number and run date to facilitate their presorting and inserting process but must maintain the original SSA identification number.

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

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

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

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

**NOTE:** Contractor must have all hardware, programming, and finalized reports in place to meet this requirement arrive at least 90 calendar days prior to the start of live production on **June 1, 2014**. Contractor must submit a sample of their proposed Audit and Summary reports with the required Pre-award Production Plans for approval. The Government considers grounds for the immediate default of this contract if the contractor, at any time, is unable to perform or found not complying with any part of this requirement.

Cover letter integrity shall be defined as follows:

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

Mailing integrity shall be defined as follows:

- All cover letters received from SSA for each file date were printed, inserted and entered correctly into the USPS system.
- The contractor is responsible for providing the **automated** inserted notice tracking/reporting systems and processes required to validate that 100% of all cover letters received from SSA were printed, all pages for each letter with the correct inserts are accounted for, inserted, and mailed correctly.

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

- (a) Uniquely identifying each letter and corresponding leaves within each individual file by mailer number and file date.
- (b) Unique identifier to be scanned during insertion to ensure all cover letters and corresponding leaves are present and accounted for.
- (c) Entrance Scanning: A camera system must electronically track and scan all leaves of each mail piece as the inserting equipment pulls them into the machine to ensure each mail piece was produced and inserted.

If there is any variance on a mail piece or if a mail piece is not verified that all leaves are present, that piece and the piece prior to and immediately following must be diverted and sent back for reprint. All instances of variance must be logged.

- (d) Touch and Toss: All spoilage, diverted, mutilated, or mail pieces that are acted upon directly by a human hand prior to sealing must be immediately recorded, discarded, properly destroyed, and automatically regenerated in a new print file for reprint. *Exception* - Intentionally diverted pieces due to a requirement for a product, which cannot be intelligently inserted and requires manual insertion such as a publication, can be sealed, re-scanned and placed back into production. These must be programmed diverts and sent to a separate bin for processing to ensure they are not mixed with other problem diverts and logged into the Audit system as such.
- (e) Exit Scanning: A camera system must be mounted just after of the inserting equipment. This camera system must read a unique code through the window of each mail piece and capable of identifying and reporting all missing notices that were lost or spoiled during production for each individual file by mailer number and file date. This system ensures that no missing mail pieces have been inadvertently inserted into another mail piece.

The equipment must check the mail pieces, after insertion and verify all leaves are accounted for, and divert any suspect product. During exit scanning, if a sequence number is missing, the cover letter prior to and immediately after must be diverted. The equipment must divert all products that exhibit missing or out of order sequence numbers and any other processing errors. All diverted pieces are to be automatically recorded and regenerated in a new print file for reprint.

- (f) Reconciliation: All cover letters and the amount of correct finished product must be electronically accounted for after insertion through the use of the audit system that is independent of the inserting equipment as well as independent of the operator. The sequence numbers, for each file, must be reconciled; taking into account any spoilage, duplicate and/or diverted product. If the reconciliation yields divergent results, corrective action must be taken to locate the mail pieces that are causing any difference between the input and outputs of the inserting process. Therefore, all finished mail for that sequence run must be held in an accessible area until this reconciliation is complete.
- (g) Generate a new production file for all missing, diverted or mutilated cover letters (reprint file).
- (h) Contractor must generate an Automated Audit Report from the information gathered from scanning for each mailer number, file date, and for each notice (manual inputs are not allowed). This audit report will contain detailed information for each notice as outlined above for each individual file by mailer number and file date. Contractor must maintain this information for a 6-month period after mailing.
- (i) Audit report must contain the following information:
  - I. Job name
  - II. Mailer number, file date and mail date(s)
  - III. Machine ID
  - IV. Date of production with start and end time for each phase of the run (i.e., machine ID).
  - V. Start and end sequence numbers in each run
  - VI. Status of all sequence numbers in a run

- VII. Total volume in run
  - VIII. Status report for all incidents for each sequence number and cause (e.g., inserted, diverted, and reason for divert such as missing sequence number, missing leaves, mutilated, duplicate, pulled for inspection).
  - IX. Bottom of audit report must contain total number of records for that run, quantity sent to reprint, number of duplicates, duplicates verified and pulled, and total completed.
  - X. Audit report must contain the same information for all the reprints married with this report as listed above showing all pieces for each mailer number and file date are accounted for.
- (j) Contractor must generate a final, automated 100% Accountability Summary Report for each individual file by mailer number and file date. This information must be generated directly from the audit report (manual inputs are not allowed).

**See Exhibit G: 100% Accountability Summary Report**

The **100% Accountability Summary Report** must contain the following:

1. Job name
2. Each individual file by mailer number and file date (must show sequence numbers for each section, i.e., first pass and then reprints).
3. Sequence number range for each individual file by mailer number and file date
4. Volume of all sequence numbers associated with an individual file by mailer number and file date were inserted.
5. Volume of reprints that were inserted for each file date.
6. Volumes for each file date and date that each was completed.

**NOTE:** A PDF copy of the summary report(s) and matching GPO 712 form(s) must be submitted to: Justin Smith at [justin.smith@ssa.gov](mailto:justin.smith@ssa.gov) for each file date within two (2) workdays of mailing.

Contractor must submit a sample of their Audit and Summary reports with the required Pre-Award Production Plans for approval.

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

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

The contractor must maintain quality control samples, inspection reports and records for a period of not less than 180 calendar days subsequent to the date of the check tendered for final payment by the Government Printing Office. The Government will periodically verify the contractor is complying with the approved quality control plan through on-site examinations and/or requesting copies of the contractor's quality assurance records and quality assurance random copies.

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

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

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

Contractor will be required to provide one private office of not less than 150 square feet, furnished with one desk, one swivel arm chair, two telephone lines (one for a PC and one for a telephone) and one facsimile machine (the Government will supply hookups and cover the cost of the telephone/facsimile machine service), two work tables and two four-drawer letter-size files with combination padlock and pendaflex file folders or equal.

**POSTAWARD CONFERENCE:** In order to ensure that the Contractor fully understands the total requirements of the job as indicated in these specifications, Government representatives will conduct a conference with the Contractor's representatives at the SSA, Baltimore, MD, immediately after award. Contractor's systems personnel must be in attendance to discuss systems-related issues.

**PRE-PRODUCTION MEETING:** A pre-production meeting covering printing, inserting, and mailing shall be held at the Contractor's facility after award of the contract to review the Contractor's production plan and to establish coordination of all operations. Attending this meeting will be representatives from the GPO, SSA, and the USPS. The Contractor shall present and explain their final plan for both printing and mailing the Public Information Request System.

The Contractor shall meet with SSA and USPS representatives to present and discuss their plan for mailing. The pre-production meeting will include a visit to the Contractor's mailing facility, where the Contractor is to furnish specific mail flow information.

In addition, the Contractor shall be prepared to present detailed production plans, including such items as quality assurance, projected commencement dates, equipment loading, pallet needs, etc. The Contractor shall present documentation of the plant loading agreement and either a copy of the optional procedure, which has been negotiated with USPS, or a draft of the original procedure the contractor intends to negotiate with USPS for SSA approval.

Contractor is to provide the name of the representative responsible for the mailing operation and that individual's backup.

**ASSIGNMENT OF JACKETS, PURCHASE, TASK AND PRINT ORDERS:** A GPO Jacket Number will be assigned and a Purchase Order issued to the contractor to cover work performed. The Purchase Order will be supplemented by an individual "Task Order" for each job placed with the contractor. A Print Order will be issued weekly and will indicate the total number of task orders placed and total number of copies produced that week. The Print Order will also indicate any other information pertinent to the particular task orders.

**ORDERING:** Items to be furnished under the contract shall be ordered by the issuance of weekly Print Orders supplemented by daily electronic task orders. Orders may be issued under the contract from **July 1, 2014** through **June 30, 2015** plus for such additional period(s) as the contract is extended. All Print Orders and task orders issued hereunder are subject to the terms and conditions of the contract. The contract shall control in the event of conflict with any Print Order or Task Order. Task Orders will be "issued" daily for purposes of the contract and shall detail the daily volume of cover letters required. A Print Order (GPO Form 2511) to be used for billing purposes will be issued weekly and will cover all daily Task Orders issued that week.

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

The estimated quantities specified in the "DETERMINATION OF AWARD" are not the total requirements of the Government activity but are the estimates of requirements in excess of the quantities that the Government activity may itself furnish using its own equipment, facilities, or employees.

Except as this contract otherwise provides, the Government shall order from the Contractor all of that activities requirements for supplies and services specified in the "DETERMINATION OF AWARD" that exceed the quantities that the Government activity may decide to furnish.

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.

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

### PRIVACY ACT

- (a) The Contractor agrees:
  - (1) to comply with the Privacy Act of 1974 and the rules and regulations issued pursuant to the Act in the design, development, or operation of any system of records on individuals in order to accomplish an agency function when the contract specifically identifies (i) the system or systems of records and (ii) the work to be performed by the Contractor in terms of any one or combination of the following: (A) design, (B) development, or (C) operation;
  - (2) to include the solicitation notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation when the statement of work in the proposed subcontract requires the design, development, or operation of a system of records on individuals to accomplish an agency function; and
  - (3) to include this clause, including this paragraph (3), in all subcontracts awarded pursuant to this contract which require the design, development, or operation of such a system of records.
- (b) In the event of violations of the Act, a civil action may be brought against the agency involved where the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency where the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act when the contract is for the operation of a system of records on individuals to accomplish an agency function, the Contractor and any employee of the Contractor is considered to be an employee of the agency.
- (c) The terms used in this clause have the following meanings:

- (1) "Operation of a system of records" means performance of any of the activities associated with maintaining the system of records including the collection, use, and dissemination of records.
- (2) "Record" means any item, collection or grouping of information about an individual that is maintained by an agency, including, but not limited to, his education, financial transactions, medical history, and criminal or employment history and that contains his name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph.
- (3) "System of records" on individuals means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

**CRIMINAL SANCTIONS:** It is incumbent upon the Contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a(I)(1) which is made applicable to Contractors by U.S.C. 552a (m)(1), provides that any officer or employee of an agency, who by virtue of his/her employment of official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established there under, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$10,000.00.

## SECTION 2 - SPECIFICATIONS

**SCOPE:** These specifications cover the production of mailing packages, consisting of an English or Spanish personalized cover letter (dated by SSA) publications (pamphlets, leaflets, fact sheets), and/or forms; requiring such operations as programming, the receipt and processing of transmitted data, composition, electronic pre-press, printing and imaging, drilling, folding, binding, inserting, metering, manifesting, presorting, and mailing.

**HISTORICAL BACKGROUND:** The Public Information Request System (PIRS) captures the public requests for publications/forms input by SSA employees and SSA's voice portal. Users can request up to 99 of any and all publications/forms.

The PIRS files are record specification for formatting in the Advanced Function Presentation (AFP) printing platform.

For proper processing of AFP resources supplied to the Contractor by SSA, used for printing cover letters in an AFP format, the contractor must have software or an operating system which is 100% compliant with the most recent release of the IBM MVS/ZOS390 operating system accompanied by the most recent release of IBM Print Services Facility (PSF). These compliances are related solely to interpreting and printing files provided to the contractor by SSA, to insure the contractor is able to print the files as provided without alteration of any kind on the part of SSA.

It is the contractor's responsibility to tailor the AFP resources to ensure proper printing in their environment excluding overlays which are to remain as supplied to the contractor by SSA.

SSA will provide a breakdown of the PIRS records reflecting fields within each record, to be used in the completion of the required PIRS cover letter requested. The documentation will also reflect the fields within each record, to be used in determining all required inserts associated with each request record. For automated mail pieces, the break down will be determined by the Contractor, based on logic which takes their insertion equipment into consideration.

### See Exhibit I: Vendor Record Specifications

All files will be electronically transmitted to the Contractor. Any programming or other format changes necessitated due to the Contractor's method of production will be the full responsibility of the Contractor and must be completed prior to each of SSA's validations.

#### COVER LETTER

#### DATA SET NAME

1E	OLBG.BTI.VENDOR.PIR.PIR1E.Ryymmdd
1S	OLBG.BTI.VENDOR.PIR.PIR1S.Ryymmdd
2E	OLBG.BTI.VENDOR.PIR.PIR2E.Ryymmdd
2S	OLBG.BTI.VENDOR.PIR.PIR2S.Ryymmdd
3E	OLBG.BTI.VENDOR.PIR.PIR3E.Ryymmdd
3S	OLBG.BTI.VENDOR.PIR.PIR3S.Ryymmdd
4E	OLBG.BTI.VENDOR.PIR.PIR4E.Ryymmdd
4S	OLBG.BTI.VENDOR.PIR.PIR4S.Ryymmdd

During the course of this contract, SSA may add four (4) additional "Foreign" files for foreign versions of the 2E, 2S, 3E, and 3S cover letters.

### MAKE UP OF MAILERS:

Note: A record will be transmitted for each mailing address. The records will contain all the data relevant for the mailing of an associated mail piece(s).

All files transmitted by SSA will be physically sequential. Any alteration of the notice content in the file will be permitted concerning enclosures only because they may have to be regrouped.

**1E and 1S Mailers:** 1-2 page cover letter in English or Spanish and up to and including 99 copies of Form SS-5 (English or Spanish versions) in a mail-out envelope/container.

**2E and 2S Mailers:** 1-2 page cover letters in English or Spanish and up to and including 99 copies of Form SS-5 (English or Spanish versions) in a mail-out envelope/container.

**3E and 3S Mailers:** 1-2 page cover letters in English or Spanish and up to and including 99 of any of the forms and/or publications listed on pages 19 & 20 under Cover Letters 3E and 3S mailed in an out-going envelope(s)/container(s). For example, one single request (cover letter) could require 35 of one publication, 50 of another publication, 99 of another publication, in addition to several forms.

**4E and 4S Mailers:** 1-2 page cover letters in English or Spanish in a mail-out envelope (no inserts required).

**NOTE:** Currently, SSA has 96 forms/publications, including the SSA provided SSA-1020 mailing kits listed as inserts. However, in the future, inserts could be added and the contractor must be able to accept requests for up to 199 inserts. The charges for the printing (includes storage of the material) of any new inserts to be added will be negotiated between SSA, GPO, and the contractor.

#### **TRIM SIZES:**

NOTE: The size of any insert could change during the course of the contract. The contractor will be expected to conform to the new size.

**Cover Letters:** Flat: 8-1/2 x 11";  
Folded: 8-1/2 x 3-3/4" or 8-1/2 x 5-1/2" (if single copy is to be mailed)  
Note: If mailing with inserts, fold applicable to package size.

