

| <b>Prog: 037-S</b><br><b>Title: TITLE XVI NOTICES (SSI)</b><br><b>Agency DAILY/COMP/SPIKE and COLA NOTICES Pt. 2</b><br><b>Term: Date Of Award To July 31, 2017</b> |   |                |                            |            |   |            |  |            |  |            |                |
|---|---|----------------|----------------------------|------------|---|------------|--|------------|--|------------|----------------|
| ITEM NO   | DESCRIPTION   | BASIS OF AWARD | NPC, Inc.<br>Claysburg, PA |            | Pinnacle Data Systems, L.L.C.<br>Norcross, GA |            | SourceLink Ohio, LLC<br>Miamisburg, OH |            | Summit Direct Mail, Inc.<br>Dallas, TX |            |                |
|   |   |                | UNIT RATE                  | COST       |   |            |  |            |  |            |                |
| <b>I. COMPOSITION:</b>  |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Envelopes.....per env.  | 3              | No Charge                  | 0.00       | No Charge                                     | 0.00       | 50.00                                  | 150.00     | 150                                    | 450.00     |                |
| <b>II. PROOFS:</b>  |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | PDF Soft Proof.....per env.   | 3              | No Charge                  | 0.00       | No Charge                                     | 0.00       | 50.00                                  | 150.00     | No Charge                              | 0.00       |                |
| (b)   | Pamphlets: Digital One-piece Composite Laminated Halftone Proof.....per trim/page size unit   | 300            | No Charge                  | 0.00       | No Charge                                     | 0.00       | 50.00                                  | 15,000.00  | 5.00                                   | 1,500.00   |                |
| (c)   | Pamphlets: Press Quality PDF Soft Proof.....per trim/page size unit   | 100            | No Charge                  | 0.00       | No Charge                                     | 0.00       | 50.00                                  | 5,000.00   | 3.00                                   | 300.00     |                |
| <b>III. PREPRODUCTION TESTS:</b>  |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Wire Transmission Test (Daily/COLA Notices).....  | 1              | No Charge                  | 0.00       | No Charge                                     | 0.00       | 250.00                                 | 250.00     | 350.00                                 | 350.00     |                |
| (b)   | COLA Validation Test  | 1              | No Charge                  | 0.00       | No Charge                                     | 0.00       | 250.00                                 | 250.00     | 13,500.00                              | 13,500.00  |                |
| <b>IV. PROCESSING/FORATTING FILES:</b>  |   |                |                            |            |   |            |  |            |  |            |                |
|   | Processing/formatting files..per mailer.....  | 19             | No Charge                  | 0.00       | No Charge                                     | 0.00       | 400.00                                 | 7,600.00   | 175.00                                 | 3,325.00   |                |
| <b>V. PRINTING/IMAGING, BINDING AND CONSTRUCTION:</b>   |   |                |                            |            |   |            |  |            |  |            |                |
| <b>1. Daily/Comp/Spike Notices --</b>   |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Daily makeready/setup charge.....   | 250            | 100.00                     | 25,000.00  | No Charge                                     | 0.00       | 450.00                                 | 112,500.00 | 285.00                                 | 71,250.00  |                |
| (b)   | Notices face/back.....per 1,000 leaves  | 43,500         | 8.22                       | 357,570.00 | 13  | 565,500.00 | 22.00                                  | 957,000.00 | 12.75                                  | 554,625.00 |                |
| (c)   | Mail-out Envelope 6-1/8 x 9-1/2".....per 1,000 envelopes  | 11,272         | 9.59                       | 108,098.48 | No Charge                                     | 0.00       | 10.13                                  | 114,185.36 | 9.05                                   | 102,011.60 |                |
| (d)   | Mail-out Envelope 9 x 12".....per 1,000 envelopes   | 230            | 23.33                      | 5,365.90   | No Charge                                     | 0.00       | 24.30                                  | 5,589.00   | 28.40                                  | 6,532.00   |                |
| (e)   | Spraying/Imaging of SSA Field Office Addresses on Mail-out Envelopes.....per 1,000 envelopes  | 11,502         | 0.90                       | 10,351.80  | 1.00  | 11,502.00  | 2.00                                   | 23,004.00  | 1.95                                   | 22,428.90  |                |
| (f)   | Saddle-stitched pamphlets - Prtg in 2 colors including binding.....per 1,000 pgs  | 2,954          | 2.76                       | 8,153.04   | 4.00  | 11,816.00  | 2.73                                   | 8,064.42   | 6.00                                   | 17,724.00  |                |
| <b>2. COLA Notices --</b>   |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Daily makeready/setup charge.....   | 16             | 100.00                     | 1,600.00   | No Charge                                     | 0.00       | 400.00                                 | 6,400.00   | 285.00                                 | 4,560.00   |                |
| (b)   | Notices - Prtg face/back in black ink only  | 22,000         | 8.49                       | 186,780.00 | 13.00   | 286,000.00 | 22.00                                  | 484,000.00 | 12.75                                  | 280,500.00 |                |
| (c)   | Mail-out Envelope 6-1/8 x 9-1/2".....per 1,000 envelopes  | 5,123          | 11.41                      | 58,453.43  | No Charge                                     | 0.00       | 25.33                                  | 129,765.59 | 11.54                                  | 59,119.42  |                |
| <b>VI. PAPER - Per 1,000 Leaves</b>   |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Notices 8-1/2 x 11", White Offset Bk, 50-lb   | 65,500         | 5.29                       | 346,495.00 | 6.00  | 393,000.00 | 8.10                                   | 530,550.00 | 6.89                                   | 451,295.00 |                |
| (b)   | Pamphlets 5-1/4 x 8", White Offset Bk, 60-lb  | 1,477          | 4.60                       | 6,794.20   | 4.00  | 5,908.00   | 5.27                                   | 7,783.79   | 6.80                                   | 10,043.60  |                |
| (c)   | Mail-out Envelopes 6-1/8 x 9-1/2".....White Kraft (24-lb.) or White Wove (24-lb.).....  | 16,395         | 9.59                       | 157,228.05 | 21.00   | 344,295.00 | 15.19                                  | 249,040.05 | 11.86                                  | 194,444.70 |                |
| (d)   | Mail-out Envelopes 9 x 12".....White Kraft (24-lb) or White Wove (24lb).....  | 230            | 23.33                      | 5,365.90   | 55.00   | 12,650.00  | 36.45                                  | 8,383.50   | 54.20                                  | 12,466.00  |                |
| <b>VII. INSERTING AND MAILING:</b>  |   |                |                            |            |   |            |  |            |  |            |                |
| <b>(1) Daily/Comp/Spike Notices --</b>  |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Mailer 2-11 Personalized notice, mail-out envelope with variable return address and any required inserts.....per 1,000 Mailers  | 11,498         | 41.67                      | 479,121.66 | 10.00   | 114,980.00 | 54.90                                  | 631,240.20 | 13.03                                  | 149,818.94 |                |
| (b)   | Mailers 12 & 13 (Personalized Notice (Certified and Registered Mail file) mail-out envelope with variable return address and any required inserts.....per 1,000 Mailers | 2              | 800.00                     | 1,600.00   | 10.00   | 20.00      | 702.90                                 | 1,405.80   | 13.03                                  | 26.06      |                |
| <b>(2) Cola Notices --</b>  |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Mailer 1 and 2 (Personalized Notice and double window mail-out envelope).....per 1,000 Mailers  | 201            | 18.52                      | 3,722.52   | 10.00   | 2,010.00   | 60.39                                  | 12,138.39  | 11.84                                  | 2,379.84   |                |
| (b)   | Mailer 3 (Personalized Notice and single window mail-out envelope)(Certified and Registered Mail).....per 1,000 Mailers   | 2              | 800.00                     | 1,600.00   | 10.00   | 20.00      | 2,811.60                               | 5,623.20   | 13.03                                  | 26.06      |                |
| (c)   | Mailer 4 and 5 (Personalized Notice,double window mail-out envelope).....per 1,000 Mailers  | 4922           | 18.52                      | 91,155.44  | 10.00   | 49,220.00  | 60.39                                  | 297,239.58 | 11.84                                  | 58,276.48  |                |
| <b>VIII. CERTIFIED/REGISTERED MAIL:</b>   |   |                |                            |            |   |            |  |            |  |            |                |
| (a)   | Certified/Registered mailing...per 1,000 Mailers  | 4              | 200.00                     | 800.00     | 750.00  | 3,000.00   | 800.00                                 | 3,200.00   | 5,868.00                               | 23,472.00  |                |
| <b>CONTRACTOR TOTALS</b>  |   |                |                            |            | \$1,855,255.42                                |            | \$1,799,921.00                         |            | \$3,615,512.88                         |            | \$2,040,424.60 |
| <b>DISCOUNT</b>   |   |                |                            | 0.25%      | \$4,638.14                                    | 1.00%      | \$17,999.21                            | 0%         | \$0.00                                 | 2.00%      | \$40,808.49    |
| <b>DISCOUNTED TOTALS</b>  |   |                |                            |            | \$1,850,617.28                                |            | \$1,781,921.79                         |            | \$3,615,512.88                         |            | \$1,999,616.11 |
| <b>AWARDED</b>  |   |                |                            |            |   |            |  |            |  |            |                |

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|---|---|----------------|-----------|------------------------------------|---|--|--|-----------------------|-----------|-----------------------|
| ITEM NO.  | DESCRIPTION   | BASIS OF AWARD | UNIT RATE | NPC, Inc.<br>Claysburg, PA<br>COST | Pinnacle Data Systems, L.L.C.<br>Norcross, GA | SourceLink Ohio, LLC<br>Miamisburg, OH | Summit Direct Mail, Inc.<br>Dallas, TX |                       |           |                       |
| <b>I. COMPOSITION:</b>  |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Envelopes.....per env.  | 3              | No Charge | 0.00                               | No Charge                                     | 0.00                                   | 50.00                                  | 150.00                | 150       | 450.00                |
| <b>II. PROOFS:</b>  |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | PDF Soft Proof.....per env.   | 3              | No Charge | 0.00                               | No Charge                                     | 0.00                                   | 50.00                                  | 150.00                | No Charge | 0.00                  |
| (b)   | Pamphlets: Digital One-piece Composite Laminated Halftone Proof.....per trim/page size unit   | 300            | No Charge | 0.00                               | No Charge                                     | 0.00                                   | 50.00                                  | 15,000.00             | 5.00      | 1,500.00              |
| (c)   | Pamphlets: Press Quality PDF Soft Proof.....per trim/page size unit   | 100            | No Charge | 0.00                               | No Charge                                     | 0.00                                   | 50.00                                  | 5,000.00              | 3.00      | 300.00                |
| <b>III. PREPRODUCTION TESTS:</b>  |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Wire Transmission Test (Daily/COLA Notices).....  | 1              | No Charge | 0.00                               | No Charge                                     | 0.00                                   | 250.00                                 | 250.00                | 350.00    | 350.00                |
| (b)   | COLA Validation Test  | 1              | No Charge | 0.00                               | No Charge                                     | 0.00                                   | 250.00                                 | 250.00                | 13,500.00 | 13,500.00             |
| <b>IV. PROCESSING/FORATTING FILES:</b>  |   |                |           |                                    |   |  |  |                       |           |                       |
|   | Processing/formatting files..per mailer.....  | 19             | No Charge | 0.00                               | No Charge                                     | 0.00                                   | 400.00                                 | 7,600.00              | 175.00    | 3,325.00              |
| <b>V. PRINTING/IMAGING, BINDING AND CONSTRUCTION:</b>   |   |                |           |                                    |   |  |  |                       |           |                       |
| <b>1. Daily/Comp/Spike Notices --</b>   |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Daily makeready/setup charge.....   | 250            | 100.00    | 25,000.00                          | No Charge                                     | 0.00                                   | 450.00                                 | 112,500.00            | 285.00    | 71,250.00             |
| (b)   | Notices face/back.....per 1,000 leaves  | 43,500         | 8.22      | 357,570.00                         | 13  | 565,500.00                             | 22.00                                  | 957,000.00            | 12.75     | 554,625.00            |
| (c)   | Mail-out Envelope 6-1/8 x 9-1/2".....per 1,000 envelopes  | 11,272         | 9.59      | 108,098.48                         | No Charge                                     | 0.00                                   | 10.13                                  | 114,185.36            | 9.05      | 102,011.60            |
| (d)   | Mail-out Envelope 9 x 12".....per 1,000 envelopes   | 230            | 23.33     | 5,365.90                           | No Charge                                     | 0.00                                   | 24.30                                  | 5,589.00              | 28.40     | 6,532.00              |
| (e)   | Spraying/Imaging of SSA Field Office Addresses on Mail-out Envelopes.....per 1,000 envelopes  | 11,502         | 0.90      | 10,351.80                          | 1.00  | 11,502.00                              | 2.00                                   | 23,004.00             | 1.95      | 22,428.90             |
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| <b>2. COLA Notices --</b>   |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Daily makeready/setup charge.....   | 16             | 100.00    | 1,600.00                           | No Charge                                     | 0.00                                   | 400.00                                 | 6,400.00              | 285.00    | 4,560.00              |
| (b)   | Notices - Prtg face/back in black ink only  | 22,000         | 8.49      | 186,780.00                         | 13.00   | 286,000.00                             | 22.00                                  | 484,000.00            | 12.75     | 280,500.00            |
| (c)   | Mail-out Envelope 6-1/8 x 9-1/2".....per 1,000 envelopes  | 5,123          | 11.41     | 58,453.43                          | No Charge                                     | 0.00                                   | 25.33                                  | 129,765.59            | 11.54     | 59,119.42             |
| <b>VI. PAPER - Per 1,000 Leaves</b>   |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Notices 8-1/2 x 11", White Offset Bk, 50-lb   | 65,500         | 5.29      | 346,495.00                         | 6.00  | 393,000.00                             | 8.10                                   | 530,550.00            | 6.89      | 451,295.00            |
| (b)   | Pamphlets 5-1/4 x 8", White Offset Bk, 60-lb  | 1,477          | 4.60      | 6,794.20                           | 4.00  | 5,908.00                               | 5.27                                   | 7,783.79              | 6.80      | 10,043.60             |
| (c)   | Mail-out Envelopes 6-1/8 x 9-1/2".....White Kraft (24-lb.) or White Wove (24-lb.).....  | 16,395         | 9.59      | 157,228.05                         | 21.00   | 344,295.00                             | 15.19                                  | 249,040.05            | 11.86     | 194,444.70            |
| (d)   | Mail-out Envelopes 9 x 12".....White Kraft (24-lb) or White Wove (24lb).....  | 230            | 23.33     | 5,365.90                           | 55.00   | 12,650.00                              | 36.45                                  | 8,383.50              | 54.20     | 12,466.00             |
| <b>VII. INSERTING AND MAILING:</b>  |   |                |           |                                    |   |  |  |                       |           |                       |
| <b>(1) Daily/Comp/Spike Notices --</b>  |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Mailer 2-11 Personalized notice, mail-out envelope with variable return address and any required inserts.....per 1,000 Mailers  | 11,498         | 41.67     | 479,121.66                         | 10.00   | 114,980.00                             | 54.90                                  | 631,240.20            | 13.03     | 149,818.94            |
| (b)   | Mailers 12 & 13 (Personalized Notice (Certified and Registered Mail file) mail-out envelope with variable return address and any required inserts.....per 1,000 Mailers | 2              | 800.00    | 1,600.00                           | 10.00   | 20.00                                  | 702.90                                 | 1,405.80              | 13.03     | 26.06                 |
| <b>(2) Cola Notices --</b>  |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Mailer 1 and 2 (Personalized Notice and double window mail-out envelope)...per 1,000 Mailers  | 201            | 18.52     | 3,722.52                           | 10.00   | 2,010.00                               | 60.39                                  | 12,138.39             | 11.84     | 2,379.84              |
| (b)   | Mailer 3 (Personalized Notice and single window mail-out envelope)(Certified and Registered Mail).....per 1,000 Mailers   | 2              | 800.00    | 1,600.00                           | 10.00   | 20.00                                  | 2,811.60                               | 5,623.20              | 13.03     | 26.06                 |
| (c)   | Mailer 4 and 5 (Personalized Notice,double window mail-out envelope.....per 1,000 Mailers   | 4922           | 18.52     | 91,155.44                          | 10.00   | 49,220.00                              | 60.39                                  | 297,239.58            | 11.84     | 58,276.48             |
| <b>VIII. CERTIFIED/REGISTERED MAIL:</b>   |   |                |           |                                    |   |  |  |                       |           |                       |
| (a)   | Certified/Registered mailing...per 1,000 Mailers  | 4              | 200.00    | 800.00                             | 750.00  | 3,000.00                               | 800.00                                 | 3,200.00              | 5,868.00  | 23,472.00             |
|   |   |                |           | <b>CONTRACTOR TOTALS</b>           |   | <b>\$1,855,255.42</b>                  |  | <b>\$1,799,921.00</b> |           | <b>\$3,615,512.88</b> |
|   |   |                |           | <b>DISCOUNT</b>                    | 0.25%   | <b>\$4,638.14</b>                      | 1.00%                                  | <b>\$17,999.21</b>    | 0%        | <b>\$0.00</b>         |
|   |   |                |           | <b>DISCOUNTED TOTALS</b>           |   | <b>\$1,850,617.28</b>                  |  | <b>\$1,781,921.79</b> |           | <b>\$3,615,512.88</b> |
|   |   |                |           |                                    |   |  |  |                       | 2.00%     | <b>\$40,808.49</b>    |
|   |   |                |           |                                    |   |  |  |                       |           | <b>\$1,999,616.11</b> |

U.S. GOVERNMENT PUBLISHING OFFICE

Washington, DC

GENERAL TERMS, CONDITIONS, AND SPECIFICATIONS

For the Procurement of

*Title XVI Notices*

*(Supplemental Security Income (SSI) (Daily, DABA, COMP, and COLA) Notices – Part 2)*

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 July 31, 2017, plus up to four (4) optional 12-month extension period(s) that may be added in accordance with the “OPTION TO EXTEND THE TERM OF THE CONTRACT” clause in SECTION 1 of this contract.

**NOTE:** 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 after award (or from completion date of transmission connectivity) through March 31, 2016 for transmission of test files; actual production begins August 1, 2016.

**BID OPENING:** Bids shall be publicly opened at 11:00 a.m., prevailing Washington, DC, time, on February 17, 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:** The products produced in this contract were formerly procured under Program 733-S. The specifications have been extensively revised; therefore, all bidders are cautioned to familiarize themselves with all provisions of these specifications before bidding. In addition, special attention is directed to the “PUBLIC TRUST SECURITY REQUIREMENTS” and “100% ACCOUNTABILITY OF PRODUCTION AND MAILING” requirements.

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

For information of a technical nature, call Kevin Hodges at (202) 512-0310.

## SECTION 1. - GENERAL TERMS AND CONDITIONS

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

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

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

**DISPUTES:** GPO Publication 310.2, GPO Contract Terms, Contract Clause 5. Disputes, is hereby replaced with the June 2008 clause found at [www.gpo.gov/pdfs/vendors/contractdisputes.pdf](http://www.gpo.gov/pdfs/vendors/contractdisputes.pdf).

**SUBCONTRACTING:** The predominant production functions are the laser/ion deposition of data at a minimum of 600x600dpi for notices, the printing/imaging of notices, and the inserting of items into mail-out envelopes. Any bidder who cannot perform the predominant production functions will be declared non-responsible.

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

NOTE: If the presorting and mailing is subcontracted, the subcontractor must have the same security clearance as the prime contractor.

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

If the contractor plans to enter into a "Contractor Team Arrangement", or Joint Venture, to fulfill any requirements of this contract, all parties must comply with the terms and regulations as detailed in the Printing Procurement Regulation (GPO Publication 305.3; Rev. 2-11).

