PART III - LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

Identifier	Title/Description
Attachment A	Contractor Performance Report
Attachment B	Billing Instructions, and Standard Forms 1034 and 1035
Attachment C	The Financial Report of Individual Project/Contract (FRIP/C) and Instructions
Attachment D	Past Performance Evaluation Questionnaire and Cover Letter
Attachment E	Contract Pricing Proposal Format
Attachment F	Standard Form LLL - Disclosure of Lobbying Activities and Instructions

Attachment A

Contractor Performance Report (9 Pages)

ATTACHMENT A - CONTRACTOR PERFORMANCE REPORT

{ } INTERIM { } FINAL REPORT PERIOD: FROM:_____ TO:_____	
Contractor Name and Address:	Contract Number: _____ - Contract Value: $_____ - Contract Award Date: _____ - Contract Completion Date: _____
How Awarded: { } Competitive { } Noncompetitive	{ } 8(a) { } Buy-Indian { } Small Business Set-Aside { } Sealed Bid { } Negotiated
Type of Contract: (Check all that apply) -- [ ] FP; [ ] FPI; [ ] FP-EPA; [ ] Award-Fee; [ ] CPFF - Completion; [ ] CPFF-Term; [ ] CPIF; [ ] ID/IQ; [ ] BOA; [ ] Requirements; [ ] Labor-Hour; [ ] T&M; [ ] SBIR	

ATTACHMENT - A

Description of Requirement:

Quality of Service or Product:	Comments:	Rating: _____
Cost Control:	Comments:	Rating: _____

ATTACHMENT - A

Timeliness of Performance:	Comments:	Rating: _____
Customer Satisfaction/ Business Relations (Project Officer):	Comments:	Rating: _____

Customer Satisfaction/ Business Relations (End User):	Comments:	(No individual score required - include in Customer Satisfaction/Business Relations Above)

ATTACHMENT - A

Key Personnel: Project Manager - Name:_____ _ Dates of Employment: From: _____ To: Present Other - Personnel Name:_____ Dates of Employment: From: _____ To: Present Name:_____ _ Dates of Employment: From: _____ To: Present Name: _____ _ Dates of Employment: From: _____ To: Present	Comments:	(No score required for this element - include in other elements as appropriate)
Was the contractor: { } Terminated for Default? { } Terminated for Convenience? { } Partial { } Complete	Comments:	

ATTACHMENT - A

Would you select this contractor again? { } Yes { } No	Comments:

Subcontracting:
List subcontracting company names (where more than 10% of the work required under the contract was completed by a subcontractor):

Company: _____ Project Manager: _____
Phone number: _____

Company: _____ Project Manager: _____
Phone number: _____

Company: _____ Project Manager: _____
Phone number: _____

Company: _____ Project Manager: _____
Phone number: _____

Comments:_____
(Please attach additional sheets as necessary)

ATTACHMENT - A

Rating:

Element Score (Raw score) - (1-5):

Customer Satisfaction/ Quality_____ Cost Control_____ Timeliness_____ Business Relations:_____

Mean Raw Score (average of individual elements): _____

Rating Officials:

Project Officer:

Name: _____ Phone number: _____

Signature: _____ Date: _____

Contract Specialist:

Name: _____ Phone number: _____

Signature: _____ Date: _____

Contracting Officer:

Name: _____ Phone number: _____

Signature:_____ Date:_____

ATTACHMENT - A

Contractor Review:

Date mailed to Contractor: _____ Date returned: _____

Comments provided:

{ } Yes { } No

Name of Contractor's Representative: _____

Title: _____

Phone number: _____

Signature: _____ Date: _____

ATTACHMENT - A

Agency Review (A level above the Contracting Officer):

{ } Yes { } No { } Not Required

If review required, attach comments and final rating. Otherwise, mean raw score will serve as final rating.

Reviewer's Name: _____

Title: _____

Signature: _____ Date: _____

Ratings Guidelines

Summarize contractor performance in each of the rating areas. Assign each area a rating of : 1 (Unacceptable), 2 (Marginal), 3 (Acceptable), 4 (Good), 5 (Excellent), or ++ (Exceptional). Use the following instructions as guidance in making these evaluations.