**Pamphlets:** Flat: 7 x 8"; Folded: 3-1/2 x 8"  
Flat: 7-1/2 x 5-1/2; Folded: 3-3/4 x 5-1/2"  
Flat: 10-1/2 x 8"; Folded: 5-1/4 x 8";

**Leaflets:** Flat: 7 x 8"; Folded: 3-1/2 x 8"  
Flat: 10-1/2 x 8"; Folded: 3-1/2 x 8";  
Flat: 14 x 8"; Folded: 3-1/2 x 8"  
Flat: 17-1/2 x 8"; Folded: 3-1/2 x 8"  
Flat: 21 x 8"; Folded to: 3-1/2 x 8"  
Flat: 24-1/2 x 8"; Folded: 3-1/2 x 8"

**Fact Sheets:** Flat: 8-1/2 x 11"  
Folded: 8-1/2 x 5-1/2" or 8-1/2 x 3-3/4" (single sheet)

**Forms SS-5 English/SS-5-SP:** Flat: 25-1/2 x 11"; Folded: 8-1/2 x 3-3/4"  
(6-page, perforate pages 5 & 6 only)

**Form 721:** Flat: 17 x 11"; Folded: 8-1/2 x 11" (4-page, perforate-on-fold)

**Form 3368-BK:** Flat: 17 x 11"; Folded: 8-1/2 x 11" (16-page, paste-on-fold)

**Form 3820-BK:** Flat: 17 x 11"; Folded: 8-1/2 x 11" (16-page, paste-on-fold)

**Form 3881-BK:** Flat: 17 x 11"; Folded: 8-1/2 x 11" (8-page, paste-on-fold)

**1020-English/1020-SP Mailing Kit:** Government furnished - to be provided by SSA

**Envelopes:** Finished sizes include: 4-1/8 x 9-1/2"; 6-1/8 x 9-1/2"; 6-1/2 x 10"; 9 x 12"

**QUANTITY, LEAVES, AND FREQUENCY OF ORDERS:** The combined total for all letters will be approximately 800,000 per year; for inserts approximately 1,800,000 per year. The Government reserves the right to increase or decrease by up to 25% of the total number of cover letters and/or inserts ordered annually.

The figures indicated below are estimated 3 month quantities based on historical data. Exact quantities will not be known until each run is electronically transmitted to the contractor. **During the term of this contract, the contractor must adjust the insert figures based on usage.** Should the contractor experience any shortfall of stock, this shortage should be reported to SSA immediately.

<b><u>Cover Letter 1E:</u></b>	<b>111,165</b>	<b><u>Cover Letter 1S:</u></b>	<b>1,320</b>
Form SS-5 English:	165,033	Form SS-5-Spanish:	1,989

*NOTE: As evidenced above, the SS-5 letter requests represent approximately 55-60 percent of the workload (which could be automated).*

<b><u>Cover Letter 2E:</u></b>	<b>217</b>	<b><u>Cover Letter 2S:</u></b>	<b>8</b>
Form SS-5 English:	250	Form SS-5 Spanish:	13

<b><u>Cover Letter 3E:</u></b>	<b>81,614</b>	<b><u>Cover Letter 3S:</u></b>	<b>2,973</b>
Form-3368-BK:	4,014	Form-1020** Spanish mailing kits:	1,788
Form-3820-BK:	1,080	Leaflet 05-10074 (bilingual)	21
Form-3881-BK:	654	Leaflet 05-10900:	54
Form-721:	681	Leaflet 05-10902:	213
Form-1020** - English mailing kit:	50,505	Pamphlet 05-10903:	369
Leaflet 05-10002:	1,641	Fact Sheet 05-10907:	30
Fact Sheet 05-10007:	1,905	Fact Sheet 05-10921:	36
Leaflet 05-10018:	2,082	Fact Sheet 05-10922:	216
Fact Sheet 05-10021:	486	Leaflet 05-10923:	336
Fact Sheet 05-10022:	951	Pamphlet 05-10924:	561
Leaflet 05-10023:	1,332	Pamphlet 05-10926:	363
Pamphlet 05-10024:	9,882	Pamphlet 05-10927:	570
Pamphlet 05-10026:	2,547	Pamphlet 05-10929:	513
Pamphlet 05-10029:	9,387	Factsheet 05-10931:	120
Factsheet 05-10031:	1,110	Pamphlet 05-10935:	513
Pamphlet 05-10035:	10,956	Fact Sheet 05-10941:	339
Fact Sheet 05-10041:	3,120	Pamphlet 05-10943:	651
Pamphlet 05-10043:	8,772	Fact Sheet 05-10945:	39
Fact Sheet 05-10045:	2,514	Pamphlet 05-10952:	99
Pamphlet 05-10052:	1,203	Leaflet 05-10953:	216
Leaflet 05-10053:	2,982	Leaflet 05-10958:	180
Leaflet 05-10058:	1,758	Leaflet 05-10964:	888
Fact Sheet 05-10063:	1,770	Fact Sheet 05-10968:	210
Leaflet 05-10064:	8,682	Leaflet 05-10969:	579
Fact Sheet 05-10068:	2,376	Fact Sheet 05-10970:	327
Leaflet 05-10069:	9,897	Leaflet 05-10972:	477
Fact Sheet 05-10070:	7,653	Fact Sheet 05-10975:	243
Leaflet 05-10072:	2,256	Pamphlet 05-10976:	255

**Cover Letter 3E (inserts continued)**

Pamphlet 05-10073:	2,109
Pamphlet 05-10074:	411
Fact Sheet 05-10075:	1,662
Pamphlet 05-10076:	2,454
Pamphlet 05-10077:	5,898
Pamphlet 05-10084:	7,065
Fact Sheet 05-10085:	1,458
Leaflet 05-10087:	1,413
Pamphlet 05-10090:	1,557
Fact Sheet 05-10093:	540
Pamphlet 05-10095:	24,501
Fact Sheet 05-10096:	399
Leaflet 05-10097:	2,154
Fact Sheet 05-10101:	2,025
Factsheet 05-10121:	4,359
Pamphlet 05-10127:	11,049
Fact Sheet 05-10141:	1,035
Leaflet 05-10510:	2,613
Pamphlet 05-10153:	7,977
Pamphlet 05-11000:	6,087
Leaflet 05-11008:	651
Pamphlet 05-11011:	5,106
Pamphlet 05-11015:	1,014
Leaflet 05-11017:	3,549
Fact Sheet 05-11051:	690
Leaflet 05-11069:	4,758

**Cover Letter 3S (inserts continued)**

Pamphlet 05-10977:	336
Pamphlet 05-10984:	432
Fact Sheet 05-10985:	210
Leaflet 05-10987:	162
Pamphlet 05-10995:	798
Fact Sheet 05-10996:	150
Pamphlet 05-11024:	402
Fact Sheet 05-11052:	504
Leaflet 05-11070:	510
Pamphlet 05-11090:	528
Leaflet 05-11098:	108
Pamphlet 05-10517:	270

\*\* SSA Form-1020 Provided Stock – If envelopes are not sealed, contractor is required to seal the mailing kit. SSA will accept responsibility for all shipping costs of the Form-1020 (English and Spanish versions). The contractor will be required to monitor stock levels and provide SSA with adequate time to deliver additional stock. No separate line item for pricing will be allowed for storage/stocking of Form-1020.

**Cover Letter 4E** (no inserts):

5

**Cover Letter 4S** (no inserts):

5

**ENVELOPES:** Estimated annual usage\* for each PIRS envelope is as follows:

	<u>Size Estimated</u>	<u>Estimated Annual Usage</u>
#10 White Window Envelope (SEPSC)	4-1/8 x 9-1/2"	534,000
White Window Envelope (SEPSC)	6-1/8 x 9-1/2"	86,000
White Window Envelope (WBDOC)	6-1/2 x 10"	145,000
Kraft Window Envelope (SEPSC)	9 x 12"	3,600
Kraft Window Envelope (WBDOC)	9 x 12"	300

\* the estimated annual usage does not include USPS free of charge Priority flat rate mail envelopes/shipping containers used for mailings over 13 ounces to US Possessions, PO Boxes, and APO/FPO):

**Mail packages containing a Form-1020 Mailing Kit will use an envelope with the WBDOC return address. All other mailers without a Form-1020 will use an envelope with the return address of the SEPSC.**

**NOTE: It is estimated 40 to 45 percent of this workload is a pick and pack operation. Therefore, the contractor will be allowed to charge a manual processing fee for each 3E, 3S, and multiple form 1020 (English and Spanish) mailing kit requests requiring manual insertion.**

**GOVERNMENT TO FURNISH:** At the Post-Award Conference the contractor will be issued either manuscript, camera copy, negatives, or electronic media for the publications (pamphlets, leaflets, fact sheets) and forms used in this contract.

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

The electronic media will be as follows:

*Platform:* Macintosh OSX (or latest version); IBM Windows XP, Windows 95, Windows NT 4.0 Windows 2000 operating systems.

*Storage Media:* Files furnished via FTP. On occasion: CD-R/RW; DVD-R/RW; E-mail.

*Software:* Adobe Creative Suite (InDesign, Photoshop, Illustrator, Acrobat); Quark Express; Ventura Publisher; Adobe Capture; PageMaker; Corel Draw, or FrameMaker;

All files will be created in current versions or near current versions of the above mentioned programs.

Files will be furnished in native application and postscript format, or as a PDF.

***Note:*** **All platform system and software upgrades (for specified applications) which may occur during the term of the contract must be supported by the contractor.**

*Fonts:* All printer and screen fonts for the pamphlets, leaflets, and fact sheets will be furnished. The contractor is cautioned furnished fonts are the property of the Government and/or its originator. All furnished fonts are to be eliminated from the contractor's archive immediately after completion of the contract.

**Additional Information Supplied:**

Visuals of the supplied electronic files may be furnished.  
Camera copy for the return addresses will be furnished at Post Award.  
Camera copy for the recycled logo and legend (both English and Spanish versions)  
Official Government Penalty Postage Meters  
Mailing Indicia - "Postage and Fees Paid"  
SSA-1020 English and Spanish Mailing Kits  
Small Package Common Carrier Instructions/Account Number  
GPO Form 712 - Certificate of Conformance.  
GPO Form 892 - Proof label  
GPO Form 952 – Desktop Publishing – Disk Information  
Exhibit A: Form SSA-301, Contractor Personnel Security Certification  
Exhibit B: Security and Suitability Requirements  
Exhibit C: Questionnaire for Public Trust Positions (Standard Form 85)  
Exhibit D: Sample of Fingerprint Card (FD-258)  
Exhibit E: Declaration for Federal Employment (Optional Form OF-306)  
Exhibit F: Fair Credit Reporting Act Authorization Form  
Exhibit G: 100% Accountability and Summary Report  
Exhibit H: System Plan  
Exhibit I: Vendor Record Specifications  
Exhibit J: Automated Report - 1020-English/1020-SP Mailing Kit Usage  
Exhibit K: Automated Report – Envelope Usage  
Exhibit L: Automated Report – Cover Letter Usage

Exhibit M: Email Address File of Key GPO and SSA Personnel.

Exhibit N: Publications Spreadsheet

Wire transmission or VPN Internet transmission of test and production files

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

***ELECTRONIC FILES:***

These specifications have been revised to include primary data transmission method via a dedicated circuit or using a Virtual Private Network (VPN) Internet connection, at the discretion of the Government.

All files transmitted by SSA will be physical sequential. Any alteration of the letter content in the file will be prohibited.

Advanced Function Presentation (AFP) and Page/Form Definition resources for alignment and font selection

The Government will furnish files for all tests via wire transmission or VPN Internet transmission shortly following the Post-Award Conference.

A record will be transmitted for each mailing address. The records will contain all the data relevant for the mailing of an associated mail piece, including AFP resources (AFP Page Definitions, Form Definitions, Overlays, Page Segments and/or fonts as needed).

AFP print resources, overlays, page segments and nonstandard fonts provided shortly after the Post-Award Conference (via wire transmission or Email) may change during the term of the contract, in which case a revised AFP resource file will be electronically transmitted to the contractor. SSA may require a notice proof of any change.

**PRINTER RESOURCES: AFP**

SSA will provide the AFP resources (AFP page and form definitions, overlays, page segments, and/or fonts as needed) for the workload. These resources will be provided on the Contractor's choice of media (wire transmission or Email) shortly after the Post-Award Conference.

Cover letters are in AFP print image format. The contractor must have software or an operating system which is 100% compliant with the most recent release of the IBM MVS/ZOS390 operating system accompanied by the most recent release of IBM PSF. **These compliances related solely to interpreting and printing files to be provided to the contractor by SSA, to insure the contractor is able to print the files as provided without alteration of any kind on the part of SSA.**

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

SSA will provide updated resources electronically, as necessary. When the Contractor receives an update to the printer resources, the Contractor shall install them immediately and provide SSA with 25 sample documents (representative of the workload(s) involved) from the test file within 1 workday to ensure that the update was made. Whenever testing is required, the Contractor will be responsible for performing the test on each printer that processes the PIRS workload.

**CONTRACTOR TO FURNISH:** All materials and operations, other than those listed under Government to Furnish, necessary to produce the products in accordance with these specifications.

The Contractor must be able to accept files electronically via a contractor-hosted FTP server. Appropriate log-on instructions and protocol must be provided at time of award

Contractor's equipment/software/system must be capable of supporting T-1 transmissions (or up to a T3 equivalent bandwidth connection); or an encrypted Virtual Private Network (VPN) tunnel through the Internet at the discretion of the Government.

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

If permit imprint is used, the Contractor must submit to USPS a completed PS-Form 3615 Mailing Permit Application and Customer Profile. The Contractor will be responsible for any application fee.

Contractor must provide a process to break down mailings based on insertion equipment.

The contractor will be required to forward to SSA a daily automated report via e-mail for both English and Spanish Form-1020 Medicare Mailing Kits.

**See Exhibit J: Automated Report - 1020-English/1020-SP Mailing Kit Usage**

The report format must be approved by SSA and must contain the following:

1. Number of letters requiring a single Form-1020 mailing kit.
2. Number of letters and number of Form-1020 mailing kits requiring multiple Form-1020 mailing kits (in other words no other publications, just multiple Form-1020's).
3. Number of letters and number of Form-1020 mailing kits requiring a Form -1020 mailing kit and other publications.

Contractor will be required to forward to SSA daily via email the quantities used for each of the five envelopes (4-1/8 x 9-1/2", 6-1/8 x 9-1/2", 6-1/2 x 10" and two 9 x 12"s) for each file date. SSA must approve this report format. Reports are to be emailed to: Justin Smith, Printing Management Branch at [Justin.Smith@ssa.gov](mailto:Justin.Smith@ssa.gov)

**See Exhibit K: Automated Report – Envelope Usage**

Contractor is required to forward by file date a daily report showing the number of cover letters printed, folded, inserted, and delivered to the post office. These reports are to begin on the day of printing and continue daily until the end of the term of the contract. Reports are to be emailed to: Justin Smith, Printing Management Branch at [Justin.Smith@ssa.gov](mailto:Justin.Smith@ssa.gov)

**See Exhibit L: Automated Report – Cover Letter Usage**

Contractor is required to forward a monthly inventory report of all publications/forms. This report must show the beginning balance, monthly usage, and ending balance for each publication/form. The report is due the first day of the month for the preceding month. Reports are to be emailed to: Justin Smith, Division of Printing Management (DPM) at [Justin.Smith@ssa.gov](mailto:Justin.Smith@ssa.gov).

All report requirements contained within this contract are to be included in the cost of the contract.

**TRANSMISSIONS:** In the event any wire transmission or VPN Internet transmission cannot be processed due to data line or other problems, the contractor must notify SSA within 24 hours of receipt. The contractor's first point of contact at SSA for systems or data line problems shall be the **HELP DESK** at 877-697-4889.

Any reprogramming and/or reformatting of data supplied by wire transmission or VPN Internet transmission necessitated due to the contractor's method of production shall be the responsibility of the contractor and done at no cost to the Government.

Upon award of this contract, the Government will determine the connectivity method between SSA and the contractor. Internet Protocol (IP) will be the connection protocol for the transmissions. At the Government's option, the Government will either place an order for a dedicated circuit data connection under GSA's FTS 2001 contract to be installed (within 60 to 90 calendar days) between the contractor's location(s) and SSA's network interface location or the connectivity method will be through the Internet using an encrypted VPN tunnel. The connection method is at the sole discretion of the Government. The Government shall not be responsible for installation delays of data connections due to any external influences such as employee strikes, weather, supplies, etc., which conditions are beyond the control of the Government.

If a VPN Internet connection method is deemed necessary, the contractor must have an Internet ready VPN IP security (IPsec) capable device. The Government will not be responsible for any costs associated with the VPN Internet connection the Contractor may incur.