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

Product Quality Levels:

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

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

- (a) Non-destructive Tests - General Inspection Level I.
- (b) Destructive Tests - Special Inspection Level S-2.
- (c) Transparent, low-gloss, poly-type window material, covering the envelope window must pass a readability test with a rejection rate of less than 1/4 of 1% when run through a USPS OCR Scanner.
- (d) Exception: ANSI X3.17 "Character Set for Optical Character Recognition (OCR A)" shall apply to these specifications. The revisions of this standard which are effective as of the date of this contract are those which shall apply.



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

| <u>Attribute</u>                       | <u>Specified Standard</u> |
|--|---------------------------|
| P-7. Type Quality and Uniformity       | O.K. Press Sheets         |
| P-8. Solid and Screen Tint Color Match | O.K. Press Sheets         |

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

P-7. O.K. proofs, Average type dimension, electronic media, camera copy, manuscript copy.

P-8. Pantone Matching System.

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

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

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

For the purpose of this clause, performance under this contract will be divided into successive periods. The first period will extend from Date of Award to July 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.

**NOTE:** *The term of the first contract year (base year) is expected to be approximately 17 months; however, the Economic Price Adjustment will be based on the date of actual production. Actual production begins August 1, 2016.*

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 three (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 April 30, 2016, called the base index. The percentage change (plus or minus) of the variable index from the base index will be the economic price adjustment for the period being considered for adjustment.

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

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

***NOTE: For the purpose of this contract, the Paper Price Adjustment will be based on the date of actual production. Actual production begins August 1, 2016.***

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 July 2016 will establish the base index.
3. There shall be no price adjustment for the first three production months of the contract.
4. Price adjustments may be monthly thereafter, but only if the index varies by an amount (plus or minus) exceeding 5% by comparing the base index to the index for that month which is two months prior to the month being considered for adjustment.
5. Beginning with order placement in the fourth month, index variances will be calculated in accordance with the following formula:

$$\frac{X - \text{base index}}{\text{base index}} \times 100 = \text{———}\%$$

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

6. The contract adjustment amount, if any, will be the percentage calculated in 5 above less 5%.
7. Adjustments under this clause will be applied to the contractor’s bid price(s) for Item VI. “PAPER” in the “SCHEDULE OF PRICES” and will be effective on the first day of any month for which prices are to be adjusted.

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

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

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

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

- (a) The contractor shall restrict access to all confidential information obtained from the Social Security Administration in the performance of this contract to those employees and officials who need it to perform the contract. Employees and officials who need access to confidential information for performance of the contract will be determined at the postaward conference between the Contracting Officer and the responsible contractor representative.
- (b) The contractor shall process all confidential information obtained from SSA in the performance of this contract under the immediate supervision and control of authorized personnel, and in a manner that will protect the confidentiality of the records in such a way that unauthorized persons cannot retrieve any such records.
- (c) The contractor shall inform all personnel with access to the confidential information obtained from SSA in the performance of this contract of the confidential nature of the information and the safeguards required to protect this information from improper disclosure.
- (d) For knowingly disclosing information in violation of the Privacy Act, the contractor and the contractor employees may be subject to the criminal penalties as set forth in 5 U.S.C Section 552a (i)(1), which is made applicable to contractors by 5 U.S.C. 552a (m)(1) to the same extent as employees of the SSA. For knowingly disclosing confidential information as described in section 1106 of the Social Security Act (42 U.S.C. 1306), the contractor and contractor's employees may also be subject to the criminal penalties as set forth in that provision.
- (e) The contractor shall assure that each contractor employee with access to confidential information knows the prescribed rules of conduct, and that each contractor employee is aware that he/she may be subject to criminal penalties for violations of the Privacy Act and/or the Social Security Act. When the contractor employees are made aware of this information, they will be required to sign Form SSA-301, Contractor Personnel Security Certification (see Exhibit A). A copy of this signed certification must be forwarded to: SSA, Printing Management Branch, Baltimore, MD (see Exhibit K).
- (f) All confidential information obtained from SSA for use in the performance of this contract shall, at all times, be stored in an area that is physically safe from unauthorized access.
- (g) Performance of this contract may involve access to tax return information as defined in 26 U.S.C. Section 6103(b) of the Internal Revenue Code (IRC). All such information shall be handled as confidential and may not be disclosed without the written permission of SSA. For willingly disclosing confidential tax return information in violation of the IRC, the contractor and contractor employees may be subject to the criminal penalties set forth in 26 U.S.C. Section 7213.
- (h) The Government reserves the right to conduct on-site visits to review the contractor's documentation and in-house procedures for protection of confidential information.
- (i) If a subcontractor is used for the sorting and/or mailing of the notices of this contract, the subcontractor must conform to all security requirements of the contract.

**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.

See EXHIBIT J for References for External Service Providers (ESP).

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

- (a) The solution must be located in the United States, its territories, or possessions.

*NOTE: “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).*

- (b) Upon request from the SSA Printing Management Branch (Exhibit K), the contractor shall provide access to the hosting facility to the U.S. 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 Organization.

*NOTE: A Third Party Assessment Organization (3PAO) is an organization that has been certified to help cloud service providers and Government agencies meet FedRAMP compliance regulations. Accredited 3PAOs can be found at <https://www.fedramp.gov/marketplace/accredited-3paos/>.*

- (e) Prior to award and before SSA provides data to the contractor, the contractor 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. Additionally, after award, the contractor shall provide a Security Assessment Package (SAP) completed by either an independent assessor or another Federal agency.

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

The *prospective* contractor is to furnish the System Security Plan within five (5) workdays of being notified to do so by the Contracting Officer or his/her representative. (NOTE: The System Security Plan is to be submitted in conjunction with the “PRODUCTION PLANS” as specified herein.)

This plan is subject to review and approval by the Government and award will not be made prior to approval of same. The Government reserves the right to waive some or all of this plan.

If the Government requests additional information after review of the System Security Plan, the contractor must submit updated plans within two (2) workdays of request.

Once the System Security Plan has been approved and contract award is made, the awarded contractor is to furnish the Security Assessment Package within 10 workdays of contract award.

The Government will approve, conditionally approve, or disapprove the Security Assessment Package within 10 workdays of the receipt thereof.

Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reasons therefore.

If the Security Assessment Package is disapproved by the Government, the Government, at its option, may require the contractor to submit an updated package for review, within five (5) workdays of notification to do so and under the terms and conditions specified in the notice of rejection. Such additional packages shall be furnished, and necessary changes made, at no additional cost to the Government. The Government will require the time specified above to review any updated packages.

In the event that the updated package is disapproved by the Government, the contractor shall be deemed to have failed to make delivery within the meaning of the default clause in which event this contract shall be subject to termination for default.

- (f) SSA will consider a self-assessment of security controls for solutions that do not involve sensitive information or PII.

*NOTE: 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.*

**PHYSICAL SECURITY:** Contractor's facilities storing SSA assets and information are required to meet the Interagency Security Committee's standard for Federal facilities. This information can be found in the "Facility Security Plan: An Interagency Security Committee Guide," dated February 2015, 1<sup>st</sup> Edition. SSA reserves the right to inspect contractor facilities to ensure compliance with the ISC guidelines. If facilities are found deficient, the contractor must implement corrective actions within 60 calendar days of notification. Requirements can include, but not be limited to, the physical security countermeasures, such as access control systems, closed circuit television systems, intrusion detection systems, and barriers.

NOTE: This requirement applies to all contractor's facilities (i.e., multiple plants) used in the production of the Daily and COLA mailers.

**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."

NOTE: This requirement applies to all contractor's facilities (i.e., multiple plants) used in the production of the Daily and COLA mailers.

**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 log off 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.
- Prohibited from having any mobile devices or cameras in sensitive areas that contain any confidential materials, including 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. The contractor 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 PII but is intended to act as an alert to the contractor's employees to situations that must be avoided. Misfeasance occurs when an employee is authorized to access Government information that contains sensitive or personally identifiable information and, due to the employee's failure to exercise due care, the information is lost, stolen, or inadvertently released.

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

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

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

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

This listing should include the following:

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

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

Contractor to submit the applicant listing via fax to CPSPM Suitability Team at (410) 966-0640, or via U.S. Mail to: SSA, CPSPM Suitability Team, 2601 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

Once SSA receives and reviews the applicant listing, SSA will initiate the Electronic Questionnaire for Investigations Process (eQIP). SSA will email notification to the CPOC that each applicant has been invited into the eQIP website to electronically complete their background investigation form. The CPOC will provide the website to the applicants to complete their eQIP form. The applicant will have up to 14 calendar days to complete the eQIP form. The 14-day timeframe begins once SSA notifies the CPOC of the eQIP invitation(s). The applicant must print the signature pages of the form (pages 7 through 9 of SF 85P, Questionnaire for Public Trust Positions), (Sample Form SF85P, Exhibit C), sign the signature pages, and then provide the signed originals to the CPOC.

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

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

The CPOC must ensure all paper forms are fully completed and signed prior to submission to SSA. For new contract employees hired during the contract term, forms must be submitted at least 15 workdays prior to working under the contract. The fingerprint cards and all paper forms must be legible or typed in black ink and all signatures must be in black ink. There must be no “breaks” in residences or employment. SSA requires complete addresses, including zip codes and phone numbers. It is the responsibility of the contractor to ensure fingerprint cards are processed through their local police departments or other authorized finger printers. SSA must receive forms within 30 calendar days of signature and date. SSA will return forms not fully completed back to the contractor. Forms may be obtained by calling SSA Personnel Security Suitability Program Officer (SPO) Vernon Collins at (410) 965-3329.

The CPOC shall submit one cover sheet to SSA containing the names of all of the individuals for whom the contractor is submitting completed paperwork. This cover sheet should include the contract number, each applicant’s full name, each applicant’s SSN, each applicant’s date of birth, and each applicant’s place of birth. Contractor to submit this cover sheet, along with the completed paper forms and two FD-258 fingerprint charts for each applicant to: SSA, CPSPM Suitability Team, 2601 Annex Building, 6401 Security Boulevard, Baltimore, MD 21235.

**SUITABILITY DETERMINATION:** A Federal Bureau of Investigation (FBI) fingerprint check will be used as part of the basis for making a suitability determination. This determination is final unless information obtained during the remainder of the full background investigation, conducted by the Office of Personnel Management, is such that SSA would find the contractor personnel unsuitable to continue performing under this contract. CPSPM will notify the CPOC and SSA’s Printing Management Branch (Exhibit K), of the results 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/subcontractor’s mail, material, personnel, production, quality control/recovery program and security and backup facility plans, as required by this specification.

If award is predicated on the purchase of production and/or systems equipment, the contractor must provide purchase order(s) with delivery date(s) of equipment to arrive, be installed and fully functional at least 45 calendar days prior to the start of live production.

**PRODUCTION PLANS:** The contractor shall present, in writing, to the Contracting Officer within five (5) workdays of being notified to do so by the Contracting Officer or his/her representative, detailed plans for each of the following activities. The workday after notification to submit will be the first day of the schedule. If the Government requests additional information after review of plans, the contractor must submit updated plans within two (2) workdays of request.

**THESE PROPOSED PLANS ARE SUBJECT TO REVIEW AND APPROVAL BY THE GOVERNMENT AND AWARD WILL NOT BE MADE PRIOR TO APPROVAL OF SAME. THE GOVERNMENT RESERVES THE RIGHT TO WAIVE SOME OR ALL OF THESE PLANS.**

**NOTE:** If the contractor intends to use multiple plants, the preaward survey plans must indicate which plants will be used and the quantity to be produced in each plant. This requirement applies to the Preproduction Press and Mail Run Test in addition to the live production.



**Backup Facility** – The failure to deliver the products required under this specification in a timely manner would have an impact on the daily operations of SSA. Therefore, if for any reason(s) (act of God, labor disagreements, etc.) the contractor is unable to perform at said locations for a period longer than five (5) workdays, contractor must have a backup facility with the capability of producing the products required under this specification.

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, and a timetable for the start of production at that facility.

Part of the plan must also include the transportation of Government materials from one facility to another. SSA has the option to install a data connection into the contractor's backup facility.

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

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

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

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

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

The plan should include the sampling interval (minimum pull- first from each file and then one every 4,000 notices) the contractor intends to utilize. The contractor will perform programming to create two (2) duplicate notices (Q.C. Documents) at set intervals throughout production and diverted samples at the insertion stage and complete the following:

- One (1) sample will be inspected and tested by both the press crew and an independent Quality Assurance Technician who will evaluate compliance of diverted product to contract specifications for the duration of the job.
- One (1) sample will be drawn for the Social Security Administration and will be packed with associated pieces from each print order and shipped weekly, within three (3) workdays of completion of each print order, to the SSA (address to be supplied at the postaward meeting).

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

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

The contractor must maintain quality control samples, inspection reports, and records for a period of no less than 120 calendar 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 Title XVI Notices (Daily and 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 system plan shall demonstrate the contractor's ability to provide complete hardware and software compatibility with SSA's existing network (see "WIRE TRANSMISSIONS" for additional information). The contractor must complete a System Plan (see Exhibit G).

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

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

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

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

**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 the “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 30 calendar days prior to production to submit to the Government the new subcontractor’s information.

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

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

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

The plan shall contain at a minimum:

- (1) How Government files (data) will be secured to prevent disclosure to a third party.
- (2) How the disposal of waste materials will be handled.
- (3) How all applicable Government-mandated security/privacy/rules and regulations as cited in this contract shall be adhered to by the contractor and/or subcontractor(s).
- (4) How contractors classified as Cloud Service Providers (CSP) will adhere to additional FedRAMP security control requirements. CSPs must have a security control assessment performed by a Third Party Assessment Organization (3PAO) (see Exhibit M), additional information is also available at <http://www.gsa.gov/portal/category/102371>.
- (5) The *prospective* contractor shall submit a System Security Plan 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. The *awarded* contractor shall provide a Security Assessment Package (SAP) completed by either an independent assessor or another Federal agency (see Exhibit J.)

**Materials:** How all accountable materials will be handled throughout all phases of production.

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

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

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

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

The contractor, at a minimum, must crosscut shred all documents into squares not to exceed one-quarter inch. All documents to be destroyed cannot leave the security of the building and must be destroyed at contractor's printing site. The contractor must specify the method planned to dispose of the material.

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

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

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

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

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

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

NOTE: Contractor must have all hardware, programming and finalized reports in place to meet this requirement. Any necessary equipment must arrive at least 90 calendar days prior to the start of live production on August 1, 2016. Contractor must submit a sample of their proposed Audit and Summary reports with the required preaward production plans for approval. The Government considers grounds for the immediate default of this contract if the contractor, at any time, is unable to perform or found not complying with any part of this requirement.

Notice integrity shall be defined as follows:

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

Mailing integrity shall be defined as follows:

- All notices received from SSA for each file date were printed, inserted, and entered correctly into the U.S. postal system.

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

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

- (a) Uniquely identifying each notice and corresponding notice leaves within each individual file by mailer number and file date.
- (b) Unique identifier to be scanned during insertion to ensure all notices and corresponding notice leaves are present and accounted for.
- (c) Entrance Scanning: A camera system must electronically track and scan all leaves of each mailpiece as the inserting equipment pulls them into the machine to ensure each mailpiece was produced and inserted. If there is any variance on a mailpiece or if a mailpiece is not verified that all leaves are present, that piece and the piece prior to and immediately following must be diverted and sent back for reprint. All instances of variance must be logged.
- (d) Touch and Toss: All spoilage, diverted, mutilated, or mailpiece that is acted upon directly by a human hand prior to sealing must be immediately recorded, discarded, properly destroyed, and automatically regenerated in a new print file for reprint. *Exception:* Due to inserting equipment limitations, the contractor can divert and insert by hand notices over 50 leaves. These notices, to ensure notice integrity, are to be scanned and collated by an automated process prior to manual handling for inserting. The completed mail package must then be processed through exit scanning. The event log report must show these as "50+ Manual."

- (e) Exit Scanning: A camera system must be mounted just aft of the inserting equipment. This camera system must read a unique code through the window of each mailpiece and be capable of identifying and reporting all missing notices that were lost or spoiled during production for each individual file by mailer number and file date. This system ensures that no missing mailpieces have been inadvertently inserted into another mailpiece. The equipment must check the mailpieces, after insertion and verification that all leaves are accounted for, and divert any suspect product. During exit scanning, if a sequence number is missing the notice prior to and immediately after must be diverted. The equipment must divert all products that exhibit missing or out of order sequence numbers and any other processing errors. All diverted pieces are to be automatically recorded and regenerated in a new print file for reprint.
- (f) Reconciliation: All notices and the amount of correct finished product must be electronically accounted for after insertion through the use of the audit system that is independent of the inserting equipment as well as independent of the operator. The sequence numbers, for each file, must be reconciled, taking into account any spoilage, duplicate, and/or diverted product. If the reconciliation yields divergent results, corrective action must be taken to locate the mailpieces that are causing any difference between the input and outputs of the inserting process. Therefore, all finished mail for that sequence run must be held in an accessible area until this reconciliation is complete.
- (g) Generate a new production file for all missing, diverted, or mutilated notices (reprint file).
- (h) Contractor must generate an automated audit report from the information gathered from scanning for each mailer number, file date, and each notice (manual inputs are not allowed). This audit report will contain detailed information for each notice as outlined above for each individual file by mailer number and file date. Contractor must maintain this information for a 6-month period after mailing.
- (i) Audit report must contain the following information:
  - 1. Job name
  - 2. Mailer number, file date, and mail date(s)
  - 3. Machine ID
  - 4. Date of production with start and end time for each phase of the run (i.e., machine ID).
  - 5. Start and end sequence numbers in each run
  - 6. Status of all sequence numbers in a run
  - 7. Total volume in run
  - 8. Status report for all incidents for each sequence number and cause (i.e., inserted, diverted, and reason for divert such as missing sequence number, missing leave, mutilated, duplicate, pulled for inspection, etc.).
  - 9. Bottom of audit report must contain total number of records for that run, quantity sent to reprint, number of duplicates, duplicates verified and pulled, and total completed.
  - 10. Audit report must contain the same information for all the reprints married with this report as listed above showing that all pieces for each mailer number and file date are accounted for.
- (j) Contractor must generate a **final automated 100% accountability summary report** for each individual file by mailer number and file date. This information must be generated directly from the audit report. (Manual inputs are not allowed.) The summary report must contain the following:
  - 1. Job information: Job name, file date, Mailer #, piece quantity, sequence start and end number, if multiple batches for a single file, include number of batches and batch number (i.e., 1 of 4), due date, etc.
  - 2. Volume of sequence numbers associated with an individual file by mailer number and file date that were inserted and date completed.
  - 3. Volume of reprints that were inserted for each file date and when completed.
  - 4. Total volume inserted for each file date and final date that each batch was completed.

A PDF copy of the summary report(s) and matching USPS 3607R and/or GPO 712 form(s) must be submitted to SSA, Printing Management Branch, Baltimore, MD (Exhibit K), for each file date within two (2) workdays of mailing.

NOTE: Contractor must submit a sample of their Audit and Summary Reports (see Exhibit H) with the required preaward production plans for approval.

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

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

The contractor must maintain quality control samples, inspection reports, and records for a period of no less than 180 calendar 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.*

**REQUEST FOR NOTICE PULLS FROM PRODUCTION:** Due to the sensitivity of notices in this contract, the Government may request that the contractor remove individual notices from the production stream. When this occurs, the Government will supply the contractor with a list of notices to be pulled. The list will contain the name and address that appears in the Mail Run Data (MRD) file to identify the notices. 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.

**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.

The contractor will be required to provide one private office of not less than 150 square feet, furnished with at least one desk, two swivel arm chairs, secure internet access for Government laptop computers, a work table, and two 4-drawer, letter-size file cabinets with combination padlock, and pendaflex file folders or equal.

