

Program	41-S									
Term:	Date of Award to May 31, 2017									
Title:	Cost of Living Adjustmnet Notice (COLA Self-Mailer-Title II)									
			RR DONNELLEY		SEGERDAHL CORP.		QUAD GRAPHICS		CURRENT CONTRACTOR	
		BASIS OF	SEYMOUR, IN		WHEELING, IL		CHALFONT, PA		QUAD GRAPHICS	
ITEM NO.	DESCRIPTION	AWARD	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST	UNIT RATE	COST
I.	PREPRODUCTION TEST:									
a.	Preproduction Validation Test.....	1	\$1,200.00	\$1,200.00	1,000.00	\$1,000.00	\$2,000.00	\$2,000.00	\$1,000.00	\$1,000.00
b.	Preproduction Press and Mail Run Test.....	1	\$13,700.00	\$13,700.00	34,000.00	\$34,000.00	\$15,000.00	\$15,000.00	\$11,750.00	\$11,750.00
c.	Wire Transmission Test.....	1	\$500.00	\$500.00	NO CHARGE	\$0.00	\$1,000.00	\$1,000.00	NO CHARGE	\$0.00
II.	PROCESSING/PROGRAMMING FILES:									
a.	Processing/Programming Files.....per file.....	14	NO CHARGE	\$0.00	NO CHARGE	\$0.00	NO CHARGE	\$0.00	NO CHARGE	\$0.00
III.	PRINTING/IMAGING/CONVERTING:									
a.	Makeready/Setup Charge.....	1	\$35,000.00	\$35,000.00	\$35,000.00	\$35,000.00	\$1,118,250.00	\$1,118,250.00	\$31,500.00	\$31,500.00
b.	Title II COLA Notices (printing,imaging,converting).....per 1,000 notices	58,815	\$28.94	\$1,702,106.10	\$33.19	\$1,952,069.85	\$14.36	\$844,583.40	\$12.45	\$732,246.75
IV.	PAPER									
a.	White Offset Book(60-lb.)(Title II COLA).....per 1,000 leaves.....	58,815	\$19.73	\$1,160,419.95	\$15.78	\$928,100.70	\$12.70	\$746,950.50	\$12.15	\$714,602.25
V.	MAILING:									
a.	notices.....	58,815	\$10.50	\$617,557.50	\$4.59	\$269,960.85	\$2.02	\$118,806.30	\$2.00	\$117,630.00
VI.	CERITIFIED/REGISTERED MAIL:									
a.	notices.....	19	\$1,050.00	\$19,950.00	\$300.00	\$5,700.00	\$300.00	\$5,700.00	\$300.00	\$5,700.00
	CONTRACTOR TOTALS			\$3,550,433.55		\$3,225,831.40		\$2,852,290.20		\$1,614,429.00
	DISCOUNT		0.00%	\$0.00	2.00%	\$64,516.63	2.00%	\$57,045.80	2.00%	\$32,288.58
	DISCOUNT TOTALS			\$3,550,433.55		\$3,161,314.77		\$2,795,244.40		\$1,582,140.42
						AWARDED				

U.S. GOVERNMENT PUBLISHING OFFICE Washington, DC

GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS

For the Procurement of

Cost of Living Adjustment Notice
(COLA Self-Mailer – Title II)

as requisitioned from the U.S. Government Publishing Office (GPO) by the
Social Security Administration (SSA) Single Award

TERM OF CONTRACT: The term of this contract is for the period beginning Date of Award and ending May 31, 2017, plus up to four (4) optional 12-month extension periods that may be added in accordance with the “Option to Extend the Term of the Contract” clause in section 1 of this contract.

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 through May 31, 2017. Actual production begins November 1, 2016.

BID OPENING: Bids will be publicly opened at 11:00 a.m., prevailing Washington, DC time, on January 22, 2016.

BID SUBMISSION: Submit bid in pre-addressed envelope furnished with solicitation or send to: U.S. Government Publishing Office, Bid Section, Room C-848, Stop: PPSGB, 732 North Capitol Street, NW, Washington, DC 20401. Facsimile bids in response to this solicitation are permitted. Facsimile bids may be submitted directly to the GPO Bid Section, Fax No. (202) 512-1782. The program number and bid opening date must be specified with the bid. Refer to Facsimile Bids in Solicitation Provisions of GPO Contract Terms, GPO Publication 310.2, as revised June 2001. Hand delivered bids are to be taken to: GPO Bookstore, 710 North Capitol Street, NW, Washington, DC, between the hours of 8:00 a.m. and 4:00 p.m., prevailing Washington, DC, time, Monday through Friday. The contractor is to follow the instructions in the Bid Submission/Opening area. If further instruction or assistance is required, call (202) 512-0526.

BIDDERS, PLEASE NOTE: All bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding. Special attention is directed to the following information: one Title II COLA self-mailer workload, 100% Accountability requirements, “Public Trust Security” requirements and Certified Mailing.

THIS IS A REVISED PROGRAM. There is no abstract available. These specifications have been extensively revised; therefore, all bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding.

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 Pub. 310.2, effective December 1, 1987, Rev. June 2001) and GPO Contract Terms, Quality Assurance Through Attributes Program (GPO Pub. 310.1, effective May 1979, Rev. August 2002).

GPO Contract Terms (GPO Publication 310.2) – <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. This June 2008 clause also cancels and supersedes any other disputes language currently included in existing contractual actions.

SUBCONTRACTING: The predominant production functions are the printing of the notices, laser/ion deposition imaging of data for the notices from electronically transmitted files, folding, inserting, and mailing. Any bidder who cannot perform the printing, imaging, folding, inserting, and mailing portions of this contract will be declared nonresponsible.

COMPUTERIZED IMAGING: Computerized imaging means ink jet spray or electrostatic (laser or ion deposition). Computerized imaging must be the same font and print size as the preprinted language. Dollar amounts must be bold and large type.

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

Product Quality Levels:

(a) Printing Attributes -- Level III. (b) Finishing Attributes -- Level III.

Inspection Levels (from ANSI/ASQCZ1.4):

(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 will be:

<u>Attribute</u>	<u>Specified Standard</u>
P-7. Type Quality and Uniformity	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) will become the Specified Standards:

P-7. Average type dimension as set by contractor.

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 will be considered to include this clause, except, the total duration of the contract may not exceed five (5) years as a result of, and including, any extension(s) added under this clause. Further extension may be negotiated under the "Extension of Contract Term" clause. See also "Economic Price Adjustment" for authorized pricing adjustment(s).

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

LIQUIDATED DAMAGES: If the contractor fails to deliver the supplies or perform the services within the time specified by the contract, or any authorized extension thereof, the actual damage to the Government for the delay will be difficult or impossible to determine. Therefore, pursuant to the "Liquidated Damages" clause (GPO Contract Terms, Publication 310.2), in lieu of actual damages the contractor will pay to the Government as fixed, agreed, and liquidated damages for each workday of delay, the amount set forth below.

Liquidated damages will be assessed against that part or parts of an order which have not been shipped to the specified destination on the specified date. Liquidated damages will not be assessed against that part or parts of an order which have been shipped on schedule.

The amount of damages will be computed at the rate of five percent (5%) of the contract price of the quantity not shipped in accordance with the specifications for each workday the contractor is in default of the shipping schedule(s); Provided, That the minimum amount of liquidated damages will not be less than \$5.00 for the entire order and not more than \$50,000.00 per day on the entire order, except the total damages assessed against a contractor will in no case exceed fifty percent (50%) of the total value of the entire order. Liquidated damages will not be assessed if the contractor has shipped at least ninety percent (90%) of the quantity ordered for shipment to each specified destination on or before the scheduled date.

Liquidated damages will apply to all shipments except: Materials furnished the contractor which are to be returned to the Government; sample copies or materials for file or storage purposes; and shipments marked either "File Copies" or "Depository Copies" sent to the Government Publishing Office; if ordered. However, payment of an order will be withheld until evidence of shipment of such material or copies is furnished.

ECONOMIC PRICE ADJUSTMENT: The pricing under this contract will 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 beginning of the contract to May 31, 2017, 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, 2015, 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 will apply the percentage increase or decrease against the total price of the invoice less reimbursable postage or

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transportation costs and separately adjusted paper prices. Payment discounts will 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 and Text will apply to all paper required under this contract.
2. The applicable index figures for the month of December 2015, will establish the base index.
3. There will 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 II. (a) and (b) 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, will not be based upon the actual change in cost to the contractor, but will 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:

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(a) The Contractor will 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 will 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 will inform all personnel with access to the confidential information obtained from SSA in the performance of this contract of the confidential nature of the information and the safeguards required to protect this information from improper disclosure.

(d) For knowingly disclosing information in violation of the Privacy Act, the Contractor and the Contractor employees may be subject to the criminal penalties as set forth in 5 U.S.C Section 552a (i)(1), which is made applicable to Contractors by 5 U.S.C. 552a (m)(1) to the same extent as employees of the SSA. For knowingly disclosing confidential information as described in section 1106 of the Social Security Act (42 U.S.C. 1306), the Contractor and Contractor's employees may also be subject to the criminal penalties as set forth in that provision.