If a dedicated circuit transmission is deemed necessary, SSA will determine the appropriate bandwidth for the connection.

The cost of this connection will be borne by the Government. The contractor shall immediately provide a complete delivery address with nearest cross-street, contact name and phone number for installation of data transmission services and equipment. The contact person at the contractor's site will be available for delivery of services at the specified location.

The Government shall not be responsible for incorrect or lack of address information, nor for non-availability of contact person at the delivery site. SSA will provide the necessary dedicated data connection, including a router, modem, and firewall at the contractor's specified location(s).

The contractor shall provide adequate rack space for securing the router and firewall; the contractor shall provide a dedicated analog dial-up line within eight (8) feet of the router. This dedicated analog dial-up line will be used for router management and access for troubleshooting. The line must be in place and active prior to the installation of the circuit/router and equipment.

The contractor must provide capability to utilize the capacity of the connection(s) to fulfill the intended purposes of this contract. The contractor shall provide a suitable environment for installation of the equipment.

Power specifications for the router(s) are: AC Power Dissipation (280W maximum) and AC input voltage (100 to 240VAC).

The cabinet specifications are: 36U enclosure; frame (72" H x 24" W x 36" D); 23-19 inch appropriate revsa rails (10-32 tapped); louvered side panels; Plexiglas locking front door; solid locking rear door; heavy duty lockable dual width casters; top fan assembly (4 fans); 10- or 12-outlet 20-amp power strip; 19" width slide-out shelf; cable management (wire loops); appropriate cabinet grounding for installation; or equivalent to previous specifications.

Data provided to the contractor must be retained for 21 workdays after mailing

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

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

The Contractor may determine the media type on which files from SSA will be received, to the extent that operator intervention (e.g., a tape mount) is not required at SSA or the Contractor's production facility. Simultaneous multiple transmission sessions must be possible on the Contractor's equipment. All files transmitted by the SSA will be written as Physical Sequential or "flat" files at the Contractor's location and will be distinguished with a "run date" in the Contractor's file name.

Virtual Storage Access Method files and Generation Data Groups, supported by IBM/MVS or IBM/ZOS390 operating systems are not permitted under this contract. The contractor's storage format must not preclude the availability of the Cyberfusion software Checkpoint/Restart feature.

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

The contractor's FTMS software shall be operational for the receipt of data files 24 hours a day, 7 days a week, unless otherwise specified by the Government. The communications protocol between SSA and the contractor shall be the Internet Protocol (IP). The Contractor must specify the type of Local Area Network (LAN) connection that will be used at the location where the SSA connection is to be installed. The Contractor is responsible for providing complete hardware and software compatibility with SSA's existing network.

Production file transfers will be established according to SSA's standard procedures for transmission control, dataset naming, and resource security. The Contractor's file management system must accommodate multiple file transmission sessions without intervention at either end. The Contractor must have sufficient capacity to support the number of concurrent transmission file sessions as dictated by SSA.

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

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

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

**NOTE: the contractor must not compress files in processing data for this contract. It is solely the contractor's responsibility to redevelop/reprogram the AFP resources and mail run data to ensure proper printing and inserting in their environment.**

**TRANSMISSION TEST, PRE-PRODUCTION VALIDATION TEST, AND PRE-PRODUCTION PRESS & MAIL RUN TESTS:** Prior to the commencement of production of orders placed under this contract the contractor will be required to demonstrate their ability to perform to the contract requirements. The Government will furnish electronic test files at the Post-Award Conference or shortly thereafter to be used in performing a Pre-production Validation Test and Pre-production Press and Mail Run Test (12 hour test).

**NOTE: Failure of the contractor to perform the Transmission Test, Pre-production Validation Test or Pre-production Press and Mail Run Test to the satisfaction of the Government may be cause for default. The Government reserves the right to waive the requirements of any of these tests. The contractor will be notified at the Post-Award Conference if any test(s) will be waived.**

The contractor will be required to perform the following tests:

**Transmission Test:** After the T1 line lease point-to-point data circuit has been installed or VPN established, the contractor will be required to receive within one (1) workday 8,000 cover letters (average of 1 printed page per letter). The contractor will be required to perform a record count verification broken down by dataset name within one workday after the complete transmission of the test file. When the count verification has been successfully completed, the contractor will be required to provide SSA within two (2) workdays 50 sample documents from the transmission test for each mailer (Mailers 1-8).

**NOTE:** Transmission test letters do not require inserts or envelopes.

The Contractor shall submit these test samples to: Tina Johnson at the SSA, DPM, Room 1356, Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401

THE GOVERNMENT WILL NOT FURNISH BACK-UP CARTRIDGES AT ANY TIME DURING THE TERM OF THE CONTRACT.

In the event that any transmission cannot be processed due to media problems, the contractor shall notify SSA immediately. The contractor shall notify SSA of any reprogramming and/or reformatting of data supplied by transmission necessitated due to the contractor's method of production.

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

Any duplicate data and any resultant printouts must be destroyed by the contractor. Data provided to the contractor must be retained for 21 workdays after mailing.

**See Page 36 of 43: SCHEDULE; TRANSMISSION TEST**

***Pre-Production Validation Test:*** Prior to beginning the Pre-Production Press and Mail Run Test, the contractor shall furnish SSA, within two days of receipt of files, a total of 140 printed samples of the (8) eight cover letters listed below:

<u>Cover Letters</u>	<u>Copies</u>
1E	25
1S	25
2E	10
2S	10
3E	25
3S	25
4E	10
4S	<u>10</u>
Total:	140

**NOTE:** Contractor will use files from the Pre-Production Press and Mail Run Test to produce the Pre-Production Validation Test above. Contractor will print the first cover letters within the file (i.e., for the 1E cover letters, the contractor will print the first 25 cover letters in the file).

Sample letters from the Pre-Production Validation Tests do not require inserts or mailing containers. The contractor shall submit these test samples to: SSA, DPM, ATTN: Tina Johnson, Room 1356 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

**See Page 36 of 43: SCHEDULE; PRE-PRODUCTION VALIDATION TEST**

**NOTE:** If errors are found, additional samples of the cover letters (as indicated above) will be required until such time as the validation produces no errors.

***Pre-Production Press and Mail Run Test:*** Prior to commencement of production of the contract the contractor will be required to perform a 12-hour pre-production press and mail run test utilizing test files transmitted electronically (wire transmission or VPN Internet transmission) shortly after the Post-Award Conference.

The contractor will be required to print and prepare the following PIRS mailers:

1E	8,300
1S	500
2E	50
2S	50
3E	2,000
3S	500
4E	50
4S	<u>50</u>
Total:	11,500

The Contractor must perform the pre-production press and mail run test on their equipment ~~and~~ using their personnel NOTE: The test must be performed on printing equipment and inserting machines used for live production.

The test run will incorporate all aspects of the program from the processing of the electronically transmitted test files to: the simplex/duplex imaging of letters; gathering requested insert(s); folding; inserting, metering; manifesting; presorting; and preparing finished letters for delivery to the USPS.

To simulate actual production conditions, the product to be produced must be in accordance with all contract specifications and all USPS regulations. The Contractor will be required to have all composition, electronic pre-press, proofing, printed pamphlets, leaflets, fact sheets, forms, and envelopes necessary for the test, completed prior to beginning the test. Mailers are to be completed in accordance with contract requirements, inserted into appropriate mailing packages, and prepared for mailing.

**See Page 36 of 43: SCHEDULE; PRE-PRODUCTION PRESS AND MAIL RUN TEST**

Government representatives will witness all phases of the Pre-production Press and Mail Run Test. The Contractor must produce the amounts indicated above of the completed product in a 12-hour period that will provide to the Government representatives proof the contractor and/or subcontractor can satisfactorily complete the requirements of this contract during live production.

Samples of the pre-production press and mail run test will be brought back to SSA for validation. The Government will approve, conditionally approve, or disapprove the validation output.

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 thereof.

**Systems Change Validation Test:** When required, the Government will furnish test files for wire transmission to be used in performing a Systems Change Validation Test. This test is required whenever SSA or the Contractor initiates a systems/programming change. For testing, SSA will require the contractor use the quantities under Pre-Production Validation Test (See page 26). Contractor is not to implement change until authorized by SSA. Prior to systems/programming changes, the Contractor will schedule the validation test with SSA.

**ALL PRODUCTION FILES FOR THE PUBLIC INFORMATION REQUEST SYSTEM SHALL BE WIRE TRANSMITTED.**

NOTE: The Contractor's FTMS software shall be operational for the receipt of data files 24 hours a day, seven days a week

**See Page 36 of 43: SCHEDULE; SYSTEMS CHANGE VALIDATION TEST**

In the event that any transmission cannot be processed due to media problems, the Contractor shall notify SSA within 2 hours of receipt. The contractor must notify SSA of any reprogramming and/or reformatting of data supplied by transmission necessitated due to the contractor's method of production, within 2 hours of receipt of the data.

All data provided by the Government or duplicates made by the Contractor or his representatives and any resultant printouts must be accounted for and kept under strict security to prevent their release to any unauthorized persons. Data may not be duplicated in whole or in part for any other purpose than to create materials to be used in the performance of this contract.

Any duplicate data and any resultant printouts must be destroyed by the Contractor. Data provided to the contractor must be retained for 21 workdays after mailing.

**COMPOSITION:** Contractor may be required to set base forms in both English and Spanish. Century Schoolbook or equivalent fonts are to be used for producing the cover letters. SSA will provide the font part numbers to the Contractor who will validate they have the proper licenses for each required font.

**ELECTRONIC PREPRESS:** Prior to image processing, the contractor shall perform a basic check (preflight) of the furnished media and publishing files to assure correct output of the required reproduction image. Any errors, media damage, or data corruption that might interfere with proper file image processing must be reported to the ordering agency as listed on the print order.

The contractor shall create or alter any necessary trapping, set proper screen angles and screen frequency, and define file output selection for the imaging device being utilized. Furnished files must be imaged as necessary to meet the assigned quality level.

When required by the Government, the contractor shall make minor revisions to the electronic files. It is anticipated that the Government will make all major revisions. Prior to making revisions, the contractor shall copy the furnished files and make all changes to the copy.

**DIGITAL DELIVERABLES:** The contractor must furnish final production native application files (digital deliverables) with the Government Furnished Materials (GFM). The digital deliverables must be an exact representation of the final printed product and shall be returned on the same type of storage media as was originally furnished. The Government will not accept, as digital deliverables, PostScript files, Adobe Acrobat Portable Document Format (PDF) files, or any proprietary file formats other than those supplied, unless specified by the Government.

NOTE: The Government will accept PDF files as digital deliverables when furnished by the Government. The PDF must be suitable for making press plates for subsequent reprinting without reformatting and must include any embedded fonts (must be press quality). The file created must be unlocked and OCR editable (by character, rule, and graphic elements, as well as font, spacing, and format changes). The contractor must remove any crop marks, color bars, specification bars, grayscales, slug lines, cross hairs, etc. Files are to be forwarded to Justin Smith, DPM at [Justin.Smith@ssa.gov](mailto:Justin.Smith@ssa.gov).

**REPURPOSED DELIVERABLES:** For jobs supplied as manuscript or camera copy the contractor will be required to furnish one copy of a single, searchable Adobe Acrobat file (repurposed deliverable) (no hyperlinks, video or any other dynamic features) created by the vendor from the supplied camera copy. The PDF file must be distilled at press quality.

Electronic media is to be delivered on a ISO 9660 compliant CD-R in a jewel case clearly labeled with title, jacket number and a print-out of the file directory to: Justin Smith, DPM, 1363 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

### **PROOFS:**

Proofs will be required for the initial order and any time a copy change may be required during the term of the contract.

#### ***Envelopes:***

Three (3) sets of digital color content proofs will be required for each envelope.

Proofs must have all elements in their proper position (not pasted up), imaged face and back, trimmed and folded to the finished size of the product. Direct to plate must be used to produce the final product with a minimum of 2400 x 2400 dpi. Proofs must be created using the same Raster Image Processor (RIP) that will be used to produce the product.

#### ***Publications (pamphlets, leaflets, fact sheets) and Forms:***

**NOTE: SSA uses many of the same publications and forms in several of its print contracts. To reduce the proofing requirements for any revisions, if it is determined after award you are responsible for the production of any other SSA workloads containing the same publications and/or forms required for this program, then the revisions may be proofed using one of these other programs.**

Three (3) sets of digital color content proofs will be required for each publication. Proofs shall be collated with all elements in proper position (not pasted up), imaged face and back, trimmed and folded to the finished size of the product. Direct to plate must be used to produce the final product with a minimum of 2400 x 2400 dpi. Proofs must be created using the same Raster Image Processor (RIP) that will be used to produce the product.

At the Government's option, three (3) sets of digital one-piece composite laminated halftone proofs on the actual production stock (Kodak Approval, Polaroid PolaProof, CreoSpectrum, or Fuji Final Proof) with a minimum resolution of 2400 x 2400 dpi will be required. Proofs must have margins indicated and have all elements in their proper position.

Proofs must contain color control bars (such as Brunner, GATF, GRETAG, or RIT) for each color of ink on the sheet. Control bars must be placed parallel to the press's ink rollers and must show areas consisting of minimum 1/8" x 1/8" solid color patches; tint patches of 25, 50 and 75%; dot gain scale; and gray balance patches for process color (if applicable). These areas must be repeated consecutively across the sheet. Proofs must show dot structure.

The make and model number of the proofing system utilized shall be furnished with the proofs. These proofs must contain all elements, be in press configuration and indicate margins. Proofs will be used for color match on press. Direct to plate must be used to produce the final product with a minimum of 2400 x 2400 dpi.

Pantone colors may be substituted with a similar color (with the exception of process yellow) but may not be built out of the four process colors.

Contractor may be required to submit ink draw downs on actual production stock of Pantone colors used in job.

The Government may require one or more sets of revised proofs before rendering an "OK to Print".

SSA reserves the right to make changes to all proofs. The Government may require one or more sets of revised proofs before rendering an "Okay 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 operation; such operations must be accomplished within the original production schedule allotted in the specifications.

If any Author's Alteration's (AA's) require additional proofs, the Government will allow for additional time to process this additional requirement and will incur these costs under line Item I. COMPOSITION (c) and (d).

**See page 39 of 43: SCHEDULE OF PRICES, COMPOSITION**

**The Contractor must not print to prior to receipt of an "OK to print."**

**STOCK/PAPER:** The specifications of all paper furnished must be in accordance with those listed herein or listed for the corresponding JCP Code numbers in the "Government Paper Specification Standards No. 12" dated March 2011.

Government Paper Specification Standards No. 12 – [http://www.gpo.gov/pdfs/customers/sfas/vol12/vol\\_12.pdf](http://www.gpo.gov/pdfs/customers/sfas/vol12/vol_12.pdf).

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

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

Publications (Pamphlets, Leaflets and Fact Sheets): White offset book, basis weight: 60 lbs. per 500 sheets, 25 x 38", equal to JCP Code A60.

Form SS-5 English/Spanish - Application for a Social Security Card: White Writing, basis weight: 20 lbs. per 500 sheets, 17 x 22", equal to JCP Code D10.

Form 721 – Statement of Death by Funeral Director: White Writing, basis weight: 20 lbs. per 500 sheets. 17 x 22", equal to JCP Code D10.

Form 3368-BK English – Disability Report – Adult: Green Writing, basis weight: 20 lbs., 17 x 22" equal to JCP Code D10.