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, inserting, mail processing, quality control, sample selections, and inspections; and, monitor the packing and staging of the mail.

These representatives 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 representatives must have full and unrestricted access to all production areas where work on this program is being performed.

NOTE: This requirement applies to all contractor's facilities (i.e., multiple plants) used in the production of the Daily, DABA, COMP and COLA mailers.

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

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

**PREPRODUCTION MEETING:** A preproduction meeting covering the printing, imaging, folding, inserting, and mailing shall be held at the contractor's facility after award of the contract to review the contractor's production plan and to establish coordination of all operations. Attending this meeting will be representatives from the Government Publishing Office, Social Security Administration, and U.S. Postal Service. The contractor shall present and explain their final plan for the printing, imaging, folding, inserting, and mailing.

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

In addition, the contractor shall be prepared to present detailed production plans, including such items as quality assurance, projected commencement dates, equipment loading, pallet needs, etc. The contractor is to provide the name of the representative responsible for the mailing operation and that individual's backup.

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

**ASSIGNMENT OF JACKETS, PURCHASE, PRINT, AND TASK 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 daily electronic "Task Order" for each job placed with the contractor. A print order will be issued weekly and will indicate the total number of task orders placed and the total number of notices produced that week. The print order will also indicate any other information pertinent to the particular order.

**ORDERING:** Items to be furnished under the contract shall be ordered by the issuance of weekly print orders supplemented by daily electronic task orders. Orders may be issued under the contract from Date of Award through July 31, 2017, plus for such additional period(s) as the contract is extended. All print orders and task orders issued hereunder are subject to the terms and conditions of the contract. The contract shall control in the event of conflict with any print order or task order. Task orders will be "issued" daily for purposes of the contract and shall detail the daily volume of notices required. A Print Order (GPO Form 2511) will be used for billing purposes, will be issued weekly, and will cover all daily task orders issued that week.

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

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

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



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

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

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

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

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

#### **PRIVACY ACT**

(a) The contractor agrees:

- (1) to comply with the Privacy Act of 1974 and the rules and regulations issued pursuant to the Act in the design, development, or operation of any system of records on individuals in order to accomplish an agency function when the contract specifically identifies (i) the system or systems of records and (ii) the work to be performed by the contractor in terms of any one or combination of the following: (A) design, (B) development, or (C) operation;
- (2) to include the solicitation notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation when the statement of work in the proposed subcontract requires the design, development, or operation of a system of records on individuals to accomplish an agency function; and
- (3) to include this clause, including this paragraph (3), in all subcontracts awarded pursuant to this contract which require the design, development, or operation of such a system of records.

(b) In the event of violations of the Act, a civil action may be brought against the agency involved where the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency where the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act when the contract is for the operation of a system of records on individuals to accomplish an agency function, the contractor and any employee of the contractor is considered to be an employee of the agency.

(c) The terms used in this clause have the following meanings:

- (1) "Operation of a system of records" means performance of any of the activities associated with maintaining the system of records including the collection, use, and dissemination of records.

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

**CRIMINAL SANCTIONS:** It is incumbent upon the contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1) which is made applicable to contractors by 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, shall be guilty of a misdemeanor and fined not more than \$10,000.00.

**PAYMENTS ON PURCHASE ORDER:** For processing vouchers for payment, contractor to fax the completed invoice to GPO by utilizing the GPO barcode coversheet program application which can be accessed at the following hyperlink below (contractor to follow the instructions as indicated):

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

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

ALL voucher packages and envelopes **MUST** be mailed to: U.S. Government Publishing Office, Comptroller-FMCE, Office of Financial Management, Washington, DC 20401.

**NOTE: Do not mail invoice to any other GPO Procurement Office as this will delay payment.**

Contractor must provide PDF copies of the billing payment voucher form 1034 showing amount of billing invoice to SSA, Printing Management Branch, Baltimore, MD (Exhibit K).

## SECTION 2. - SPECIFICATIONS

**SCOPE:** These specifications cover the production of mailers consisting of personalized English and personalized bilingual Spanish/English notices, English and Spanish pamphlet inserts, and mail-out envelopes requiring such operations as: receipt and processing of wire transmitted data; redevelopment of Advanced Function Presentation (AFP) resources; composition; laser/ion deposition printing/imaging of notices; printing of pamphlets and envelopes; binding; construction; packaging; and, distribution.

*NOTE: In addition to the printing of the mail-out envelopes, the contractor will be responsible for the variable spraying/imaging of the correct return address extracted from the MRD file of 1,300+ different SSA field offices.*

**TITLE:** Title XVI Notices (Supplemental Security Income (SSI) (Daily and COLA Notices – Part 1).

### **GOVERNMENT TO FURNISH:**

Manuscript copy for three (3) mail-out envelopes.

Electronic file (see “ELECTRONIC FILE”) and Samples for publications.

“Postage and Fees Paid” mailing indicia.

Camera copy for the recycled paper logo and legend (English and Spanish).

PS Form 3615, Mailing Permit Application and Customer Profile.

Official Government Postage Meters.

CASS Certification Certificate.

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

- Exhibit A: Form SSA-301, Contractor Personnel Security Certification.
- Exhibit B: Security and Suitability Requirements.
- Exhibit C: Questionnaire for Public Trust Positions (Standard Form 85P).
- Exhibit D: Sample of Fingerprint Card.
- Exhibit E: Declaration of Federal Employment (Optional Form 306).
- Exhibit F: Fair Credit Reporting Act Authorization Form.
- Exhibit G: System Plan.
- Exhibit H: Audit and Summary Report
- Exhibit I: MRD File Specifications
- Exhibit J: References for External Service Providers (ESP).
- Exhibit K: Key SSA and GPO Personnel Contact Information
- Exhibit L: COLA Production spreadsheet
- Exhibit M: Third Party Assessment Organization (3PAO) Documents

**ELECTRONIC FILES:** All files will be electronically transmitted to the contractor and contain a complete record for each notice. Any programming or other format changes necessitated due to the contractor’s method of production will be the full responsibility of the contractor and must be completed prior to SSA’s validation. All files transmitted by SSA will be physical sequential Advanced Function Presentation mixed mode. Any alteration of the notice content in the file is not permitted. The contractor must not merge file dates and mailers (if applicable) during processing, printing/imaging, and mailing.

The Government will furnish test files for performing the preproduction press and mail run test.

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

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

AFP file = vendor\*\*\*.SSIAFP.M01xaaaaa.Ryymmdd  
MRD file = vendor\*\*\*.SSIMRD.M01xaaaaa.Ryymmdd  
BNR file = vendor\*\*\*.SSIBNR.M01xaaaaa.Ryymmdd

The notice files for printing are formatted for the AFP printing platform in duplex printing (face and back). For proper processing of AFP, SSA supplies resources used for printing notices in AFP format. The contractor must have software or an operating system which is 100% compliant with the most recent release of the IBM MVS z/OS operating system accompanied by the most recent release of IBM Print Services Facility (PSF). These compliances relate solely to interpreting and printing files to be provided to the contractor by SSA to ensure that the contractor is able to print the files as provided without alteration of any kind on the part of SSA.

**It is solely the contractor's responsibility to redevelop/reprogram the AFP resources and MRD file to ensure proper printing and inserting in their environment.**

*NOTE: SSA prints 2UP DUPLEX ROLL IN TO ROLL OUT with the file order reversed for insertion. The predominant data file format is AFP Mixed Mode; however, any valid AFP format is possible and must be printable at the contractor's location. Each piece of mail will be assigned a unique alpha/numeric identifier for tracking, insertion, location, and recovery processes.*

The MRD file will contain all information relevant to each mailpiece. This would include, for each mailpiece, the unique alpha/numeric identifier (the sequential number of the document), the number of sheets of paper, required inserts and insertion bin selection, recipient's address, return address to be sprayed/imaged on the mailpiece's mail-out envelope for the Daily notices, USPS IMb, the appropriate signature, and any required inserts. (NOTE: Notices contain either the Commissioner of Social Security signature or a fixed "Social Security Administrations" in lieu of a signature, etc. (See Exhibit I for MRD file record layout.)

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

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

***NOTE: Whenever the contractor makes a change in the programming, the contractor will be required to execute a self-certification statement specifying the date of the last programming change. Prior notification of a programming change is required in addition to the self-certification statement for the contractor to schedule a validation test with SSA.***

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

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

**PRINTER RESOURCES: AFP**

SSA will provide the AFP resources for each notice workload. These resources will be provided via e-mail shortly after the postaward conference. (The test files are to be used in the various preproduction validation tests and the preproduction print/mail run tests. See the following: “WIRE TRANSMISSION TEST – Daily/DABA/COMP/COLA NOTICES”; “PREPRODUCTION PRESS AND MAIL RUN TEST – Daily/COMP Notices”; and, “PREPRODUCTION PRESS AND MAIL RUN TEST – Daily/COLA Notices.”)

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

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

The contractor will be responsible for maintaining the AFP resources on each system that processes SSA’s notices. SSA will provide updated resources electronically, as necessary. When the contractor receives an update to the printer resources, the contractor shall install them immediately and provide SSA with 100 sample documents representative of the workload involved, from the test file, within one (1) workday of receipt thereof.

Contractor is to continue using existing resources while the samples are reviewed. Once the samples are approved, the contractor will be told when to start using the new resources. Whenever testing is required, the contractor will be responsible for performing the test on each printer that processes SSA’s notices. Submit these samples to SSA, Printing Management Branch, Baltimore, MD (Exhibit K).

The contractor is cautioned that there may be a signature change(s) during the term of this contract. If this occurs, SSA will provide the contractor with a new AFP resource file. (See “SYSTEMS CHANGE/SIGNATURE CHANGE/2% COLA TEST FILE/NEW AND EXISTING NOTICE FILES VALIDATION TEST”.)

SSA’s Printing Management Branch will notify the contractor of these changes as soon as possible. Upon successful testing of the changes, SSA shall transmit the new print resources (if necessary) and resume transmission of the notice file(s).

**Government to provide the following at the Postaward Conference, or shortly thereafter:**

***Print Resource Library (AFP) via Email:*** Advanced Function Presentation resources including page and form definitions, fonts, page segments and overlays (if applicable) for page formatting.

NOTE: The resource file will contain all fonts except licensed fonts, required to print this file. SSA will supply any customized fonts. It is the contractor’s responsibility to provide all licensed fonts necessary for printing.

***Preproduction Press and Mail Run Test Files for Wire Transmission:*** An AFP formatted print file with the corresponding Mail Run Data File and Banner file will be supplied for workload in the quantities required.

***Revised Resource Library (AFP) via Email (when applicable):*** AFP print resources, overlays, page segments, and non-standard fonts provided shortly after the postaward conference may change during the term of the contract, in which case SSA will provide revised AFP resource file(s) via email to the contractor as a replacement(s).

The contractor is cautioned that there may be a signature change(s) during the term of this contract. If this occurs, SSA will provide the contractor with a new AFP resource file.

Dataset (SSI File Transfer) names for the following items are: Daily, DABA, COMP Notices for Wire Transmission and COLA Notices for Wire Transmission.

***Daily Files:***

| <u>Mailer (File Name)</u> | <u>Dataset (SSA File Transfer) Name</u> |
|---------------------------|---|
| Mailer 1 (Reserved):      |   |
| Mailer 2 (F6SSIEN.OTH):   | SSIAFP.M02aaaaa.Ryymmdd                 |
| Mailer 3 (F6SSISP.OTH):   | SSIAFP.M03aaaaa.Ryymmdd                 |

***DABA Files:***

| <u>Mailer (File Name)</u> | <u>Dataset (SSA File Transfer) Name</u> |
|---------------------------|---|
| Mailer 2 (F6DABEN.OTH):   | DABAFP.M02aaaaa.Ryymmdd                 |
| Mailer 12 (F7DABEN.CRT):  | DABAFP.M12aaaaa.Ryymmdd                 |

*NOTE: The contractor will only receive DABA files for Mailers 2 and 12.*

***COMP Files:***

| <u>Mailer (File Name)</u> | <u>Dataset (SSA File Transfer) Name</u>   |
|---------------------------|---|
| Mailer 2 (F6SSIEN.OTH):   | SI1AFP.M02aaaaa.Ryymmdd<br>SI2AFP.M02aaaaa.Ryymmdd<br>SI3AFP.M02aaaaa.Ryymmdd<br>SI4AFP.M02aaaaa.Ryymmdd<br>SI5AFP.M02aaaaa.Ryymmdd |
| Mailer 3 (F6SSISP.OTH):   | SI1AFP.M03aaaaa.Ryymmdd<br>SI2AFP.M03aaaaa.Ryymmdd<br>SI3AFP.M03aaaaa.Ryymmdd<br>SI4AFP.M03aaaaa.Ryymmdd<br>SI5AFP.M03aaaaa.Ryymmdd |
| Mailer 6 (F2SSIEN.AWD):   | SI1AFP.M06aaaaa.Ryymmdd<br>SI2AFP.M06aaaaa.Ryymmdd<br>SI3AFP.M06aaaaa.Ryymmdd<br>SI4AFP.M06aaaaa.Ryymmdd<br>SI5AFP.M06aaaaa.Ryymmdd |
| Mailer 7 (F2SSISP.AWD):   | SI1AFP.M07aaaaa.Ryymmdd<br>SI2AFP.M07aaaaa.Ryymmdd<br>SI3AFP.M07aaaaa.Ryymmdd<br>SI4AFP.M07aaaaa.Ryymmdd<br>SI5AFP.M07aaaaa.Ryymmdd |

Mailer 8 (F3SSIEN.DEN):  
SI1AFP.M08aaaaa.Ryymmdd  
SI2AFP.M08aaaaa.Ryymmdd  
SI3AFP.M08aaaaa.Ryymmdd  
SI4AFP.M08aaaaa.Ryymmdd  
SI5AFP.M08aaaaa.Ryymmdd

Mailer 9 (F3SSISP.DEN):  
SI1AFP.M09aaaaa.Ryymmdd  
SI2AFP.M09aaaaa.Ryymmdd  
SI3AFP.M09aaaaa.Ryymmdd  
SI4AFP.M09aaaaa.Ryymmdd  
SI5AFP.M09aaaaa.Ryymmdd

Mailer 10 (F1SSIEN.NPA):  
SI1AFP.M10aaaaa.Ryymmdd  
SI2AFP.M10aaaaa.Ryymmdd  
SI3AFP.M10aaaaa.Ryymmdd  
SI4AFP.M10aaaaa.Ryymmdd  
SI5AFP.M10aaaaa.Ryymmdd

Mailer 11 (F1SSISP.NPA):  
SI1AFP.M11aaaaa.Ryymmdd  
SI2AFP.M11aaaaa.Ryymmdd  
SI3AFP.M11aaaaa.Ryymmdd  
SI4AFP.M11aaaaa.Ryymmdd  
SI5AFP.M11aaaaa.Ryymmdd

Mailer 12 (F7SSI1EN.CRT):  
SI1AFP.M12aaaaa.Ryymmdd  
SI2AFP.M12aaaaa.Ryymmdd  
SI3AFP.M12aaaaa.Ryymmdd  
SI4AFP.M12aaaaa.Ryymmdd  
SI5AFP.M12aaaaa.Ryymmdd

Mailer 13 (F6SSI1SP.CRT):  
SI1AFP.M13aaaaa.Ryymmdd  
SI2AFP.M13aaaaa.Ryymmdd  
SI3AFP.M13aaaaa.Ryymmdd  
SI4AFP.M13aaaaa.Ryymmdd  
SI5AFP.M13aaaaa.Ryymmdd

*NOTE: The contractor will receive COMP files for Mailers 2, 3, and 6 through 13; there are no Mailers 4 and 5. The file names/dataset names for each new notice workload (Mailer 14) will be supplied to the contractor as they are developed.*

*(Throughout the remainder of these specifications, Mailer 12 will be referred to as “CERT ENG” and Mailer 13 will be referred to as “CERT SP/ENG.”)*

**COLA Files:**

| <u>Mailer (File Name)</u>        | <u>Dataset (SSA File Transfer) Name</u> |
|----------------------------------|---|
| Mailer 1 (F1SSIEN.NPA):          | COLAFP.M1saaaaa.Ryymmdd (50 Files)      |
| Mailer 2 (F1SSISP.NPA):          | COLAFP.M2saaaaa.Ryymmdd (50 Files)      |
| Mailer 3 (CERTIFIED/REGISTERED): | COLAFP.M3saaaaa.Ryymmdd (3 Files)       |
| Mailer 4 (F6SSIEN.OTH):          | COLAFP.M4saaaaa.Ryymmdd (50 Files)      |
| Mailer 5 (F6SSISP.OTH):          | COLAFP.M5saaaaa.Ryymmdd (50 Files)      |

*Vendor* = is the vendor identifier. This is assigned when the transmission connectivity is installed.

*aaaaa* = is the order ID assigned by Control-M at run time. This is used to build the unique identifier for the file.

*yymmdd* = is the year, month, and day of the file being transmitted. This is also referred to as the run date.

*M* = is the mailer identifier. (Mailer # is the two digits that follow the M, except for COLA notices where it is only the next digit.

NOTE: For COLA notices, *s* = segment number. There are five (5) files for Mailers 1, 2, 4, and 5 consisting of 10 segments in each file. The segments are coded as A through J for a total of 50 files per mailer. Mailer 3 will consist of two (2) files.

**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.

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

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

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

If the Government selects a dedicated circuit transmission, SSA will determine the appropriate bandwidth for the connection. The cost of this connection will be borne by the Government. The contractor shall immediately provide a complete delivery address with nearest cross-street, contact name, and phone number for installation of data transmission services and equipment. The contact person at the contractor’s site will be available for delivery of services at the specified location. The Government shall not be responsible for incorrect or lack of address information, nor for non-availability of contact person at the delivery site. SSA will provide the necessary dedicated data connection, including a router, modem, and firewall at the contractor’s specified location(s).

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

The contractor must provide capability to utilize the capacity of the connection(s) to fulfill the intended purposes of this contract. The contractor shall provide a suitable environment for installation of the equipment. Power specifications for the router(s) are: AC Power Dissipation (280W maximum) and AC input voltage (100 to 240VAC). The cabinet specifications are: 36U enclosure; frame (72” H x 24” W x 36” D); 23-19 inch appropriate revsa rails (10-32 tapped); louvered side panels; Plexiglas locking front door; solid locking rear door; heavy duty lockable dual width casters; top fan assembly (4 fans); 10- or 12-outlet 20-amp power strip; 19” width slide-out shelf; cable management (wire loops); appropriate cabinet grounding for installation; or equivalent to previous specifications.



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

**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 (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 Daily and COLA files. This server(s) must be of a size large enough to handle each workload.

The following are the average size for each complete transmission:

- Daily/DABA files – 1 to 2 Gigabytes
- COMP files – 12 to 15 Gigabytes
- COLA files – 175 Gigabytes

Prior to award, the contractor must demonstrate their ability to handle these workloads without interruption. After award and prior to live production, the contractor will be required to receive simultaneous transmissions of the Daily and COLA files. If during this demonstration, the contractor is unable to successfully receive simultaneous and uninterrupted transmissions of the Daily and COLA files, the Government may terminate for default the contract immediately. If the contractor is awarded multiple SSA notice workloads, there must be sufficient capacity at the contractor's production facility to accept transmission of all files according to their schedules.

It is the contractor's responsibility to notify SSA in the event that any transmission cannot be processed due to media problems, link problems, or data transmission circuit/connection outages, the contractor shall immediately notify SSA's HELP DESK operations (available 24/7) at (877) 697-4889 and report required observations and findings.

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.