(e) The Contractor will assure that each Contractor employee with access to confidential information knows the prescribed rules of conduct, and that each Contractor employee is aware that he/she may be subject to criminal penalties for violations of the Privacy Act and/or the Social Security Act. When the Contractor employees are made aware of this information, they will be required to sign the Contractor Personnel Security Certification (see EXHIBIT A). A copy of this signed certification must be forwarded to: Social Security Administration (SSA), Division of Printing and Management, ATTN: Matthew Thomas, 1368 Annex Bldg, 6401 Security Blvd, Woodlawn, MD 21235-6401, and a copy must also be forwarded to U.S. Government Publishing Office, 732 North Capitol Street, NW, Stop CSAC, Agency Publishing Services – Team 4, Room C-838, Attn: Contracting Officer, Washington, DC 20401.

(f) All confidential information obtained from SSA for use in the performance of this contract will, at all times, be stored in an area that is physically safe from unauthorized access. This includes both the transportation and storage of any waste.

(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 will 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 notices of this contract, the subcontractor must conform to all security requirement 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".

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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.
- Be prohibited from having any mobile devices or cameras in sensitive areas that contain any confidential materials. This includes areas where shredding and waste management occurs.

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.

SSA External Service Provider Security Requirements:

This resource identifies the basic information security requirements related to the procurement of Information Technology (IT) services hosted externally to SSA's Network.

The following general security requirements apply to all External Service Providers (ESP).

- a. The solution must be located in the United States¹, its territories or possessions.
- b. Upon request from the SSA Contracting Officer Technical Representative (COTR) the vendor shall provide access to the hosting facility to the US Government or authorized agents for inspection and facilitate an on-site security risk and vulnerability assessment.
- c. The solution must meet Federal Information Processing Standards (FIPS) and guidance developed by the National Institute of Science and Technology (NIST) under its authority provided by the Federal Information Security Management Act (FISMA) to develop security standards for federal information processing systems, and Office of Management and Budget's (OMB) Circular A-130 Appendix III.
- d. Solutions classified as Cloud Service Providers (CSP) must adhere to additional FedRAMP security control requirements. Further information may be found at: <http://www.gsa.gov/portal/category/102371>. As part of these requirements CSPs must have a security control assessment performed by a Third Party Assessment Organization².
- e. Before SSA provides data to the vendor, the vendor shall submit a System Security Plan (SSP) which documents how the solution implements security controls in accordance with the designated FIPS 199 security categorization and the Minimum Security Requirements for Federal Information and Information Systems which requires the use of NIST SP 800-53 **or** the vendor shall provide a Security Assessment Package (SAP) completed by either an independent assessor³ or another federal agency.
- f. SSA will consider a self-assessment of security controls for solutions that do not involve sensitive information or PII⁴.

¹ "United States" means the 50 States, the District of Columbia, Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, Johnston Island, Wake Island, and Outer Continental Shelf Lands as defined in the Outer Continental Shelf Lands Act (43 U.S.C. 1331, et seq.), but does not include any other place subject to U.S. jurisdiction or any U.S. base or possession within a foreign country (29 CFR 4.112).

² A Third Party Assessment organization is an organization that has been certified to help cloud service providers and government agencies meet FedRAMP compliance regulations.

³ Independent assessor is any individual or group capable of conducting an impartial assessment of security controls employed within or inherited by an information system.

⁴ PII is any information about an individual maintained by an agency, including (1) any information that can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.

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References – Refer to most up to date revision.

- Federal Information Security Management Act (FISMA) of 2002.
- Clinger-Cohen Act of 1996 also known as the “Information Technology Management Reform Act of 1996.”
- Privacy Act of 1974 (5 U.S.C. § 552a).
- Homeland Security Presidential Directive (HSPD-12), “Policy for a Common Identification Standard for Federal Employees and Contractors”, August 27, 2004.
- Office of Management and Budget (OMB) Circular A-130, “Management of Federal Information Resources”, and Appendix III, “Security of Federal Automated Information Systems”, as amended.
- OMB Memorandum M-04-04, “E-Authentication Guidance for Federal Agencies.”
- FIPS PUB 199, “Standards for Security Categorization of Federal Information and Information Systems.”
- FIPS PUB 200, “Minimum Security Requirements for Federal Information and Information Systems.”
- FIPS PUB 140-2, “Security Requirements for Cryptographic Modules.”
- NIST Special Publication 800-18, “Guide for Developing Security Plans for Federal Information Systems.”
- NIST Special Publication 800-30, “Risk Management Guide for Information Technology Security Risk Assessment Procedures for Information Technology Systems.”
- NIST Special Publication 800-34, “Contingency Planning Guide for Information Technology Systems.”
- NIST SP 800-37 “Guide for the Security Certification and Accreditation of Federal Information Systems.”
- NIST Special Publication 800-47, “Security Guide for Interconnecting Information Technology Systems.”
- NIST Special Publication 800-53, “Recommended Security Controls for Federal Information Systems.”
- NIST Special Publication 800-53A, “Guide for Assessing the Security Controls in Federal Information Systems,”
- CIO Council’s Federal Identity, Credential, and Access Management (FICAM) Roadmap and Implementation Guidance”
- NIST Special Publication 800-60
- OMB M-07-16, AIMS Chapter 15: Personally Identifiable Information (PII) Loss and Remediation

PUBLIC TRUST SECURITY REQUIREMENTS:

This contract has been designated Public Trust Position Level 5C. Due to the sensitive nature of the information contained in the products produced under this contract, contractor employees performing under this contract will be subject to a thorough civil and criminal background check.

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

Within two (2) days following contract award, the contractor must provide to SSA an Electronic Questionnaire for Investigations Process (eQIP) applicant listing of all individuals for whom the contractor is requesting a suitability determination (i.e., background investigation). This listing should include the following:

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

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The background investigation process will not start until the applicant listing is submitted. Send the applicant listing via Fax to Center for Personnel Security and Project Management (CPSPM) Suitability Team (410) 966-0640 or via traceable means via common carrier to the Social Security Administration, CPSPM Suitability Team, 2601 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

Once SSA receives and reviews the applicant listing, SSA will initiate the eQIP. SSA will Email notification to the CPOC the name of each applicant invited into the eQIP website to complete their background investigation form. The CPOC will provide the website to the applicants to complete their eQIP form electronically. The applicant will have up to 14 calendar days following SSA notification to the CPOC of the eQIP invitations to complete the eQIP form.

The applicant must print the signature pages of the SF 85P form prior to releasing the application in eQIP, sign the signature pages and provide the signed originals to the CPOC. **See Exhibit B: Questionnaire for Public Trust Positions - Sample Form SF85P)**

The following is a list of documents the contractor employees will be responsible for completing:

- Original signed and dated eQIP signature pages as specified in the above paragraph.
- Two (2) "Fingerprint Cards" (FD-258). **See Exhibit C.**

NOTE: The contractor will absorb the costs for obtaining fingerprints.

- One (1) "Declaration for Federal Employment" (Optional Form 306). **See Exhibit D.**
- One (1) "Fair Credit Reporting Act Authorization Form". **See Exhibit E.**
- 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. 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 with area code. SSA must receive forms and fingerprint cards within 30 calendar days after notification of the eQIP invitation. It is the responsibility of the contractor to ensure fingerprint cards are processed through their local police departments or other authorized finger printers. SSA will return incomplete forms back to the contractor. Forms may be obtained by calling SSA Personnel Security Suitability Program Officer (SPO).

The CPOC will submit one cover sheet 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 Social Security Number (SSN), each applicant's date of birth, and each applicant's place of birth. The CPOC will submit this cover sheet along with the completed paper forms and two FD-258 fingerprint charts for each applicant via traceable means via common carrier to: SSA, CPSPM Suitability Team, 2601 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

The CPOC will also email a copy of the cover sheet to the Contracting Officer Technical Representative (COTR) to the email address shown in the contract. Before forwarding, the CPOC will remove all personal information from the applicant list (SSN, date of birth and place of birth).

NOTE: IT IS THE RESPONSIBILITY OF THE CPOC TO ENSURE CLEARANCES ARE OBTAINED PRIOR TO ANY CONTRACT TESTING.

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The CPOC will follow this instruction for new contract employees hired during the contract term.

Suitability Determination:

A Federal Bureau of Investigation fingerprint check is part of the basis used for making a suitability determination. This determination is final unless information obtained during the remainder of the full background investigation, conducted by the Office of Personnel Management, is such that SSA would find the contractor personnel unsuitable to continue performing under this contract. CPSPM will notify the CPOC, COTR, and Contracting Officer of the result of these determinations.

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 preaward survey of all of the contractor's computer, printing, and mailing equipment which will be used on this contract or to require other evidence of technical, production, managerial, financial, and similar abilities to perform, prior to the award of a contract.

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

If award is predicated on the purchase of systems equipment to meet the file transmission requirements, the contractor must provide purchase order(s) with delivery date(s) at least 90 days prior to the established production date.

PRODUCTION PLANS:

The contractor will 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 THE SAME.

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

Backup Facility: Failure to deliver these statements in a timely manner would have a major impact on the daily operations of the Social Security Administration (SSA). Therefore, if for any reason (Act of God, Labor disagreements, etc.), the contractor is unable to perform at said location for a period longer than 48 hours, the contractor must have a backup facility with the capability of producing the statements. The backup facility must be operated by the contractor.

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

Part of the plans must also include the transportation of Government materials from one facility to another. The contractor must produce items from a test file at the new facility for verification of software prior to producing mailers at this facility. SSA will install a data connection into the backup facility.