Quality of Product/Service	**Cost Control**	**Timeliness of Performance**	**Business Relations Customer Satisfaction**
-Compliance with contract requirements -Accuracy of reports	-Within budget (over/under target costs)	-Met interim milestones -Reliable -Responsive to technical	-Effective Management -Businesslike correspondence -Responsive to contract

ATTACHMENT - A

-Appropriateness of personnel -Technical excellence	-Current, accurate, and complete billings -Relationship of negotiated costs to actual costs -Change orders -Cost efficiencies	direction -Completed on time, including wrap-up and contract administration -No liquidated damages assessed	requirements -Prompt notification of problems -Reasonable/cooperative -Flexible -Pro-active -Effective contractor recommended solutions -Effective small/small disadvantaged business subcontracting program
(1) Unacceptable	Nonconformances require major Agency resources to ensure achievement of contract requirements.	Cost issues require major Agency resources to ensure achievement of contract requirements.	Delays require major Agency resources to ensure achievement of contract requirements.	Response to inquiries technical/ service administrative issues is marginally effective and responsive.
(2) Marginal	Nonconformances require minor Agency resources to ensure achievement of contract requirements.	Cost issues require minor Agency resources to ensure achievement of contract requirements.	Delays require minor Agency resources to ensure achievement of contract requirements.	Response to inquiries technical/ service administrative issues is marginally effective and responsive.
(3) Acceptable	Nonconformances do not impact achievement of contract requirements	Cost issues do not impact achievement of contract requirements.	Delays do not impact achievement of contract requirements.	Response to inquiries technical/ service administrative issues is usually effective and responsive.
(4) Good	There are no quality problems.	There are no cost issues.	There are no delays.	Response to inquiries technical/ service administrative issues in an effective and responsive manner.
(5) Excellent	The contractor has demonstrated an excellent performance level in all of the above four categories. There have been no performance problems and the contractor has demonstrated initiative to enhance/exceed contractual requirements and objectives. The contractor also has maintained an excellent contractor/government relationship throughout contract performance.			
(6) Exceptional ++ (Plus-Plus)	The contractor has demonstrated a level of performance which exceeds the performance level described as "Excellent" (5). It is expected that this rating will be used in those rare instances when contractor performance clearly demonstrates a level of quality/innovation/performance well beyond the contract requirements warranting the assignment of the highest possible rating.			

ATTACHMENT - A

CONTRACTOR PERFORMANCE REPORT INSTRUCTIONS

(Block numbers are indicated for internal use only)

Contractor Performance Report (Block 1): Indicate whether this is an interim report (during the contract period) or final report (after the contract has expired). Also, indicate the report period covered by the evaluation. For an interim report, the report period will be from the date of contract award to the date of evaluation, or from the date of the last interim evaluation to the present. The report period for a final evaluation will be from the date of contract award to the date of contract expiration.

Contractor Name and Address (Block 2): Indicate the contractor's current name and full address. Identify the specific division being evaluated if there is more than one.

Contract Number, Value, and Dates (Block 3): Indicate the contract number. Also indicate the total contract value which is the base amount of the contract including all possible options which may be exercised, for interim evaluations, and the base amount of the contract including all options which were exercised, for final evaluations. In addition, indicate the original date of contract award and the scheduled or actual contract completion date, as appropriate.

How Awarded (Block 4): Indicate whether the original contract award was competitive or noncompetitive.

8(a), Buy Indian, etc. (Block 5): Indicate whether the contract was awarded as an 8(a) or small-business set-aside and whether the sealed bidding or negotiated method was used.

Type of Contract (Block 6): Indicate the type of contract by checking the block that applies.

Description of Requirement (Block 7): Provide a brief description of the work being done under the contract and identify the key performance indicators. This description will allow agencies calling for reference checks to compare statements of work.

Rating of Elements (Block 8): The Project Officer and Contract Specialist/Contracting Officer should jointly develop a rating for each element requiring a score in the far right column. In addition, a joint rating for the relative importance of each element should be developed. In the middle column provide a brief narrative for each of the elements and identify key performance indicators. Indicate the contract requirements that were exceeded or were not met by the contractor and by how much. For those elements not requiring an individual score please provide comments on these elements and factor the performance of these elements into other elements as instructed on the form.

Was the Contractor Terminated (Block 9): Indicate whether the contract was terminated and, if so, the type of termination. Provide detailed comments on the facts concerning any termination.

Would You Select This Contractor Again (Block 10): If given a choice, please explain why you would or would not select the contractors for this contract again.

ATTACHMENT - A

Subcontracting (Block 11): List any significant subcontracts under the contract and provide the subcontractor's name, Project Manager's name, and a telephone number. If additional space is needed, attach additional sheets.

Rating Summary (Block 12): The Project Officer and the Contract Specialist and/or the Contracting Officer should enter the scores for each element and the respective importance ratings in the appropriate boxes. The average of the element scores should be calculated (without importance weighing) and entered into the block entitled "Mean Raw Score". This number will be provided to other agencies which may require information on a prospective contractor's past performance. The Adjusted Mean Weighted Score should also be calculated by adding all individual element scores including importance ratings and dividing this figure by 12. This will adjust the overall weighted score to the 5-point system. This adjusted score will be invaluable to the Health Resources and Services Administration's evaluation of contractors for possible future contract awards by considering not only how a contractor performed on certain elements, but also how important each of these elements was in the performance of this specific contract.