Form 3820-BK – Disability Report – Child: Blue Writing, basis weight: 20 lbs., 17 x 22" equal to JCP Code D10

Form 3881 BK – Questionnaire for Children Claiming SSI Benefits: White Writing, basis weight: 20 lbs., 17 x 22" equal to JCP Code D10

Envelope - 4-1/8 x 9-1/2" #10 window: White Writing Envelope, basis weight: 24 lbs. per 500 sheets, 17 x 22", equal to JCP Code V20

Envelope - 6-1/8 x 9-1/2" window / 6-1/2 x 10" window: White Writing Envelope, basis weight: 24 lbs. per 500 sheets, 17 x 22", equal to JCP Code V20. With exception: bursting strength 38 lb/in<sup>2</sup>.

Envelopes - 9 x 12" Window: Light-Brown (Kraft shade) Envelope, Basis weight 28 lbs. per 500 sheets, 17 x 22", equal to JCP Code V10

**PRINTING/IMAGING:** The Contractor will be required to convert furnished data from electronic transmission for deposition printing. All imaging/printing shall have a minimum resolution of 300 x 300 dpi.

**Note:** The Government reserves the right to make changes to the format(s)/text/trim sizes/page counts/design changes of the publications and/or forms at any time during the term of the contract. Notification of a proposed change will be given with sufficient time for the Contractor to allow for the change, and submit proofs to the Government.

The contractor shall not preprint or maintain more than a 90 calendar day surplus/inventory of any of the components required on this contract. The Government shall not be required to purchase from the Contractor the surplus/inventory of any stocked items remaining on hand in excess of what was authorized when a change was implemented. However, if a revision occurs which requires destruction of outdated stock, SSA will incur the production charges according to the Schedule of Prices.

Within one week (5 workdays) of stocking the new material, the Contractor will be required to report to SSA the remaining balance of the outdated stock for reimbursement. In some cases, SSA will require the contractor to exhaust the old stock before using the new stock. The instruction to destroy or exhaust stock will be issued with the new artwork.

***Cover Letters:*** Cover letters are simplex (face only), and duplex (face and back, head-to-head) printed/imaged in black ink. While most cover letters will be simplex, multiple insert requests may require a duplex cover letter.

***Pamphlets:*** Print head to head in two PMS colors throughout, with bleeds. Contains adequate gripper margins. Match PMS colors specified.

***Leaflets:*** Print face and back, head-to-head. Face prints in two PMS colors and bleeds one side; back prints in two PMS colors and contains adequate gripper margins. Match PMS colors specified.

***Fact Sheets:*** Print face and back, head to head in two PMS colors. Contains adequate gripper margins. Match PMS colors specified.

***Forms:*** Form SS-5 (English and Spanish): Print face and back, head-to-head in black and PMS 287 Blue. On panel 5 (folded page) - Print 10% screens of PMS 287 blue

Form 721: - Prints face and back, head-to-head in black. Margins: - face 5/8" from left, 1/4" for top margin: back 1" from right and top.

Form 3368-BK (English): - Prints face and back, head-to-head in black. Margins: Follow furnished sample.

Form 3820-BK: - Prints face and back, head-to-head in black. Margins: Follow furnished sample.

Form 3881-BK: - Prints face and back, head-to-head in black. Margins: - Follow furnished sample.

***Envelopes:*** Envelopes are opaque and print face and back in black (after construction)

**RECYCLED PAPER LOGO AND LEGEND:**

See Government Paper Specification Standards No. 12 for recycled content requirements

The English recycled paper logo and English legend, "Printed on recycled paper", must be printed in black on all English cover letters, forms and envelopes. The Spanish recycled logo and the Spanish legend, "Impreso en papel reciclado", must be printed in black on all Spanish cover letters and forms.

**Cover Letters:** The recycled paper logo/legend must be digitized by the Contractor and imaged in the bottom right corner aligned with the Contractor's control number on the first page of each cover letter. On Spanish cover letter the logo will appear in Spanish.

**Forms:** The SSA furnished camera copy/negative(s) will contain the recycled paper logo legend in either English or Spanish (as appropriate). Location of logo will vary and will be indicated on the artwork.

**PRESS SHEET INSPECTION:** Final make-ready press sheets may be inspected and approved for each item listed in this contract, at the Contractor's (subcontractor's plant) for the purpose of establishing specified standards for use during the actual press run. Upon approval of the sheets, Contractor is charged with maintaining those standards throughout the press run (within QATAP tolerances when applicable) and with discarding all make-ready sheets that preceded approval. See GPO Publication 315.3 (Guidelines for Contractors Holding Press Sheet Inspections) issued August 2002.

**NOTE:** 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.

At the time of the press inspection, SSA officials will fax copies of the finished product for each version to the agency. SSA, Baltimore, MD, will confirm the accuracy of the variable data prior to the approval of the press sheet(s).

**PRODUCTION INSPECTION:** Production inspection(s) may be required at the Contractor's and/or Subcontractor's plant for the purpose of establishing that the receipt of transmitted files, the printing of Pamphlets, forms, leaflets and fact sheets, the imaging, dating of form inserts, collating, folding, binding, inserting and mailing is being accomplished in accordance with contract quality attributes and requirements.

**NOTE:** A production inspection is for the purpose of setting specific standards that are to be maintained throughout the duration of the contract.

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

**MARGINS:** Will be indicated on the sample, specification, or electronic file.

**CONSTRUCTION/BINDING/ASSEMBLY:**

**Cover Letters:** Fold from a flat size of 8-1/2 x 11" down to 8-1/2 x 5-1/2" or 8-1/2 x 3-3/4" addressee out. If the mailing container used is large enough to accept 8-1/2 x 11" then the cover letter is not to be folded.

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

7 x 8" flat; folding down to 3-1/2 x 8" titles out. Follow furnished folding sample

7-1/2 x 5-1/2" flat; folding down to 3-3/4 x 5-1/2". Follow furnished folding sample

10-1/2 x 8" flat; folding down to 5-1/4 x 8" title out. Follow furnished folding sample

**Leaflets:** 7 x 8" flat; folding down to 3-1/2" x 8" title out, with one fold. Follow furnished folding sample.  
10-1/2 x 8" flat; folding down to 3-1/2 x 8" title out, with two folds. Follow furnished folding sample.  
14 x 8" flat; folding down to 3-1/2 x 8" title out, with three folds. Follow furnished folding sample.  
17 1/2" x 8" flat; folding down to 3-1/2 x 8" title out, with four folds. Follow furnished folding sample.  
21 x 8" flat; folding down to 3-1/2 x 8" title out, with five folds. Follow furnished folding sample.  
24 1/2" x 8" flat; folding down to 3-1/2" x 8" title out, with six folds. Follow furnished folding sample.

**Fact Sheets:** Fold from a flat size of 8-1/2 x 11" down to 8-1/2 x 5-1/2" with one fold, addressee out. If the mailing container used is large enough to accept the 8-1/2 x 11" fact sheets then the fact sheet is not to be folded.

**Forms:** Form SS-5 (English and Spanish): Perforate on fold pages 5 and 6 only along the entire 11" dimension. Fold from a flat size of 25-1/2 x 11" down to 8-1/2 x 11" with two wrap-around folds, title panel out. Then fold to 8-1/2 x 3-3/4" with two wrap-around folds, title out.  
Form 721: Perforate on fold. Fold from a flat size of 17 x 11" to 8-1/2 x 11" title out. Drill 2 round holes 9/32" in diameter on the left edge, 2-3/4" center to center, center of holes to be 3/8" from left edge of sheet.

Form 3368-BK; Form 3820-BK: 16-page paste-on fold booklet. Fold from a flat size of 17 x 11" to 8-1/2 x 11" title out; Perforate pages 1 and 2 only 1/4" off the fold along the entire 11" dimension; drill 2 round holes 9/32" in diameter centered on the left bind side 2-3/4" center to center; center of holes to be 3/8" from left edge of sheet.

Form 3881-BK: 8 Page Paste on fold booklet. Fold from a flat size of 17 x 11" to 8-1/2 x 11" title out. Drill 2 round holes 9/32" in diameter on the left edge, 2-3/4" center to center, center of holes to be 3/8" from left edge of sheet.

**Envelopes:** 4-1/8 x 9-1/2"#10 White Window\*: Open side, any seam, gummed flap, flap depth minimum is 1-1/4". Window size is 1-1/2 x 4-1/4" with slightly rounded corners, and located 3/4" from the left envelope edge and 1/2" from the bottom of the envelope edge.

6-1/8 x 9-1/2" or 6-1/2 x 10" White Window\*: Open side, any seam, gummed flap, flap depth minimum is 1-1/4". Window size is 1-1/2 x 4-1/4" with slightly rounded corners, and located 3/4" from the left envelope edge and 2-1/4" from the bottom of the envelope edge.

9 x 12" Kraft Window\* (2 envelopes containing different return addresses): Any seam, gummed flap, flap is located on 12" side of envelope, flap depth minimum is 1-3/4". Window size is 1-1/2 x 4-1/4" with slightly rounded corners, and located 1" from the left envelope edge and 7-3/4" from the bottom of the envelope edge.

\*Window material should be a suitable poly-type, transparent and low gloss (must be clear of smudges, lines, and distortion), securely glued to inside of envelope. The window material must pass USPS readability on its OCR scanner.

**PACKING:** It is the contractor's responsibility to assure that the correct package material is inserted into each envelope/carton/container.

Gather one copy of the cover letter and appropriate quantities requested of any publications (pamphlets/leaflets/fact sheets), forms and/or supplied Form 1020 and insert into a suitably sized mailing package (i.e., letter-size envelope, kraft envelope, small carton, or shipping container). The materials should be placed behind or under the cover letter so when opened by the addressee, the cover letter is retrieved first. Cover letters and/or fact sheets should remain flat (unfolded) when large quantities are ordered.

**LABELING AND MARKING:** Contractor to generate mailing labels from Government furnished files. Affix an address label to the back of each envelope/package mailed. It is the contractor's responsibility to assure the correct label is affixed to each envelope/package mailed. An occasional order may require the outputting of multiple address labels to a single destination.

**QUALITY ASSURANCE RANDOM COPIES:** The contractor may be required to submit quality assurance random copies to test for compliance against the specifications. The Print Order will indicate the number required, if any. When ordered, the contractor must divide the entire order into equal sub-lots and select a copy from a different general area of each sub-lot. The contractor will be required to execute a statement furnished by GPO certifying that copies were selected as directed. Copies will be paid for at the running rate offered in the contractor's bid and their cost will not be a consideration for award.

A USPS approved Certificate of Mailing, identified by program, jacket, and print order numbers, must be furnished with billing as evidence of mailing.

The contractor will be required to forward to SSA a printed duplicate (including inserts; not sealed) of the first cover letter (record) of each of the (8) eight files to be used as the quality control samples. While the contractor will perform this daily function, copies are to be forwarded to SSA on a monthly basis at the contractor's expense.

**DISTRIBUTION: Mail f.o.b. contractor's city**

The contractor will be required to mail/ship parcels via USPS First Class Mail rates for pieces weighing up to and including 13 ounces. The contractor is required to prepare First-Class mail in accordance with appropriate USPS rules and regulations, including the USPS Domestic Mail Manual (DMM), Postal Bulletins, and other USPS rules and regulations in effect at the time of the mailing.

**NOTE:** USPS considers mail addressed to U.S. possessions (e.g., American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, Virgin Islands, Wake Island, and Military Overseas Addresses (APO/FPO mail) Domestic Mail, not International Mail.

Mail pieces addressed to the US Possessions, USPS Post office boxes, or APO/FPO's weighing over 13 ounces and up to 70 pounds will mail by USPS "Priority Mail". The contractor may use "free of charge" USPS "Priority" flat rate mail envelopes/shipping containers. Requests to US Possessions exceeding the weight of 70 pounds will mail using multiple containers. Contractor is responsible for ensuring adequate supplies of these envelopes/containers are available at all times. Contractor must use these flat rate envelopes/containers appropriately (fill to capacity).

**Small Package Common Carrier (SPCC): Use for mail pieces weighing over 13 ounces and up to 500 pounds.**

The Social Security Administration will provide the name of the small package common carrier. When the service of a small package common carrier is used, the contractor shall be responsible for providing the carrier the following:

1. All packages addressed and sorted to meet the requirements of the small package common carrier.
2. Separate common carrier pickup record(s) for each print order. The contractor must annotate the pick-up record(s) with the requisition number and the print order number.
3. A shipping manifest which includes:
  - a) Name of contractor, the requisition number, the print order number, and the common carrier account/shipper number.
  - b) A listing which includes each addressee's account number or office code (when provided on SSA supplied address labels), address, city, state, zip code, common carrier delivery zone, weight, and package identification number (if applicable) of each package shipped to each addressee.

- c) The listing should be grouped by pick-up and each group should be identified with the pick-up record number. This number should correspond to the number on the form(s) which the contractor is required to obtain from the carrier for compliance purposes. The listing should be in either account number or zip code order within each group.
- d) Summary information for each group should include total number of packages, total weight, and total shipping cost.

**SPECIAL MAIL REQUIREMENT: When volumes warrant, SSA requires the use of Permit Imprint.**

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

The contractor must complete a PS-Form 3615 "Mailing Permit Application and Customer Profile, and pay a one-time application fee at the post office where the mailings are made.

The Contractor may use postage meters and/or the G-11 permit imprint for all mail in this contract, whichever method is most cost effective and promotes maximum postage discounts.

Permit imprint **may not be used** if the mailing is less than 200 identical (in size and weight) mail pieces or 50 lbs. Instead, the mail must be metered and any permit imprint must be covered/concealed by a meter strip. The government may require the contractor to meter the mail on the mail piece and will provide a penalty postage meter. All meter supplies must be borne by the contractor.

The Contractor is required to obtain the maximum USPS postage discounts possible for PIRS in accordance with the USPS First Class Domestic Mail automated and non-automated mail discount structure in effect at the time of the mailing:

- (a) Automation (5-digit);
- (b) Automation (3-digit);
- (c) Automation (AADC);
- (d) Automation (Mixed AADC);
- (e) Non-automation (Presorted); and
- (f) Non-automation (Single Piece).

The maximum weight for Automation rate letters is 3.5 ounces, but only 3.3 ounces for Non-automation rates.

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

**NOTE:** Contractor will be required to produce and use a USPS Intelligent Mail Barcode (IMB) full service option and achieve the maximum postage discounts available with this option. The contractor will be required to comply with USPS requirements and place the IMB on all mail pieces of this workload. The contractor is required to be capable of achieving the postage discounts available with the Full-Service option of the IMB program.

To achieve the maximum automation compatible postal discount, the contractor is required to either presort the cover letters prior to printing or sort the mail after the cover letters are inserted. The contractor may use a Presort subcontractor for the mailing portion of the contract. SSA has the right to inspect the subcontractor for the security of the mailing operation and compliance with the contract. All of the pieces without a barcode must be separated and mailed as a non-automation rate single piece mailing.

USPS has a verification procedure called a “tap” test. This test is used to screen all mailings with barcoded inserts for proper barcode spacing within the envelope window. When the insert showing through the window is moved to any of its limits inside the envelope, the entire barcode must remain within the barcode clear zone. In addition, a clear space must be maintained that is at least 0.125 (1/8) inch between the left and right edges of the window, and at least 0.028 inch clearance between the Intelligent Mail Barcode and the top and bottom edges of the window.

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

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

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

The contractor must enter the **Federal Agency Cost Code 276-00047** in the appropriate block on all mailing documents.

The Contractor shall provide the copies to SSA’s DPM via overnight/next day delivery carrier (at Contractor’s expense) within 72 hours of being provided to USPS. All copies must be legible and include both obverse and reverse side and should be addressed to: SSA, DPM, Attn: Justin Smith, Room 1363 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

All report requirements contained within this contract are to be included in the cost of the contract.