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

Quality Control Plan: The contractor must 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. The contractor must

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

The quality control plan must also include examples and a detailed description of all quality control samples and their corresponding inspection reports or logs the contractor will keep to document the quality control inspections performed on each run. 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 system must include all aspects of the job including mail flow and materials handling. The plan must also allow for complete audit trail (e.g., it must be possible to locate any piece of mail at any time from the point it leaves the press up to and including the point at which the mail is off-loaded at the USPS facility). SSA will not, as a routine matter, request the contractor to produce pieces in transit within the contractor's plant.

The quality control plan must account for the number of pieces mailed daily.

Quality Control Sample Plans: The plans must provide a description of how the contractor will create quality control samples for periodic samplings to be taken during the production run and provide for backup and rerunning in the event of an unsatisfactory sample. The plan must contain control systems that will detect defective or missing/mutilated pieces.

The plan must include the sampling interval the contractor intends to utilize. The contractor will be required to create two (2) quality control sample sets to be drawn from the production stream at the same time. One sample set will be drawn, inspected and retained as part of the contractor's quality assurance records. The second sample set will be drawn for SSA and will be provided to on-site representative or pack for shipment to the SSA (address to be supplied at the postaward meeting).

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

The contractor must maintain quality control samples, inspection reports and records for a period of no less than 120 days subsequent to the date of the check tendered for final payment by the Government Publishing 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 operating software platform and file transfer system necessary to interface with SSA's National File Transfer Management System (FTMS) for electronic transmission of the Title II COLA files from SSA. The plan must also include the media type on which files from SSA will be received to the extent that operator intervention (e.g., a tape mount) is not required at SSA or the contractor's production facility. The Computer System Plan will demonstrate the contractor's ability to provide complete hardware and software compatibility with SSA's existing network (see "FILE TRANSFER MANAGEMENT SYSTEM (FTMS) REQUIREMENTS" for additional information). The contractor must complete Exhibit F ("System Plan").

Included with the Computer System Plan will be a resume for each employee responsible for the monitoring and the programming of the contractor's computer system and file transmissions. If the contractor plans to use a consultant for either task, a resume must still be included.

Mail plan: This plan should include sufficient detail as to how the contractor will comply with all

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applicable U.S. Postal Service (USPS) mailing requirements as listed in the USPS Domestic and International Mail Manuals in effect at the time of the mailing and other USPS instructional material as the Postal Bulletin, etc. Contractor will be required to provide information on how and demonstrate their ability to achieve USPS automated postal rates prior to award of this contract. The plan must include USPS's anticipated mode of transportation (air/truck/rail) to each Area Distribution Center (ADC).

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

Personnel Plan: This plan should include a complete listing of all personnel who will be involved with this contract and their assigned duties. 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 the program. Contractor employees performing under this contract must be made aware of the "Security Requirements" and "Security Warning" as described in these specifications. Contractor employees performing under this contract will be subject to a thorough civil and criminal background check as detailed in "Public Trust Security Requirements". It is the responsibility of the contractor to ensure that only employees who have received clearance are selected to be involved with this contract.

Recovery System: The Government requires that a strict quality control mechanism be in place during the entire production period. The contractor is required to design a quality control system that will detect missing and defective pieces. A recovery system is required to replace all missing and defective pieces. This control system must use a unique sequential number to aid in the recovery program which has to be maintained in order to recover any missing or damaged pieces.

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

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

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

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

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

Security Control Plan: This plan will provide details of the contractor's physical and data security control programs. The proposed Security Control Plan is subject to Government approval and will address, at a minimum, the following:

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

Production Area: The contractor must provide a secure area(s) dedicated to the receiving, processing, and storage of data for the Title II COLA, either a separate facility dedicated to this product, or a walled-in, limited access area within the contractors existing facility.

The contractor must provide a secure area(s) dedicated to the printing/imaging and storage of all materials containing PII. A secure barrier, with a minimum height of 4 feet, must encompass the entire printing/imaging and storage area(s). The contractor is not permitted to use ropes, stanchion, chains, or plastic fencing to create the secure barrier. The perimeter must have limited entry and exit points with controls in place to limit access of persons who have not gained security clearance by SSA. Access points must also contain a tracking method to show who has entered and exited the secure area(s). The secure barrier requirement may be waived if SSA has granted all persons working in the contractor's facility security clearance.

The Security Control Plan must include a floor plan detailing the area(s) to be used, showing existing walls, equipment to be used to meet security standards, and printing and finishing locations.

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

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.

If the contractor selects shredding as a means of disposal, it is preferred that a cross cut shredder (one-quarter inch screen or finer) be used. If a strip shredder is used, the strips must not exceed one-quarter inch. The contractor must provide the location and method planned to dispose of the material. When a subcontractor is used, the same information is required, as well as how the material will be transported from the contractor's plant to the subcontractor. The plan must include the names of all contract officials responsible for the plan and describe their duties in relationship to the waste material plan.

Option Years: For each option year that may be exercised, the contractor will be required to re-submit, in writing, the above plans detailing any changes and/or revisions that may have occurred. The contractor must include an updated "Personnel Plan" indicating the status for each employee who will be assigned to work on this project. The contractor should be prepared to submit these revised plans at each year's meeting. THE REVISED PLANS ARE SUBJECT TO GOVERNMENT APPROVAL. If the meeting is waived by the Government, the revised plans must be submitted to GPO within five (5) days of notification of the option year being exercised.

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

Unique Sequential Identification Number Plan: Unique identifying numbers will be used to track each individual mailer, thereby providing 100% accountability. This enables the contractor to track each mailer through completion of the project. The contractor will be required to create two (2) full plate impression test sample sets every 40,000 mailers. The unique sequential number must be imaged inside the form perforations by each of the imager heads used for the computerized printing. One (1) sample set will be drawn, inspected and retained as part of the contractor's quality assurance records. The second sample set drawn for the Social Security Administration will be provided to the on-site representative or packed and shipped daily to appropriate Printing Specialist at the Social Security Administration, Division of Printing Management Attn: **Matthew Thomas (Title II COLA)**, 1368 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401. In addition, a barcode must be imaged in the stub (or suitable) area by each of the imagers used for the computerized printing. Barcode readers must be installed on the press to read these barcodes and shut down the imagers if a sync error occurs. These pieces must be reprinted and 100% accountability must be maintained throughout the run. The contractor must ensure that there are no missing or duplicate pieces.

100% ACCOUNTABILITY OF PRODUCTION AND MAILING: Contractor must have a closed

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loop process*. Notices requiring print regeneration must be reprinted from their original data file using a unique job ID and piece ID (assigned by the contractor) remaining unchanged as each mail piece continues through the production life cycle. This process will repeat itself (since subsequent reprint runs may yield damages) until all mail pieces from the original print run are accounted for.

* **CLOSED LOOP PROCESSING:** A method for generating a plurality of mail pieces including sync error detection and reprinting capabilities. The method provides a mail handling process which tracks processing errors with the use of scan codes 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 job ID and piece identifying number that will be used to track each individual mail piece, thereby providing **100% accountability and validating the integrity of every notice produced** in all phases of production to ensure all notices received from SSA were correctly entered into the United States postal system.

NOTE: Contractor must have all hardware, programming and finalized reports in place to meet this requirement arrive in time for the 12-hour preproduction test. 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.

Mail Piece integrity will be defined as follows:

- Each mail piece contains only the information intended for the designated recipient as contained in the data 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 mail pieces.

Mailing integrity will be defined as follows:

- All mail pieces received from SSA for each data file were printed and entered correctly into the United States postal system.

The contractor is responsible for providing the automated mail piece tracking/reporting systems and processes required to validate that 100% of all mail pieces received from SSA were printed and mailed correctly.

The contractor's converting equipment must have automated systems that include mail piece coding and scanning technology capable of:

- (a) Uniquely identifying each mail piece within each individual file.
- (b) Unique identifier to be scanned during production to ensure all mail pieces are present and accounted for.
- (c) **Touch and Toss:** all spoilage, diverted, mutilated or mail piece that is acted upon directly by a human hand prior to sealing must be immediately recorded, discarded, properly destroyed, and automatically regenerated in a new print file for reprint.
- (d) **Exit Scanning:** A camera system must be mounted just aft of the equipment after the mail piece is completed. This camera system must read a unique code placed on the mail piece, and capable of identifying and reporting all missing pieces that were lost or spoiled during production for each individual file. This system ensures that all mail pieces have been accounted for. The equipment must check the mail pieces and divert any suspect product. All diverted or missing pieces are to be automatically recorded and regenerated in a new print file for reprint.
- (e) **Reconciliation:** all mail pieces and the amount of correct finished product must be electronically accounted through the use of the audit system. The sequence numbers, for each file, must be reconciled;

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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. Therefore, all finished mail for that sequence run must be held in an accessible area until this reconciliation is complete.