**SECURE FILE TRANSFER PROTOCOLS (SFTP) SITE:** Contractor is required to set up, establish, and maintain an SFTP site that multiple users at SSA can access for passing PDF notice validation samples containing PII to SSA and back. Contractor cannot send PDF notices with PII via email.

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

**FOR QUALITY CONTROL AND AUDITING PURPOSES:** For quality control and auditing purposes, the contractor must not merge different file dates or Mailers with different mailing schedules during processing, printing, and mailing.

**MAKE-UP OF DAILY NOTICE MAILERS:**

Mailer 1 (RESERVED)

Mailer 2 (F6SSIEN.OTH): Personalized English Forms SSA-L8100/L8151/L8165/L8166/L8199  
English pamphlet (SSA Publication No. 05-10076) (as required)  
Mail-out envelope with variable return address

Mailer 3 (F6SSISP.OTH): Personalized Bilingual Spanish/English Forms SSA  
L8100/L8151/L8165/L8166/ L8199  
English pamphlet (SSA Publication No. 05-10076) (as required)  
Spanish pamphlet (SSA Publication No. 05-10976) (as required)  
Mail-out envelope with variable return address

- Mailer 6 (F2SSIEN.AWD)    Personalized English Form SSA-L8025  
English pamphlets (SSA Publication No. 05-11011 and No. 05-10076) (as required)  
Mail-out envelope with variable return address
- Mailer 7 (F2SSISP.AWD)    Personalized Bilingual Spanish/English Form SSA-L8025  
English pamphlets (SSA Publication No. 05-11011 and No. 05-10076) (as required)  
Spanish pamphlets (SSA Publication No. 05-11024 and No. 05-10976) (as required)  
Mail-out envelope with variable return address
- Mailer 8 (F3SSIEN.DEN)    Personalized English Form SSA-L8030  
Mail-out envelope with variable return address
- Mailer 9 (F3SSISP.DEN)    Personalized Bilingual Spanish/English Form SSA-L8030  
Mail-out envelope with variable return address
- Mailer 10 (F1SSIEN.NPA)    Personalized English Form SSA-L8155  
English pamphlet (SSA Publication No. 05-10076) (as required)  
Mail-out envelope with variable return address
- Mailer 11 (F1SSISP.NPA)    Personalized Bilingual Spanish/English Form SSA-L8155  
English pamphlet (SSA Publication No. 05-10076) (as required)  
Spanish pamphlet (SSA Publication No. 05-10976) (as required)  
Mail-out envelope with variable return address
- Mailer 12 (CERT ENG)    Personalized English Notices  
English pamphlets SSA Publication No. 05-11011 and No. 05-10076) (as required)  
Mail-out envelope with variable return address
- Mailer 13 (CERT SP/ENG)    Personalized Bilingual Spanish/English Notices  
English pamphlets (SSA Publication No. 05-11011 and No. 05-10076) (as required)  
Spanish pamphlets (SSA Publication No. 05-11024 and No. 05-10976) (as required)  
Mail-out envelope with variable return address
- Mailer 14 (New Notice)    Personalized English only or Bilingual Spanish/English Notices (File Names(s))  
When required, any of the following: English-only pamphlet, Spanish and English pamphlets  
Mail-out envelope with variable return address (to be determined)

**TRIM SIZES OF DAILY/DABA/COMP NOTICES:**

Notices: 8-1/2 x 11” flat size (folding down to 8-1/2 x 5-1/2”).

Mail-out Envelopes: 6-1/8 x 9-1/2”, plus flap; 9 x 12”, plus flap (single window).

Pamphlets: 5-1/4 x 8”. (Pamphlets consist of SSA Publications 05-11011, 05-11024, 05-10076, and 05-10976.)

**NUMBER OF LEAVES FOR DAILY/DABA/COMP NOTICES AND INSERTS:**

Notices: Approximately 1 to 75 *leaves* per notice.

Pamphlets:

SSA Publication 05-11011: Approximately 28 pages.

SSA Publication 05-11024: Approximately 32 pages.

SSA Publication 05-10076: Approximately 20 pages.

SSA Publication 05-10976: Approximately 20 pages.

**FREQUENCY OF ORDERS AND QUANTITY FOR THE DAILY NOTICES:**

The Government will issue a print order weekly and will indicate the total number of task orders placed and total number of copies produced that week. The print order will also indicate any other information pertinent to the particular task orders.

Combined Total for Daily/DABA/COMP Notices (Mailers 2 through 13): Approximately 11,500,000 notices per year.

During the term of this contract, the Government expects to develop new notice workloads with the same requirements as the mailing packages described by these specifications. All terms and conditions in these specifications will apply to any future notice workloads. The Government may add one (1) to three (3) new notice workloads during the term of this contract.

The Government reserves the right to increase or decrease the quantity by up to 20% of the total notices ordered annually. This 20% includes the additional notices occasioned by the one (1) to three (3) new notice workloads developed during the term of this contract.

Exact quantities will not be known until each run (Title XVI Daily) is electronically transmitted to the contractor. **NO SHORTAGES WILL BE ALLOWED.**

The figures indicated below are estimates based on historical data of past production runs. The figures show: minimum and maximum quantities, and of those, the minimum and maximum quantities over 10 leaves for each run required DAILY, if applicable.

Transmission schedule for DAILY Runs is each morning, Tuesday through Saturday. Transmission schedule for DABA runs is the second Saturday in February, May, August, and November. Transmission schedule for COMP runs is the fourth Saturday of each month. NOTE: This is the anticipated schedule; delays and changes to schedule may occur. Contractor must be prepared to receive files 24/7/365.

NOTE: Notices that range from 1 to 10 leaves are to be placed in a 6-1/8 x 9-1/2” envelope. Notices that exceed 10 leaves are to be placed in a 9 x 12” envelope. Mailers 2 through 13 all use a single window envelope with sprayed/imaged return address. All pamphlet inserts are variable and described above.

|   |                             |   |
|---|-----------------------------|---|
| Mailer 2 (F6SSIEN.OTH)<br>(English Notices)                       | Daily Minimum               | 3,250   |
|   | Daily Maximum               | 62,000  |
|   | Daily over 10 leaves        | 75 to 550   |
|   | COMP Minimum                | 180,000   |
|   | COMP Maximum                | 320,000   |
|   | COMP over 10 leaves         | 0 to 8  |
|   | DABA Minimum                | 44,000 per run  |
|   | DABA Maximum                | 50,000 per run  |
|   | DABA over 10 leaves         | 0   |
|   | Printed Pages               | 2 to 100  |
|   | Leaves                      | 1 to 50   |
| Insert (variable)   | English Pamphlet (05-10076) |   |
| Folding   | Bifold or flat              |   |
| Mailer 3 (F6SSISP.OTH)<br>(Bilingual Spanish/<br>English Notices) | Daily Minimum               | 160   |
|   | Daily Maximum               | 9,500   |
|   | Daily over 10 leaves        | 10 to 350   |
|   | COMP Minimum                | 12,000  |
|   | COMP Maximum                | 26,000  |
|   | COMP over 10 leaves         | 250 to 1,800  |
|   | Printed Pages               | 4 to 130  |
|   | Leaves                      | 2 to 65   |
|   | Insert (variable)           | Spanish and English Pamphlet<br>(05-10076 and 05-10976)                       |
|   | Folding                     | Bifold or flat  |
| Mailer 6 (F2SSIEN.AWD)<br>(English Notices)                       | COMP Minimum                | 100   |
|   | COMP Maximum                | 310   |
|   | COMP over 10 leaves         | 1 to 8  |
|   | Printed Pages               | 8 to 40   |
|   | Leaves                      | 40 to 20  |
|   | Insert (variable)           | English Pamphlets<br>(05-11011 and 05-10076)                                  |
|   | Folding                     | Bifold or flat  |
| Mailer 7 (F2SSISP.AWD)<br>(Bilingual Spanish/<br>English Notices) | COMP Minimum                | 30  |
|   | COMP Maximum                | 75  |
|   | COMP over 10 leaves         | 0 to 5  |
|   | Printed Pages               | 12 to 60  |
|   | Leaves                      | 6 to 30   |
|   | Insert (variable)           | Spanish and English Pamphlets<br>(05-11011, 05-10076, 05-11024, and 05-10976) |
|   | Folding                     | Bifold or flat  |
| Mailer 8 (F3SSIEN.DEN)<br>(English Notices)                       | COMP Minimum                | 0   |
|   | COMP Maximum                | 30  |
|   | COMP over 10 leaves         | 0   |
|   | Printed Pages               | 4 to 20   |
|   | Leaves                      | 2 to 10   |
|   | Insert                      | None  |
| Folding   | Bifold or flat              |   |

|   |  |  |
|---|--|--|
| <p>Mailer 9 (F3SSISP.DEN)<br/>(Bilingual Spanish/<br/>English Notices)</p>  | <p>COMP Minimum<br/>COMP Maximum<br/>COMP over 10 leaves<br/>Printed Pages<br/>Leaves<br/>Insert<br/>Folding</p>   | <p>0<br/>5<br/>0 to 25<br/>8 to 30<br/>4 to 15<br/>None<br/>Bifold or flat</p>   |
| <p>Mailer 10 (F1SSIEN.NPA)<br/>(English Notices)</p>                        | <p>COMP Minimum<br/>COMP Maximum<br/>COMP over 10 leaves<br/>Printed Pages<br/>Leaves<br/>Insert (variable)<br/>Folding</p>  | <p>95,000<br/>215,000<br/>0<br/>4 to 20<br/>2 to 10<br/>English Pamphlets (05-10076)<br/>Bifold or flat</p>  |
| <p>Mailer 11 (F1SSISP.NPA)<br/>(Bilingual Spanish/<br/>English Notices)</p> | <p>COMP Minimum<br/>COMP Maximum<br/>COMP over 10 leaves<br/>Printed Pages<br/>Leaves<br/>Insert (variable)<br/><br/>Folding</p>   | <p>5,000<br/>18,000<br/>400 to 1,500<br/>8 to 30<br/>4 to 15<br/>Spanish and English Pamphlets<br/>(05-10076 and 05-10976)<br/>Bifold or flat</p>          |
| <p>Mailer 12 (CERT ENG)<br/>(English Notices)</p>                           | <p>COMP Minimum<br/>COMP Maximum<br/>COMP over 10 leaves<br/>DABA Minimum<br/>DABA Maximum<br/>DABA over 10 leaves<br/>Printed Pages<br/>Leaves<br/>Insert (variable)<br/><br/>Folding</p> | <p>90<br/>180<br/>0<br/>15 per run<br/>25 per run<br/>0<br/>4 to 20<br/>2 to 10<br/>English Pamphlets<br/>(05-11011 and 05-10076)<br/>Bifold or flat</p>   |
| <p>Mailer 13 (CERT SP/ENG)<br/>(Bilingual Spanish/<br/>English Notices)</p> | <p>COMP Minimum<br/>COMP Maximum<br/>COMP over 10 leaves<br/>Printed Pages<br/>Leaves<br/>Insert (variable)<br/><br/>Folding</p>   | <p>10<br/>20<br/>0 to 10<br/>4 to 30<br/>2 to 15<br/>Spanish and English Pamphlets<br/>(05-11011, 05-10076, 05-11024, and 05-10976)<br/>Bifold or flat</p> |

|                                  |                   |                               |
|----------------------------------|-------------------|-------------------------------|
| Mailer 14 (New Notice Workloads) | Minimum           | 50                            |
| (File name(s) TBD)               | Maximum           | 30,000                        |
| English Notices or Bilingual     | Over 10 leaves    | 1 to 100                      |
| Spanish/English Notices)         | Printed Pages     | 1 to 60                       |
|                                  | Leaves            | 1 to 30                       |
|                                  | Insert (variable) | When required:                |
|                                  |                   | English Only Pamphlets        |
|                                  |                   | Spanish and English Pamphlets |
|                                  | Folding           | Bifold or flat                |

NOTE: See “BINDING: Daily Notices” for folding instructions.

**DAILY/DABA/COMP RUN VOLUMES:** Based on historical data, the Daily, DABA, and COMP volumes are described below.

**Daily Volumes:** The Title XVI Notices total Daily volume (Mailers 2 through 13 combined) per day is as follows:

- Minimum 3,410 and maximum 71,500 notices
- Leave count minimum 8,500 and maximum 220,000
- Total number of notices over 10 leaves per day: minimum 35 and maximum 900 notices

**DABA Volumes:** The Title XVI total DABA volume (Mailers 2 and 12) per quarterly run is as follows:

- Minimum 44,015 and maximum 50,025 notices
- Leave count minimum 88,030 and maximum 100,050
- No DABA notices over 10 leaves

**COMP Volumes:** The Title XVI total COMP volume (Mailers, 2, 3, and 6 through 13 combined) per month is as follows:

- Minimum 330,000 and maximum 560,000 notices
- Leave count minimum 1,100,000 and maximum 2,500,000
- Total number of notices over 10 leaves per run: minimum 900 and maximum 3,300 notices

NOTE: On occasion, the COMP volume may reach a maximum total volume of 2,000,000 notices.

**PREMIUM PAYMENT FOR DAILY/DABA/COMP NOTICES:**

**Daily Run:** When the volume of a daily run exceeds the maximum volume of 71,500 notices and/or 220,000 leaves, the contractor will receive a “Premium Payment.”

**DABA Run:** When the volume of a DABA run exceeds the maximum volume of 50,025 notices and/or 100,050 leaves, the contractor will receive a “Premium Payment.”

**COMP Run:** When the volume of a COMP run exceeds the maximum volume of 560,000 notices and/or 2,500,000 leaves, the contractor will receive a “Premium Payment.”

Contractor will receive a premium payment of 20% for those notices and/or leaves over the maximum volume (as described above), on the bid prices offered as specified in the “SCHEDULE OF PRICES.” The premium payment of 20% will apply to line items V.1.(b) and (f) for printing and to line items VII.1.(a) and (b) for inserting. No additional time will be allowed for the mailing of those extra notices. All premium payments are forfeited if the contractor fails to meet the schedule as specified in this contract, as applicable.

**MAKE-UP OF TITLE XVI COLA NOTICE MAILERS\*:**

|                                      |   |
|--------------------------------------|---|
| Mailer 1 (F1SSIEN.NPA)               | Personalized English Form SSA-L8155<br>Mail-out envelope (double window)  |
| Mailer 2 (F1SSISP.NPA)               | Personalized Bilingual Spanish/English Form SSA-L8155<br>Mail-out envelope (double window)  |
| Mailer 3 (CERTIFIED/<br>REGISTERED): | Personalized English only or Bilingual Spanish/English Form SSA-L8155<br>Mail-out envelope (single window, same as the COMP Mailers 12 and 13, with<br>sprayed/imaged return address) |
| Mailer 4 (F6SSIEN.OTH)               | Personalized English Form SSA-L8100/L8151/L8166 (as required)<br>Mail-out envelope (double window)  |
| Mailer 5 (F6SSISP.OTH)               | Personalized Bilingual Spanish/English Form SSA-L8100/L8151/L8166 (as<br>required)<br>Mail-out envelope (double window)   |

**\*NOTE:** Due to future uncertain economic conditions, some years may result in no COLA. When this occurs, SSA will send out a 1- to 4-leaf static UNCOLA notice (up to four (4) different versions). SSA will provide the name and addresses as a record layout. The contractor must be able to program and set up the notices for this situation.

Estimated total notice volumes will remain relatively unchanged.

**TRIM SIZES OF TITLE XVI COLA NOTICES:**

Notices: 8-1/2 x 11” flat size (folding down to 8-1/2 x 5-1/2”).

Mail-out Envelopes (Mailers 1, 2, 4, and 5): 6-1/8 x 9-1/2”, plus flap (double window).

Mail-out Envelope (Mailer 3): 6-1/8 x 9-1/2”, plus flap (single window).

**NUMBER OF LEAVES OF TITLE XVI COLA NOTICES:** Approximately 2 to 10 *leaves* per notice.

**FREQUENCY OF ORDERS AND QUANTITY FOR THE TITLE XVI COLA NOTICES:**

The quantities listed below are estimates only and the Government reserves the right to increase or decrease the quantity stated by up to 20% of the total notices.

The Government will transmit a 2% COLA test file each year, no later than the first week of November. The contractor will need to breakdown the notice volumes, page counts, and leave counts from each of these files to estimate each year’s run. Exact quantities will not be known until each run is electronically transmitted to the contractor. **NO SHORTAGES WILL BE ALLOWED.**

Combined Total for Title XVI COLA Mailers 1 through 5 for the first year run: Based on historical data, the Government anticipates a volume of 5,125,000 notices consisting of approximately 22,000,000 leaves and 44,000,000 pages.



**NOTE:** The Government anticipates the COLA volume will increase by up to 5% year to year. Contractor must be able to meet these increases within the contracted schedule.

|   |               |           |
|---|---------------|-----------|
| Mailer 1 (F1SSIEN.NPA)<br>(English Notices)   | Minimum       | 150,000   |
|   | Maximum       | 256,500   |
|   | Printed Pages | 4 to 10   |
|   | Leaves        | 2 to 5    |
|   | Insert        | None      |
|   | Folding       | Bifold    |
| Mailer 2 (F1SSISP.NPA)<br>(Bilingual Spanish/<br>English Notices)                                 | Minimum       | 15,000    |
|   | Maximum       | 40,000    |
|   | Printed Pages | 8 to 20   |
|   | Leaves        | 4 to 10   |
|   | Insert        | None      |
|   | Folding       | Bifold    |
| Mailer 3 (CERTIFIED/<br>REGISTERED)<br>(English Only or<br>Bilingual Spanish/<br>English Notices) | Minimum       | 1,500     |
|   | Maximum       | 2,500     |
|   | Printed Pages | 4 to 18   |
|   | Leaves        | 2 to 9    |
|   | Insert        | None      |
|   | Folding       | Bifold    |
| Mailer 4 (F6SSIEN.OTH)<br>(English Notices)   | Minimum       | 4,250,000 |
|   | Maximum       | 4,750,000 |
|   | Printed Pages | 4 to 12   |
|   | Leaves        | 2 to 6    |
|   | Insert        | None      |
|   | Folding       | Bifold    |
| Mailer 5 (F6SSISP.OTH)<br>(Bilingual Spanish/<br>English Notices)                                 | Minimum       | 325,000   |
|   | Maximum       | 450,000   |
|   | Printed Pages | 8 to 20   |
|   | Leaves        | 4 to 10   |
|   | Insert        | None      |
|   | Folding       | Bifold    |

**COLA VOLUMES:** Based on historical data, the Title XVI COLA total volumes for each year for the following three sets are as follows:

Mailers 1 and 2:

- Minimum 165,000 and maximum 296,500 notices
- Leave count minimum 750,000 and maximum 1,250,000

Mailer 3:

- Minimum 1,500 and maximum 2,500 notices
- Leave count minimum 6,500 and maximum 11,250

Mailers 4 and 5:

- Minimum 4,575,000 and maximum 5,200,000 notices
- Leave count minimum 16,900,000 and maximum 21,000,000

**NOTE:** Due to uncertain economic conditions, some years may result in no COLA. When this happens, SSA will send out a 1- to 3-leaf static UNCOLA notice (up to four (4) different versions). Total COLA volumes will remain unchanged but total leave count will fall to a maximum of 10,400,000.