#### **PAYMENTS ON PURCHASE ORDER:**

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

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

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

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

Seven (7) days following the completion of a Print Order (ship/del date), one copy of the GPO billing invoice is to be scanned and emailed as a PDF to [Justin.Smith@ssa.gov](mailto:Justin.Smith@ssa.gov).

#### **SCHEDULE:**

##### ***PROOFS:***

Proofing for Initial Start-Up: The contractor will submit proofs for all envelopes, publications (pamphlets/ leaflets/ fact sheets), and forms under this contract within **14 workdays** after receipt of furnished materials. Furnished materials (if manuscript or camera is provided) must be returned with proofs.

The Government will approve, conditionally approve, or disapprove these proofs within **10 workdays\*** of the receipt thereof.

Contractor must submit revised proofs, if necessary due to author's alterations (AA's), within 5 workdays after receipt of furnished material. No additional time will be permitted due to contractor's errors (PE's). Revised proofs will be available for pickup within **5 workdays\***.

\* The first workday after receipt of proofs at SSA is day one (1) of the hold time.

Proofing (other than initial start-up): The contractor must submit proofs for all envelopes, publications (pamphlets/ leaflets/ fact sheets), and forms under this contract within **7 workdays** after receipt of furnished material. Furnished materials (if manuscript or camera is provided) must be returned with proofs.

The Government will approve, conditionally approve or disapprove these proofs within **5 workdays\*** of receipt thereof.

Contractor must submit revised proofs, if necessary due to Authors Alterations (AA's), within **5 workdays** after receipt of furnished materials. No additional time will be permitted due to Printer's Errors (PE's). Revised proofs will be available for pickup within **3 workdays**.

\* The first workday after receipt of proofs at SSA is day one (1) of the hold time.

**PRE-PRODUCTION TESTS**: Prior to receiving transmission of live production data files, the Contractor will be required to perform the following tests:

**Transmission Test**: This test is to be performed within (2) workdays after the appropriate bandwidth connection has been installed or VPN Internet Transmission connection is established.

**See Page 25 of 43: TRANSMISSION TEST**

**Pre-production Validation Test**: Test is to be performed prior to beginning the Pre-production Press and Mail Run Test. Pre-production Validation test output must be submitted within 15 workdays after receipt of furnished materials.

The Government will approve, conditionally approve, or disapprove the samples from the Pre-Production Validation Tests within 5 workdays of receipt thereof. 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 thereof.

**See Page 26 of 43: PRE-PRODUCTION VALIDATION TEST**

**Pre-production Press and Mail Run Test**: This test is to be performed following approval of all proofs, any required press sheet inspection, and receipt of files.

The Government will approve, conditionally approve, or disapprove the validation output within **7 workdays** of receipt thereof.

The first task order for actual product will be issued shortly after successful completion of the Pre-production Press and Mail Run Test.

**See Page 26 of 43: PRE-PRODUCTION PRESS AND MAIL RUN TEST**

**Systems Change Validation Test**: The contractor shall furnish SSA samples within **two days** of receipt of the requested change. The Government will approve, conditionally approve or disapprove the samples within five workdays of receipt thereof.

**See Page 27 of 43: SYSTEMS CHANGE VALIDATION TEST**

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

***LIVE PRODUCTION:***

The **maximum** daily total number of mailers is estimated at 4,500. Following a Holiday, the **maximum** daily total number of mailers could be as high as 8,000.

**Complete mailing must be done within 5 workdays after receipt of each complete transmission.**

Complete production and mailing must be made on these letters within 5 workdays after receipt of each complete wire transmission; e.g., transmissions received on Monday must be mailed by the close of business the following Monday, transmissions received on Saturday or Sunday must be mailed by the close of business the following Friday.

***Adherence to the following schedule must be maintained.***

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

Contractor must not start production of any job prior to receipt of the daily electronic task order.

Furnished material and proofs must be picked up from and delivered to: Social Security Administration (SSA), DPM, ATTN: Justin Smith, Room 1363 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

Live production files will be transmitted on a daily basis Sunday through Saturday, except for Federal holidays, in which case the data will be transmitted on the next day (i.e., when a Federal holiday falls on a Friday, production files will be transmitted on Saturday).

**PRESS SHEET AND PRODUCTION INSPECTIONS:** The contractor must notify the GPO of the date and time that the Press Sheet Inspection OR Production Inspection can be performed. In order for proper arrangements to be made, notification must be given at least 72 hours prior to the inspection(s).

***If the backup facility is used for the production of these cover letters, the Government will require a product inspection. Prior to production, notification must be given at least 72 hours in advance of production start-up.***

Notify the U.S. Government Printing 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. See contract clauses, paragraph 14(e) (1), Inspections and Tests in GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)). When supplies are not ready at the time specified by the contractor for inspection, the Contracting Officer may charge to the contractor the additional cost of the inspection.

**NOTE: 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. destination must be delivered to the destination(s) specified, and products ordered for mailing f.o.b. contractor's city must be delivered to the post office.

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

Contractors are to report information regarding each order for compliance reporting purposes and include date of delivery (or shipment if applicable) for proofs and delivery schedules in accordance with the contract requirements by contacting Shared Support Services Compliance Section via e-mail to [compliance@gpo.gov](mailto:compliance@gpo.gov) or by calling (202) 512-0520 or faxing to (202) 512-1364. Personnel receiving the e-mail or call will be unable to respond to questions of a technical nature or 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 year's production under this contract. These units do not constitute, nor are they to be construed as, a guarantee of the volume of work which may be ordered under this contract for a like period of time.

The following item designations correspond to those listed in the "SCHEDULE OF PRICES".

- I. (a) 464
- (b) 10
- (c) 30
- (d) 10

- II. (a) 248
- (b) 11,322
- (c) 7,409
- (d) 864
- (e) 80,099
- (f) 116
- (g) 508
- (h) 648
- (i) 663
- (j) 9
- (k) 76
- (l) 1,421
- (m) 6,727
- (n) 31
- (o) 226
- (p) 25
- (q) 5,278
- (r) 838
- (s) 1,404
- (t) 521

III.	(1)	(2)	(3)	(4)
(a)	XXX	7,934	XXX	XXX
(b)	47,890	2,044	648	739
(c)	XXX	20,181	XXX	XXX
(d)	XXX	1,097	XXX	XXX
(e)	XXX	441	XXX	XXX
(f)	XXX	5,278	XXX	XXX
(g)	XXX	XXX	838	XXX
(h)	XXX	XXX	1404	XXX
(i)	XXX	XXX	XXX	521

- IV. (a) 527,720
- (b) 86,348
- (c) 52,054
- (d) 367,716

- V. (a) 1
- (b) 1
- (c) 1

**SECTION 4 - SCHEDULE OF PRICES**

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

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

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

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

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

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

Fractional parts of 100 will be prorated at the per 100 rate.

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

**I. COMPOSITION:** Before entering prices for composition, each bidder is cautioned to refer to all applicable paragraphs under "SECTION 2.- SPECIFICATIONS", pertaining to "COMPOSITION" and "PROOFS". The bidder shall take into consideration all factors commonly charged under trade practices. The prices offered must be all-inclusive, and must include the cost of all materials, operations, and proofs in accordance with the terms of these specifications. Claims for additional allowances under "commonly accepted trade practices" will not be considered.

A charge will be allowed for each 8-1/2 x 11" page (or up to 93.5 sq. in with any fractional remainder being counted as a whole unit)

- (a) Setting cover letters and/or inserts.....per 8-1/2 x 11" page..... \$ \_\_\_\_\_
- (b) Envelopes.....per 8-1/2 x 11" page..... \$ \_\_\_\_\_
- (c) Digital Content Proofs (Revised for AA's only) .....per 8-1/2 x 11" page..... \$ \_\_\_\_\_
- (d) Digital one-piece composite laminated half-tone proofs.....per 8-1/2 x 11" page..... \$ \_\_\_\_\_

**II. PRINTING/IMAGING, BINDING AND CONSTRUCTION:** Prices offered shall be all-inclusive for printing and binding as required, and shall include the cost of all required materials (except paper) and operations necessary for the complete production of the product listed in accordance with these specifications. Cost of all required paper must be charged under Item III. "PAPER".

- (a) \*Daily Makeready/Setup Charge ..... \$ \_\_\_\_\_

\*Contractor will be allowed only one (1) makeready/setup charge per day. This combined charge shall include all materials and operations necessary to makeready and/or setup the contractor's equipment for each type of Mailer (1E; 1S, 2E; 2S; 3E; 3S; 4E or 4S) run each day. Invoices submitted with more than one makeready/setup charge per day will be disallowed.

- (b) Cover Letters English or Spanish  
Price offered includes folding down to  
8-1/2 x 5-1/2" or 8-1/2 x 3-3/4", as required..... per 100 pages..... \$ \_\_\_\_\_

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

- (c) Saddle-stitched Pamphlets: 4 versions  
Flat size: 7 x 8"; Finished size: 3-1/2 x 8  
05-10026, 05-10095, 05-10926, 05-10995  
Prints in 2 Pantone Colors  
Prices offered includes binding ..... per 100 pages..... \$ \_\_\_\_\_
- (d) Saddle-stitched Pamphlet: 1 version  
Flat size: 7-1/2 x 5-1/2"; Finished size: 3-3/4 x 5-1/2"  
05-10074  
Prints in 2 Pantone Colors  
Prices offered includes binding ..... per 100 pages..... \$ \_\_\_\_\_
- (e) Saddle-stitched Pamphlets: 25 versions  
Flat size: 10-1/2 x 8"; Finished size: 5-1/4 x 8"  
05-10024, 05-10029, 05-10035, 05-10043, 05-10052  
05-10076, 05-10077, 05-10084, 05-10127, 05-10153,  
05-10903, 05-10924, 05-10927, 05-10929, 05-10935,  
05-10943, 05-10952, 05-10976, 05-10977, 05-10984,  
05-11000, 05-11011, 05-11015, 05-11024, 05-11090  
Prints in 2 Pantone Colors  
Prices offered includes binding ..... per 100 pages..... \$ \_\_\_\_\_
- (f) Leaflet: 1 version  
Flat size: 7 x 8"; Folded size: 3-1/2 x 8"  
05-10510  
Prints in 2 Pantone Colors  
Price offered includes folding ..... per 100 complete forms..... \$ \_\_\_\_\_
- (g) Leaflets: 9 (nine) versions  
Flat size: 10-1/2 x 8"; Folded size: 3-1/2 x 8"  
05-10018, 05-10053, 05-10087, 05-10097, 05-10900,  
05-10953, 05-10987, 05-11069, 05-11070  
Prints in 2 Pantone Colors  
Price offered includes folding ..... per 100 complete leaflets..... \$ \_\_\_\_\_
- (h) Leaflets: 5 (five) versions  
Flat size: 14 x 8"; Folded Size: 3-1/2 x 8"  
05-10058, 05-10064, 05-10072, 05-10073, 05-10958  
Prints in 2 Pantone Colors  
Price offered includes folding ..... per 100 complete leaflets..... \$ \_\_\_\_\_
- (i) Leaflets: 10 (ten) versions  
Flat size: 17-1/2 x 8"; Folded size: 3-1/2 x 8"  
05-10023, 05-10069, 05-10090, 05-10923, 05-10964,  
05-10969, 05-10972, 05-11008, 05-11017, 05-11098  
Prints in 2 Pantone Colors  
Price offered includes folding ..... per 100 complete leaflets..... \$ \_\_\_\_\_
- (j) Leaflet: 1 (one) version  
Flat size: 21 x 8"; Folded size: 3-1/2 x 8"  
05-10902  
Prints in 2 Pantone Colors  
Price offered includes folding ..... per 100 complete leaflets..... \$ \_\_\_\_\_

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

- (k) Leaflet: 1 (one) version  
Flat size: 24-1/2 x 8"; Folded size: 3-1/2 x 8"  
05-10002  
Prints in 2 Pantone Colors  
Price offered includes folding ..... per 100 complete leaflets..... \$ \_\_\_\_\_
- (l) Fact Sheets: 31 (thirty-one) versions  
Flat size: 8-1/2 x 11"; Folded size: 8-1/2 x 5-1/2"  
05-10007, 05-10021, 05-10022, 05-10031, 05-10041,  
05-10907, 05-10921, 05-10045, 05-10063, 05-10068,  
05-10070, 05-10075, 05-10085, 05-10093, 05-10096,  
05-10101, 05-10121, 05-10141, 05-10907, 05-10921,  
05-10922, 05-10931, 05-10941, 05-10945, 05-10968,  
05-10970, 05-10975, 05-10985, 05-10996, 05-11051,  
05-11052,  
Prints face and back in 2 Pantone Colors  
Prices offered includes folding..... per 100 complete fact sheets..... \$ \_\_\_\_\_
- (m) Form SS-5 (English or Spanish):  
Flat size: 25-1/2 x 11"; Folded size: 8-1/2 x 3-3/4"  
Prints face and back, in Black and PMS 287  
includes folding ..... per 100 complete forms..... \$ \_\_\_\_\_
- (n) Form SSA-721  
Flat size: 17 x 11"; finished size 8-1/2 x 11"  
4-page folded, with perforation on fold  
Printing in Black ink only  
Price offered includes folding with perf. .... per 100 complete forms..... \$ \_\_\_\_\_
- (o) Form 3368-BK; Form 3820-BK  
Flat size: 17 x 11" finished size 8-1/2 x 11"  
16-page paste-on-fold;  
Printing in Black ink only  
Price offered includes paste binding..... per 100 complete forms..... \$ \_\_\_\_\_
- (p) Form 3881-BK  
Flat size: 17 x 11"; finished size 8-1/2 x 11"  
8-page paste-on-fold;  
Printing in Black ink only  
Price offered includes paste binding..... per 100 complete forms..... \$ \_\_\_\_\_
- (q) White Window Envelope 4-1/8 x 9-1/2" ..... per 100 envelopes..... \$ \_\_\_\_\_
- (r) White Window Envelope 6-1/8 x 9-1/2" ..... per 100 envelopes..... \$ \_\_\_\_\_
- (s) White Window Envelope 6-1/2 x 10" ..... per 100 envelopes..... \$ \_\_\_\_\_
- (t) Kraft Window Envelope 9 x 12" ..... per 100 envelopes..... \$ \_\_\_\_\_

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

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

Cover Letters:	8-1/2 x 11"	A charge will be allowed in Format B for each page size leaf
Pamphlets:	3-1/2 x 8"	A charge will be allowed in Format A for each page size leaf
(based on page size)	5-1/4 x 8"	A charge will be allowed in Format A for each page size leaf
	3-3/4 x 5-1/2"	A charge will be allowed in Format A for each page size leaf
Leaflets:	7 x 8"	One page size leaf in Format B will be allowed for each leaflet
(based on flat size)	10-1/2 x 8"	One page size leaf in Format B will be allowed for each leaflet
	14 x 8"	One page size leaf in Format C will be allowed for each leaflet.
	17-1/2 x 8"	One page size leaf in Format D will be allowed for each leaflet.
	21 x 8"	One page size leaf in Format D will be allowed for each leaflet.
	24-1/2 x 8"	One page size leaf in Format D will be allowed for each leaflet.
Fact Sheets:	8-1/2 x 11"	One page size leaf in Format B will be allowed for each fact sheet.
Form SS-5:	25-1/2 x 11"	Three page size leaves in Format B will be allowed for each form.
Form 3368-BK:	8-1/2 x 11"	A charge will be allowed in Format B for each page size leaf
Form 3820-BK:	8-1/2 x 11"	A charge will be allowed in Format B for each page size leaf
Form 3881-BK:	8-1/2 x 11"	A charge will be allowed in Format B for each page size leaf
Form 721:	8-1/2 x 11"	A charge will be allowed in Format B for each page size leaf
Envelopes:	4-1/8 x 9-1/2"	One page size leaf in Format B will be allowed for each envelope.
	6-1/8 x 9-1/2"	One page size leaf in Format C will be allowed for each envelope.
	6-1/2 x 10"	One page size leaf in Format C will be allowed for each envelope.
	9 x 12"	One page size leaf in Format D will be allowed for each envelope.