- (f) Generate a new production file for all missing, diverted or mutilated mail pieces (reprint file).
- (g) Contractor must generate an automated audit report from the information gathered from scanning for each mailer number, file date and for each notice (manual inputs are not allowed). This audit report will contain detailed information for each notice as outlined above for each individual file by mailer number and file date. Contractor must maintain this information for a six month period after mailing.
- (h) Audit report must contain the following information:
 - 1. Job name
 - 2. Machine ID
 - 3. Date of production with start and end time for each phase of the run i.e. machine ID.
 - 4. Start and end sequence numbers in each run
 - 5. Status of all sequence numbers in a run
 - 6. Total volume in run
 - 7. Status report for all incidents for each sequence number and cause, i.e. missing sequence number, diverted and reason for divert such as mutilated, duplicate, pulled for inspection, etc.
 - 8. Bottom of audit report must contain total number of records for that run, quantity sent to reprint, number of duplicates, duplicates verified and pulled, total completed.
 - 9. Audit report must contain the same information for all the reprints married with this report as listed above showing that all pieces are accounted for.
- (i) Contractor must generate a **final automated 100% accountability summary report** for each individual file. This information must be generated directly from the audit report, manual inputs are not allowed. The summary report must contain the following:
 - 1. Job name
 - 2. Each individual file (must show sequence numbers for each section i.e. first pass and then reprints)
 - 3. Sequence number range for each individual file
 - 4. Volume of all sequence numbers associated with an individual file were completed.
 - 5. Volume of reprints that were completed for each file date.
 - 6. Volumes for each file and date that each was completed.

NOTE: A PDF copy of the summary report(s) and matching GPO 712 form(s) and or USPS 3607R from mail.dat file must be submitted to Matthew Thomas at matthew.thomas@ssa.gov for each file date within 2 days of mailing.

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

Contractor must generate an automated audit report when necessary showing the tracking of all mail pieces throughout all phases of production. This audit report will contain all information as outlined in item (h) 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 mail piece tracking/reporting data must be retained in electronic form for 210 days after mailing, and must be made available to SSA for auditing of contractor performance upon request.

The contractor must maintain quality control samples, inspection reports and records for a period of no less than 180 days subsequent to the date of the check tendered for final payment by the Government Publishing 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.

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

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

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

ON-SITE REPRESENTATIVES: One (1) or two (2) full-time Government representatives may be placed on the contractor's premises on a limited basis or throughout the term of the contract for the annual production.

The contractor will be required to provide one (1) private office of not less than 150 square feet, furnished with one (1) desk, one (1) swivel arm chair, one (1) one telephone line and PC with internet access and one (1) facsimile machine (the Government will supply hookups and cover the cost of the telephone/facsimile machine service).

On-site representative(s) may be stationed at the Contractor's facility to: provide project coordination in receipt of wire transmissions; verify addresses; monitor the printing/imaging, folding, 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.

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

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 representative at SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Contractor will be notified of exact date. Manuscript, test files and camera copy will be made available at the Postaward Conference.

For each option year that may be exercised, the Government's representatives may request a meeting with the contractor's representatives at SSA (see address above) to discuss the requirements of that contract year's job. The print order, manuscript, test files and camera copy will be made available at this meeting. If this meeting is waived by the Government, the print order, manuscript, test files and camera copy will be available for pickup at the address under "Schedule".

PREPRODUCTION PRINTING AND MAILING MEETING: This meeting will take place after the contract award to review contractor's production plan and to establish coordination of all operations. Attending this meeting will be representatives from GPO, SSA and the USPS. The contractor will present and explain their final plan for both printing and mailing the notices. The contractor will meet with USPS representatives to present and discuss their plan for mailing. The prior to production meeting will include a visit to the contractor's mailing facility, where the contractor is to furnish specific mail flow information.

The contractor should be prepared to present detailed production plans, including such items as quality assurance, projected commencement dates, equipment loading, pallet needs, etc. The contractor will

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present documentation of the Plant Load agreement and either a copy of the optional procedure which has been negotiated with the USPS, or a draft of the optional procedure the contractor intends to negotiate with USPS for SSA approval. The contractor also needs to present SSA with a copy or a draft of the manifest (tracking system) they plan to use. The contractor will provide the name of the representative (and a back-up) responsible for the mailing operation.

NOTE: Government may conduct unscheduled visits during the term of this contract at the contractor's mailing facility.

ASSIGNMENT OF JACKETS, PURCHASE 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 "Print Order" for each job placed with the contractor. The print order, when issued, will indicate the quantity to be produced and any other information pertinent to the particular order.

ORDERING: Items to be furnished under the contract will be ordered by the issuance of print orders by the Government. Orders may be issued under the contract for Title II COLA from **Date of Award** through **May 31, 2017**, plus for such additional period(s) as the contract is extended. All print orders issued hereunder are subject to the terms and conditions of the contract. The contract will control in the event of conflict with any print order. A print order will be "issued" for purposes of the contract, when it is either deposited in the U.S. Postal Service mail or otherwise furnished to the contractor in conformance with the schedule.

REQUIREMENTS: This is a requirements contract for the items and for the period specified herein. Shipment/delivery of items or performance of work will 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 will not constitute the basis for an equitable price adjustment under this contract.

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

The Government will 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 will 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 will 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 will 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

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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 record 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. 522a (i) (1) which is made applicable to contractors by 5 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 thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, will be guilty of a misdemeanor and fined not more than \$10,000.00.

SECTION 2.- SPECIFICATIONS

SCOPE: Specifications covers the production of five (5) versions of a self-mailer requiring such operations as receipt and processing of electronically transmitted files, composition, printing (including computerized imaging) folding and distribution.

All production 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 SSA's validation.

TITLE: Cost of Living Adjustment Notice (Title II COLA)

FREQUENCY OF ORDERS: One Print Order for testing and one Print Order for live production per year

QUANTITY: Approximately 58,815,000 (Exact quantities will not be known until final files are produced. No shortages will be allowed.)

<u>VERSION</u>	<u>FORM NUMBERS</u>	<u>QUANTITY</u>
V1. Domestic	SSA-4926-SM (1-20xx)	46,000,000*
V2. Spanish	SSA-4926-SM-SP (1-20xx)	1,600,000
V3. Foreign	SSA-4926-SM-F (1-20xx)	650,000
V4. Domestic Disability	SSA-4926-SM-DI (1-20xx)	10,085,000**
V5. Spanish Disability	SSA-4926-SM-DI-SP (1-20xx)	500,000

CERTIFIED AND REGISTERED MAIL QUANTITY: These quantities represent the estimated number of each version above to be mailed either certified or registered mail.

<u>VERSION</u>	<u>FORM NUMBERS</u>	<u>QUANTITY</u>
V1. Domestic	SSA-4926-SM (1-20xx)	7,000
V2. Spanish	SSA-4926-SM-SP (1-20xx)	550
V3. Foreign	SSA-4926-SM-F (1-20xx)	100
V4. Domestic Disability	SSA-4926-SM-DI (1-20xx)	10,000
V5. Spanish Disability	SSA-4926-SM-DI-SP (1-20xx)	550

The above version quantities are approximate and the Government reserves the right to increase or decrease the quantity by 10%. An estimated annual increase of 1.5% year to year is to be expected throughout the term of the contract.

*The Domestic notice form, SSA-4926-SM, will also be used to print the data from the Military file.

**The Domestic Disability notice form, SSA-4926-SM-DI, will also be used to print the data from the Military Disability file.

NOTE: Seven files are used to produce the five self-mailers.

Personalized Cost of Living Adjustment Notice to Direct Depositors (Title II COLA) mailers are English and Spanish represented by the following data set names:

DATA SET NAMES*

Version 1 (SSA-4926-SM)	OLBG.BTI.vendor
Version 2 (SSA-4926-SM-SP)	OLBG.BTI.vendor
Version 3 (SSA-4926-SM-F)	OLBG.BTI.vendor
Version 4 (SSA-4926-SM-DI)	OLBG.BTI.vendor
Version 5 (SSA-4926-SM-DI-SP)	OLBG.BTI.vendor
Version 1 (Military file)	OLBG.BTI.vendor
Version 4 (Military Disability file)	OLBG.BTI.vendor
Certified Version 1 (SSA-4926-SM)	OLBG.BTI.vendor
Certified Version 2 (SSA-4926-SM-SP)	OLBG.BTI.vendor
Certified Version 3 (SSA-4926-SM-F)	OLBG.BTI.vendor
Certified Version 4 (SSA-4926-SM-DI)	OLBG.BTI.vendor
Certified Version 5 (SSA-4926-SM-DI-SP)	OLBG.BTI.vendor
Certified Version 1 (Military file)	OLBG.BTI.vendor
Certified Version 4 (Military Disability file)	OLBG.BTI.vendor

*The data set names listed throughout these specifications are not the final data set names that will be transmitted to the contractor. The actual data set names will be provided to the contractor at the postaward meeting.

TRIM SIZES: 8-3/8 to 9 x 21-3/4" flat; folds to 8-3/8 to 9 x 4-1/2", which includes 1/2 or 3/4" tear-off left and right stubs.

NOTE: The minimum width of the body of the self-mailer must be 7-3/8".

These self-mailers must meet USPS height to length ratio requirements for "First Class" mail.

SAMPLES: Construction sample(s) comparable to those to be produced on this contract may be obtained by contacting the Contract Administrator at 202-512-0310. These samples are representative of the printing, binding, folding, and other requirements required for the major part of the work to be ordered on this contract.

GOVERNMENT TO FURNISH:

Manuscript for the five (5) versions of the mailers (Domestic, Spanish, Foreign, Domestic Disability and Spanish Disability).