Signatures of Rating Officials (Block 13): Upon completion of the rating process, the performance report form must be signed by the Project Officer, the Contract Specialist, and the Contracting Officer. If the Contracting Officer is serving as Contract Specialist for this contract, the Contracting Officer should sign as both Contracting Officer and Contract Specialist.

Contractor Review (Block 14): Upon completion of the performance report, a copy of the report form must be sent to the contractor for review and comment. The contractor has thirty (30) days to respond to the report. The dates of mailing and receipt and pertinent contractor information should be entered as indicated.

Agency Review (Block 15): If additional information or comments are received from the contractor, the entire performance report and contractor comment/information should be provided to the Director, Division of Grants and Procurement Management, OMPS/HRSA/HHS, for final review and rating.

Attachment B

Billing Instructions (6 Pages), and Standard Forms 1034 and 1035 (2 Pages)

Attachment B

BILLING INSTRUCTIONS

Health Resources and Services Administration

Applicable to negotiated cost reimbursement technical service contracts and research and/or development contracts.

I. INTRODUCTION

These instructions reflect the standards of the Health Services Administration for adequately prepared vouchers or invoices. Prompt payment of your claims will be promoted by your compliance. Cost reimbursement contracts (Cost, CPFF, T&M) are subject to audit, therefore all costs claimed must be adequately supported by accounting records and other auditable data.

II. VOUCHER SUBMISSION

A. FORMS - In claiming reimbursement use: The Standard Form (SF) 1034, PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL (with continuation sheet SF 1035) PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL, which can be found at http://www.onr.navy.mil/02/024/forms. The billing content should include all information contained below:

Expenditure Category*	Incurred Cost		Cost at Completion (k)	Amount Funded (l	Variance (m)
	Current (i)	Cumulative (j)			
Direct Costs:					
(1) Direct Labor					
(2) Fringe Benefits					
(3) Accountable Property					
(4) Materials & Supplies					
(5) Premium pay -if applicable					
(6) Consultant Fees					
(7) Travel					
(8) Subcontracts					
(9) Other					
Total Direct Costs					
Overhead					
G&A					
Fixed Fee					
Total Amount Claimed					
Adjustments					
Grand Totals					

B. NUMBER OF COPIES - For submission purposes each voucher will be prepared in an original and five (5) copies.

C. TIME FOR SUBMISSION - Vouchers may be submitted at the beginning of each calendar month for costs incurred during the preceding month. Costs incurred earlier than the preceding month, but not previously billed for, may be included, but the amount and month(s) in which such costs were incurred must be stated in the voucher.

D. RESUBMISSION OF COSTS - Costs resubmitted after suspension should be claimed in a separate public voucher and marked "Resubmission of Costs".

E. COST INCURRENCE PERIOD - Costs must be incurred, and the dates of the related "billed for" period must fall within the contract performance period as set forth in the original contract and any amendments thereof.

F. CONTRACTOR'S FISCAL YEAR - Vouchers should be prepared in such a manner that costs claimed can be associated or identified with the contractor's fiscal year. This will ensure proper application of an indirect cost rate(s) to the direct costs of a particular fiscal year.

III. **PREPARATION GUIDE**

A. COMPLETION OF FORM 1034 OR CONTRACTOR EQUIVALENT - On the Form 1034 or equivalent, the following information is required.

- Within (1) enter the voucher number.

- All spaced numbered (2) should be left blank.

- Within (3) enter date voucher was prepared.

- Within (4) put Contractor's name and address to which payment should be made, except in case of assignment of claims, put the address of the organization to which payments have been assigned.

- Within (5) enter the contract number and date of contract.

- Within (6) enter the number and date of the applicable order. (Applicable only when billings are consequent to work assignments or task orders).

- Within (7) identify the period that billings covers (enter the specific month/year, or months/year if quarterly).

- Within (8) enter the statement given including the contract number.

- Within (9) provide the dollar amount of this billing.

B. COMPLETION OF SUMMARY OF EXPENDITURES --This page follows directly behind the Form SF 1034 and contains two main categories of information: 1) gross summary of costs by category showing amount previously claimed, amount claimed under this voucher, and cumulative through this voucher and 2) necessary certifications and signature.

1. Gross Summary Include only major categories of costs in the order illustrated.

2. Certifications and Signature are illustrated in Exhibit B. The Certification of Costs/Fee is mandatory; the Price Stabilization Certification is required only when called for in the SUBMISSION OF INVOICES AND PLACE OF PAYMENT article of the contract.

The next page in order should be the SF 1035.

C. COMPLETION OF FORM 1034 - - On the "Detail" Form 1035, provide a breakdown to support the total amount cited in both Form 1034 AND SUMMARY OF EXPENDITURES. The purpose of the detailed information is to assist the HRSA Contracting officer and program personnel in relating costs incurred to work performed. The several categories of cost will be itemized and described as follows:

1. Direct Labor costs consist of salaries and wages paid for work performed directly for the contract and pursuant to its terms. Such labor costs (excluding fringe benefits and overtime premium pay) will be billed as follows:

a. Provide the job title or classification of the worker, and provide for each classification: The number of hours worked, the hourly rate, and the total wage or salary. The name of the worker should usually be provided, but when a great number of routine workers are involved, the position classifications only will suffice.