**PREMIUM PAYMENTS FOR COLA NOTICES:** Contractor will receive a premium payment of 20% on the bid prices offered as specified in the “SCHEDULE OF PRICES”, for only those notices and/or leaves over the maximum volumes for that set(s) as described above under “COLA VOLUMES.” The Premium payment of 20% will apply to line item V.2.(b) and (c) for printing and to line items VII.2.(a), (b), and (c) for inserting. No additional time will be allowed for the mailing of those extra notices except as outlined in the schedule (see “Title XVI COLA Schedule: Mailers 4 and 5”). Premium payment(s) are forfeited if the contractor fails to meet the schedule specified in this contract, as applicable. For an UNCOLA run, premium payments will occur after volumes reach 5,500,000 notices and 11,000,000 leaves

**PREPRODUCTION TESTS:** Prior to the commencement of production of orders placed under this contract, the contractor will be required to demonstrate their ability to perform to the contract requirements by performing the following tests:

Wire Transmission Test (Daily/DABA/COMP/COLA Notices)  
COLA Validation Test  
Preproduction Press and Mail Run Test (Daily/COMP and Daily/COLA Notices)  
System Change/Signature Change/New and Existing Notice Files Validation Test

The Government will furnish electronic test files at the postaward conference, or shortly thereafter, to be used in performing a Preproduction Validation Tests and Preproduction Press and Mail Run Test.

**NOTE:** *Failure of the contractor to perform any of the tests listed above satisfactorily is grounds for immediate default.*

***The Government reserves the right to waive the requirements of any of these tests. Contractor will be notified at the postaward conference if any test(s) is to be waived.***

**Wire Transmission Test (Daily/DABA/COMP/COLA Notices):** After the appropriate bandwidth connection has been installed and the EPS security clearances have been approved, and prior to receiving wire transmission of live production data files, the contractor will be required to perform a wire transmission test. SSA will conduct this test on a date and time at SSA’s choosing due to other schedules. It is anticipated that this test will occur on a weekend and start during the night.

The contractor will be required to receive within one (1) workday up to 158,100 Daily/DABA/COMP notices and up to 5,500,000 COLA notices. These workloads will be sent concurrently, and the contractor will need to demonstrate their ability to receive them simultaneously.

The contractor will be required to perform a record count verification within one (1) workday after the complete transmission of all notice test files.

The contractor will be required to copy the files to their own system and provide SSA, Printing Management Branch, Baltimore, MD (Exhibit K) with the exact counts received (broken down by dataset name) before proceeding with any other processing.

The SSA will provide verification within one (1) workday of receipt thereof.

When the record count verification have been successfully completed, the contractor will be required to process the test files and provide SSA within 10 workdays, 20 sample documents from the wire transmission test for each of the Daily/DABA/COMP mailers (Mailer 2 through Mailer 13) and from each of the COLA mailers (Mailer 1 through Mailer 5).

Wire transmission test notices (Daily/DABA/COMP/COLA Notices) do not require inserts and envelopes. (See “PREPRODUCTION TEST SCHEDULE, Daily/DABA/COMP/COLA Notice Wire Transmission Test.”)

The Government will approve, conditionally approve, or disapprove the samples from the Daily/DABA/COMP/COLA Notice Wire Transmission Test within two (2) workdays of receipt thereof. Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reasons thereof.

**NOTE:** If errors are found, 20 additional samples of each Daily/DABA/COMP notice (Mailer 2 through Mailer 13) and each COLA notice (Mailer 1 through Mailer 5) will be required until such time as the validation produces no errors.

***COLA Validation:*** Within four (4) hours of receipt of the first live COLA files, the contract will provide 40 PDF samples and 10 printed and inserted validation samples for each mailer. If the contractor is printing and inserting at more than one approved location, the contractor must provide samples from each site.

NOTE: All PDFs must be sent via SFTP.

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

NOTE: If errors are found, 100 additional samples of each Mailer will be required until such time as the validation produces no errors.

***Preproduction Press and Mail Run Tests (12- and 24-Hour Tests):***

The contractor will be required to run two separate Preproduction and Mail Run tests. The first will test the contractor’s ability to handle the Daily and COMP runs concurrently; the second will test the contractor’s ability to handle the Daily and COLA runs concurrently.

The Government will issue a print order to the contractor for the each Preproduction Press and Mail Run test.

Upon successful completion of all test requirements, the contractor will be reimbursed for all applicable costs for a production run, in accordance with “SECTION 4. - SCHEDULE OF PRICES.” If the contractor fails to meet all test requirements, they will not be reimbursed for any associated costs.

Contractor must perform each of the preproduction press and mail run tests in a continuous 12- or 24-hour period as required to prove to the Government representatives that the contractor can satisfactorily complete the requirements of this contract during live production.

**NOTE:** The contractor will be required to have all composition, proofing, envelopes, pamphlets, scanning equipment, and reports for 100% accountability of production and mailing, completed, available, and ready for production prior to beginning the test.

For each test run, the contractor is to produce all notices in accordance with contract requirements consisting of the processing of the electronically transmitted test files; the duplex printing and imaging of notices; gathering; folding; inserting of notices and any required inserts; manifesting; presorting; and, preparing finished notices for delivery to the USPS. To simulate actual production conditions, the notices must be produced in accordance with all contract specifications and all USPS regulations.

Contractor is required to provide the necessary audit and summary reports for 100% accountability of production and mailing within one (1) hour after the each test is completed.

The 12- or 24-hour period for the printing process will begin when an “O.K. to Print” is given by the Government representative on site. The 12- or 24-hour period for the inserting and mailing process will begin within two (2) hours after the start of the printing to allow the contractor to print sufficient materials to begin the inserting process. See “SCHEDULE” for the Preproduction Press and Mail Run Test. (See “PREPRODUCTION TEST SCHEDULE, Daily/COMP Notice 12-Hour Preproduction Press and Mail Run Test and Daily/COLA Notice 24-hour Preproduction Press and Mail Run Test.”)

Samples of each preproduction press and mail run test will be brought back to SSA for validation.

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

Approval or conditional approval shall not relieve the contractor from complying with the specifications and all other terms and conditions of the contract. A conditional approval shall state any further action required by the contractor. A notice of disapproval shall state the reasons thereof.

**Failure to meet the requirements of either Preproduction Press and Mail Run Test (12- or 24-hour test) is grounds for immediate termination of the contract for default.**

The contractor must perform the preproduction press and mail run tests on their equipment and using their personnel. The tests must be performed on the printing equipment, inserting machines with required scanning equipment that will be used in live production. All samples shall be manufactured at the facilities in which the contract production quantities are to be manufactured.

**Preproduction Press and Mail Run Test (Daily/COMP Notices):** The contractor will be required to perform a 12-hour preproduction press and mail run test. The Daily files transmitted during the Daily/COLA Wire Transmission Test will be utilized for this 12-hour preproduction press and mail run test. The contractor will be required to print and prepare for mailing the Daily notices as follows:

| <u>Daily Notices</u> |              | <u>COMP Notices</u> |          |
|----------------------|--------------|---------------------|----------|
| Mailer 2             | 31,000       | Mailer 2            | 32,000   |
| <u>Mailer 3</u>      | <u>4,750</u> | Mailer 3            | 950      |
| Total                | 35,750       | Mailer 6            | 31       |
|                      |              | Mailer 7            | 8        |
|                      |              | Mailer 8            | 3        |
|                      |              | Mailer 9            | 2        |
|                      |              | Mailer 10           | 35,800   |
|                      |              | Mailer 11           | 3,000    |
|                      |              | Mailer 12           | 30       |
|                      |              | <u>Mailer 13</u>    | <u>4</u> |
|                      |              | Total               | 71,828   |

**Preproduction Press and Mail Run Test (Daily/COLA Notices):** The contractor will be required to perform a 24-hour preproduction press and mail run test. The Daily/COLA files transmitted during the Daily/COLA Wire Transmission Test will be utilized for this 24-hour preproduction press and mail run test.

The contractor will be required to print and prepare for the COLA notices and the Daily notices as follows:

| <u>Daily Notices</u> |        | <u>COLA Notices</u> |         |
|----------------------|--------|---------------------|---------|
| Mailer 2             | 32,247 | Mailer 1            | 35,183  |
| Mailer 3             | 1,610  | Mailer 2            | 7,072   |
|                      |        | Mailer 3            | 642     |
| Total                | 33,857 | Mailer 4            | 282,943 |
|                      |        | Mailer 5            | 24,621  |
|                      |        | Total               | 350,461 |

NOTE: The volumes (as specified above) for the Daily, COMP, and COLA Notices are the anticipated quantities for each mailer. The quantity for any of the mailers may change, however, the overall total volumes will remain the same.

***Systems Change/Signature Change/2% COLA Test File/New and Existing Notice Files Validation Test:***

When required, the Government will furnish test files for wire transmission that are to be used in performing a Systems Change/Signature Change/2% COLA test file/New and Existing Notice Files Validation Test. This test is required whenever SSA initiates a systems/programming change, when 2% COLA test files or a new notice workload is developed or existing notice workload is changed.

The contractor shall furnish 100 PDF samples. NOTE: All PDFs must be sent via SFTP.

Once approved, the contractor will provide the same PDF samples printed and inserted in envelopes with all required inserts for each Mailer.

Contractor to submit these samples to SSA, Printing Management Branch, Baltimore, MD (Exhibit K).

The Government will approve, conditionally approve, or disapprove the samples within two (2) workdays of receipt thereof.

The Systems Change/Signature Change/2% COLA test file/New and Existing Notice Files Validation Test shall occur without a break in production of other SSA notices being produced by the contractor. The Government will inform the contractor in advance when the regular daily wire transmissions will contain the systems changes.

**COMPOSITION:** Contractor will be required to set type for three (3) envelopes. Helvetica or similar typeface will be utilized.

AFP Century Schoolbook, Sonoran Serif, or equivalent fonts are to be used for producing the notices. Contractor must provide the font for USPS IMb bar code.

Social Security Administration will provide the required font numbers. The contractor will be required to validate that they have the proper licenses for each. SSA cannot provide licensed fonts to the contractor; contractor will be required to provide.

**PROOFS:** Proofs will be required with the initial order and any time that a copy change is required during the term of the contract. SSA uses many of the same booklets, leaflets, fact sheets, and forms in several of its print contracts. To reduce the proofing requirements for any revisions, if it is determined that after award you are responsible for the production of any other SSA workloads containing the same publications and/or forms required for this program, then the revisions may be proofed under one of these other programs.

*Envelopes –*

One (1) Adobe Acrobat (most current version) PDF soft proof showing all elements. Proofs will be transferred to the agency via email. The PDF proof will be evaluated for text flow, image position and color breaks. Proofs will not be used for color match. Proofs must show all margins and dimensions, indicate trim marks, show flap, and window size and placement.

*Pamphlets –*

Three (3) sets of digital one-piece composite laminated halftone proofs on the actual production stock (Kodak Approval, Polaroid PolaProof, CreoSpectrum, or Fuji Final Proof) with a minimum resolution of 2400 x 2400 dpi. Proofs must contain color control bars (such as Brunner, GATF, GRETAG, or RIT) for each color of ink on the sheet. Control bars must be placed parallel to the press's ink rollers and must show areas consisting of minimum 1/8 x 1/8" solid color patches; tint patches of 25, 50 and 75%; dot gain scale; and gray balance patches for process color (if applicable). These areas must be repeated consecutively across the sheet. Proofs must show dot structure.

In lieu of digital one-piece laminated proofs, at contractor's option, three (3) sets of inkjet proofs that are G7 profiled and use pigment-based inks may be furnished. A proofing RIP that provides an option for high quality color matching such as Device Links Technology and/or ICC Profiles Technology, and meets or exceeds industry tolerance to ISO 12647-7 standard for Graphic Technology (as of 3/19/09 and future amendments) must be utilized. Output must be a minimum of 720 x 720 dpi on a GRACoL or SWOP certified proofing media. Proofs must contain the following color control strip to be evaluated for accuracy: IDEAlliance ISO 12647-7 2009.

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

Pantone colors may be substituted with a similar color. (This requirement does not apply to inkjet proofs.)

*If there is a change to the text of the Pamphlets –*

One (1) Adobe Acrobat (most current version) Press Quality PDF soft proof showing all elements. Proofs will be transferred to the agency via email. The PDF proof will be evaluated for text flow, image position and color breaks. Proofs will not be used for color match. Proofs must show all margins and dimensions and indicate trim marks.

***SSA reserves the right to make changes to all proofs. The Government may require one (1) or more sets of revised proofs before rendering an "O.K. to Print." Author's Alterations (AA's) may be required.***

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

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

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

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

**Daily/DABA/COMP/COLA Notices –**

**Personalized Notices:** White Offset Book, basis weight: 50 lbs. per 500 sheets, 25 x 38”, equal to JCP Code A60; or at contractor’s option, White Writing, basis weight: 20 lbs. per 500 sheets, 17x 22”, equal to JCP Code D10.

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

**Mail-out Envelopes (6-1/8 x 9-1/2” and 9 x 12”):** White Writing (or Wove), basis weight: 24 lbs. per 500 sheets, 17 x 22”, equal to JCP Code V20; or at contractor’s option, White Offset Book, basis weight: 60 lbs. per 500 sheets, 25 x 38”, equal to JCP Code A60.

**PRINTING/IMAGING:**

*NOTE: The Government reserves the right to make changes to the envelopes or the format(s)/text of the pamphlets at any time during the term of the contract. Notification of a proposed change will be given with sufficient time for the contractor to allow for the change and submit proofs to the Government. Therefore, the contractor should not preprint or maintain more than a **\*90-day surplus/inventory** of any of the components required for the Daily runs on this contract. The Government shall not be required to purchase from the contractor the surplus/inventory of any component remaining on hand in excess of what was authorized when an envelope or format/text change is implemented.*

**\*Based on historical data, the anticipated yearly Daily/DABA/COMP Notice volumes are as follows:**

- 6-1/8 x 9-1/2 Single Window envelope – 11,270,000
- 9 x 12” Single Window envelope – 230,000
- Pamphlet 05-11011 – 4,000
- Pamphlet 05-10076 – 135,000
- Pamphlet 05-11024 – 700
- Pamphlet 05-10976 – 6,000

**Quality Control:** The contractor must maintain a thorough quality assurance program to guarantee that digital imaging is securely fused to the paper; is clear and legible; and, that a copy of the finished product is mailed to all addresses contained on furnished files.

**Notices:** Contractor will be required to convert furnished data from electronic transmission for either laser or ion deposition-imaging. All imaging/printing of notices shall have a minimum resolution of 600 x 600 dpi.

All notices are duplex printed (face and back, head to head) and one-side only (when an odd page is required) in black ink only.

**Address Keyline:** Contractor is to produce a keyline that appears above the mailing address and shows through the mail-out envelope window. The keyline must contain the following information: workload (SSI for Daily, DAB for DABA, SI for COMP, or COL for COLA, depending on run), Mailer number, file date (mm/dd) and 3-digit office code, (for example, SSI M4 03/26 A26).

**Notices must appear exactly as approved during validation. Absolutely no deviation will be accepted.**

NOTE: Spanish notices consist of two (2) parts: The first part is the Spanish notice; the second part is the same notice in English.

**Pamphlets:** Print head-to-head in two ink colors. Printing consists of text and line matter and screens. Match Pantone number as indicated on furnished copy. Self-covers contains bleeds on one side.

**Mail-out Envelopes (6-1/8 x 9-1/2" and 9 x 12"):** Contractor will be required to convert furnished data from electronic transmission (i.e., from the MRD file) for printing/imaging the return address on the mail-out envelopes.

Envelopes print face and back (after manufacture) in black ink. Follow copy presented at the postaward conference. Printing consists of text and line matter (including Government furnished indicia) on the face of envelope (after manufacture) and text matter on envelope flap.

Printing shall be in accordance with the requirements for the style envelope ordered. All printing shall comply with all applicable U.S. Postal Service regulations. The envelope shall accept printing without feathering or penetrating to the reverse side.

Single window mail-out envelopes require spraying/imaging in black ink on face of envelope (after manufacture) using only one return address. All spraying/imaging of return addresses shall have a minimum resolution of 300 x 300 dpi.

Each Daily/DABA/COMP Mailer and COLA Mailer 3 mail-out envelope will be variable sprayed/imaged with one of approximately 1,300+ different SSA field office return addresses, using the MRD file. Contractor is to add the 3-digit office code to the right of the return address field for a visual match against the office code contained in the keyline that shows through the mail-out envelope window.

Mail-out envelopes require a security tint (lining is acceptable) printed on the inside (back – before manufacture) in black ink. Contractor may use his own design but must guarantee that the product will ensure complete opacity and prevent show through of any material contained therein.

#### **RECYCLED PAPER LOGO:**

If recycled paper is used, the recycled paper logo and legend must be printed in black ink on the notices and envelopes. If the pamphlets are printed on recycled paper, the recycled paper logo and legend must print in the same Pantone ink color as the text.

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

**Pamphlets:** The SSA furnished camera copy/electronic file(s) will already contain the recycled paper logo/legend in either English or Spanish (as appropriate).

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



**PRESS SHEET INSPECTION:** Final makeready press sheets may be inspected and approved at the contractor's plant for the purpose of establishing specified standards for use during the actual press run. Upon approval of the sheets, contractor is charged with maintaining those standards throughout the press run (within QATAP tolerances when applicable) and with discarding all makeready sheets that preceded approval. See GPO Publication 315.3 (Guidelines for Contractors Holding Press Sheet Inspections) issued June 2003. 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.

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

*Viewing Light:* Press sheets will be viewed under controlled conditions with 5000 degrees Kelvin overhead luminaries. The viewing conditions must conform to ANSI PH2.30-1989; a viewing booth under controlled conditions with 5000 degrees Kelvin overhead luminaries with neutral gray surroundings must be provided.

**NOTE:** When a press sheet inspection is required, the Government will notify the contractor. A press sheet inspection may be required at the contractor's facility before production begins on any new workload.

#### **BINDING:**

**Daily/DABA/COMP Notices:** Gather all pages of a notice in numerical sequence. Notices are to be nested together with all faces forwarded. Mailing address on first page of notice must be visible through window of mail-out envelope. Fold notices according to the following measurements:

- For notices that are from 1 to 10 leaves, the contractor shall fold from a flat size of 8-1/2 x 11" down to 8-1/2 x 5-1/2", title out, and insert into a 6-1/8 x 9-1/2" mail-out envelope.
- For notices that exceed 10 leaves, the contractor shall insert the 8-1/2 x 11" notices flat into a 9 x 12" mail-out envelope.

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

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

**COLA Notices:** Gather all pages of a notice in numerical sequence. Notices are to be nested together with all faces forward. Fold from a flat size of 8-1/2 x 11" down to 8-1/2 x 5-1/2", with mailing address and return address on first page facing out for visibility through their respective window on the mail-out envelope.

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

**CONSTRUCTION:**

NOTE: The Government reserves the right to make changes to the size and position of the Daily/DABA/COMP and COLA mail-out envelope window openings during the term of the contract to comply with the USPS new Intelligent Mail Barcode (IMb). Notification of a proposed change will be given with sufficient time for the contractor to allow for the change and submit proofs to the Government. Therefore, the contractor should not preprint or maintain more than a 90-day surplus/inventory of any of the Daily/DABA/COMP mail-out envelopes required on this contract. Contractor should order COLA envelopes each year, prior to the run. The Government shall not be required to purchase from the contractor the surplus/inventory of any of the mail-out envelopes remaining on hand in excess of what was authorized when an envelope change is implemented.

***Daily/DABA/COMP and COLA Mailer 3 Mail-out Envelopes:***

**6-1/8 x 9-1/2”** – Envelope must be open side, with gummed fold-over flap for sealing with high-cut side or diagonal seams, at contractor’s option. Flap depth is at the contractor’s option but must meet all USPS requirements and must be coated with a suitable glue that will securely seal the envelope without adhering to contents, not permit resealing of the envelope and permit easy opening by the recipient.

Face of envelope to contain one (1) die-cut window (1-1/2 x 4-1/4” in size) with rounded corners. Die-cut window is to be located 1-3/4” from the bottom edge of the envelope and 3/4” from the left edge of the envelope. (The long dimension of the window is to be parallel to the long dimension of the envelope.) Contractor has the option to adjust the size and position of the window opening (subject to Government approval), providing the visibility of the computer-generated mailing address and IMb barcode on the form is not obscured, and other extraneous information is not visible when material is inserted into the envelope.