Camera copy or electronic file for the Commissioner's signature (used for all five (5) versions), English and Spanish

Camera copy or electronic file for the mysocialsecurity logo and QR Barcode

Camera Copy or Electronic file for the Social Security Administration Logo

Camera copy or electronic file for the recycled paper logo

Permit Mailing Indicia – “Postage and Fees Paid” Coding Accuracy Support System (CASS) National
Change of Address (NCOA) Certificate

PS Form 3615 (Mailing Permit Application and Customer Profile) GPO Form 712 (Certificate of
Conformance)

GPO Form 892 (Proof Label)

A data connection between the exact location specified by the contractor and SSA’s National Computer
Center

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

Exhibit B - Questionnaire for Public Trust Positions (Standard Form 85P)

Exhibit C - Fingerprint Card

Exhibit D - Declaration of Federal Employment (Optional Form 306)

Exhibit E - Fair Credit Reporting Act Authorization Form

Exhibit F - System Plan

Exhibit G – Audit and Summary Report

Exhibit H - Vendor Record Specifications (will be furnished after award)

A data connection between the contractors’s specified location and SSA’s National Computer Center in
Baltimore, MD will be established after award. The Government will determine the connectivity method
between SSA and the contractor. Internet Protocol (IP) will be the connection protocol for the transmissions.

Prior to the commencement of production of orders placed under this contract, the Government will
furnish electronic test files that are to be used in performing the pre-production press run test, wire
transmission test and validation test.

Record layout specification will be furnished before delivery of the test file. Record layout with display
rules and list of return addresses is available for inspection by prospective bidders prior to bid opening at
GPO, Washington, DC.

NOTE: The contractor must not compress files in processing data for this contract. The contractor must
print the address record exactly as it is in the Master Beneficiary Record (MBR) file furnished to the
contractor (file includes foreign addresses which may have consular codes). The contractor must not
standardize the addresses or change the ZIP+4 information.

Final dataset names will be provided at the postaward conference.

NOTE: Prior to the issuance of the electronic files, any delays in the prepress operations will not be cause
for extending the production schedule.

Pre-Production Press Test Run: The Government will furnish prior to production test files to be used in performing a 12-hour prior to production test press and mail run. (Note: Pre-Production test files will be formatted for the prior year's live production run. This may require additional programming by the contractor.)

Two tests will be required to be completed after receipt of the files by the contractor. In addition to providing records with all data in the correct positions, a second test will be required by having the contractor run the test file through their Coding Accuracy Support System (CASS) certification system to ensure that there are no problems with the reading (ONLY) of the SSA provided address data.

Systems Validation Test: The Government furnished test files will contain up to 12,000 records and the contractor will be required to run the entire file through their system and furnish a numerical count of records processed to the Government. In addition, the contractor is required to furnish print-outs of each record provided on blank paper, incorporating both the variable record data and the corresponding static (base) form. These print-outs will be used to verify proper processing of the variable data and its positioning and alignment on the base form.

WIRE TRANSMISSIONS:

Upon award of this contract, the Government will determine the connectivity method between SSA and the contractor. Internet Protocol (IP) will be the connection protocol for the transmissions.

The connectivity method will be through the Internet using an encrypted VPN tunnel or the Government will place an order for a dedicated circuit data connection under GSA's Networx contract to be installed within 60 to 90 calendar days between the contractor's location(s) and SSA's network interface location. Either connectivity method will be encrypted with the AES256 encryption algorithm. For the internet option to be used the contractor must have an Internet ready VPN IPSec capable hardware device. The Government will not be responsible for any cost associated with the VPN Internet connection that the contractor may incur. The connection method is at the sole discretion of the Government. The cost of the dedicated circuit connection will be borne by 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 dedicated circuit is deemed necessary, SSA will provide the dedicated data connection, including a router and firewall at the contractor's specified locations. The contractor shall provide adequate rack space for securing the router and firewall; the contractor shall provide a dedicated analog dial-up line within 8 feet of the router.

The dedicated analog dial-up line will be used for router management and access for troubleshooting. The line must be in place and active prior to the installation of the circuit/router.

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

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.

In addition, the contractor must provide SSA and GPO access to a secure website which will be used for proofing. The site will also be used for validating test and production materials. Each team member at SSA and GPO will be given account login credentials specific to the individual. Security must be maintained due to the sensitive PII materials that will be posted to this site. (See Validation Testing Page 24-37)

FILE TRANSFER MANAGEMENT SYSTEM (FTMS) REQUIREMENTS: The contractor shall provide the capability to interface with SSA's National File Transfer Management System (FTMS) for electronic transmission of notice 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, Managed File Transfer Platform Server (MFTPS) (formerly known as Cyberfusion Integration Suite) software from TIBCO. The Contractor may implement the Managed File Transfer Platform Server that has embedded software encryption capable of being enabled. The personal computers/servers must have the capability to run Managed File Transfer 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 Managed File Transfer 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 z/OS operating systems are not permitted under this contract. The contractor's storage format must not preclude the availability of the Managed File Transfer 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 per day, 7 days per 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 contractor will be required to provide server(s) to ensure the successful and uninterrupted simultaneous transmission of both the SSA-1099 and SSA-1042S files. This server(s) must be of a size large enough to handle the entire workload.

It is the contractor's responsibility to notify SSA when systems or connection problems arise and transmission cannot take place. SSA's first point of contact for circuit, systems, or connectivity problems shall be the HELP DESK at 410-965-2580 or 877-697-4889.

In the event that any wire transmission cannot be processed due to media problems, link problems or data transmission circuit/connection outages, the contractor shall notify SSA's HELP DESK operations immediately at 410-965-2580 or 877-697-4889 and report required observations and findings.

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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.

WIRE TRANSMISSION TEST: After the appropriate data connection has been installed, the contractor will be required to receive within one (1) workday, data for 56,000,000 mailers. The contractor will be required to perform a record count verification broken down by dataset name within one (1) workday after the complete transmission of the test files. The contractor must also run the test file through their Coding Accuracy Support System (CASS) certification system to ensure that there are no problems with the reading (ONLY) of the SSA provided address data.

When the count verification has been successfully completed, the contractor will be required to provide SSA within five (5) workdays, 100 sample documents (20 notices from each of the five (5) self-mailers). The samples will be produced using the data from each of the files that were transmitted during the wire transmission test. Samples may be imaged on white paper and contain only variable information. At the option of the government, samples may be posted to the secure site.

Submit these test samples to SSA, Attn: Matthew Thomas, Printing Management Team, 1368 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

NOTE: The contractor's FTMS software will be operational for the receipt of data files 24 hours per day, 7 days per week, unless otherwise specified by the Government (for additional information, see "WIRE TRANSMISSIONS").

PREPRODUCTION PRESS AND MAIL RUN TEST: Prior to the commencement of production of the contract, the contractor will be required to demonstrate their ability to perform this contract by performing a 12-hour preproduction press test run on their equipment and using their personnel (test must be performed on one piece of printing equipment). The 12-hour test run will simulate an actual production press run. The press run will incorporate all aspects from formatting files, printing (including imaging of variable information), constructing, sorting, and preparing finished pieces for delivery to the USPS. The product is to be produced in accordance with all specifications and all USPS regulations including the loading of the mail onto a trailer to simulate actual production conditions. Government representatives will witness all phases of the test run. **The contractor will be required to have composition and proofing completed on the SSA-4926-SM and the SSA-4926-SM-SP versions for use in this test.** Test files will be provided for use in this test run. Contractor must produce 450,000 SSA-4926-SM forms and 50,000 SSA-4926-SM-SP forms in a 12-hour period that will prove to the Government representative that the Contractor can satisfactorily complete the requirements of this contract during live production. Failure of the contractor to pass the 12 hour test requirements may result in denial of the charges for the test.

NOTE: The Government reserves the right to waive the Preproduction Press and Mail Run Test

For each option year that may be exercised, the Government's representatives may require a Preproduction Press and Mail Run Test. The requirements for this test press run (as stated above) will remain the same for each year exercised. The contractor will be notified at each year's meeting which option the Government will exercise or if the test will be waived.

VALIDATION TEST: The Government furnished test files will contain up to 5,000 records and the contractor will be required to run the entire file through their system and furnish a numerical count of records processed to the Government. The contractor is required to establish and furnish access to a secure proofing site, where validation samples will be posted electronically for Government review. SSA will provide a list of employees that require access to the proofing site. The site must be password protected with account settings for each user. Each electronic sample must incorporate both the variable record data and the corresponding static (base) form. The samples must be formatted to verify position and alignment of the variable data. A small portion of printed hard copy samples will also be required at the same time as the electronic postings

After validation is complete on each record provided, if any of the contractor's errors are serious enough in the opinion of GPO to require revised validation samples the revised validation printouts are to be provided at no expense to the Government. No extra time can be allowed for this repeat validation operation; such operations must be accomplished within the original production schedule allotted in the specifications. **All validation material for Title II COLA notices must be approved by SSA by no later than 10 workdays prior to production Start-up.**

NOTE: Failure of the contractor to perform any of the tests (Wire Transmission Test, Preproduction Press and Mail Run Test or Validation Test) satisfactorily 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 postaward conference if any test(s) is to be waived.

COMPOSITION: Contractor must typeset all forms in one of the following typefaces, listed in order of preference: Century Schoolbook, or Times Roman, with bold.

No alternate typefaces will be allowed; however, manufacturers' generic equivalents will be accepted for the above typefaces. Each bidder will list in the bid the name of the generic equivalent typeface(s) and composing machine to be used.

The entirety of each category of composition (text, tabular, and display) must be identical throughout the product(s) ordered under these specifications. The contractor must use the largest type size possible for the given space.

Set flush left and ragged right. Horizontal and vertical rules necessary for the mailing side of the self-mailer. Contractor is responsible for proper makeup (subject to approval of SSA personnel) to fit construction used.