The cost of direct labor charged to the contract must be supported by time records maintained in the contractors office; when salaries are involved, reasonable estimates on a post basis may be used in lieu of time records.

2. Fringe Benefits are to be treated according to the contractor's established practice:

a. If fringe benefits, bonuses, etc. are included in the overhead pool no specific entry is required.

b. Fringe benefits can be treated as direct costs, in which case enter the Fringe Benefits expressed as a percentage factor of the direct labor base or show the Actual Fringe Benefits cost.

3. Materials and Supplies should include only those items that the contractor normally treats as "direct costs". Bill these costs under major classifications or categories such as office supplies, chemicals, electronics parts, etc., unless any one particular item within a class exceeds $300.00, in which case all; such item(s) exceeding $300.00 must be specifically identified. NOTE: UNDER NO CIRCUMSTANCE SHALL ANY ITEM OF NON EXPENDABLE EQUIPMENT BE INCLUDED WITHIN THESE CLASSIFICATIONS. (See 8 below)

4. Premium pay of any kind (including overtime) must be authorized by the Contracting Officer in advance. Billings for unauthorized premium pay have caused frequent delays in payment due to suspensions and exchange of correspondence. Generally such pay is not included in the direct labor base and should not be included in the billing for "direct labor" unless the contractor has consistently followed this practice in the past as a matter of policy. Make entries as follows:

a. In SUMMARY OF EXPENDITURES - List as a single item.

b. In SF 1035 itemize for each position or job category referencing the Contracting Officer's letter of authorization. NOTE ON SPECIAL AUTHORIZATIONS: According to the contract, certain costs require specific authorization in writing by the Contracting Officer. Whenever, the voucher includes costs pursuant to C.O. authorization, include for example, the reference: "C.O. letter (date)" or "approval number 57/74/115" if the C.O. cites said number in his letter.

5.Travel as authorized by the contract shall include the following in the SF 1035.

a. Travel by contractor shall provide:

- Name of traveler or title

- Dates of departure and return to departure point

- Transportation costs

- If claim for subsistence is on per diem basis show number of days, rate and amount, as authorized in contract. If claim is based on actual cost of subsistence, show on a daily basis the amounts claimed for lodging and meals separately.

- References to Contracting Officer's letter of authorization if approval is necessary

b. Travel by consultants shall provide detail similar to contractor travel above.

6. Consultant Fees must reflect each consultant's name, daily honorarium, and number of days claimed. Travel for consultants (if applicable) must be itemized separately.

7. Subcontract requires the name of each subcontractor involved and the dollar amount claimed. Costs claimed by cost reimbursement subcontractors must be on an "as incurred" basis, and subcontractor back-up information similar to the SF 1035 must be obtained and attached for each subcontractor.

8. Equipment is an article of personal property, complete in itself, that is of a durable nature with an expected service life of one year or more: equipment does not ordinarily lose its identity or become a component part of another article when put to use. For the purposes of invoicing and reporting under HRSA contracts, the definition of non-expendable property and equipment are equivalent because the HRSA definition of non-expendable property does not include a dollar limitation. (The standard definition of "non-expendable property" considers items costing $200.00 or more - excluding transportation, installation, taxes - with a useful life of a year or more and property sensitive to conversation to private use (no cost limit).

Therefore, when billing for non-expendable property (equipment) costs, the Contractor must attach live (5) copies of a completed form HEW 565 Report of Non-expendable Government Property in Possession of Contractor to the original invoice copy. the contractor will retain the sixth copy. Only that property being billed for during the applicable billing period shall be included in the HEW 565. In addition, one (1) copy of each vendor invoice covering purchased property shall be attached to the original invoice.

9. Overhead will be charged at provisional rates resulting from audit determination and\or negotiation. Provisional rates will apply pending the establishment of final negotiated overhead rates for the contractor's fiscal year.

10. Other Direct costs are minor costs that cannot be placed within any of the categories listed above. Identify by categories to the extent both possible and reasonable.

11. Fixed Fee when applicable, should be billed by prorating the negotiated total fixed fee to costs incurred. Applying a fee percentage to the fee percentage to the fee base will achieve this effect. Refer to the contract provisions for guidance.

IV. VOUCHER SUBMISSION ADDRESS

Submit the original to the following address:

TBA

Submit three (3) copies to the following address:

Department of Health and Human Services
Health Resources and Services Administration
Contract Policy and Operations Branch
Parklawn Building, Room 13A-19
5600 Fishers Lane
Rockville, Maryland 20857

Reference the Contract Number: (To be inserted at contract award)

*Refer to the invoice submission article of the contract for special directions regarding completion invoices and advance copy invoices for information only.