Window is to be covered with a suitable transparent, low-gloss, poly-type material that must be clear of smudges, lines, and distortions. Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current U.S. Postal Service’s (USPS) readability standard/requirements.

**9 x 12”** – Envelope must be open side, with gummed fold-over flap for sealing with high-cut side or diagonal seams, at contractor’s option. Flap depth is at the contractor’s option but must meet all USPS requirements and must be coated with suitable glue that will securely seal the envelope without adhering to contents, not permit resealing of the envelope and permit easy opening by the recipient.

Face of envelope to contain one (1) die-cut window (1-1/2 x 5” in size) with rounded corners. Die-cut window is to be located 3” from top edge of envelope and 7/8” from left edge of the envelope (vertical placement - the long dimension of the window is to be parallel to the short dimension of the envelope). Contractor has the option to adjust the size and position of the window opening (subject to Government approval), providing the visibility of the computer-generated mailing address and IMb barcode on the form is not obscured, and other extraneous information is not visible when material is inserted into the envelope.

Window is to be covered with a suitable transparent, low-gloss, poly-type material that must be clear of smudges, lines, and distortions. Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current U.S. Postal Service’s (USPS) readability standard/requirements.

***COLA Mail-out Envelope (Mailers 1, 2, 4, and 5) (6-1/8 x 9-1/2”)*** – Envelope must be open side, with gummed fold-over flap for sealing and contain high-cut side or diagonal seams, at contractor’s option. Flap depth is at the contractor’s option, but must meet all USPS requirements and must be coated with a suitable glue that will securely seal the envelope without adhering to contents, not permit resealing of the envelope and permit easy opening by the recipient.

Face of envelope to contain two (2) die-cut address windows, as follows:

- SSA field office return address window – One die-cut window (1-1/4 x 3-1/4” in size) with rounded corners. Die-cut window is to be located 4-3/8” from the bottom edge of the envelope and 3/4” from the left edge of the envelope.
- Recipient’s mailing address window – One-die cut window (1-5/8 x 4-1/4” in size) with rounded corners. Die-cut window is to be located 1-3/8” from the bottom edge of the envelope and 3/4” from the left edge of the envelope.

The long dimension of each window is to be parallel to the long dimension of the envelope. Contractor has the option to adjust the size and position of the return address window opening (subject to Government approval), providing the visibility of the computer-generated SSA field office return address on the form is not obscured, and other extraneous information is not visible when material is inserted into the envelope. Contractor has the option to adjust the size and position of the mailing address window opening (subject to Government approval), providing the visibility of the computer-generated mailing address, field office code, keyline above address field and IMb barcode on the form is not obscured, and other extraneous information is not visible when material is inserted into the envelope.

Windows are to be covered with a suitable transparent, low-gloss, poly-type material that must be clear of smudges, lines, and distortions. Poly-type material must be securely affixed to the inside of the envelope so as not to interfere with insertion of contents. Window material must meet the current U.S. Postal Service’s (USPS) readability standard/requirements.

**INSERTING:** Gather and insert the notices and appropriate insert(s) (as specified below) into the appropriate mail-out envelope. Seal all mail-out envelopes.

**Daily/DABA/COMP and COLA Mailer 3 Notices:** Gather the appropriate number of leaves per notice, fold (if necessary), and insert into correct mail-out envelope (with variable return address) with recipient’s name and address on first page facing out for visibility through window envelope.

It is the contractor’s responsibility to assure that only the computer-generated address and IMb barcode on the notice will be visible through the window in the envelope and that only one notice is inserted into each envelope.

When required, pamphlet(s) should be inserted behind the notice (when viewed from the window side of the envelope). In the case of bilingual Spanish/English notices, the recipient’s name and address on the Spanish notice should be visible through the window envelope. The English notice should be inserted behind the Spanish notice (when viewed from the window side of the envelope).

**COLA Notices (Mailers 1, 2, 4, and 5):** Gather the appropriate number of leaves per notice, fold, and insert into mail-out envelope with recipient’s name and address on first page facing out for visibility through bottom window of the envelope.

It is the contractor’s responsibility to assure that only the computer-generated address, field office code, and IMB barcode on the notice will be visible through the bottom window in the mail-out envelope and that only one notice is inserted into each envelope.

It is also the contractor’s responsibility to assure that only the SSA field office return address on the notice will be visible through the top window of the mail-out envelope.

In the case of bilingual Spanish/English notices, the recipient’s name and address on the Spanish notice should be visible through the bottom window of the mail-out envelope. (The Spanish notice will be in front with the English notice inserted behind the Spanish notice (when viewed from the window side of the envelope).)

**PRODUCTION INSPECTION:** Production inspection(s) may be required at the contractor's/subcontractor's plant for the purpose of ensuring that the receipt of transmitted files, printing of pamphlets and/or envelopes, imaging, collating, folding, inserting, and mailing is being accomplished in accordance with contract quality attributes and requirements.

A production inspection is for the purpose of setting specific standards that are to be maintained throughout the entire run. It does not constitute a prior approval of the entire run. When a production inspection is required, the Government will notify the contractor.

**DISTRIBUTION:** Mail f.o.b. contractor's city each individual mailer to both domestic and foreign addresses. Domestic mailing is nationwide, including the American Territories/Possessions. Contractor is responsible for all costs associated with transporting notice packages to the USPS.

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

***National Change of Address (NCOA) and Coding Accuracy Support System (CASS):***

Addresses for the contract will come from SSA's Supplemental Security Record. SSA will provide a certificate indicating that, within the last 180 calendar days, the addresses have been matched against USPS certified Coding Accuracy Support System (CASS) certified ZIP Code software. New CASS certificates will be provided to the contractor as required by the USPS Domestic Mail Manual.

Contractor must use mailing envelopes with the "ADDRESS SERVICE REQUESTED" endorsement in accordance with USPS for National Change of Address (NCOA) in a location approved by USPS.

NOTE: *Contractor cannot at any time change the SSA supplied address prior to receipt by the USPS.*

**Mailing Requirements for All Notices:** All versions mailed will have the "Postage and Fees Paid" First-Class Mail permit imprint G-11 mailing indicia. Permit imprint may be printed directly on the mailpieces. Permit imprint mailings must contain at least 200 pieces or 50 pounds.

Certificate of Conformance: When using Permit Imprint Mail, the contractor must complete GPO Form 712 - Certificate of Conformance (Rev. 10-15), and the appropriate mailing statement or statements supplied by USPS. A fillable GPO Form 712 Certificate of Conformance can be found at <http://www.gpo.gov/vendors/sfas.htm>.

**Manifest Mailing:** The contractor is strongly encouraged to use manifest mail when postal regulations allow (for Daily/COLA notices) for this contract. The contractor must have a Manifest Mailing System (MMS) for First-Class Mail, which has been approved by the U.S. Postal Service to document postage charges for this mailing. ***A copy of the USPS approval for the MMS must be presented at the postaward conference.***

Requirements for MMS are contained in USPS Publication 401, "Guide to the Manifest Mailing System." Each mailpiece must be identified either with a unique identification number or with a keyline containing a unique identification number and rate information about the piece. The mailpieces being sent under manifest mail will have a printed "Postage and Fees Paid First-Class Mail" permit imprint mailing indicia.

The contractor is cautioned that the "Postage and Fees Paid" indicia may be used only for the purpose of mailing material produced under this contract.

NOTE: 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. All meter supplies must be borne by the contractor.

If postage meters are used, the contractor must use mail-metering equipment that supports meters issued by the Government. The contractor must load \$5.00 on the first of each month for each meter; this allows the Government to obtain the monthly usage report for each meter.

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.

**All mail for this contract is Domestic Mail ONLY Except DABA Mailer 12, COMP Mailers 12 and 13, and COLA Mailer 3 which may contain International Mail.**

Intelligent Mail barcoding (IMb), 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.

Each notice provided on this contract will transmit with an USPS Intelligent Mail Barcode (IMb) and coded for the full service option. The contractor will be required to use the provided IMb, meet the 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/mailpieces of this workload. The contractor is required to be capable of achieving the postage discounts available with the Full-Service option of the IMb program.

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.

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

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

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

**USPS Certified Mail:** The domestic mailpieces included in these mailings may be required to be mailed using USPS Certified Mail. The contractor will prepare these mailpieces according to USPS regulations contained in the Domestic Mail Manual (DMM) under Section 503.3.0, Certified Mail. Notices associated with the certified mail file shall be inserted into envelopes and processed as certified mail. The contractor must place the current Postal Service Form 3800 (20-digit certified number and barcode) on the envelope.

Permit imprint may not be used if the mailing is less than 200 pieces. Instead, the mail must be metered.

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

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

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

**Mailing Documentation:** The contractor shall provide SSA with complete copies of all documents used by USPS to verify and accept the mail (e.g., computer records of presort ZIP+4, barcode breakdown, press runs, etc.) including USPS 3607R and/or GPO's Form 712 (Certificate of Conformance) and/or Certificate of Bulk mailing, etc., each noted with file date and mailer number. The contractor will use Federal Agency Code 276-00023 on all mailing documents.

Within 48 hours of mailing, the contractor shall provide PDF copies of all mailing documentation and matching 100% Accountability Summary reports to: SSA, Printing Management Branch, Baltimore, MD (Exhibit K). All copies must be legible and include required information so SSA and GPO can discern which mailer #, file date, and run (Daily/DABA/COMP or COLA) that the post documents match to from the task order.

Upon completion of each mailing, contractor must furnish copies of all postal documentation via overnight delivery. At contractor's option, the postal documentation may be furnished as PDF copies via email.

Upon termination of this contract, the contractor must destroy all furnished manuscript copy/camera copy/electronic file(s).

All expenses incidental to picking up and destroying furnished materials (as applicable), submitting proofs, and furnishing sample copies 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 and verification of the accuracy of counts and files from the daily electronic task order. **If contractor should not receive the electronic task order, they must notify SSA's Printing Management Team immediately.**

For each option year exercised, the amount of time in the schedule will remain the same. The contractor must not deviate from the specified mailing schedule or the quantity to be mailed. In the event that the contractor is to deviate from the specified mail-out date or the quantity to be mailed, the SSA's PMT must be notified immediately.

Furnished material (as applicable) must be picked up from: SSA, Printing Management Branch, Baltimore, MD (Exhibit K).

Hard copy proofs must be delivered to and picked up from: SSA, Printing Management Branch, Baltimore, MD (Exhibit K).

Manuscript and/or camera copy must be returned with hard copy proofs.

**The first task order for actual production will transmit on the morning of August 2, 2016.**

**PROOF SCHEDULE:**

The following schedule begins the workday after notification of availability of print order and furnished materials; the workday after notification will be the first workday of the schedule.

- Contractor to submit all required proofs for envelopes and pamphlets within seven (7) workdays of receipt of furnished materials.
- Proofs will be withheld no more than five (5) workdays from receipt at the ordering agency until they are made available for pickup. (NOTE: The first workday after receipt of proofs at the ordering agency is day one (1) of the hold time.) (For PDF soft proofs of envelopes, the ordering agency will furnish changes/corrections/“O.K. to print” via email.)
- When required due to AA’s, contractor to submit revised proofs within five (5) workdays of receipt of the author’s alterations.
- Revised proofs will be withheld no more than three (3) workdays from receipt at the ordering agency until they are made available for pickup. (NOTE: The first workday after receipt of proofs at the ordering agency is day one (1) of the hold time.) (For revised PDF soft proofs of envelopes, the ordering agency will furnish changes/corrections/“O.K. to print” via email.)

**PREPRODUCTION TEST SCHEDULES:**

Prior to receiving wire transmission of live production data files, the contractor will be required to perform the following tests: (Contractor will be issued a print order for each of these tests.)

***Daily/DABA/COMP/COLA Notice Wire Transmission Test:*** The contractor will be required to perform this test within one (1) week after installation of the appropriate bandwidth connection and approval of EPS security clearances.

- The contractor will be required to receive up to approximately 780,000 Daily/DABA/COMP notices and up to approximately 5,500,000 COLA notices within one (1) workday. (NOTE: These workloads will be sent concurrently.)
- The contractor will be required to perform a Record Count Verification within one (1) workday of receipt of complete transmission of all notice test files and furnish the Government with the exact counts.
- The Government will provide verification within one (1) workday of receipt thereof.
- The contractor will be required to furnish 20 sample notices for Daily/DABA/COMP Mailers 2 through 13 and from each of the COLA Mailers 1 through 5 within 10 workdays of receipt of Government verification of record counts.
- The Government will approve, conditionally approve, or disapprove within two (2) workdays of receipt thereof.

***COLA Validation Test:***

- Contractor to submit 40 PDF samples and 10 printed/inserted validation samples for each mailer within four (4) hours of receipt of the first live files.
- The Government will approve, conditionally approve, or disapprove within five (5) workdays of receipt thereof.

***Daily/COMP Notice Preproduction Press and Mail Run Test (12-Hour Test):***

- The Daily/COMP Notice 12-Hour Preproduction Press and Mail Run Test is to be performed within seven (7) workdays after the Wire Transmission Test has been successfully completed and the Wire Transmission Test samples have been approved by SSA.
- The contractor must produce a total of 35,750 Daily notices and 71,828 COMP notices in a continuous 12-hour period.
- The Government will approve, conditionally approve, or disapprove within seven (7) workdays of receipt thereof.

NOTE: Contractor must notify the GPO of the date and time the preproduction press and mail run tests will be performed. In order for proper arrangements to be made, notification must be given at least 72 hours prior to the tests.

***Daily/COLA Notice Preproduction Press and Mail Run Test (24-Hour Test):***

- The COLA/Daily Notice 24-Hour Preproduction Press and Mail Run Test is to be performed within seven (7) workdays after the Wire Transmission Test has been successfully completed and the Wire Transmission Test samples have been approved by SSA.
- The contractor must produce a total of 33,857 Daily notices and 350,461 COLA notices in a continuous 24-hour period.
- The Government will approve, conditionally approve, or disapprove within seven (7) workdays of receipt thereof.

NOTE: Contractor must notify the GPO of the date and time the preproduction press and mail run tests will be performed. In order for proper arrangements to be made, notification must be given at least five (5) workdays prior to the tests.

***Systems Change/Signature Change/2% COLA Test File/New and Existing Notice Files Validation Test –***

- When required, contractor must submit required notice samples within three (3) workdays of receipt of test files.
- The Government will approve, conditionally approve, or disapprove within two (2) workdays of receipt thereof.

**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.

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 shall be operational for the receipt of data files 24 hours a day, seven (7) days a week, unless otherwise specified by the Government. (See “FILE TRANSFER MANAGEMENT SYSTEM (FTMS) REQUIREMENTS” for additional information).*



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

**Anticipated Transmission Schedule:**

Daily files and electronic task orders transmit each morning Tuesday through Saturday. When a holiday occurs, files will transmit the morning of the holiday from work batched from the previous day's work, but files will not transmit the morning after the holiday.

DABA files and electronic task orders transmit quarterly on the second Saturday in the months of February, May, August, and November. Federal holidays will have no impact on the transmission of files.

COMP files and electronic task orders transmit the fourth Saturday of each month, except during a normal COLA, in which case a small COMP file (approximately 40,000 total notices) will transmit the Sunday before Thanksgiving. Federal holidays will have no impact on the transmission of files.

COLA files and electronic task orders transmit the weekend prior to Thanksgiving.

The schedule below is the anticipated schedule; delays and changes to schedule may occur. Contractor must be prepared to receive files 24/7/365.

***NOTE:** Contractor must not proceed with processing a transmission until counts are verified against the task order. If a discrepancy is found, the contractor must call SSA's Scheduling Helpline immediately at (877) 697-4889 and the SSA, Printing Management Branch, Baltimore, MD (Exhibit K).*

**PRODUCTION SCHEDULES FOR DAILY/DABA/COMP NOTICES:**

**Daily/DABA/COMP Runs (Mailers 2 through 9)** – Contractor must complete production and mailing within five (5) workdays of receipt of each transmitted file. (For example, transmissions received on Tuesday must be mailed by the close of business the following Tuesday; transmissions received on Friday or Saturday must be mailed by the close of business the following Friday.)

**DABA/COMP Runs (Mailers 10 through 13)** – Contractor must complete production and mailing within three (3) workdays of receipt of each transmitted file.

***NOTE:** Transmission delays of 24 hours or more will not constitute a backlog. Premium Payments for Daily volume may be used if the next day's transmission exceeds total daily maximums.*

**PRODUCTION SCHEDULE FOR COLA NOTICES:**

**Contractor is to provide SSA and GPO with a production schedule by November 1<sup>st</sup> of each year, outlining their anticipated schedule for each day for printing, inserting and mailing. The report must show how they will meet the required schedule. Contractor must provide updates to the schedule, within 12 hours of Government request, as necessary throughout the run.**

After the contractor receives COLA files, the contractor will be required to provide a daily update of work completed for printing, inserting, and mailing of each Mailer for the prior day using a supplied SSA COLA Production excel spreadsheet (Exhibit L). The contractor must email the report to SSA, Printing Management Branch, Baltimore, MD (Exhibit K), by 10:00 a.m., each calendar day (including weekends and holidays).

**Transmission of COLA Files:** Live production files are scheduled to start transmitting the Saturday prior to Thanksgiving but no later than the Monday prior to Thanksgiving of each year and will continue on a flow basis with final files to complete transmitting within four (4) calendar days after start. It is SSA's intent to begin transmission of COLA Mailers 1 through 3 on Saturday and completed within the first 48 hours of start of transmission, with Mailers 4 and 5 transmissions beginning no later than Monday morning. The contractor is advised not to wait for all files to transmit but be prepared to start processing and producing notices as each complete file is received.

**COLA Schedule:** The schedule for ALL COLA notices begins the day after Thanksgiving each year. Contractor does not need to wait for all files to transmit prior to start of production; production can start upon receipt of the first full-verified file.

Mailers 1 through 5 are to be produced and mailed on a flow basis with priority to Mailers 1 through 3.

**Mailers 1 through 3** – Contractor must complete mailing within five (5) workdays (with a minimum of 25% of the notices to mail each day beginning with the second workday (25% per day completed for workdays 2 through 5)).

**Mailers 4 and 5** – Contractor must complete mailing within 16 workdays (with a minimum of 10% of this total to mail each day beginning with the 7<sup>th</sup> workday (10% per day completed for workdays 7 through 16). If the total number of notices for Mailers 4 and 5 surpasses 5,500,000 notices, the contractor will be granted one (1) additional workday to complete the mailing.

Contractor is encouraged to start mailing as soon as they are ready, which counts towards the delivery schedule as outlined above.

**NOTE:** If an UNCOLA should occur, the contractor will follow the schedule for Mailers 3 through 5.

The contractor must notify the GPO of the date and time the press sheet and production inspection can be performed. In order for proper arrangements to be made, notification must be given at least 72 hours prior to the inspection. Notify the U.S. Government Publishing Office, Quality Control for Published Products, Washington, DC 20401, or telephone area code (202) 512-0542. Telephone calls will only be accepted between the hours of 8:00 a.m. and 2:00 p.m., Monday through Friday, 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. 9-88)). When supplies are not ready at the time specified by the contractor for inspection, the Contracting Officer may charge to the contractor the additional cost of the inspection.

The ship/deliver date indicated on the print order is the date products ordered for mailing f.o.b. contractor's city must be delivered to the U.S. postal service.

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

For compliance reporting purposes, contractors are to report information regarding each order with date of shipment or delivery, as applicable, in accordance with the contract requirements by contacting the Publishing Support Services Compliance Section via email at [compliance@gpo.gov](mailto:compliance@gpo.gov), via telephone at (202) 512-0520, or via facsimile at (202) 512-1364. Personnel receiving the email, call, or facsimile will be unable to respond to questions of a technical nature or to transfer any inquiries.