Form work will be defined as matter set in all sizes, and will include vertical, horizontal, and diagonal rules, boxheads, numbered lines, checkboxes, arrows, type matter, etc., positioned in the proper location to provide spaces for information to be filled in individually.

PROOFS:

Three (3) sets of digital color content proofs of the entire 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. 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.

Contractor is to submit "Press Quality" PDF "soft" proof for content only using the same Raster Image Processor (RIP) used to produce the final printed product. SSA will review and approve/disapprove the PDF proof for text flow, image position, and color breaks only (Proof will not be used for color match or construction).

Contractor is to forward the PDF proof to the SSA individual requesting the proof. Contractor is required to follow-up with a phone call or email to confirm receipt.

SSA reserves the right to make changes to the first set of proofs (all versions). If SSA makes changes, additional sets of proofs will be required. At the option of the government, all additional proof may only be required in PDF format.

NOTE: Changes can be made as late as November 7, 20xx (of the current year)

If revised proofs are required, the contractor may provide revised proofs to SSA in PDF format. Contractor is to submit one "Press Quality" PDF "soft" proof for content only using the same Raster Image Processor (RIP) used to produce the final printed product. SSA will review and approve/disapprove the PDF proof for text flow, image position, and color breaks only (proof will not be used for color match or

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construction).

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

After the contractor and SSA agree on all changes and/or corrections, the contractor must provide SSA with three (3) sets of digital color or similar proofs (folded and trimmed to final mailing size). In addition, contractor must provide PDFs for each final versions.

The contractor must not print 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. 11” dated February 1999.

All paper used throughout the term of the contract must be of a uniform shade.

White Offset Book, basis weight: 60 lbs. per 500 sheets, 25 x 38", equal to JCP Code A60.

PRINTING: Print face and back in black ink. Computerized imaging will be printed on one side in black ink. Flat tones may print on face and back. The recycled logo and legend “Printed on recycled paper” (Spanish translation: “Impreso en papel reciclado”) must print on all forms.

NOTE: All static printing must be done by the same printing process throughout the entire run.

COMPUTERIZED IMAGING: Computerized imaging of variable data in black ink is required on one side only (See attached Exhibits). Contractor may determine type size, density and style of variable data (subject to approval of SSA personnel). A Spanish font with accent marks will be required in addition to Standard English characters. Computerized imaging will consist of up to a 6 line name and address, 3 to 5 line return address and 21 to 22 entries in the body of the notice which includes the English or Spanish default paragraph. Each imaged form must contain the unique sequence number imaged inside the form perforations by each of the imaging heads. Location of the unique sequence number is subject to approval by SSA personnel.

NOTE: A barcode must be imaged in the stub (or suitable) area by each imager head used for the computerized printing. Barcode readers must be installed on the press to read these barcodes and shut down the imagers if a sync error occurs. These pieces must be reprinted and 100% accountability must be maintained throughout the run. Contractor must ensure that there are no missing or duplicate pieces.

PRESS SHEET INSPECTION: Final makeready press sheets may be inspected and approved 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 makeready sheets that preceded approval. See GPO Publication 315.3 (Guidelines for Contractors Holding Press Sheet Inspections) dated 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.

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

PRESS SHEET AND CONVERSION INSPECTION: Press sheets will be inspected at the contractor's plant for quality conformance. 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 or prior to the conversion inspections, the contractor will post 10 digital samples from each production file to a proofing site for SSA officials to review. SSA, will confirm the accuracy of the variable data prior to the approval of the press sheets.

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MARGINS: Adequate gripper margins throughout.

CONSTRUCTION: Perforate along entire 21 ¾" dimension, ½ or ¾" from left and right edges to create tear-off stubs. Fold suitably to form an 8-3/8 to 9" x 4-1/2" mailing piece. Top fold must form a 1" sealing flap. Completely seal along entire depth in left and right tear-off stubs with firm glue. Secure 1" sealing flap along entire 7-3/8 or 7-1/2" dimension with temporary glue. Temporary glue must hold securely during mailing and handling, permit easy opening without damage to body of mailer, but not permit resealing of the package.

NOTE: At the Governments option, the final trim size may be reduced **from** (8-3/8 to 9") x 21-3/4" **to** (8-3/8 to 9") x 17-1/4". All other information for construction will remain the same. *When this occurs, the contractor will be paid in accordance to the contract prices for items I. b. and II. b. as contained in the Schedule of Prices.*

NOTE: Total weight of completed mailing package must not exceed 1 ounce to minimize postage costs.

SHREDDING: The contractor must cross shred with ½ inch screen or finer all waste created during production of this contract. All shredding must take place on the contractor's premises.

DISTRIBUTION: Mail f.o.b. contractor's city. All mailing will be made at the First Class rate.

Transportation of mail to USPS facilities for deposit into the mailstream will be at the contractor's expense.

Immediately after the contract has been awarded, the contractor must begin negotiating with USPS to obtain operational procedure and Plant Load agreements. It is the contractor's responsibility to secure these agreements. In addition, the contractor must send SSA a current copy of a valid Plant Load agreement for the facilities where the mail will be dispatched to USPS. The optional procedure that will be in effect for the time of the mailing and the Plant Load agreement must both be in place to production print and mail meeting. In addition, the contractor must have the mail piece tracking system and quality control procedures in place and ready to go by the same date.

If any deviation from First-Class Mail processing occurs, SSA will be notified immediately in writing. Any questions regarding USPS processing of any of the forms should be cleared through SSA by contacting Francine Moore (DMPP) on (410) 965-5055. Upon request, SSA's DMPP representatives will be allowed access to the contractor's mailing operation and any related facilities (e.g., staging areas).

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

Contractor will be required to presort all mail in this contract and achieve USPS automated postal rates. Contractor will be required to provide information on how and demonstrate their ability to achieve USPS automated postal rates prior to award of this contract.

SSA requires the use of Permit Imprint. The contractor must use SSA's "FIRST-CLASS MAIL POSTAGE & FEES PAID" permit imprint mailing indicia printed on each mail piece. Each mail piece sent under this payment method must bear a permit imprint indicia showing that postage is paid. Permit imprint indicia may be printed directly on mail pieces. Permit imprint mailings must contain at least 200 identical pieces or 50 pounds.

The contractor is 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.

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Permit imprint may not be used if the mailing is less than 200 pieces or pieces that are not identical. Instead, the mail must be metered and any permit imprint must be covered/concealed by a meter strip. The contractor will be reimbursed for the metered postage by submitting a properly completed Postal Service form (or equivalent). All meter supplies will be borne by the contractor.

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

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 notices/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. The Full-Service Option requires the contractor to use Postal One.

NOTE: The contractor is responsible for producing and providing all reporting data required for acceptance and processing of Full-Service mail required by USPS for Intelligent Mail.

To achieve the maximum automation compatible postal discount, the contractor is required to either presort the notices prior to printing or sort the mail after the notices are inserted. The contractor may use a Presort subcontractor for the mailing portion of the contract. SSA has the right to inspect the subcontractor for the security of the mailing operation and compliance with the contract.

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

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

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.

The contractor is cautioned that "Postage and Fees Paid" indicia may be used only for the purpose of mailing material produced under this contract. All copies mailed must conform to the appropriate regulations in the U.S. Postal Service manuals for "Domestic Mail".

NATIONAL CHANGE OF ADDRESS (NCOA) AND CODING ACCURACY SUPPORT SYSTEM (CASS)

Addresses on this mailing will come from SSA's Master Beneficiary Record (MBR). SSA will provide the latest Coding Accuracy Support System (CASS) certification and USPS National Change of Address (NCOA) move update service for addresses from the MBR.

To enable the contractor to achieve Automation Discounts, SSA will furnish a certificate indicating that the addresses were matched against USPS-Certified CASS ZIP+4 software.

The contractor will use CASS-certified software to enter missing ZIP Code information as appropriate. The contractor will not change any SSA provided ZIP Code information.

The contractor must generate an Intelligent Mail barcode from the ZIP+4 data on SSA's files. On all pre-barcoded mail pieces, the barcode must contain all ZIP data including the delivery point barcode (5 digit ZIP, ZIP+4+2+ a single digit control character). The barcode must be printed in the wide area address space of the envelope or in the lower right portion of the envelope, as prescribed by USPS regulations.

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

Permit imprint may be used for International Mail providing each mailing consists of not less than 200 pieces. Permit imprint may not be used if the mailing is less than 200 pieces. Instead, the mail must be metered and any permit imprint must be covered/concealed by a meter strip. The contractor will be reimbursed for the metered postage by submitting a properly completed Postal Service form (or equivalent).

If the mailing meets the qualifications for International Priority Airmail (IPA), it should be processed through IPA in accordance with postal rules and regulations in effect for USPS IPA at the time of the mailing. To maximize postage savings, the contractor will sort to the IPA Rate Group 1 through 15. Pieces not qualifying for the IPA Rate Group Levels of discount will be prepared at the Worldwide Non-presorted rate level and any remaining pieces that do not meet IPA qualifications will be sorted by individual country rules according to the USPS IMM in effect at the time of the mailing. The contractor is required to sort the mail to achieve the maximum postage discounts available with the IPA program. Due to heightened security, many foreign postal administrations require complete sender and addressee information in roman letters and Arabic numerals on postal items.