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM TO WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES *(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)*	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** **TOTAL**

PAYMENT:
- ☐ PROVISIONAL
- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR = $

EXCHANGE RATE = $1.00

DIFFERENCES

BY 2

Amount verified; correct for

TITLE

(Signature or initials)

MEMORANDUM

ACCOUNTING CLASSIFICATION

PAID BY

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER ON *(Name of bank)*

CASH $

DATE

PAYEE 3

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Standard Form 1035
September 1973
4 Treasury FRM 2000
1035-110

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

CONTINUATION SHEET

VOUCHER NO.

SCHEDULE NO.

SHEET NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES *(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)*	QUAN-TITY	UNIT PRICE		AMOUNT
				COST	PER	

Attachment C

The Financial Report of Individual Project/Contract and Instructions (3 Pages)

Department of Health and Human Services Financial Report of Individual Project/Contract	Project Task:	Contract No.:	Date of Report:
Note: Complete this Form in Accordance with Accompanying Instructions.	Reporting Period:	Contractor Name and Address:	

Expenditure Category	Percentage of Effort/Hours		Cumulative Incurred Cost at End of Prior Period	Incurred Cost Current Period	Cumulative Cost to Date (D + E)	Estimated Cost to Complete	Estimated Cost at Completion (F + G)	Funded Contract Amount	Variance (Over or Under) (I - H)
	Funded	Actual							
A	B	C	D	E	F	G	H	I	J

Attachment - C

INSTRUCTIONS FOR COMPLETING THE FINANCIAL REPORT OF INDIVIDUAL PROJECT/CONTRACT (FRIP/C)

GENERAL. INFORMATION

Purpose. *FRIP/C* is designed to: (1) provide a management tool for use by HHS in monitoring the application of financial and manpower resources to HHS contracts, (2) provide Contractors with financial and manpower management data which is usable in their management processes, (3) indicate promptly, potential areas of contract underruns or overruns by making possible comparisons of actual performance and projections with prior estimates on individual elements of cost and manpower; and (4) obtain Contractors' analyses of cause and effect of significant variations between actual and prior estimates of financial and manpower performance

REPORTING REQUIREMENTS

(a) Scope. Necessary reporting requirements will be established by agreement between the Contracting Officer and Contractor prior to contract award. The Government will limit the details of the reporting requirements to those which are necessary to accomplish the goal of contract management without being unduly burdensome on the Contractor.

(b) Number of copies and mailing address. An original and one (1) copy of the reports(s) shall be sent to the Contracting Officer and one (1) copy to the Project Officer at the address shown in Section F of the contract, no later than 30 working days after the close of the reporting period.

REPORTING STATISTICS

A modification which extends the period of performance of an existing contract will not require reporting on a separate form, except where it is determined by the Contracting Officer that separate reporting is necessary. Furthermore, when incrementally-funded contracts are involved, each separate allotment is not considered a separate contract entity (only a funding action). Therefore, the statistics under incrementally-funded contracts should be reported cumulatively from the inception of the contract through completion.

Definitions and Instructions for Completing the FRIP/C. For the purpose of establishing expenditure categories in Column A, the following definitions and instructions will be utilized. Each contract will specify the categories to be reported.

(1) Personnel - Professional. Included are the senior level and all other personnel whose total annual salary rates are $20,000 or more. It should include key personnel regardless of annual salary rates. All such individuals should be listed by name and job title on a separate line including those whose salary is not directly charged to the contract but whose effort is directly associated with the contract. This listing must be kept up to date.

(2) Personnel - Other. This will be listed as one amount unless otherwise required by the contract.

(3) Fringe Benefits. Include allowance and services provided by the Contractor to employees as compensation in addition to regular salaries and wages. If a fringe benefit rate has been established, the rate will be applied to the agreed upon base. If a rate has not been established, the various fringe benefit costs may be required to be shown separately. Fringe benefits which are included in the indirect cost rates should not be shown here.

(4) Capitalized Nonexpendable Equipment. This represents personal property of a capital nature, i.e., property acquired at a cost of $1,000 or more and that has a service life of more than one year.

Form HHS-565, Report of Capitalized Nonexpendable Equipment, as outlined in the Departmental Manual Contractor's Guide for Control of Government Property," - will accompany the Contractor's public voucher (SF-1034/SF-1035) as required, or this report if not previously submitted.

5) Supplies. Includes the cost of supplies and material and equipment charged directly to the contract, but excludes the cost of capitalized nonexpendable equipment as defined in (4) above.

(6) Inpatient Care. Costs associated with a patient while occupying a bed in a patient care setting. It normally includes both routine and ancillary costs.

(7) Outpatient Care. Costs associated with a patient while not occupying a bed. It normally includes ancillary costs only.