### SECTION 3. - DETERMINATION OF AWARD

The Government will determine the lowest bid by applying the prices offered in the “SCHEDULE OF PRICES” to the following units of production which are the estimated requirements to produce the one (1) year’s production requirements 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.

**PREMIUM PAYMENTS FOR DAILY/DABA/COMP NOTICES:** Orders that exceed the Daily, DABA, or COMP total maximum for that day will receive a “Premium Payment” for those notices over the maximum as specified in SECTION 2. Failure of the contractor to deliver work at the time specified will result in disallowance of all premium payments that were anticipated for that file date and the contractor will not list such items on his billing invoice.

**PREMIUM PAYMENTS FOR COLA NOTICES:** Orders that exceed the COLA volume for the following combinations: Mailers 1 and 2, Mailer 3, or, Mailers 4 and 5, will receive a “Premium Payment” for those notices over the maximum for the combinations as specified in SECTION 2. Failure of the contractor to deliver work at the time specified will result in disallowance of all premium payments that were anticipated for that file date and the contractor will not list such items on his billing invoice.

**UNCOLA NOTICES:** If an UNCOLA notice run occurs, the contractor shall follow the “SCHEDULE OF PRICES” for COLA Mailers 3 through 5.

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

- I. 3
  
- II. (a) 3  
(b) 300  
(c) 100
  
- III. (a) 1  
(b) 1
  
- IV. 19
  
- V. 1. (a) 250  
(b) 43,500  
(c) 11,272  
(d) 230  
(e) 11,502  
(f) 2,954
  
- 2. (a) 16  
(b) 22,000  
(c) 5,123

VI. (a) 65,500  
(b) 1,477  
(c) 16,395  
(d) 230

VII. 1.(a) 11,498  
(b) 2

2.(a) 201  
(b) 2  
(c) 4,922

VIII. 4

**SECTION 4. – SCHEDULE OF PRICES**

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

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

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

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

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

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

All invoices submitted to the GPO shall be based on the most economical method of production. Fractional parts of 1,000 will be prorated at the per-1,000 rate.

**Contractor’s billing invoice must be itemized in accordance with the line items in the “SCHEDULE OF PRICES.”**

Saddle-stitched pamphlets: A charge will be allowed for each page whether printed or blank. Unless otherwise specified, no more than three blank pages shall be permitted at the end of the text.

Cost of all required paper must be charged under Item VI. “PAPER”.

**I. COMPOSITION:** Prices offered must be all-inclusive and must include the cost of all materials and operations necessary for the composition in accordance with these specifications.

Envelopes.....per envelope.....\$\_\_\_\_\_

**II. PROOFS:**

(a) Envelopes: PDF Soft Proof .....per envelope.....\$\_\_\_\_\_

(b) Pamphlets: Digital One-piece Composite Laminated  
Halftone Proof ..... per trim/page-size unit.....\$\_\_\_\_\_

(c) Pamphlets: Press Quality PDF Soft Proof ..... per trim/page-size unit.....\$\_\_\_\_\_

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

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

(a) Wire Transmission Test (Daily/COLA Notices) ..... per test .....\$ \_\_\_\_\_

(b) COLA Validation Test ..... per test .....\$ \_\_\_\_\_

**IV. PROCESSING/FORMATting FILES:** The contractor will be allowed only one (1) charge per mailer for the term of the contract to process and/or format the Advanced Function Presentation (AFP) files, AFP resources, and the Mail Run Data Files supplied necessary to print and mail the package.

Processing/Formatting Files..... per mailer .....\$ \_\_\_\_\_

**V. PRINTING/IMAGING, BINDING, AND CONSTRUCTION:** Prices offered must be all inclusive and include the cost of materials and operations necessary for the printing/imaging, binding, and construction listed in accordance with these specifications.

**1. Daily/DABA/COMP Notices –**

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

\*Contractor will be allowed only one (1) makeready/setup charge per workday (maximum 5 per print order). This combined charge shall include all materials and operations necessary to makeready and/or setup the contractor’s equipment for all mailers run each day. Invoices submitted with more than one makeready/setup charge per workday will be disallowed.

(b) Notices: Printing face and back in black ink only, including binding ..... per 1,000 leaves .....\$ \_\_\_\_\_

(c) Mail-out Envelope (6-1/8 x 9-1/2”) (including COLA Mailer 3): Printing in black ink, including construction..... per 1,000 envelopes .....\$ \_\_\_\_\_

(d) Mail-out Envelope (9 x 12”): Printing in black ink, including construction..... per 1,000 envelopes .....\$ \_\_\_\_\_

(e) Spraying/Imaging of SSA Field Office Addresses on Mail-out Envelopes (including COLA Mailer 3)..... per 1,000 envelopes .....\$ \_\_\_\_\_

(f) Saddle-stitched Pamphlets: Printing in two ink colors, including binding ..... per 1,000 pages .....\$ \_\_\_\_\_

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

2. COLA Notices –

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

\*Contractor will be allowed only one (1) makeready/setup charge per workday (total of 16) for the duration of the COLA schedule, as outlined in the contract. This combined charge shall include all materials and operations necessary to makeready and/or setup the contractor’s equipment for the five (5) mailers run each day. Invoices submitted with more than one makeready/setup charge per workday will be disallowed.

(b) Notices: Printing face and back in black ink only,  
including binding ..... per 1,000 leaves .....\$\_\_\_\_\_

(c) Mail-out Envelope (Mailers 1, 2, 4, and 5) (6-1/8 x 9-1/2’):  
Printing in black ink, including construction ..... per 1,000 envelopes .....\$\_\_\_\_\_

**VI. PAPER:** Payment for all paper supplied by the contractor under the terms of these specifications, as ordered on the individual task 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 the following:

- Notices (8-1/2 x 11’): A charge will be allowed for each page-size leaf.
- Pamphlets (5-1/4 x 8’): A charge will be allowed for each page-size leaf.
- Mail- out Envelope (6-1/8 x 9-1/2’): One leaf will be allowed for each envelope.
- Mail-out Envelope (9 x 12’): One leaf will be allowed for each envelope.

Per 1,000 Leaves

(a) Notices (8-1/2 x 11’): White Offset Book (50-lb.);  
or at contractor’s option, White Writing (20-lb.) .....\$\_\_\_\_\_

(b) Pamphlets (5-1/4 x 8’): White Offset Book (60-lb.) .....\$\_\_\_\_\_

(c) Mail-out Envelopes (6-1/8 x 9-1/2’): White Writing/Wove (24-lb.);  
or at contractor’s option, White Offset (60-lb.).....\$\_\_\_\_\_

(d) Mail-out Envelopes (9 x 12’): White Writing/Wove (24-lb.);  
or at contractor’s option, White Offset (60-lb.).....\$\_\_\_\_\_

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

**VII. INSERTING AND MAILING:** Prices offered must include the cost of all required materials and operations necessary for the mailing of the notices including cost of collating notices (single or multiple leaves) in proper sequence, folding (if applicable) to required size in accordance with these specifications, insertion of notice(s), and appropriate pamphlet inserts as required into mail-out envelope, and mailing in accordance with these specifications.

**1. Daily/DABA/COMP Notices –**

(a) Mailers 2 through 11:  
Personalized notice, mail-out envelope  
with variable return address and any required inserts..... per 1,000 mailers .....\$ \_\_\_\_\_

(b) Mailers 12 and 13:  
Personalized Notice (Certified and Registered Mail file)  
mail-out envelope with variable return address and  
any required inserts..... per 1,000 mailers .....\$ \_\_\_\_\_

**2. COLA Notices –**

(a) Mailers 1 and 2:  
Personalized Notice and double window mail-out envelope ..... per 1,000 mailers .....\$ \_\_\_\_\_

(b) Mailer 3:  
Personalized Notice (Certified and Registered Mail file)  
and mail-out envelope with variable return address ..... per 1,000 mailers .....\$ \_\_\_\_\_

(c) Mailers 4 and 5:  
Personalized Notice and double window mail-out envelope ..... per 1,000 mailers .....\$ \_\_\_\_\_

**VIII. CERTIFIED/REGISTERED MAIL:** Prices offered must include the cost of any and all additional materials (i.e., paper, envelopes, printing, labels, etc.) and operations necessary to complete the Certified/Registered mail. This price is in addition to the “SCHEDULE OF PRICES,” Items I. through VII.

Certified/Registered mailing.....per 1,000 complete mailers .....\$ \_\_\_\_\_

**LOCATION OF POST OFFICE:** All mailing will be made from the \_\_\_\_\_

Post Office located at Street Address \_\_\_\_\_,

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_

\_\_\_\_\_  
(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**  
**Form SSA-301, Contractor Personnel Security Certification**

|                              |               |
|------------------------------|---------------|
| -----<br>Contractor Employee | -----<br>Date |
| -----<br>Contractor Employee | -----<br>Date |
| -----<br>Contractor Employee | -----<br>Date |
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| -----<br>Contractor Employee | -----<br>Date |

**Exhibit A**  
**Form SSA-301, Contractor Personnel Security Certification**

|                              |               |
|------------------------------|---------------|
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| -----<br>Contractor Employee | -----<br>Date |
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| -----<br>Contractor Employee | -----<br>Date |
| -----<br>Contractor Employee | -----<br>Date |

**Exhibit B**  
**Security and Suitability Requirements**

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

a. Acronyms and Definitions:

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

b. Purpose:

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

c. PIV Credentials:

A PIV credential will be required for:

- Any contractor, contractor employee, subcontractor, or subcontractor employee requiring access to a SSA information system or routine, unescorted access to a SSA facility or site for a period of six months or more. (See Paragraph k. for more information.)

**Exhibit B**  
**Security and Suitability Requirements**

A PIV credential will not be required for:

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

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

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

d. Authorities:

- [Homeland Security Presidential Directive 12](#)
- [Office of Management and Budget Memorandum M-05-24](#)
- [The Crime Control Act of 1990, Public Law 101-647](#), subtitle E, as amended by Public Law 102-190 (for childcare center security requirements)
- [Executive Orders 10450](#) and [12968](#) and Title 5, Code of Federal Regulations (CFR), Parts [731](#), [732](#) and [736](#) (for positions assigned a "National Security" designation)

e. Background Investigation and Adjudication Process:

The background investigation and adjudication processes are compliant with 5 CFR 731.

f. Listing of Applicants:

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

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

**Exhibit B**  
**Security and Suitability Requirements**

g. Required Forms:

(1) eQIP –

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

(2) Paper Forms –

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

h. Forms Completion:

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

SSA will return forms not fully completed to the CPOC. To ensure the forms are completed correctly, obtain a sample of a properly completed form at the following website: [http://www.ssa.gov/oag/acq/Sample\\_Security\\_Requirement\\_Docs%20.pdf](http://www.ssa.gov/oag/acq/Sample_Security_Requirement_Docs%20.pdf). Access information related to the eQIP process at: [e-QIP - Quick Reference Guide for the Applicant.](#)

**Exhibit B**  
**Security and Suitability Requirements**

i. Forms Submission:

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

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

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

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

j. Suitability Determination:

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

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

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

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

k. Obtaining a Credential:

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



**Exhibit B**  
**Security and Suitability Requirements**

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

The contractor must contact the COTR to arrange for credentialing. The COTR is responsible for scheduling an appointment for contractors, contractor employees, subcontractors, or subcontract employees to meet with the appropriate SSA Parking and Credentialing Office or Regional Security Office and obtain a credential. Once the COTR makes the appointment, the COTR must contact the contractor to inform the contractor of the credentialing appointment(s). The COTR must also arrange for the contractor, contractor employees, subcontractors, or subcontract employees to be escorted (by either the COTR or a COTR's representative) to the appropriate credentialing office at the time of this appointment.

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

SSA Headquarters' Parking and Credentialing Office representatives can be reached by emailing [Parking.and.Credentialing@ssa.gov](mailto:Parking.and.Credentialing@ssa.gov) or calling 410/965-5910.

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

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

If a contractor, contractor employee, subcontractor, or subcontract employee previously received a suitability determination from SSA or another Federal agency, the CPOC should include this information next to the individual's name on the initial applicant listing (see paragraph f.). CPSPM will review the information. If CPSPM determines another suitability determination is not required, it will provide a letter to the CPOC and COTR indicating the contractor, contractor employee, subcontractor, or subcontract employee was previously cleared under another Federal contract and does not need to go through the suitability determination process again.

**Exhibit B**  
**Security and Suitability Requirements**

m. Contractor Notification to Government:

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

n. Contractor Return of PIV Credential:

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

o. Government Control:

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

p. Appeals Process for Unsuitable Determinations:

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

The request for clarification and/or the appeal can be emailed to SSA at [dchr.ope.hspd12appeals@ssa.gov](mailto:dchr.ope.hspd12appeals@ssa.gov), or mailed to:

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

**Exhibit B**  
**Security and Suitability Requirements**

q. Removal From Duty:

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

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

**Exhibit B**  
**Security and Suitability Requirements**

- xvi. Unauthorized access of information for personal gain (including, but not limited to, monetary gain), or with malicious intent.
  
- xvii. Not providing for the confidentiality of and protection from disclosure of information entrusted to them. Certain provisions of the following statutes and regulations that apply to Federal employees also apply equally to contractors, contractor employees, subcontractors, and subcontract employees:
  - The Privacy Act of 1974
  - The Tax Reform Act of 1976 and the Taxpayer Browsing Protection Act of 1997
  - SSA regulation 1
  - The Computer Fraud and Abuse Act of 1986
  - Section 1106 of the Social Security Act
  
- xviii. Being under investigation by an appropriate authority for violating any of the above.

**Appendix: Regional Security Offices**

Regional Credentialing Contacts for Contractor Employees

*Region 1 – Boston*

Management and Operations Support, Lenny Nyren – 617-565-2840

*Region 2 – New York*

Center for Materiel Resources, Field Services Team, General Office – 212-264-2603

*Region 3 – Philadelphia*

Center for Materiel Resources, Building Management Team,  
General Office - 215-597-8201

*Region 4 – Atlanta*

Center for Security and Integrity, Coleman Wicks – 404-562-1252

*Region 5 – Chicago*

Management and Operations Support, Building Services Unit

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

*Region 6 – Dallas*

Center for Materiel Resources, Employee Relations, Veronica Drake – 214-767-2221

*Region 7 – Kansas City*

Center for Security Integrity, General Office Line – 816-936-5555

**Exhibit B**  
**Security and Suitability Requirements**

**Page 9 of 9**

*Region 8 – Denver*

Center for Security and Integrity, Phil Mocon – 303-844-4016

*Region 9 - San Francisco*

Center for Security and Integrity, Cassandra Mapp - 510-970-4124

*Region 10 - Seattle*

Center for Security and Integrity

Lisa Steepleton - 206-615-2186

D'ette Day - 206-615-2149

# Exhibit C

## Questionnaire for Public Trust Positions (Standard Form 85P)

Page 1 of 11

Exhibit C

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

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

## Questionnaire for Public Trust Positions

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

### Purpose of this Form

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

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

### Authority to Request this Information

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

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

### The Investigative Process

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

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

### Your Personal Interview

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

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

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

### Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**



# Exhibit C

## Questionnaire for Public Trust Positions (Standard Form 85P)

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

### PUBLIC BURDEN INFORMATION

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

# Exhibit C

## Questionnaire for Public Trust Positions (Standard Form 85P)

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

### QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

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

|                    |       |             |
|--------------------|-------|-------------|
| OPM<br>USE<br>ONLY | Codes | Case Number |
|--------------------|-------|-------------|

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

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

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

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

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

**5 OTHER NAMES USED**

|           |            |            |           |            |            |
|-----------|------------|------------|-----------|------------|------------|
| Name      | Month/Year | Month/Year | Name      | Month/Year | Month/Year |
| <b>#1</b> | To         | To         | <b>#3</b> | To         | To         |
| Name      | Month/Year | Month/Year | Name      | Month/Year | Month/Year |
| <b>#2</b> | To         | To         | <b>#4</b> | To         | To         |

**6 OTHER IDENTIFYING INFORMATION**

|                          |                 |            |           |   |
|--------------------------|-----------------|------------|-----------|---|
| Height (feet and inches) | Weight (pounds) | Hair Color | Eye Color | Sex (Mark one box)  |
|                          |                 |            |           | <input type="checkbox"/> Female <input type="checkbox"/> Male |

**7 TELEPHONE NUMBERS**

|  |                          |
|--|--------------------------|
| Work (include Area Code and extension) | Home (include Area Code) |
| Day ( )                                | Day ( )                  |
| Night ( )                              | Night ( )                |

**8 CITIZENSHIP**

|  |                                    |
|--|------------------------------------|
| <b>a</b> Mark the box at the right that reflects your current citizenship status, and follow its instructions.                           | <b>b</b> Your Mother's Maiden Name |
| <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. <b>Answer items b and d.</b> |                                    |
| <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. <b>Answer items b, c and d.</b>                             |                                    |
| <input type="checkbox"/> I am not a U.S. citizen. <b>Answer items b and e.</b>   |                                    |

**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 |
|                                      |      |       |                       |       |     |      |                           |                             |



# Exhibit C Questionnaire for Public Trust Positions (Standard Form 85P)

**9 WHERE YOU HAVE LIVED**

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

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

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

**10 WHERE YOU WENT TO SCHOOL**

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

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

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

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

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

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

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

# Exhibit C Questionnaire for Public Trust Positions (Standard Form 85P)

**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)     |
| 2 - National Guard/Reserve        | 6 - Self-employment (Include business and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) |
| 3 - U.S.P.H.S. Commissioned Corps |   | 9 - Other  |
| 4 - Other Federal employment      |   |  |

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

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

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

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

## Exhibit C Questionnaire for Public Trust Positions (Standard Form 85P)

**YOUR EMPLOYMENT ACTIVITIES (CONTINUED)**

|   |                  |            |      |   |                                   |          |                         |
|---|------------------|------------|------|---|-----------------------------------|----------|-------------------------|
| <b>#4</b>   | Month/Year<br>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<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |

|  |                  |            |                |            |
|--|------------------|------------|----------------|------------|
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #4)</b> | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |

|   |                  |            |      |   |                                   |          |                         |
|---|------------------|------------|------|---|-----------------------------------|----------|-------------------------|
| <b>#5</b>   | Month/Year<br>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<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |

|  |                  |            |                |            |
|--|------------------|------------|----------------|------------|
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #5)</b> | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |

|   |                  |            |      |   |                                   |          |                         |
|---|------------------|------------|------|---|-----------------------------------|----------|-------------------------|
| <b>#6</b>   | Month/Year<br>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<br>( ) |
| Street Address of Job Location (if different than Employer's Address) |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |
| Supervisor's Name & Street Address (if different than Job Location)   |                  |            |      | City (Country)                                | State                             | ZIP Code | Telephone Number<br>( ) |

|  |                  |            |                |            |
|--|------------------|------------|----------------|------------|
| <b>PREVIOUS PERIODS OF ACTIVITY (Block #6)</b> | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |
|  | Month/Year<br>To | Month/Year | Position Title | Supervisor |

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

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

- |  |  |  |
|--|--|--|
| 1 - Fired from a job                           | 3 - Left a job by mutual agreement following allegations of misconduct                 | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance |  |

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

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



# Exhibit C Questionnaire for Public Trust Positions (Standard Form 85P)

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

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

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

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

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

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

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

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

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

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

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

| Month/Year | Agency Code | Other Agency | Clearance Code | Month/Year | Agency Code | Other Agency | Clearance Code |
|------------|-------------|--------------|----------------|------------|-------------|--------------|----------------|
|            |             |              |                |            |             |              |                |

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

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

|  |  |
|--|--|
| <b>19 FOREIGN COUNTRIES YOU HAVE VISITED</b> |  |
|--|--|

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

•Use one of these codes to indicate the purpose of your visit: 1 - Business    2 - Pleasure    3 - Education    4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

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

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

## Exhibit C Questionnaire for Public Trust Positions (Standard Form 85P)

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

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

|   |  |                                     |   |       |          |    |
|---|--|-------------------------------------|---|-------|----------|----|
| <b>22 YOUR FINANCIAL RECORD</b>   |  |                                     |   |       | Yes      | No |
| <b>a</b> In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below. |  |                                     |   |       |          |    |
| Month/Year  | Type of Action                           | Name Action Occurred Under          | Name/Address of Court or Agency Handling Case | State | ZIP Code |    |
|   |  |                                     |   |       |          |    |
|   |  |                                     |   |       |          |    |
| <b>b</b> Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.   |  |                                     |   |       |          |    |
| If you answered "Yes," provide the information requested below:   |  |                                     |   |       |          |    |
| Month/Year  | Type of Loan or Obligation and Account # | Name/Address of Creditor or Obligee |   | State | ZIP Code |    |
|   |  |                                     |   |       |          |    |
|   |  |                                     |   |       |          |    |

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

### Certification That My Answers Are True

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

|                                |      |
|--------------------------------|------|
| Signature <i>(Sign in ink)</i> | Date |
|                                |      |

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

**Exhibit C**  
**Questionnaire for Public Trust Positions (Standard Form 85P)**

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

Form approved:  
 OMB No. 3206-0191  
 NSN 7540-01-317-7372  
 85-1802

**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<br><i>(Include Area Code)</i><br>(      ) |

**Exhibit C**  
**Questionnaire for Public Trust Positions (Standard Form 85P)**

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

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

**UNITED STATES OF AMERICA**

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

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

**Instructions for Completing this Release**

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

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

---

(Investigator instructed to write in position title.)