	FORMAT A	FORMAT B	FORMAT C	FORMAT D
	<u>(5-1/4 x 8")</u>	<u>(8-1/2 x 11")</u>	<u>(14 x 8")</u>	<u>(24-1/2 x 8")</u>
	(1)	(2)	(3)	(4)
(a) White Offset Book (50 lb.)				
Cover letter - Per 100 leaves .....	N/A	\$ _____	N/A	N/A
(b) White Offset Book (60 lb.)				
All Pamphlets, Leaflets & Fact Sheets				
Per 100 leaves.....	\$ _____	\$ _____	\$ _____	\$ _____
(c) White Writing (20 lb.)				
Form SS-5; Form 3881-BK; Form 721				
Per 100 leaves.....	N/A	\$ _____	N/A	N/A
(d) Green Writing (20 lb.)				
Form 3368-BK				
Per 100 leaves.....	N/A	\$ _____	N/A	N/A
(e) Blue Writing (20 lb.)				
Form 3820-BK				
Per 100 leaves.....	N/A	\$ _____	N/A	N/A
(f) Envelope 4-1/8 x 9-1/2"				
White Writing Envelope (24 lb.)				
Per 100 leaves.....	N/A	\$ _____	N/A	N/A

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

(g)	Envelope 6-1/8 x 9-1/2" White Writing Envelope (24 lb.) Per 100 leaves.....	N/A	N/A	\$ _____	N/A
(h)	Envelope 6-1/2 x 10" White Writing Envelope (24 lb.) Per 100 leaves.....	N/A	N/A	\$ _____	N/A
(i)	Envelope 9 x 12" Light Brown Kraft (28 lb.) Per 100 leaves .....	N/A	N/A	N/A	\$ _____

**IV. INSERTING AND MAILING:** Prices offered include cover letter insertion, insert insertion, all labeling (SSA and USPS required), packing material (if required) and mailing. **Only one line item per mailer may be charged.**

- (a) Inserting and mailing of cover letters and inserts into letter-size envelope.....per envelope..... \$ \_\_\_\_\_
- (b) Inserting and mailing of cover letter and multiple item request(s) into a 6-1/8 x 9-1/2" or 6-1/2 x 10" white envelope .....per envelope..... \$ \_\_\_\_\_
- (c) Inserting and mailing of a cover letter and multiple item request(s) into a 9 x 12" kraft envelope ..... per kraft envelope..... \$ \_\_\_\_\_
- (d) A manual processing fee (price is to include Labeling /insertion charges will be permitted for 3E, 3S mailers and requests for multiple mailing kits (Form 1020)..... per container..... \$ \_\_\_\_\_

**V. PRE-PRODUCTION TESTS:** Price offered must include all costs incurred in performing the two (2) tests (Pre-production Press and Mail Run Test and Transmission Test) as specified in these specifications. These costs shall cover but are not limited to: machine time, personnel, all required materials, transmissions, electronic pre-press, plates, paper, printing, imaging, collating, inserting, mail preparation, and any other operations necessary to produce the required quantities of the product in the time specified and in accordance with specifications.

- (a) Pre-production Validation Test OR Systems Change Validation test ..... \$ \_\_\_\_\_
- (b) Pre-production Press and Mail Run Test..... \$ \_\_\_\_\_
- (c) Transmission Test ..... \$ \_\_\_\_\_

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

Bidder \_\_\_\_\_

\_\_\_\_\_  
 (City - State)

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

\_\_\_\_\_  
 (Person to be contacted)

\_\_\_\_\_  
 (Telephone Number)

**EXHIBIT A**  
**CONTRACTOR PERSONNEL SECURITY CERTIFICATION**

**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**  
**CONTRACTOR PERSONNEL SECURITY CERTIFICATION**

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



**EXHIBIT B**  
**SECURITY AND SUITABILITY REQUIREMENTS**

**SECURITY AND SUITABILITY REQUIREMENTS**

**Purpose:** To provide procedures for obtaining suitability determinations for contractor personnel who will be performing under the contract.

**Definition:** “*Performing under the contract*” is defined as either working on-site at an SSA facility (including visiting the SSA site for any reason) or having access to agency programmatic or sensitive information.

**Suitability Factors:** Suitability considerations include:

- Delinquency or misconduct in prior employment.
- Criminal, dishonest, infamous, or notoriously disgraceful conduct.
- The nature and seriousness of the conduct.
- When the conduct occurred.
- The applicant’s or employee’s age at the time of the conduct.
- The circumstances surrounding the conduct.
- Intentional false statement, deception, or fraud on application forms.
- Habitual use of intoxicating beverages to excess.
- Abuse of narcotics, drugs, or other controlled substances.
- Reasonable doubt as to the loyalty of the individual to the Government of the United States.
- The kind of position for which the person is applying or in which the person is employed.
- Contributing social and environmental conditions.
- The absence or presence of rehabilitation or efforts towards rehabilitation.

**Authorities:**

*Personnel* security requirements for programmatic and sensitive information are mandated by Executive Orders 10450 and 12968, and Title 5, Code of Federal Regulations (CFR), Parts 731, 732, and 736.

*Protective* security requirements mandated by the General Services Administration (GSA).

**EXHIBIT B**  
**SECURITY AND SUITABILITY REQUIREMENTS**

**Required Forms:**

Two (2) completed forms FD-258, "Fingerprint Charts\*," (The contractor will absorb the costs for obtaining fingerprints.)

One (1) completed SF-85P, "Questionnaire for Public Trust Positions,"

One (1) completed Optional Form 306, "Declaration for Federal Employment,"

Note: For Federal and Federal Contract Employment

One (1) completed "Fair Credit Reporting Act (FCRA) authorization form\*\*," and

For a non-U.S. citizen, one (1) legible photocopy of the work authorization permit and Social Security card.

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\* Preprinted with MD 900310Z, SOC SEC ADMIN, PROT SEC BR, BALTIMORE, MD on the form.

\*\* The FCRA, as amended on September 30, 1997, requires that the Government notify each applicant, employee, and contractor (in a document consisting solely of the notice) that a consumer report may be used for employment purposes. The applicant, employee, or contractor must authorize this use in writing before the Government obtains the consumer report. The FCRA also requires that, before taking adverse action relative to an employment decision based on a consumer report, the agency provide the consumer with a copy of the report, and a copy of the Federal Trade Commission's Consumer Rights Notice. To comply with these requirements, SSA requires that the contractor submit each applicant's or employee's signed FCRA authorization form along with the other investigative documents.

**Obtaining Forms:** The contracting officer will include a set of the forms with the signed contract.

The contractor may contact the Social Security Administration (SSA) Personnel Security Suitability Program Officer (SPO) on (410) 965-4548 for additional forms.

**Forms Completion:** The contractor must make sure that all forms are fully completed. This includes making sure that the fingerprint charts are printed legibly or typed in black ink and all signatures are in black ink.

**Forms Submission:** The contractor must submit the completed forms for each employee and replacement employee (including each subcontractor employee) who will be performing under the contract to the Personnel Security SPO. The Government will not permit contractor personnel to perform under the contract until the prescreening process is complete. See prescreening below.

Cover Letter:

The contractor must provide a cover letter listing:

The names of employees for whom completed forms are submitted;

The contract number; and

The contractor's contact name and telephone number.

**EXHIBIT B**  
**SECURITY AND SUITABILITY REQUIREMENTS**

Notes: (1) The prescreening process may take up to fifteen (15) days. (2) If contractor personnel will require access to an SSA facility, the contractor should contact the SSA project officer to obtain a copy of the access procedures. Also note that some facilities require access forms to be completed and approved after prescreening is completed but before access. The access process may take as many as seven (7) days (five (5) working days) at a Headquarter's facility. For access to a regional or field facility, contact the SSA project officer to determine how much time may be needed.

The Personnel Security SPO's address is:

Social Security Administration  
OPE Security and Suitability Staff  
Room 1260 Dunleavy  
6401 Security Boulevard  
Baltimore, Maryland 21235

Phone: (410) 965-4548

Note: The SSA Project Officer (PO) needs to know for whom and when the completed forms are submitted. To accomplish this, when submitting the forms for processing, the contractor must send a copy of the cover letter or e-mail this information to the PO.

**Waiver:**

For contractor employees performing services on-site at an SSA facility up to one (1) day *and* where access to programmatic or sensitive information is not required, the contractor may request that the Personnel Security SPO waive submission of the FD-258s and the Credit Authorization form.

If the SPO authorizes a waiver, it will apply only to the one (1) day for which the contractor requested it.

If an individual subsequently performs or is expected to perform additional work, the SPO will not approve another waiver. The contractor must therefore submit the FD-258s and Credit Authorization form.

**Prescreening:**

The Personnel Security SPO will use the information from the completed forms as part of the basis for making a prescreening determination. The Personnel Security SPO will notify the contractor whether a prospective employee may or may perform under the contract pending a final suitability determination. Concurrently, the Personnel Security SPO will send a copy of the notification to the contracting officer and project officer.

Timeframe for Prescreening

The contractor should anticipate that the Personnel Security SPO will issue the notification within fifteen (15) days after receipt of the properly completed forms.

Final Suitability Determination

The Personnel Security SPO makes the final suitability determination for each contractor employee.

**EXHIBIT B**  
**SECURITY AND SUITABILITY REQUIREMENTS**

Note: The contractor may expect a final suitability determination to be received approximately 45 days after submittal of the completed forms.

**Unsuitable Employees:**

If the Government determines that a contractor employee or applicant is unsuitable, the Personnel Security SPO will advise the contractor in writing that such employee may not continue to perform or begin performing under the contract. Concurrently, the Personnel Security SPO will send a copy of the notification to the CO and PO.

When the contractor receives the notification, the contractor must *immediately* remove the employee from performing under the contract. The contractor must confirm, in writing to the SPO, the date of the employee's removal.

Concurrently, the SPO will advise the PO and CO that he has notified the contractor that the proposed contractor personnel have been determined unsuitable/unfit to perform on the contract and must be replaced. The letter will also request that a replacement(s) be named and the appropriate security forms completed as quickly as possible in order that contract performance will not be adversely impacted. The SPO's letter will also advise the contractor to contact the CO if there are any contract performance problems related to the removal.

Neither the denial resulting from the prescreening nor the removal of an individual determined unsuitable gives rise to an equitable adjustment under the contract.

**Contractor Notification to Government:**

In the event that contractor personnel performing on this contract either leave the company or are removed from the project, or are arrested or charged with a crime during the term of this contract, the contractor shall notify the Personnel Security SPO immediately. In the notification, the contractor must provide the contractor personnel name(s), SSN, the type of charge(s), the court date, and, if available, the disposition of the charge(s).

**Government Control:**

The Government has full control over granting, denying, or withholding access to SSA facilities and for requiring the contractor to remove personnel from performing under the contract.

Following a successful prescreening, the Government will usually permit contractor personnel to work on the contract pending a final suitability determination.

Permitting a contractor employee to work does not assure that a favorable final suitability determination will follow. This permission to work or issuance of a favorable final suitability determination does not prevent, preclude, or bar the Government from withdrawing or terminating any such permission or suitability determination.

# EXHIBIT C

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Page 1 of 11

Standard Form 85P  
Revised September 1995  
U.S. Office of Personnel Management  
5 CFR Parts 731, 732, and 736

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

### 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.

#### 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.**

# EXHIBIT C QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

### 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	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

### 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.

# EXHIBIT C

## QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Standard Form 85P (EG)  
 Revised September 1995  
 U.S. Office of Personnel Management  
 5 CFR Parts 731, 732, and 736

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

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	<input type="checkbox"/> None	<b>Other Address</b>					<b>ZIP Code</b>	
<b>L</b> SOI		<input type="checkbox"/> NPRC							
		<input type="checkbox"/> At SON							
<b>M</b> Location of Security Folder	<input type="checkbox"/> None	<b>Other Address</b>					<b>ZIP Code</b>		
	<input type="checkbox"/> At SOI								
	<input type="checkbox"/> 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> - 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>					
Last Name	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>
--	--------	-------	---------------------------------------	---------------------------------

**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

<b>7 TELEPHONE NUMBERS</b>	Home (include Area Code)
Work (include Area Code and extension)	Day
Day	Night

<b>8 CITIZENSHIP</b>	Your Mother's Maiden Name
<b>a</b> Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<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.

**Naturalization Certificate (Where were you naturalized?)**

Court	City	State	Certificate Number	Month/Day/Year Issued
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**Citizenship Certificate (Where was the certificate issued?)**

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

**State Department Form 240 - Report of Birth Abroad of a Citizen of the United States**

Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation
--	----------------	-------------

**U.S. Passport**

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
---------

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

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

# EXHIBIT C QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**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.

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

<b>#1</b>	Month/Year To	Month/Year	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 ( )						
<b>#2</b>	Month/Year To	Month/Year	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 ( )						
<b>#3</b>	Month/Year To	Month/Year	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 →

# EXHIBIT C QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**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 To	Month/Year Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
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 To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
<b>#2</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
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 To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
<b>#3</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
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 To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		
	Month/Year To	Month/Year		Position Title	Supervisor		

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

# EXHIBIT C QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

<b>#4</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
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 #4)</b>	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
<b>#5</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
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 #5)</b>	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
<b>#6</b>	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank	
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 #6)</b>	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		

<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 →



# EXHIBIT C QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

<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.																						
<table style="width: 100%; font-size: small;"> <tr> <td colspan="2">Codes for Investigating Agency</td> <td colspan="3">Codes for Security Clearance Received</td> </tr> <tr> <td>1 - Defense Department</td> <td>4 - FBI</td> <td>0 - Not Required</td> <td>3 - Top Secret</td> <td>6 - L</td> </tr> <tr> <td>2 - State Department</td> <td>5 - Treasury Department</td> <td>1 - Confidential</td> <td>4 - Sensitive Compartmented Information</td> <td>7 - Other</td> </tr> <tr> <td>3 - Office of Personnel Management</td> <td>6 - Other (Specify)</td> <td>2 - Secret</td> <td>5 - Q</td> <td></td> </tr> </table>			Codes for Investigating Agency		Codes for Security Clearance Received			1 - Defense Department	4 - FBI	0 - Not Required	3 - Top Secret	6 - L	2 - State Department	5 - Treasury Department	1 - Confidential	4 - Sensitive Compartmented Information	7 - Other	3 - Office of Personnel Management	6 - Other (Specify)	2 - Secret	5 - Q	
Codes for Investigating Agency		Codes for Security Clearance Received																				
1 - Defense Department	4 - FBI	0 - Not Required	3 - Top Secret	6 - L																		
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3 - Office of Personnel Management	6 - Other (Specify)	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. Note: 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 →

# EXHIBIT C QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

<b>20 YOUR POLICE RECORD</b> <i>(Do not include anything that happened before your 18th birthday.)</i>					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)						
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 Oblige			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 ➔

**EXHIBIT C**  
**QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Standard Form 85P  
 Revised September 1995  
 U.S. Office of Personnel Management  
 5 CFR Parts 731, 732, and 736

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

**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> (      )

**EXHIBIT C**  
**QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS**

Standard Form 85P  
Revised September 1995  
U.S. Office of Personnel Management  
5 CFR Parts 731, 732, and 736

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

**UNITED STATES OF AMERICA**

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

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

**Instructions for Completing this Release**

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

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

---

(Investigator instructed to write in position title.)