8) Travel. Includes all direct costs of travel, including transportation, subsistence and miscellaneous expenses. Travel for staff and consultants shall be shown separately. Identify foreign and domestic travel separately. If required by the contract, the following information shall be submitted: (i) Name of traveler and purpose of trip; (ii) Place of departure, destination and return, including time and dates; and (iii) Total cost of the trip.

(9) Consultant Fees. Fees paid to consultants.

(10) Premium Pay. Includes the amount of salaries and wages over and above the basic rate of pay.

(11) Other Costs. Includes a number of separate expenditure categories for which the Government does not require individual line item reporting. It may include some of the above categories.

(12) Overhead/Indirect Costs. Cite the rate and the base.

(13) General and Administrative Expenses. Cite the rate and the base. In the case of nonprofit organizations, this item will usually be included in the indirect cost.

(14) Fee. If arty, cite the fee earned.

(15) Total Costs to the Government.

PREPARATION INSTRUCTIONS

These instructions are keyed to the columns on the form.

Column A - Expenditure Category. Enter in Column A the expenditure categories required by the contract.

Column B - Percentage of Effort/Hours Funded. Enter in Column B the percentage of effort or number of hours agreed to during contract negotiations for each Labor category listed in Column A.

Column C - Percentage of Effort/Hours-Actual. The Contractor will enter the cumulative percentage of effort or number of hours worked by each employee or group of employees listed in Column A.

Column D - Cumulative Incurred Cost at End of Prior Period. This column should show the cumulative incurred costs up to the end of the prior reporting period. This column will be blank at the time of the submission of the initial report.

Column E - Incurred Cost - Current Period. The Contractor should enter the costs which were incurred during the current period.

Column F - Cumulative Incurred Cost to Date. The Contractor should enter the combined total of Columns D and E.

Note: The following instructions apply to the preparation of the second and subsequent reports. No entries are to be made in Columns (G), (H) and (J) for the first report.

Column G - Estimated Cost to Complete. Entries need only be made when the Contractor estimates that a particular expenditure category will vary from the amount funded. Realistic estimates are essential.

Column H - Estimated Costs at Completion. No entry is required in this column unless an entry is made in Column G.

Column I - Funded Contract Amount. Enter in this column the costs agreed to during contract negotiations for all expenditure categories listed in Column A.

Column J - Variance (Over or Under). This column need not be filled in when Column H is blank. When entries have been made in Column H, this column should show the difference between the estimated costs at completion (Column H) and funded costs (Column I). When a line item varies by plus or minus 10%. i.e., the percentage arrived at by dividing Column J by Column I, an explanation of the variance should be submitted. In the case of an overrun (net negative variance), this submission shall not be deemed as notice under the Limitation of Cost (Funds) clause of the contract.

Modifications. Any modification in the amount funded for an item since the preceding report should be listed in the appropriate cost category with the word "modification" immediately following the listed element in Column A and with all columns filled in including the new funded amount. A line should be drawn through the old cost element. Subtotals among cost categories should be changed where necessary.

Expenditures Not Funded. An expenditure for an item for which no amount was funded (e.g., at the discretion of the Contractor in performance of its contract) should be listed in the appropriate cost category and all columns filled in except for I. Column J will of course show a 100% variance and will be explained along with those identified under J above.

Attachment D

Past Performance Evaluation Questionnaire and Cover Letter (3 Pages)

ATTACHMENT D

Contract Operations Branch, DGPM/OMPS/HRSA

PAST PERFORMANCE EVALUATION QUESTIONNAIRE

FOR: _____

[insert name of company]

PLEASE RETURN COMPLETED SURVEY ASAP but not later than January 23, 2001, TO:

Attention: RFP No. HRSA-232-BPHC-01(1)
CONTRACT OPERATIONS BRANCH, HRSA
5600 FISHERS LANE, Room 13A-19
ROCKVILLE, MARYLAND 20857
PHONE: 301-443-0687 FAX: 301-443-6038

PLEASE FILL IN THE FOLLOWING:

NAME: _____ ORGANIZATION:_____
ADDRESS:_____
PHONE NUMBER:_____FAX:_____
SIGNATURE OF PERSON COMPLETING SURVEY:_____
CONTRACT NUMBER/SOLICITATION NUMBER: _____

YOUR ROLE IN THIS CONTRACT - CIRCLE ONE

PROJECT OFFICER CONTRACTING OFFICER CONTRACT SPECIALIST

CONTRACT VALUE (INCLUDING OPTIONS): $_____
PERIOD OF PERFORMANCE (INCLUDING OPTIONS):_____
TYPE CONTRACT (I.E. COST REIMBURSEMENT, FIXED PRICE, ETC.):_____
APPROXIMATE PERCENTAGE OF WORK COMPETED BY SUBCONTRACTORS: ___ %
GENERAL DESCRIPTION OR TITLE OF CONTRACT: _____
_____

RATINGS – Please answer each of the following questions with a rating that is based on objective measurable performance indicators to the maximum extent possible. Comments to support rating may be noted on last page.