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

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

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

What is the prognosis?

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

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

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





**Exhibit E**  
**Declaration of Federal Employment**

**Declaration for Federal Employment**

Form Approved  
OMB No. 3206-0182

**Instructions**

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

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

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

**Privacy Act Statement**

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

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

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

**Public Burden Statement**

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

**Exhibit E**  
**Declaration of Federal Employment**

**Declaration for Federal Employment**

Form Approved  
OMB No. 3206-0182

**GENERAL INFORMATION**

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

**Selective Service Registration**

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

- 7a. Are you a male born after December 31, 1959?  YES  NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*  
 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go to 7c.*  
 7c. If "NO," describe your reason(s) in item #16.

**Military Service**

8. Have you ever served in the United States military?  YES *Provide information below*  NO  
*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*  
*If your only active duty was training in the Reserves or National Guard, answer "NO."*

| Branch | From<br>MM/DD/YYYY | To<br>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 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>   | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>  | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>  | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>                     | YES                      | NO                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

Exhibit E  
Declaration of Federal Employment

Declaration of Federal Employment

Form Approved:  
OMB No. 3206-0182

Additional Questions

- 14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
- 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)

|   |
|---|
| <b>Appointing Officer:</b><br>Enter Date of Appointment or Conversion<br>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

**Exhibit F**  
**Federal Investigations Notice**  
**Letter No. 98-02**  
**Date: March 6, 1998**

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

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

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

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

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

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

**Exhibit F**  
**Fair Credit Reporting Act Authorization Form**

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

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

Attachments

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

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SAMPLE RELEASE  
Fair Credit Reporting Act of 1970, as amended

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

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

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

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

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

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

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



## Exhibit F Fair Credit Reporting Act Authorization Form

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

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

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

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

## Exhibit F Fair Credit Reporting Act Authorization Form

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

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

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



**SYSTEM PLAN**

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

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

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

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

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

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

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

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

**Exhibit H  
Audit and Summary Report**

**100% Accountability and Summary Reports**

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

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

Example:

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

**Exhibit H**  
**Audit and Summary Report**

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

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

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

**Exhibit I**  
**MRD File Specifications**

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

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

NOTE: There is one record for each mail packet.

## **Exhibit J**

### **References for External Service Providers (ESP)**

- 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

**Exhibit K**  
**Key SSA and GPO Personnel Contact Information**

**Page 1 of 1**

**CONTACT INFORMATION**

**Print Management Branch (LEAD):**

Social Security Administration (SSA)  
Attn: Kenneth Wetzelberger  
Room 1352, Annex Building  
6401 Security Boulevard  
Baltimore, MD 21235-6401  
Phone: (410) 966-7109  
Fax: (410) 965-6400  
Email: [Kenneth.wetzelberger@ssa.gov](mailto:Kenneth.wetzelberger@ssa.gov)

**Back-Ups:**

Social Security Administration  
Attn: Tracey Marshall-Vanzego  
Room 1343, Annex Building  
6401 Security Boulevard  
Baltimore, MD 21235-6401  
Phone: (410) 965-4168  
Fax: (410) 965-6400  
Email: [Tracey.Marshall-Vanzego@ssa.gov](mailto:Tracey.Marshall-Vanzego@ssa.gov)

Social Security Administration  
Attn: Freddy Johnson  
Room 1355, Annex Building  
6401 Security Boulevard  
Baltimore, MD 21235-6401  
Phone: (410) 965-1015  
Fax: (410) 965-6400  
Email: [Freddy.Johnson@ssa.gov](mailto:Freddy.Johnson@ssa.gov)

**Mail and Postage Policy Team:**

Social Security Administration  
Attn: Francine Moore  
1712 Annex Building  
6401 Security Boulevard  
Baltimore, MD 21235-6401  
Phone: (410) 965-5055  
Fax: (410) 965-6400  
Email: [Francine.Moore@ssa.gov](mailto:Francine.Moore@ssa.gov)

**Help Desk:**

(410) 965-2580

**Government Publishing Office (GPO):**

Linda Paddy  
(202) 512-0310 (extension 31359)

# Exhibit L COLA Production Spreadsheet

| PLANT LOCATION                      |                 | MAILERS #1 - #3            |              |                |       |                              |              |                |       |                               |              |                |       |
|-------------------------------------|-----------------|----------------------------|--------------|----------------|-------|------------------------------|--------------|----------------|-------|-------------------------------|--------------|----------------|-------|
| Title XVI COLA 20XX MAILERS #1 - #3 |                 | Qty Transmitted            |              |                |       | Qty Printed                  |              |                |       | Qty Inserted                  |              |                |       |
|                                     |                 | M-F1-English               | M-F2-Spanish | M-F3-Certified | Total | M-F1-English                 | M-F2-Spanish | M-F3-Certified | Total | M-F1-English                  | M-F2-Spanish | M-F3-Certified | Total |
| Saturday                            | 22-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Sunday                              | 23-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Monday                              | 24-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Tuesday                             | 25-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Wednesday                           | 26-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Thanksgiving Holiday                | Thursday 27-Nov |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Friday                              | 28-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Saturday                            | 29-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Sunday                              | 30-Nov          |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| 80% Due to Mail                     | Monday          | 1-Dec                      |              |                |       |                              |              |                |       |                               |              |                |       |
| 80% Due to Mail                     | Tuesday         | 2-Dec                      |              |                |       |                              |              |                |       |                               |              |                |       |
| 80% Due to Mail                     | Wednesday       | 3-Dec                      |              |                |       |                              |              |                |       |                               |              |                |       |
| Balance Due to Mail                 | Thursday        | 4-Dec                      |              |                |       |                              |              |                |       |                               |              |                |       |
| Friday                              | 5-Dec           |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Saturday                            | 6-Dec           |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Sunday                              | 7-Dec           |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| Monday                              | 8-Dec           |                            |              |                |       |                              |              |                |       |                               |              |                |       |
| <b>TOTALS</b>                       |                 |                            |              |                |       |                              |              |                |       |                               |              |                |       |
|                                     |                 | BALANCE TO COMPLETE        |              |                |       | BALANCE TO COMPLETE          |              |                |       | BALANCE TO COMPLETE           |              |                |       |
|                                     |                 | Mailing #1-3 Transmitted = |              |                |       | Mailing #1-3 Left to Print = |              |                |       | Mailing #1-3 Left to Insert = |              |                |       |
|                                     |                 | 0                          |              |                |       | 0                            |              |                |       | 0                             |              |                |       |

  

| Title XVI COLA 20XX MAILERS #4 & #5 |                 | MAILERS #4 & #5             |              |       |              |                               |       |              |              |                                |              |              |       |
|-------------------------------------|-----------------|-----------------------------|--------------|-------|--------------|-------------------------------|-------|--------------|--------------|--------------------------------|--------------|--------------|-------|
|                                     |                 | Qty Transmitted             |              |       |              | Qty Printed                   |       |              |              | Qty Inserted                   |              |              |       |
|                                     |                 | M-F1-English                | M-F2-Spanish | Total | M-F1-English | M-F2-Spanish                  | Total | M-F1-English | M-F2-Spanish | Total                          | M-F1-English | M-F2-Spanish | Total |
| Saturday                            | 22-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Sunday                              | 23-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Monday                              | 24-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Tuesday                             | 25-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Wednesday                           | 26-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Thanksgiving Holiday                | Thursday 27-Nov |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Friday                              | 28-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Saturday                            | 29-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Sunday                              | 30-Nov          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Monday                              | 1-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Tuesday                             | 2-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Wednesday                           | 3-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Thursday                            | 4-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Friday                              | 5-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Saturday                            | 6-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Sunday                              | 7-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Monday                              | 8-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Tuesday                             | 9-Dec           |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Wednesday                           | 10-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Thursday                            | 11-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Friday                              | 12-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Saturday                            | 13-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Sunday                              | 14-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Monday                              | 15-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Tuesday                             | 16-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Wednesday                           | 17-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Thursday                            | 18-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Friday                              | 19-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Saturday                            | 20-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Sunday                              | 21-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Monday                              | 22-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| Tuesday                             | 23-Dec          |                             |              |       |              |                               |       |              |              |                                |              |              |       |
| <b>TOTALS</b>                       |                 |                             |              |       |              |                               |       |              |              |                                |              |              |       |
|                                     |                 | BALANCE TO COMPLETE         |              |       |              | BALANCE TO COMPLETE           |       |              |              | BALANCE TO COMPLETE            |              |              |       |
|                                     |                 | Total Notices Transmitted = |              |       |              | Total Notices Left to Print = |       |              |              | Total Notices Left to Insert = |              |              |       |
|                                     |                 | 0                           |              |       |              | 0                             |       |              |              | 0                              |              |              |       |
|                                     |                 | COMPLETED TOTALS =          |              |       |              | COMPLETED TOTALS =            |       |              |              | COMPLETED TOTALS =             |              |              |       |
|                                     |                 | 0                           |              |       |              | 0                             |       |              |              | 0                              |              |              |       |

FedRAMP 3PAO Obligations and Performance  
Guide



Version 1.0

July 29, 2015



**Exhibit M**  
**Third Party Assessment Organization (3PAO) Documents**

FedRAMP 3PAO Obligations and Performance Guide

### Revision History

| Date       | Version | Page(s) | Description         | Author  |
|------------|---------|---------|---------------------|---------|
| 07/29/2015 | 1.0     | All     | Initial Publication | FedRAMP |
|            |         |         |                     |         |
|            |         |         |                     |         |
|            |         |         |                     |         |
|            |         |         |                     |         |
|            |         |         |                     |         |

### How to Contact Us

For questions about FedRAMP or this document, email to [info@fedramp.gov](mailto:info@fedramp.gov).

For more information about FedRAMP, visit the website at <http://www.fedramp.gov>.

FedRAMP 3PAO Obligations and Performance Guide

## **1. INTRODUCTION**

The Federal Risk and Authorization Management Program (FedRAMP) created a conformity assessment process to accredit Third-Party Assessment Organizations (3PAOs) to ensure that 3PAOs meet quality, independence, and knowledge requirements necessary to perform the independent security assessments required for FedRAMP. To maintain accreditation, 3PAOs must continue to demonstrate quality, independence, and FedRAMP knowledge as they perform security assessments on cloud systems.

## **2. 3PAO ACCREDITATION STANDARDS**

3PAO accreditation by FedRAMP includes an assessment by the American Association for Laboratory Accreditation (A2LA). A2LA performs an initial assessment of each 3PAO required for accreditation by FedRAMP, a yearly surveillance, and a full re-assessment every 2 years for continued accreditation.

The A2LA assessment ensures that 3PAOs meet the FedRAMP requirements of ISO 17020 (as revised) and FedRAMP specific knowledge requirements related to the FedRAMP Security Assessment Framework. The A2LA provides an assessment report to FedRAMP that documents the 3PAO:

- Is competent to perform inspections of Cloud Service Provider (CSP) documents
- Has a documented and fully operational quality system
- Quality system meets the standards of ISO/IEC 17020-2012
- Is operating in accordance with its quality system

A2LA also assesses 3PAOs with specific FedRAMP and FISMA knowledge. A 3PAO must demonstrate technical competence through reviews of System Security Plans, creation of a Security Assessment Plan, and documenting the results in Security Assessment Test Cases as well as a Security Assessment Report.

## **3. 3PAO OBLIGATIONS**

FedRAMP requires all 3PAOs to adhere strictly and continuously to the FedRAMP accreditation requirements and follow their ISO 17020 quality manual as described in their application and evaluated by A2LA. Among these requirements, a few key items are:

- The 3PAO must be independent from any CSP they assess. A 3PAO is only allowed to be a Type A or type C Inspection Body.
- All the assessment work that 3PAOs perform for CSPs must meet a high standard of independence and performance, especially quality, completeness, and timeliness.
- 3PAOs must demonstrate knowledge of FISMA and FedRAMP specific requirements when conducting their assessments.

3PAOs must continuously meet and demonstrate they are performing in accordance with these standards, which they demonstrated in their A2LA assessment. If a 3PAO has any questions on these matters, they should consult with FedRAMP.

**Exhibit M**  
**Third Party Assessment Organization (3PAO) Documents**

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During a FedRAMP assessment, 3PAOs produce the following documents as a part of the overall security authorization package submitted for authorization to a government Authorizing Official:

- Security Assessment Plans (SAP)
  - Inventories
  - Rules of Engagement
- Security Assessment Reports (SAR)
  - Security Assessment Test Case Workbook
  - Risk Exposure Table
  - Penetration Test Report
  - Vulnerability Scan Data Files
  - Test Artifacts

These 3PAO documents must meet the following standards, reflective of their FedRAMP accreditation:

| FedRAMP Standard                         | Details   |
|--|---|
| Completeness                             | Complete and thoroughly prepared documents are expected on first submission. If any issues are identified, the 3PAO shall quickly and efficiently respond to the comments, and incorporate updates to resolve all the comments. |
| Timeliness                               | Documents are delivered on time, according to the schedule agreed to between the government, the CSP, and the 3PAO.   |
| Standard templates                       | Documents are prepared using the most recent standard templates, without alterations or deletions, and insertions must be agreed upon.  |
| Document Quality and Acceptance Criteria | The 3PAO must meet all quality and acceptance criteria as published by FedRAMP on the fedramp.gov website.  |
| Testing Quality                          | Complete and accurate testing is an essential responsibility of a 3PAO. This responsibility derives from the 3PAO's A2LA assessment and the FedRAMP requirements for the highest quality testing.                               |

Failure of a 3PAO to perform according to these standards affects the government's ability to authorize based on a 3PAO's assessment. FedRAMP will pursue corrective actions and possible removal of accreditations if 3PAO products do not meet the above standards.

#### **4. 3PAO PERFORMANCE**

The government evaluates all 3PAO products, and expects superior quality and performance. Quality is expected across the government, regardless of whether a 3PAO is working directly with the FedRAMP PMO or JAB. In the event that a 3PAO's performance is not meeting

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standards, FedRAMP has the authority and responsibility to pursue corrective actions, including the following:

| FedRAMP Action | Details  |
|----------------|--|
| Consultation   | <p>If a 3PAO has minor deficiencies in their performance:</p> <ul style="list-style-type: none"> <li>• FedRAMP will require a meeting with 3PAO representatives to discuss the specific deficiencies in the 3PAO’s performance.</li> <li>• This will result in an internal Corrective Action Plan (CAP) being developed by the 3PAO and submitted to FedRAMP.</li> <li>• The CAP will be shared with A2LA during the 3PAOs next assessment.</li> </ul>   |
| Remediation    | <p>If a 3PAO has deficiencies in their performance or fails to complete the internal CAP:</p> <ul style="list-style-type: none"> <li>• A letter will be sent from the FedRAMP Director to the 3PAO notifying the 3PAO of specific deficiencies in 3PAOs performance.</li> <li>• This letter would also inform that the 3PAO’s status is “In Remediation” and noted as such on <a href="http://www.FedRAMP.gov">www.FedRAMP.gov</a>.</li> <li>• This letter will also require a 3PAO to provide a formal CAP to be submitted to FedRAMP within 7 days.</li> <li>• The CAP would need to include specific dates and actions for a 3PAO to complete in response the deficiencies noted in the letter from the FedRAMP Director.</li> <li>• As a part of this CAP, FedRAMP may require a re-assessment by A2LA for validation of the successful completion of the Corrective Action Plan.</li> </ul>   |
| Revocation     | <p>If a 3PAO has severe deficiencies in their performance or fails to complete a formal CAP from a “In Remediation” Status:</p> <ul style="list-style-type: none"> <li>• A letter will be sent from the FedRAMP Director to the 3PAO notifying the 3PAO of specific deficiencies in 3PAOs performance and that the 3PAO’s status is being revoked and removed from the accredited list on <a href="http://www.FedRAMP.gov">www.FedRAMP.gov</a>.</li> <li>• Revocations will last for a minimum of 6 months.</li> <li>• Revoked vendors are no longer authorized to provide assessment services to FedRAMP CSPs.</li> <li>• If 3PAO wishes to continue to be accredited, FedRAMP will require a 3PAO to commit to a formal CAP or revised CAP if revocation is due to failure to complete a CAP while in remediation status.</li> <li>• The CAP must include specific dates and actions for a 3PAO to correct the deficiencies noted in the letter from the FedRAMP Director and must be approved by the FedRAMP</li> </ul> |

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| FedRAMP Action | Details   |
|----------------|---|
|                | Director. <ul style="list-style-type: none"><li>• FedRAMP will require a re-assessment by A2LA for validation of the successful completion of the Corrective Action Plan.</li></ul> |

**5. REFERENCES**

The following documents are references 3PAOs should review and incorporate in to their quality systems. These references will have regular updates as FedRAMP provides additional clarity and expectations.

- FedRAMP General Document Acceptance Criteria: The *FedRAMP General Document Acceptance Criteria* details general acceptance criteria for documents submitted to FedRAMP focused on clarity, completeness, conciseness, and consistency. Technical content is not addressed by these acceptance criteria.
- SAP Review Checklist: The *SAP Checklist* is a document that lists review items for SAP documents, specific to the SAP subject matter.
- SAR Review Checklist: The *SAR Checklist* is a document that lists review items for SAR documents, specific to the SAR subject matter.

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**APPENDIX A: TABLE OF ACRONYMS**

| <b>Acronym</b> | <b>Meaning</b>                                    |
|----------------|---|
| 3PAO           | Third-Party Assessment Organization               |
| A2LA           | American Association for Laboratory Accreditation |
| AO             | Authorizing Official                              |
| ATO            | Authority to Operate                              |
| CAP            | Corrective Action Plan                            |
| CSP            | Cloud Service Provider                            |
| FedRAMP        | Federal Risk and Authorization Management Program |
| JAB            | Joint Authorization Board                         |
| P-ATO          | Provisional Authority to Operate                  |
| PMO            | Program Management Office                         |
| SAP            | Security Assessment Plan                          |
| SAR            | Security Assessment Report                        |