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

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

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

What is the prognosis?

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

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

Signature ( <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> ) (     )		

**Print Form**

**Save Form**

**Clear Form**



## Declaration for Federal 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.

## Declaration for Federal Employment

Form Approved  
OMB No. 3208-0182

### GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

### 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" skip 7b and 7c. If "YES" go to 7b.*  
 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go 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 *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 <small>MM/DD/YYYY</small>	To <small>MM/DD/YYYY</small>	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 10 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.) <i>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.</i>	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? <i>(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.</i>	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>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.</i>	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i>	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.) <i>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.</i>	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration for Federal Employment

Form Approved: OMB No. 3206-0182

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 [checkbox] [checkbox]

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 [checkbox] [checkbox]

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 [checkbox] [checkbox] [checkbox]

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 [checkbox] [checkbox] [checkbox]

**EXHIBIT F**  
**FAIR CREDIT REPORTING ACT**  
**AUTHORIZATION FORM**

**Page 1 of 4**

**Exhibit F**

**Federal Investigations Notice**

**Letter No. 98-02**

**Date: March 6, 1998**

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

Most notably, **Section 1681b** of title 15 addresses permissible purposes for which consumer reports may be furnished and conditions for furnishing and using consumer reports for employment purposes. If an agency intends to use a consumer report for employment purposes, **Subsection 1681b (b) (2)** of title 15 requires that the applicant/employee be notified in a document consisting solely of the notice that a consumer report may be used, and the applicant/employee must authorize this use in writing before the consumer report is obtained.

**Subsection 1681b (b)(3)** of title 15 requires that, before taking adverse action relative to an employment decision based on a consumer report, the agency must provide the consumer with a copy of the report, and a copy of the Federal Trade Commission's (FTC) Consumer Rights Notice.

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

We will ask that the certification acknowledge that the requesting Federal agency is the procurer of the credit report for purposes of compliance with the FCRA.

We will also ask that the requesting Federal agency certify that it is compliant with all relevant provisions of the FCRA. This certification should include certification that the agency will (a) clearly and conspicuously disclose to the

**EXHIBIT F**  
**FAIR CREDIT REPORTING ACT**  
**AUTHORIZATION FORM**

subject of investigation, in a written document consisting solely of the disclosure, that the agency may obtain a credit report for employment purposes; and (b) obtain the subject's written authorization to obtain the credit report. It will also state that the agency will not take adverse action against the subject of investigation, based in whole or in part upon the credit report, without first providing the subject a copy of the report and a written description of the subject's rights as described by the FTC under **Section 1681g(c)(3)** of title 15. Finally, the certification must state that the requesting Federal agency will not use any information from the consumer report in violation of any applicable equal employment opportunity law or regulation.

A sample release for obtaining written authorization from each affected applicant/employee, as well as a copy of the FTC's Consumer Rights Notice are attached for your information and may be reproduced as necessary. You can obtain additional information regarding the FCRA at the Federal Trade Commission's web site (<http://www.ftc.gov>).

Attachments

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

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SAMPLE RELEASE  
Fair Credit Reporting Act of 1970, as amended

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

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

I hereby authorize the \_\_\_\_\_ to obtain such report(s) from any  
(Name of Requesting Agency)  
consumer/credit reporting agency for employment purposes.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(SSN)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# EXHIBIT F

## FAIR CREDIT REPORTING ACT AUTHORIZATION FORM

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

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### A Summary of Your Rights Under the Fair Credit Reporting Act

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

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

**EXHIBIT F  
FAIR CREDIT REPORTING ACT  
AUTHORIZATION FORM**

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers, without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

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

**EXHIBIT G**  
**100% ACCOUNTABILITY AND SUMMARY REPORTS**

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

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

Example:

<b>Audit Report</b>								
<b>Program 123-S/SSA Notices Name/PO#54001/File Date</b>								
<b>PC # and Sequence Numbers and Volume</b>								
Inserter ID	Date	Start Time	End Time	Start Range	End Range	Total	EVENT	STATUS
Inserter 1	05/10/12	10:31:04 AM	11:12:45 AM	19386	21567	2182	Standard Processing	Inserted
Operator Joe	05/10/12	11:12:50 AM	11:12:50 AM	21568		1	Diverted	Routed to Reprint
	05/10/12	11:13:10 AM	11:28:06 AM	21569	22516	948	Standard Processing	Inserted
	05/10/12	11:28:07 AM	11:28:10 AM	22517	22518	2	Diverted/ leave count unverified	Routed to Reprint
	05/10/12	11:29:30 AM	11:29:35 AM	22519	22521	3	Diverted/missing piece	Routed to Reprint
	05/10/12	11:29:45 AM	11:30:15 AM	22522		1	Diverted/manual insertion of pub	Manual Scan
	05/10/12	11:30:34 AM	11:40:35 AM	22523		1	Diverted/misread	Manual Scan
Inserter 2	05/11/12	8:12:50 AM	8:12:50 AM	21568		1	Standard Processing	Inserted
(REPRINTS)	05/11/12	8:28:07 AM	8:28:10 AM	22517	22518	2	Standard Processing	Inserted
Operator Sue	05/11/12	8:29:30 AM	8:29:35 AM	22519	22521	3	Standard Processing	Inserted
<b>TOTALS</b>								
							Machine Inserted:	26604
							Sent to Reprints:	582
							Reprints Recovered:	582
							Records Accounted for:	27186
							Duplicates:	16
							Duplicates Verified:	16
							Records Less Duplicates:	27170
							Reported Output:	27170
							Variance:	0

**EXHIBIT G**  
**100% ACCOUNTABILITY AND SUMMARY REPORTS**

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

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

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

**EXHIBIT H  
SYSTEM PLAN**

TYPE OF PROPOSED MAINFRAME PLATFORM \_\_\_\_\_

TYPE OF PERSONAL COMPUTER \_\_\_\_\_

MEDIA TO BE USED FOR RECEIPT OF FILE TRANSMISSION \_\_\_\_\_

FILE STORAGE MEDIUM \_\_\_\_\_

CYBERFUSION INSTALLED? \_\_\_\_\_

AMOUNT OF AVAILABLE FILE STORAGE SPACE \_\_\_\_\_

TYPE OF PRINT STREAM MAIL RUN CONTROL SYSTEM \_\_\_\_\_

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

## EXHIBIT 1

**VENDOR RECORD SPECIFICATIONS**  
(1999 to Present)

SSA-455-OCR-SM

Location	Field Name	Picture	Size	Note
1-5	Scanning Form Identification Code (SFIC)	N	5	1)
6-23	DATE (DOM)	C	18	2)
24-38	Report Period From Date (RPLIT)	C	15	3)
39-52	Telephone Number (BTN & BTC1 or TL)	C	14	4)
53-60	PSC:	N	8	5)
61-90	Beneficiary's Name	A	30	6)
91-104	Claim Number (SSN and BIC or SN and ID)	C	14	7)
105-126	PNA 1	C	22	
127-148	PNA 2	C	22	
149-170	PNA 3	C	22	
171-192	PNA 4	C	22	
193-214	PNA 5	C	22	
215-236	PNA 6	C	22	
237-246	ZIP CODE	C	10	7)

March 7, 2003

Location	Field Name	Picture	Size	Note
247-278	SCANLINE 1	C	32	8)
247-255	Field 1- Social Security Number (SSN or SN)	N	9	
256	/- Slash - field delimiter	C	1	
257-258	Field 2- Claim Identification Code (BIC or ID)	C	2	
259	/- Slash - field delimiter	C	1	
260-263	Field 3- Year of Birth (YOB) (CCYY)	N	4	
264	/- Slash - field delimiter	C	1	
265-268	Field 4- Prior CDR End Date Year (PCEDY) (CCYY)	N	4	
269	/- Slash - field delimiter	C	1	
270-277	Field 5- Primary and Secondary Impairments (DIG and SDIG)	N	8	
278	/- Slash - field delimiter	C	1	

March 7, 2003

Location	Field Name	Picture	Size	Note
279-310	SCANLINE 2	C	32	8)
279	Field 1- Medical Diary Reason (MDR)	C	1	
280	/- Slash - field delimiter	C	1	
281-283	Field 2- Concurrent Entitlement Indicator (CON)	C	3	
284	/- Slash - field delimiter	C	1	
285	Field 3- ORB (ORB)	C	1	
286	/- Slash - field delimiter	C	1	
287-290	Field 4- Profile Number (SCORE)	N	4	
291	/- Slash - field delimiter	C	1	
292-297	Field 5- Report Period "From" Date (RPDTE) (MMCCYY)	N	6	
298	/- Slash - field delimiter	C	1	
299	Field 6- Scanning Form Identification Code (SFIC)	N	1	
300	/- Slash - field delimiter	C	1	
301	Field 7- Payment Center Code (PCC)	N	1	
302	/- Slash - field delimiter	C	1	
303-305	Field 8- Servicing State Agency (DDS or SAC)	C	3	
306	/- Slash - field delimiter	C	1	
307-309	Field 9- District Office Code (DOC)	C	3	
310	/- Slash - field delimiter	C	1	

March 7, 2003

Location	Field Name	Picture	Size	Note
311-342	SCANLINE 3	C	32	8)
311-327	Field 1- Field Office Name (FONM)	C	17	
328	/- Slash - field delimiter	C	1	
329-330	Field 2- Field Office State (FOST)	C	2	
331	/- Slash - field delimiter	C	1	
332-341	Field 3- Field Office Zip Code (FOZ)	N	10	
342	/- Slash - field delimiter	C	1	
-----	-----End of Scanline 3--	-----	-----	-----
343-345	ZIP DELIVERY POINT CODE (ZDPC)	C	3	
346-400	FILLER (BLANKS)	C	55	10)
-----	-----End of Specifications--	-----	-----	-----

- 1) Acceptable values are 11111, 22222, 33333, 44444, 55555, 66666, 77777, or 88888. The value is printed in OCR A font.
- 2) Month is spelled out in English. Maximum length is 18 (September XX, XXXX), but can be as short as 12 (May XX, XXXX).
- 3) Month is spelled out in English. Maximum length is 15 (September, 1995), but can be as short as 9 (May, 1995). The entry is closed up such that the last letter in the name of the month is followed by a comma, which is followed by a blank space, which is followed by the year, which is then followed by any blank spaces to the maximum overall length of 15.
- 4) Maximum length is 14, including hyphens and blank, but can be as short as 12. No centering of shorter insert is required.

March 7, 2003

5) Includes printing of " PSC: 0" (note the 2 blank spaces before the first letter P, and the blank space between the colon and the number), as the location or placement of the entire field will vary slightly with the placement of PNA1, which it follows in same line.

6) Beneficiary's name is partitioned as follows:

TII Cartridges: Positions #61 through 70 = first name  
 Position #71 = middle initial  
 Positions #72 through 90 = last name

TXVI Cartridges: Positions #61 through 70 = first name  
 Position #71 = blank space  
 Position #72 = middle initial  
 Position #73 = blank space  
 Positions #74 through 85 = last name  
 Positions #86 through 90 = blank spaces

Maximum length is 30; shorter names need not be centered in available space. However, the contractor must make the adjustment so that appropriate spacing is provided between the first name, middle initial and last name.

7) Includes hyphens and/or blanks.

8) Includes a slash (/) as a delimiter between all fields except fields 2 (DIG) and 3 (SDIG) in scanline 2 and at the end of each line (at positions 256, 259, 261, 266, 273, 275, 280, 289, 291, 296, 298, 302, 313, 337, 340, 344, and 348), all in OCR A character set.

Absent numeric/digit data defaults to zeroes (00000's), and absent alpha or combined alphanumeric data defaults to dashes (-----'s). For example, a single alpha BIC of "A" in Line 1, Field 2 is read as "A-", and an absent Prior CDR End Year Date in Line 2, Field 4 is read as "00".

The scanlines are fixed in length.

March 7, 2003

Line 1: 11111111/22/3333/4444/55555555/ - 27 alpha-  
numerics and 5 /'s.

Field 1 = SOCIAL SECURITY NUMBER - SSN/SN -  
(9 digits);

Field 2 = CLAIM IDENTIFICATION CODE - BIC/ID -  
2 positions consisting of 1 alpha, which may  
be followed by a second alpha or a numeric;

Field 3 = YEAR OF BIRTH - YOB - 4 digits = cyyy.

Field 4 = PRIOR CDR END DATE YEAR - PCEDY -  
4 digits = cyyy;

Field 5 = PRIMARY AND SECONDARY IMPAIRMENTS - DIG/SDIG  
- 8 digits corresponding to MBR or SSR values  
for same;

Line 2: 1/222/3/4444/555555/6/7/888/999/ - 23 alpha-  
numerics and 9 /'s.

Field 1 = MEDICAL DIARY REASON - MDR - 1 alpha or  
numeric;

Field 2 = CONCURRENT ENTITLEMENT (CON) - 3 alphas or  
numerics - T2: SIFT, SISC and SILAC, or  
T16: LAF and PCO

Field 3 = ORB - 1 alpha or numeric;

Field 4 = PROFILE NUMBER (SCORE) - 4 digits;

Field 5 = REPORT PERIOD "FROM" DATE - 6 digits =  
mmccyy;

Field 6 = SCANNING FORM IDENTIFICATION CODE - SFIC -  
1 numeric - possible values are 1, 2, 3, 4,  
5, 6, 7, or 8;

Field 7 = PCC / PAYMENT CENTER CODE - PCC -  
1 digit = 1 to 8;

Field 8 = SERVICING STATE AGENCY - DDS/SAC -  
3 alphas and/or numerics;

Field 9 = DISTRICT OFFICE CODE - DOC, derived from DOC  
or DIS - 3 alphas and/or numerics.

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Line 3: 111111111111111111/22/33333-3333/ - Consisting of no more than 29 alpha-numeric and 3 /'s.

Field 1 = FIELD OFFICE CITY NAME - FONM - up to 17 alphas;

Field 2 = FIELD OFFICE STATE - FOST - 2 alphas;

Field 3 = FIELD OFFICE ZIP CODE - FOZ, derived from DOORS database - 10 alpha-numeric.

- 9) NOTE: This value must always be the same as the value printed in locations 1, 2, 3, 4 or 5.
- 10) Reserved for future use to avoid having to increase the record length/size in the future).