NUMERICAL RATINGS ARE DEFINED AS FOLLOWS:

+2 EXCELLENT - Based on the Offeror's performance record, no doubt exists that the Offeror will successfully perform the required effort. A significant majority of sources of information are consistently firm instating that the Offeror's performance was superior and that they would unhesitatingly do business with the Offeror again.

+1 GOOD - Based on the Offeror's performance record, little doubt exists that the Offeror will successfully perform the required effort. Most sources of information state that the Offeror's performance was good, better that average, etc., that they would do business with the Offeror again.

0 None - No past performance history identifiable.

-1 MARGINAL - Based on the Offeror's performance record, some doubt exists that the Offeror will successfully perform the required effort. Many sources of information make unfavorable reports about the Offeror's performance and express concern about doing business with the Offeror again.

-2 POOR -Based on the offeror's performance record, serious doubt exists that the Offeror will successfully perform the required effort. A significant majority of sources of information consistently stated that the Offeror's performance was entirely unsatisfactory and that they would not do business with the Offeror again.

PLEASE CIRCLE THE NUMERICAL SCORE INDICATING YOUR RATING

QUALITY OF SERVICE							
1. Compliance with contract requirements			+2	+1	0	-1	-2
2. Accuracy of reports			+2	+1	0	-1	-2
3. Effectiveness of personnel	+2	+1	0	-1	-2		
4. Technical excellence			+2	+1	0	-1	-2
COST CONTROL							
1. Record of forecasting and controlling target costs			+2	+1	0	-1	-2
2. Current. Accurate and complete billings			+2	+1	0	-1	-2
3. Relationship of negotiated costs to actuals			+2	+1	0	-1	-2
4. Cost efficiencies			+2	+1	0	-1	-2
TIMELINESS OF PERFORMANCE							
1. Met interim milestones			+2	+1	0	-1	-2
2. Reliability			+2	+1	0	-1	-2
3. Responsive to technical direction			+2	+1	0	-1	-2
4. Completed on time including wrap up and contract administration			+2	+1	0	-1	-2
5. Met delivery schedules			+2	+1	0	-1	-2
6. Liquidated damage assessed: yes/no		+2	+1	0	-1	-2	
BUSINESS RELATIONS							
1. Effective management, including subcontracts		+2	+1	0	-1	-2	
2. Reasonable/cooperative behavior			+2	+1	0	-1	-2
3. Responsive to contract requirements		+2	+1	0	-1	-2	
4. Notification of problems			+2	+1	0	-1	-2
5. Flexibility			+2	+1	0	-1	-2
6. Pro-active vs. Reactive			+2	+1	0	-1	-2
7. Effective small/small disadvantaged business subcontracting program			+2	+1	0	-1	-2
CUSTOMER SATISFACTION							
1. The contractor is committed to customer satisfaction		+2	+1	0	-1	-2	
2. Would you recommend selection of this firm again?		+2	+1	0	-1	-2	
GENERAL OVERALL RATING OF CONTRACTOR		+2	+1	0	-1	-2	

ADDITIONAL COMMENTS:

DEPARTMENT OF HEALTH & HUMAN SERVICES OMB No. 0990-0109 Office of Management and Program Support
Health Resources And Services Administration OMB No. 0990-0115 Division of Grants & Procurement Management

Contract Operations Branch
Room 13A-19, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857-5600

[Insert Date]

Dear Client:

We are currently responding to the Health Resources and Services Administration solicitation number **HRSA 232-BPHC-01(1)** entitled, **"National Health Services Corps Travel and Logistical Support Services."** The Government is placing increased emphasis in its acquisition on past performance as a source selection factor and is requiring that clients of firms responding to HRSA solicitations be identified and their participation in the evaluation process be requested.

Therefore, enclosed is a past performance questionnaire for your completion. We are requesting that you complete the questionnaire and send it directly to HRSA at the following address:

CONTRACT OPERATIONS BRANCH, DGPM/HRSA
PARKLAWN BUILDING, ROOM 13A19
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20857

Attention: HRSA-232-BPHC-41(0)

Since this information will be used as one of the evaluation factors for contract award, we are requesting that you complete this questionnaire and return it to the HRSA at the above address no later than January 23, 2001.

We thank you for your prompt response in this matter. Should you have any questions, please contact Frantz Y. Richard, Senior Acquisition Official, e-mail: frichard@hrsa.gov, telephone: 301-443-0687; FAX: 301-443-6038.

Sincerely,

[To be signed by Offeror]

Enclosure:
Past Performance Evaluation Questionnaire

Attachment E

Contract Pricing Proposal Format (1 Page)

CONTRACT PRICING PROPOSAL

FORMAT

Office of Management and Budget Approval No. 29-R0184

This form is for use when *(i)* submission of cost or pricing data (see FPR 1-3.807-3) is required and *(ii)* substitution for the Optional Form 59 is authorized by the contracting officer.