International Mail return addresses must show as the last line of the address UNITED STATES OF AMERICA or USA in all capital letters. All International Mail must be endorsed AirMail/ParAvion as described in the USPS IMM. The contractor may use a rubber stamp to meet this requirement.

Airmail/PAR AVION and UNITED STATES OF AMERICA must be preprinted or imaged on all forms that will be used for International mail. International Mail cannot contain a presort endorsement.

NOTE: The contractor is cautioned that files listed will contain mail addressed to United States possessions and territories (**American Samoa, Federated States of Micronesia, Guam, Marwill Islands, Northern Mariana Islands, Palau, Puerto Rico, U.S. Virgin Islands, Wake Island and Military Overseas Addresses (APO/FPO mail)**). These destinations are domestic, not international, mail.

SPECIAL MAILING REQUIREMENTS:

USPS CERTIFIED MAIL:

The domestic Special Notice Option (SNO) mail pieces included in these mailings will be required to be mailed using USPS Certified Mail. A receipt showing that the mail was accepted by the Post Office is a requirement for SNO mail. The contractor will prepare these mail pieces according to USPS regulations contained in the Domestic Mail Manual (DMM) under Section 503.3.0, Certified Mail. The contractor must place the current Postal Service Form 3800 (20 digit certified number and barcode) on the self-mailer.

NOTE: Permit imprint may not be used if the mailing is less than 200 pieces or pieces that are not identical. Instead, the mail must be metered.

USPS INTERNATIONAL REGISTERED MAIL:

The foreign Special Notice Option (SNO) mail-pieces included in these mailings will be required to be mailed using USPS International Registered Mail since Certified Mail cannot be used for foreign addresses. A receipt showing that the mail was accepted by the Post Office is a requirement for SNO mail. The contractor will prepare these mail-pieces according to USPS regulations contained in the International Mail Manual (IMM) under Section 330, Registered Mail.

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

NOTE: Permit imprint may not be used if the mailing is less than 200 pieces or pieces that are not identical. Instead, the mail must be metered.

NOTE: For Certified/Registered Mail. The contractor may add printing to the front of the self-mailer with Government approval, to meet USPS and production requirements but must not remove/change the Government printing required.

NOTE: The contractor will be reimbursed for the postage costs of certified or registered mail by submitting a properly completed Postal Service form (or equivalent).

MAILING DOCUMENTATION: The contractor must provide SSA with complete copies of all documents, including GPO's Form 712 (Certificate of Conformance), to be used by USPS verification and acceptance of mailing (e.g., computer records of presort ZIP+4, barcode breakdown, press runs, etc.). Copies should be provided to SSA's Division of Printing Management (DPM) within 24 hours of being provided to USPS. As documentation of each day's mailing is completed, the contractor will provide SSA's Printing Management representative with copies of postmarked postal forms (statement of mailing with permit imprint) and other records as agreed to during the mail and production meeting. All copies must be legible and both obverse and reverse sides are required. Copies of the documentation for each day's mailing will be available by 10:00 a.m. the next workday. For any day representatives are not on-site or otherwise unable to pick up the documentation, the contractor will mail the documentation via overnight carrier (at the contractor's expense). Send to SSA, Attn: Matthew Thomas, Division of Printing Management, 1368 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401. Contractor must place the number that is on the top of GPO Form 712 (the number that starts with the letter "A") in space provided on the USPS mailing statements. If there is no provided space on the mailing statement, place the number in the upper right margin of the mailing statement.

On each mailing statement, the Federal Agency Cost Code **276-00034** must be used.

NOTE: The contractor is required to complete and email to SSA daily an MS excel database/spreadsheet for each day of mailing. The database/spreadsheet will have fields for the contractor to fill in. These fields will include: Job Title, Jacket Number, Program and Print Order Numbers, as well as the Itemized breakdown of the postage computation found on the postal Form PS 3600 R. The contractor will be required to email the completed database/spreadsheet to Matthew.Thomas@ssa.gov within **24 hours** of each mail drop.

All furnished copies must be sent to SSA, Attn: Matthew Thomas, Division of Printing Management, 1368 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

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

SCHEDULE: Adherence to this schedule must be maintained. Contractor must not start production of any job prior to receipt of the individual print order (GPO Form 2511).

NOTE: Dates will change according to calendar year and will be provided at each year's planning meeting or with the print order.

Postaward Conference will take place with-in ten (10) workdays after award of contract. (For each option year exercised, the meeting will be determined after the notification of exercising the option year.)

The print order, manuscript copy of all versions, camera copy for the Commissioner's signature, SSA logo and recycled logo/legend and test files will be provided at the Postaward Conference.

Schedule for Proofs:

Submit proofs for all versions within 10 workdays after the Postaward Conference. The Government will hold proofs for ten (10) workdays from receipt at SSA.

Submit revised proofs, if necessary, within five (5) workdays after receipt. The Government will hold revised proofs for five (5) workdays from receipt at SSA.

Changes can be made as late as November 7, 20xx (of current production year)

Submit proofs together with copy DIRECTLY to SSA, Attn: Matthew Thomas, 1368 Annex Building, 6401 Security Blvd., Baltimore, MD 21235-6401. Furnished proof label must be filled in by the contractor and used on all proof packages.

Prior to Production Tests: Prior to receiving wire transmission of live production data files, the contractor will be required to perform the following tests:

WIRE TRANSMISSION TEST: Within one (1) week after the data connection has been installed, the contractor will be required to receive to perform the wire transmission test, which requires the receipt of data for 1,000,000 mailers. (NOTE: The wire transmission test will begin after the Government is notified of the availability of the system.)

12-HOUR PREPRODUCTION PRESS AND MAIL RUN TEST: After the Wire Transmission Test has been successfully completed and output approved by SSA, the contractor will be required to perform the 12-Hour Preproduction Press and Mail Run Test using the SSA-4926-SM and SSA-4926-SM-SP. Contractor must perform the preproduction press and mail run test in a continuous 12-hour period that will prove to the Government representatives that the contractor can satisfactorily complete the requirements of this contract during live production.

VALIDATION TEST: The contractor will submit samples to SSA from the validation test file within eight (8) workdays after receipt of files. Samples must be complete and include all variable data from Government furnished files. Systems validation test files will be available within 2 days of the release of the new COLA rate. This usually occurs around October 21.

The Government will approve, conditionally approve, or disapprove, the validation samples within ten (10) workdays after receipt of output. Approval or conditional approval will not relieve the contractor from complying with the specifications and all other terms and conditions of the contract.

A conditional approval will state any further action required by the contractor. A notice of disapproval will state the reasons thereof. If necessary, the contractor must submit revised validation samples within five (5) workdays after notice. The Government will hold revised samples for five (5) workdays from receipt at SSA.

NOTE: Validation must be approved and completed by November 13, 201xx (of current production year)

Submit output to SSA, Attn: Matthew Thomas, Division of Printing Management , 1368 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235-6401.

Failure of the contractor to perform any of the prior to production tests satisfactorily may be cause for default.

Production Schedule:

Workday – The term “workday” is defined as Monday through Friday* each week, exclusive of the days on which Federal Government holidays are observed. Also excluded are those days on which the Government Publishing Office is not open for the transaction of business, such days of national mourning, hazardous weather, etc.

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

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

Live production files are transmitted on a daily basis Monday 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).

NOTE: The first task order for actual production will be issued in November.

Production files for all versions will be available on or before **November 23, 2016**

NOTE: Contractor should not proceed with processing a transmission until counts are verified. If a discrepancy is found, the contractor must call SSA's Scheduling Helpline immediately at 877-697-4889.

The contractor must notify GPO of the date and time the pre-production test press run, press sheet inspection of base forms, and conversion inspection can be performed. In order for proper arrangements to be made, notification must be given at least three (3) workdays prior to all inspections. Notify the U.S. Government Publishing Office, Contracting Officer, Agency Publishing Service, Team #1, Washington, DC 20401, or telephone area code (202) 512-0310. Telephone calls will only be accepted between the hours of 8:00 am and 2:00 pm, prevailing Eastern Time. Note: See contract clauses, paragraph 14(e)(1), Inspections and Tests of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 6-01)). When supplies are not ready at the time specified by the contractor for inspection, the Contracting Officer may charge to the contractor the additional costs of inspection.

Contractor is required to email daily production and mailing totals, including holidays and weekends, beginning the next day after first mailing date, to matthew.thomas@ssa.gov All mailing totals should be broken down according to the form used.

Mailing must not start before December 1, 201xx (current production year). Contractor has 15 work days to complete mailing. Mailing on Saturdays is permitted.

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

Upon completion of each order, the contractor is to notify the Government Publishing Office of the date of shipment (or delivery, if applicable). Call (202) 512-0516 or 0517; callers outside the Washington, D.C. area may call toll free 1-800-424-9470 or 9471.

SECTION 3.- DETERMINATION OF AWARD

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

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

- I. a. 1
b. 1
c. 1
- II a. 14
- III. a. 1
b. 58,815
- IV. a. 58,815
- V. a. 58,815
- VI. a. 19

(This page is intentionally left blank)

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) will 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 will be based on the most economical method of production. Fractional parts of 1,000 will be prorated at the per 1,000 rate.