Informational: View of scanlines

SCANLINES

XXXXXXXXXX/XX/XXXX/XXXX/XXXXXXXXXX/ 247-278  
X/XXX/X/XXXX/XXXXXX/X/X/XXX/XXX/ 279-310  
XXXXXXXXXXXXXXXXXX/XX/XXXXXXXXXX/ 311-342

Automated Report - 1020-English/1020-SP Mailing Kit Usage

PIRS PIR3E R131108 1020Usage.txt

Run-Date 11-11-2013

SSA PIRS - SSA 1020 E USAGE REPORT

Pubs	*---SSA 1020 E was the only publication requested---*					*1020E w/otherpubs*	
	Count	#-of-Pubs	6x10-Env	9x12-Env	Carton	Count	#-of-Pubs
01	614	614	614			36	36
02	296	592	296			4	8
03	12	36	12				
04	4	16		4			
05	8	40		8		1	5
07	1	7		1			
09	1	9		1			
10	6	60		6			
TOT	942	1374	922	20	0	41	49

Note: SSA 1020 E was the only publication requested  
 614 Pubs=1 Single Form-1020 mailing kit  
 760 Pubs=2 to 99 Multiple Form-1020 mailing kits (w/o other publications)

Note: SSA 1020 E with other publications requested  
 49 Pubs=1 to 99 Multiple Form-1020 mailing kits (w other publications)

1468 Total Ssa1020 Records Read

**Exhibit J**  
**Automated Report - 1020-English/1020-SP Mailing Kit Usage**

PIRS PIR3S R131108 1020Usage.txt

Run-Date 11-11-2013

SSA PIRS - SSA 1020 S USAGE REPORT

Pubs	*---SSA 1020 s was the only publication requested---*					*1020S w/otherpubs*	
	Count	#-of-Pubs	6x10-Env	9x12-Env	Carton	Count	#-of-Pubs
01	24	24	24			3	3
02	4	8	4				
05						1	5
TOT	28	32	28	0	0	4	8

Note: SSA 1020 s was the only publication requested  
 24 Pubs=1 Single Form-1020 mailing kit  
 8 Pubs=2 to 99 Multiple Form-1020 mailing kits (w/o other publications)

Note: SSA 1020 s with other publications requested  
 8 Pubs=1 to 99 Multiple Form-1020 mailing kits (w other publications)

49 Total Ssa1020 Records Read

Exhibit K  
Automated Report - Envelope Usage

Cartons\_110813M124\_110813M3.txt

Cartons for 110813M124\_110813M3

Package Type	# of Cartons
6x10_1020	000330
6x10_1020_ind	000616
6x9	000218
9x12	000167
9x12_1020	000034
carton	000010
env10	000311
env10_ind	001235
	-----
	002921

**Exhibit L**  
**Automated Report – Cover Letter Usage**

verify.txt

Compare Counts: 110813M124 110813M3

M1E	1336	-	OK
M1S	11	-	OK
M2E	3	-	OK
M2S	0	-	OK
M3E	1468	-	OK
M3S	49	-	OK
M4E	0	-	OK
M4S	0	-	OK
M5E	0	-	OK
M5S	0	-	OK
M6E	0	-	OK
M6S	0	-	OK

**Exhibit M**  
**Email Address File of Key GPO and SSA Personnel**

**Page 1 of 1**

<b><u>Contact</u></b>	<b><u>Email</u></b>	<b><u>Phone Number</u></b>
Tina Johnson, DPM Contract Lead	<a href="mailto:Tina.Johnson@ssa.gov">Tina.Johnson@ssa.gov</a>	410-965-1146 (Work) 443-386-9871 (Cell)
Justin Smith, DPM Back-up	<a href="mailto:Justin.Smith@ssa.gov">Justin.Smith@ssa.gov</a>	410-966-2173
Colleen Wise, DPM Supervisor	<a href="mailto:Colleen.Wise@ssa.gov">Colleen.Wise@ssa.gov</a>	410-965-4197
David Love, GPO Contract Specialist	<a href="mailto:DLove@gpo.gov">DLove@gpo.gov</a>	202-512-0310
Brian Coleman, GPO Contracting Officer	<a href="mailto:BColeman@gpo.gov">BColeman@gpo.gov</a>	202-512-0310

**Exhibit N  
Publications Spreadsheet**

pub seq.	Bucket	SSA Pub No. / Form	ICN	title	type	flat size	finished size	page count	FORMAT	JCP	stock
8	9	05-10026	455360	Benefits for Children With Disabilities	pamphlet	7 x 8"	3-1/2 x 8"	20	A	A60	60 lb. White Offset Book
36	21	05-10095	468625	Working While Disabled--How We Can Help	pamphlet	7 x 8"	3-1/2 x 8"	16	A	A60	60 lb. White Offset Book
53	35	05-10926	483400	Benefits for Children With Disabilities (Spanish)	pamphlet	7 x 8"	3-1/2 x 8"	20	A	A60	60 lb. White Offset Book
75	47	05-10995	487110	Working While Disabled--How Social Security Can Help (Spanish)	pamphlet	7 x 8"	3-1/2 x 8"	16	A	A60	60 lb. White Offset Book
27	59	05-10074	467750	If You Are a Farm Worker	pamphlet	7-1/2 x 5-1/2"	3-3/4 x 5-1/2"	44	A	A60	60 lb. White Offset Book
7	8	05-10024	454930	Understanding the Benefits	pamphlet	10-1/2 x 8"	5-1/4 x 8"	24	A	A60	60 lb. White Offset Book
9	10	05-10029	456000	Disability Benefits	pamphlet	10-1/2 x 8"	5-1/4 x 8"	20	A	A60	60 lb. White Offset Book
11	11	05-10035	457500	Retirement Benefits	pamphlet	10-1/2 x 8"	5-1/4 x 8"	20	A	A60	60 lb. White Offset Book
13	12	05-10043	460000	Medicare	pamphlet	10-1/2 x 8"	5-1/4 x 8"	16	A	A60	60 lb. White Offset Book
15	64	05-10052	462554	If You Are Blind or Have Low Vision - How We Can Help	pamphlet	10-1/2 x 8"	5-1/4 x 8"	12	A	A60	60 lb. White Offset Book
29	18	05-10076	468025	A Guide For Representative Payees	pamphlet	10-1/2 x 8"	5-1/4 x 8"	20	A	A60	60 lb. White Offset Book
30	19	05-10077	468300	What You Need To Know When You Get Retirement or Survivors Benefits	pamphlet	10-1/2 x 8"	5-1/4 x 8"	28	A	A60	60 lb. White Offset Book
31	20	05-10084	468540	Survivors Benefits	pamphlet	10-1/2 x 8"	5-1/4 x 8"	12	A	A60	60 lb. White Offset Book
41	22	05-10127	480067	What Every Woman Should Know	pamphlet	10-1/2 x 8"	5-1/4 x 8"	24	A	A60	60 lb. White Offset Book
43	23	05-10153	480165	What You Need To Know When You Get Disability Benefits	pamphlet	10-1/2 x 8"	5-1/4 x 8"	24	A	A60	60 lb. White Offset Book
47	49	05-10903	482028	What You Need To Know When You Get Disability Benefits (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	24	A	A60	60 lb. White Offset Book
52	34	05-10924	483330	Understanding the Benefits (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	28	A	A60	60 lb. White Offset Book
54	48	05-10927	483405	What Every Woman Should Know (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	28	A	A60	60 lb. White Offset Book
55	36	05-10929	483750	Disability Benefits (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	20	A	A60	60 lb. White Offset Book
57	37	05-10935	484360	Retirement Benefits (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	20	A	A60	60 lb. White Offset Book
59	38	05-10943	485500	Medicare (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	20	A	A60	60 lb. White Offset Book
61	82	05-10952	486709	If You Are Blind or Have Low Vision - How We Can Help (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	12	A	A60	60 lb. White Offset Book
70	44	05-10976	487054	A Guide For Representative Payees (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	20	A	A60	60 lb. White Offset Book
71	45	05-10977	487056	What You Need To Know When You Get Retire. or Survivors Bene. (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	28	A	A60	60 lb. White Offset Book
72	46	05-10984	487075	Survivors Benefits (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	12	A	A60	60 lb. White Offset Book
77	24	05-11000	480200	Supplemental Security Income	pamphlet	10-1/2 x 8"	5-1/4 x 8"	12	A	A60	60 lb. White Offset Book
79	26	05-11011	480265	What You Need To Know When You Get SSI	pamphlet	10-1/2 x 8"	5-1/4 x 8"	28	A	A60	60 lb. White Offset Book
80	27	05-11015	480300	A Guide To SSI For Groups And Organizations	pamphlet	10-1/2 x 8"	5-1/4 x 8"	28	A	A60	60 lb. White Offset Book
82	52	05-11024	487415	What You Need To Know When You Get SSI (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	32	A	A60	60 lb. White Offset Book
87	50	05-11090	480409	Supplemental Security Income (Spanish)	pamphlet	10-1/2 x 8"	5-1/4 x 8"	12	A	A60	60 lb. White Offset Book
44	101	05-10510	470114	Online Retirement Estimator	leaflet	7 X 8	3-1/2 x 8"	4	B	A60	60 lb. White Offset Book
3	63	05-10018	454500	How Workers' Comp. and Other Disability Pay. May Affect Your Benefits	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
16	65	05-10053	462555	How We Decide If You Are Still Disabled	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
33	66	05-10087	468580	A Special Examination Is Needed for Your Disability Claim	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book

**Exhibit N  
Publications Spreadsheet**

pub seq.	Bucket	SSA Pub No. / Form	ICN	title	type	flat size	finished size	page count	FORMAT	JCP	stock
38	72	05-10097	468634	When a Representative Payee Manages Your Money	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
45	87	05-10900	482017	When A Representative Payee Manages Your Money (Spanish)	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
62	83	05-10953	486710	How We Decide If You Are Still Disabled (Spanish)	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
74	84	05-10987	487098	A Special Examination Is Needed for Your Disability Claim (Spanish)	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
85	28	05-11069	480390	You May Be Able To Get SSI	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
86	53	05-11070	487427	You May Be Able To Get SSI (Spanish)	leaflet	10-1/2 x 8"	3-1/2 x 8"	2	B	A60	60 lb. White Offset Book
19	98	05-10058	463250	Your Right To Question The Decision Made On Your Claim	leaflet	14 x 8"	3-1/2 x 8"	8	C	A60	60 lb. White Offset Book
21	58	05-10064	463270	Identity Theft and Your Social Security Number	leaflet	14 x 8"	3-1/2 x 8"	2	C	A60	60 lb. White Offset Book
25	17	05-10072	467510	How You Earn Credits	leaflet	14 x 8"	3-1/2 x 8"	2	C	A60	60 lb. White Offset Book
26	95	05-10073	467520	Get Your Payments Electronically	leaflet	14 x 8"	3-1/2 x 8"	8	C	A60	60 lb. White Offset Book
63	99	05-10958	486750	Your Right To Question The Decision Made On Your Claim (Spanish)	leaflet	14 x 8"	3-1/2 x 8"	8	C	A60	60 lb. White Offset Book
6	56	05-10023	454925	Social Security Numbers for Children	leaflet	17-1/2 x 8"	4-3/8" x 8"	2	D	A60	60 lb. White Offset Book
23	15	05-10069	467005	How Work Affects Your Benefits	leaflet	17-1/2 x 8"	4-3/8" x 8"	2	D	A60	60 lb. White Offset Book
34	67	05-10090	468610	Your Right to Question the Decision to Stop Your Disability Benefits	leaflet	17-1/2 x 8"	3-1/2 x 8"	2	D	A60	60 lb. White Offset Book
51	77	05-10923	483320	Social Security Numbers for Children (Spanish)	leaflet	17-1/2 x 8"	4-3/8" x 8"	2	D	A60	60 lb. White Offset Book
64	79	05-10964	486780	Identity Theft And Your Social Security Number (Spanish)	leaflet	17-1/2 x 8"	3-1/2 x 8"	2	D	A60	60 lb. White Offset Book
66	41	05-10969	487036	How Work Affects Your Benefits (Spanish)	leaflet	17-1/2 x 8"	4-3/8" x 8"	2	D	A60	60 lb. White Offset Book
68	43	05-10972	487045	How You Earn Credits (Spanish)	leaflet	17-1/2 x 8"	4-3/8" x 8"	2	D	A60	60 lb. White Offset Book
78	102	05-11008	480246	Your Right to Question a Decision Made on Your SSI	leaflet	17-1/2 x 8"	3-1/2 x 8"	10	D	A60	60 lb. White Offset Book
81	68	05-11017	480302	Working While Disabled - A Guide to Plans for Achieving Self-Support	leaflet	17-1/2 x 8"	4-3/8" x 8"	2	D	A60	60 lb. White Offset Book
88	103	05-11098	487433	Your Right to Question a Decision Made on Your SSI (Spanish)	leaflet	17-1/2 x 8"	3-1/2 x 8"	10	D	A60	60 lb. White Offset Book
46	75	05-10902	482020	Your Number and Card (Spanish)	leaflet	21 x 8"	3-1/2 x 8"	2	D	A60	60 lb. White Offset Book
1	54	05-10002	451384	Your Social Security Number and Card	leaflet	24-1/2 x 8"	3-1/2 x 8"	2	D	A60	60 lb. White Offset Book
2	6	05-10007	451453	Government Pension Offset	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
4	55	05-10021	454750	Household Workers	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
5	1	05-10022	454900	If You are Self-Employed	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
10	104	05-10031	456100	Schedule of Social Security Payments 2013 and 2014	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
12	57	05-10041	459260	The Appeals Process	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
14	13	05-10045	460275	The Windfall Elimination Provision	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
20	70	05-10063	463264	Special Payments After Retirement	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
22	14	05-10068	466550	What You Need To Know: Reviewing Your Disability	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
24	16	05-10070	467100	Your Retirement Benefit: How It is Figured	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
28	60	05-10075	468000	Your Right to Representation	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
32	71	05-10085	468550	Benefits for Children	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book

**Exhibit N  
Publications Spreadsheet**

pub seq.	Bucket	SSA Pub No. / Form	ICN	title	type	flat size	finished size	page count	FORMAT	JCP	stock
35	61	05-10093	468615	New Numbers for Domestic Violence Victims	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
37	62	05-10096	468630	Social Security Numbers for Noncitizens	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
39	73	05-10101	468655	Supplemental Nutrition Assistance Program Facts	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
40	100	05-10121	444812	What You Can Do Online	fact sheet	8 1/2 X 11	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
42	25	05-10141	non-stock	The Appeals Process	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
48	32	05-10907	478540	Government Pension Offset (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
49	76	05-10921	482280	Household Workers (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
50	33	05-10922	482281	If You're Self-Employed (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
56	105	05-10931	483780	Schedule of Social Security Payments 2013 and 2014 (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
58	78	05-10941	484420	The Appeals Process (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
60	39	05-10945	485550	The Windfall Elimination Provision (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
65	40	05-10968	487035	What You Need To Know: Reviewing Your Disability (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
67	42	05-10970	487037	How Your Retirement Benefit is Figured (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
69	80	05-10975	487051	Your Right to Representation (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
73	86	05-10985	487080	Benefits for Children (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
76	81	05-10996	487111	Social Security Numbers for Noncitizens (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
83	74	05-11051	480360	SSI for Noncitizens	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
84	88	05-11052	480362	SSI for Noncitizens (Spanish)	fact sheet	8-1/2 x 11"	No folding or 8-1/2 x 5-1/2"	2	B	A60	60 lb. White Offset Book
89	1	Form SS-5	6775	Application for Social Security Card	folded form	25-1/2 x 11"	8-1/2 x 3-3/4"	10	B	D10	20 lb. White Writing
90	29	Form SS-5 SP	382000	Application for Social Security Card (Spanish)	folded form	25-1/2 x 11"	8-1/2 x 3-3/4"	6	B	D10	20 lb. White Writing
94	96	Form 721		Statement of Death by Funeral Director	folded form	17 x 11"	8-1/2 x 11"	4	D	D10	20 lb. White Writing
91	3	Form 3368-BK	361515	Adult Disability Report	pasted form	17 x 11"	8-1/2 x 11"	16	B	D10	20 lb. Green Writing
92	4	Form 3820-BK	361525	Child Disability Report	pasted form	17 x 11"	8-1/2 x 11"	16	B	D10	20 lb. Blue Writing
93	5	Form 3881-BK	298733	Questionnaire for Children Claiming SSA Benefits	pasted form	17 x 11"	8-1/2 x 11"	8	B	D10	20 lb. Blue Writing
95	89	1020 Mailing Kit	29250	Medicare Prescription Drug Plan Mailing Kit	Gov't supplied form						
96	90	1020-SP Mailing Kit	29255	Medicare Prescription Drug Plan Mailing Kit (Spanish)	Gov't supplied form						