PAGE NO.	NO. OF PAGES

NAME OF OFFEROR	SUPPLIES AND/OR SERVICES TO BE FURNISHED
HOME OFFICE ADDRESS	

DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED	TOTAL AMOUNT OF PROPOSAL	GOV'T SOLICITATION NO.
	$	

DETAIL DESCRIPTION OF COST ELEMENTS

1. DIRECT MATERIAL *(Itemize on Exhibit A)*	EST COST *($)*	TOTAL EST COST[1]	REFERENCE[2]
a. PURCHASED PARTS			
b. SUBCONTRACTED ITEMS			
c. OTHER—*(1)* RAW MATERIAL			
(2) YOUR STANDARD COMMERCIAL ITEMS			
(3) INTERDIVISIONAL TRANSFERS *(At other than cost)*			
TOTAL DIRECT MATERIAL			
2. MATERIAL OVERHEAD[3] *(Rate % X $ base =)*			

3. DIRECT LABOR *(Specify)*	ESTIMATED HOURS	RATE/ HOUR	EST COST *($)*		
TOTAL DIRECT LABOR					
4. LABOR OVERHEAD *(Specify Department or Cost Center)*[3]	O.H. RATE	X BASE =	EST COST *($)*		
TOTAL LABOR OVERHEAD					

5. SPECIAL TESTING *(Including field work at Government installations)*	EST COST *($)*		
TOTAL SPECIAL TESTING			
6. SPECIAL EQUIPMENT *(If direct charge) (Itemize on Exhibit A)*			
7. TRAVEL *(If direct charge) (Give details on attached Schedule)*	EST COST *($)*		
a. TRANSPORTATION			
b. PER DIEM OR SUBSISTENCE			
TOTAL TRAVEL			
8. CONSULTANTS *(Identify—purpose—rate)*	EST COST *($)*		
TOTAL CONSULTANTS			
9. OTHER DIRECT COSTS *(Itemize on Exhibit A)*			
10. *TOTAL DIRECT COST AND OVERHEAD*			
11. GENERAL AND ADMINISTRATIVE EXPENSE *(Rate % of cost element Nos.)*[3]			
12. ROYALTIES[4]			
13. *TOTAL ESTIMATED COST*			
14. FEE OR PROFIT			
15. *TOTAL ESTIMATED COST AND FEE OR PROFIT*			

Attachment F

Standard Form LLL - Disclosure of Lobbying Activities (2 Pages)

(Download a copy of the Form from: http://www.gsa.gov/forms/pdf_files/sflll.pdf)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
- ☐ a. CONTRACT
- b. GRANT
- c. COOPERATIVE AGREEMENT
- d. LOAN
- e. LOAN GUARANTEE
- f. LOAN INSURANCE

2. Status of Federal Action:
- ☐ a. BID/OFFER/APPLICATION
- b. INITIAL AWARD
- c. POST-AWARD

3. Report Type
- ☐ a. INITIAL FILING
- b. MATERIAL CHANGE

FOR MATERIAL CHANGE ONLY:
YEAR _____ QUARTER _____
DATE OF LAST REPORT _____

4. Name and Address of Reporting Entity:
☐ PRIME ☐ SUBAWARDEE
TIER _____ , *IF KNOWN:*

Congressional District, *if known:*

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of

Congressional District, *if known:*

6. Federal Department/Agency

7. Federal Program Name/Description:

CFDA Number, *if applicable:* _____

8. Federal Action Number *if known:*

9. Award Amount *if known:*
$

10a. Name and Address of Lobbying Entity
(If individual, last name, first name, MI)

b. Individual Performing Services *(including address if different from No. 10A) (last name, first name, MI)*

(attach Continuation sheet(s) SF LLL-A, if necessary)

11. Amount of Payment *(check all that apply):*
$ _____ ☐ actual ☐ planned

12. Form of Payment *(check all that apply):*
- ☐ a. cash
- ☐ b. in-kind; specify: nature _____
  value _____

13. Type of Payment *(check all that apply):*
- ☐ a. RETAINER
- ☐ b. ONE-TIME FEE
- ☐ c. COMMISSION
- ☐ d. CONTINGENT FEE
- ☐ e. DEFERRED
- ☐ f. OTHER; SPECIFY:

14. Brief Description of Services performed or to be Performed and Date(s) of Service, including offier(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11:

(attach Continuation sheet(s) SF LLL-A, if necessary)

15. Continuation Sheet(s) SF-LLL-A attached: ☐ Yes ☐ No

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _____

Printed Name: _____

Title: _____

Telephone No.: _____ **Date:** _____

Federal Use Only:

AUTHORIZED FOR LOCAL REPRODUCTION
Standard Form - LLL

INSTRUCTIONS

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 9a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. if payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. In other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.