I. PREPRODUCTION TESTS: Prices offered must include all costs incurred in performing the (Pre-Production Validation Test, Preproduction Press and Mail Run Test, and Wire Transmission Test) as specified in these specifications. These costs will cover but are not limited to: machine time, personnel, wire transmission, paper, printing, imaging, and any other operations necessary to produce the required quantities of the product in the time specified in the contract.

a. Preproduction Validation Test.....\$ _____

b. Preproduction Press and Mail Run Test\$ _____

c. Wire Transmission Test.....\$ _____

II. PROGRESSING/PROGRAMMING FILES: The contractor will be allowed only one (1) charge per file type for the term of the contract to process and/or format the files supplied necessary to print and mail the notices. (*Total of 14 files*)

a. Processing/Programming Files..... per file \$ _____

III. PRINTING/IMAGING/CONVERTING Prices offered must include the cost of all materials and operations (including proofs, press samples and stock) necessary for the complete printing/imaging/converting of the product listed in accordance with these specifications.

a. Makeready/Setup Charge\$ _____

*Contractor will be allowed only one (1) makeready/setup charge per Order(year). This combined charge will include all materials and operations necessary to makeready and/or setup the contractor's equipment for that run. Invoices submitted with more than one makeready/setup charge per Order will be disallowed.

b. Title II COLA Notices (*printing, imaging, converting*)..... per 1,000 notices \$ _____

(Initials)

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

Computation of the net number of leaves will be based on each notice-size (9 x 21-3/4") leaf.

a. White Offset Book (60-lb.) (Title II COLA)..... per 1,000 leaves \$ _____

V. MAILING: Prices offered must include the cost of all required materials and operations necessary for the mailing (except postage) of the Title II COLA Notices.

a. Title II COLA Noticesper 1,000 notices \$ _____

VI. CERTIFIED/REGISTERED MAIL: Prices offered must include the cost of any and all additional materials and operations (except postage) necessary to complete the Certified/Registered mail and provide to USPS.

a. Title II COLA Notices.....per 1,000 notices \$ _____

TYPEFACES: If manufacturer's generic equivalent typefaces are proposed, the bidder must list on the line of the same number as the preferred typeface, the name of the equivalent typeface and composing machine to be used.

Preferred Typefaces:

1. Century Schoolbook
2. Times Roman

Manufacturer's Generic
Equivalent Typefaces

Name of Composing Machine

1. _____
2. _____

(Initials)

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

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 that 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 Reform 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 civil or criminal prosecution under Federal Regulations.

Contractor

Date

Contractor Employee

Date

EXHIBIT A (CONT.)

Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date
Contractor Employee	Date

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

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

Final Determination on Your Eligibility

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

Penalties for Inaccurate or False Statements

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

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

Disclosure of Information

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

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

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

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

OPM
 USE
 ONLY

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by USOPM)

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

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. • If you have no middle name, enter "NMN".

2 DATE OF BIRTH

Last Name First Name Middle Name Jr., II, etc. Month Day Year

3 PLACE OF BIRTH - Use the two letter code for the State. **4 SOCIAL SECURITY NUMBER**

City County State Country (if not in the United States)

5 OTHER NAMES USED

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

6 OTHER IDENTIFYING INFORMATION

Height (feet and inches) Weight (pounds) Hair Color Eye Color Sex (Mark one box)

Female Male

7 TELEPHONE NUMBERS

Work (include Area Code and extension) Home (include Area Code)

Day Night () Day Night ()

8 CITIZENSHIP

a Mark the box at the right that reflects your current citizenship status, and follow its instructions.

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d.

I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.

I am not a U.S. citizen. Answer items b and e.

b Your Mother's Maiden Name

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

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

9 WHERE YOU HAVE LIVED

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

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

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

10 WHERE YOU WENT TO SCHOOL

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

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

- 1 - High School
- 2 - College/University/Military College
- 3 - Vocational/Technical/Trade School

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

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

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

Enter your Social Security Number before going to the next page

11 YOUR EMPLOYMENT ACTIVITIES

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

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

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

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

Enter your Social Security Number before going to the next page

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	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 ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		

#5	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 ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		

#6	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 ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		
	Month/Year To	Month/Year	Position Title		Supervisor		

12 YOUR EMPLOYMENT RECORD	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
- 2 - Quit a job after being told you'd be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances

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

13 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year Month/Year To	Telephone Number Day () Night ()		
Home or Work Address	City (Country)		State	ZIP Code
Name #2	Dates Known Month/Year Month/Year To	Telephone Number Day () Night ()		
Home or Work Address	City (Country)		State	ZIP Code
Name #3	Dates Known Month/Year Month/Year To	Telephone Number Day () Night ()		
Home or Work Address	City (Country)		State	ZIP Code

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

<input type="checkbox"/>	1 - Never married <i>(go to question 15)</i>	<input type="checkbox"/>	3 - Separated	<input type="checkbox"/>	5 - Divorced
<input type="checkbox"/>	2 - Married	<input type="checkbox"/>	4 - Legally Separated	<input type="checkbox"/>	6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- | | | | |
|----------------------------|----------------|---------------------------------|---------------|
| 1 - Mother <i>(first)</i> | 3 - Stepmother | 5 - Foster Parent | 7 - Stepchild |
| 2 - Father <i>(second)</i> | 4 - Stepfather | 6 - Child <i>(adopted also)</i> | |

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
	1					
	2					

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

16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?		
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								

17 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to 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

18 YOUR INVESTIGATIONS RECORD	Yes	No
a 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.		

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

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

b 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

19 FOREIGN COUNTRIES YOU HAVE VISITED	Yes	No
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 →

20 YOUR POLICE RECORD <i>(Do not include anything that happened before your 16th birthday.)</i>					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
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	

21 ILLEGAL DRUGS				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
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.					
a 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 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					

22 YOUR FINANCIAL RECORD					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
a 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 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
					<input type="checkbox"/>	<input type="checkbox"/>
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 ➔

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

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

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

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

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

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

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

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Instructions for Completing this Release

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

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

(Investigator instructed to write in position title.)

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

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

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

What is the prognosis?

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

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

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

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK		
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I						DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED											
ATY		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>		SEX	RACE	HAIR	WEIGHT	EYES	HAR
PHONE AND ADDRESS		YOUR NO. <u>OCA</u>		FBI NO. <u>EBJ</u>		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u>		MISCELLANEOUS NO. <u>MNU</u>	
										LEAVE BLANK	
								CLASS _____		REF. _____	

R. THUMB	I. INDEX	M. MIDDLE	R. RING	L. LITTLE

SAMPLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	1. THUMB	2. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Declaration for Federal Employment*

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

Instructions

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

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

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

Privacy Act Statement

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

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information 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. 3206-0182

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

GENERAL INFORMATION

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

2. **SOCIAL SECURITY NUMBER**

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

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

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

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

Selective Service Registration

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

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

YES

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

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

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

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

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

Military Service

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

YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

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

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

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

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

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

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

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

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

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

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

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

Certifications / Additional Questions

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

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

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

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

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

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

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

- 18a. When did you leave your last Federal job? _____ DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

Information Provided Concerning the Disclosure and Authorization Pertaining to Consumer Reports pursuant to the Fair Credit Reporting Act (FCRA)

A required component of your investigation for employment in a moderate or high risk position or National Security Clearance is an inquiry with a credit bureau. Under the provisions of the Fair Credit Reporting Act (15 § U.S.C. 1681 b), Section 604, (b)(2)(A) and (B), Permissible Purposes of Consumer Reports, we may not obtain the report unless:

- "a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report, may be obtained for employment purposes; and
- "the consumer has authorized in writing the procurement of the report by that person."

The attached **Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act** must be signed so we can conduct an inquiry with a credit bureau and complete your investigation. Failure to complete this form and comply with the investigative requirements for the position you currently occupy or have been selected for could result in disciplinary action, up to and including removal. If the Department of the Treasury intends to take any adverse action based in whole or in part on your credit report, you are entitled to certain protections set out in the Fair Credit Reporting Act. These protections are provided below.

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 in 15 U.S.C. §§ 1681-1681u. 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 of 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 have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.**
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

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

For questions or concerns regarding:	Please contact:
CRAs, 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 institutions 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 Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or 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 Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 * 202-720-7051

Disclosure and Authorization Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act

This is a release for the Social Security Administration to obtain one or more consumer/credit reports about you for an investigation in connection with your application for employment or in the course of your employment with the Social Security Administration, including your employment as an IRS contractor. One or more reports about you may be obtained for employment purposes, including evaluating your suitability for employment, promotion or reassignment which results in a change to your position risk level, or access to classified information.

I, _____ hereby
authorize the Social Security Administration to obtain such report(s) from any consumer/credit reporting agency for
employment purposes.

Print Name	Signature
SSN	Date

EXHIBIT F

SYSTEM PLAN

TYPE OF PROPOSED MAINFRAME PLATFORM_____

TYPE OF PERSONAL COMPUTER_____

MEDIA TO BE USED FOR RECEIPT OF FILE TRANSMISSION_____

FILE STORAGE MEDIUM_____

CONNECT:DIRECT INSTALLED?_____

AMOUNT OF AVAILABLE FILE STORAGE SPACE_____

TYPE OF PRINT STREAM MAIL RUN CONTROL SYSTEM_____

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

Exhibit 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:

Audit Report								
Program 123-S/SSA Notices Name/PO#54001/File Date								
PC # and Sequence Numbers and Volume								
Inserter ID	Date	Start Time	End Time	Start Range	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

TOTALS								
				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 H (cont'd)

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

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

<u>Summary Report</u>			
<u>Job Information</u>		<u>Operation Information</u>	
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	
<u>Statistical Summary</u>			
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	