

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR
NAVY CONTRACT POSITIONS
25 September 04

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **15 October 04**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 23H
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 23H

A. NOTICE. This position is set-aside for individual Diagnostic Radiologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. DIAGNOSTIC RADIOLOGIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has completed a residency program in radiology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as a Radiologist in the Radiology Department located in Naval Hospital Bremerton, WA.

Your services will be required Monday through Friday with the exception of the day of observance of Federal holidays. You will generally be scheduled to work an 8½-hour shift, which includes an uncompensated ½-hour meal break, during the period from 0700 to 1800 hours, as scheduled by the supervisor.

You will accrue 8 hours of personal leave (combined vacation and sick leave) for every 80 hours you work. You will be credited and compensated for 8 hours of work for each Federal holiday.

This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same fiscal year with options to extend the contract for a total of 5 years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, Naval Hospital Bremerton, or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of Radiology services on site in the Radiology Department using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Administrative and Training Requirements. You shall:

1.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.

1.2. Perform necessary administrative duties, which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

1.3. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

1.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.

1.5. Participate in the implementation of the Family Advocacy Program as directed.

1.6. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

1.7. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.8. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. SPECIFIC DUTIES/RESPONSIBILITIES OF RADIOLOGISTS ARE AS FOLLOWS:

- 2.1. Perform a full range of Radiology services on-site using Government-furnished supplies, facilities and equipment. Productivity is expected to be comparable with that of other contracted individuals performing similar services. Diagnose, treat, and counsel patients as indicated.
- 2.2. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Hospital/Clinic instructions and notices that may be in effect during the term of the contract.
- 2.3. Provide a full range of Radiology procedures as identified in the Core Privileges for Diagnostic Radiology shown in Enclosure E of BUMEDINST 6320.66D, Credentials Review and Privileging, available at: <http://navymedicine.med.navy.mil/Files/Media/directives/6320-66d.pdf>. Apply for and possess the requisite skills necessary to be granted supplemental privileges sufficient for performance of the procedures listed in the duties given below.
- 2.4. Perform interpretation of routine radiographic studies including the chest, abdomen, extremities, head, and neck.
- 2.5. Perform interpretation of special radiographic studies including fluoroscopic procedures (barium swallow, upper gastrointestinal studies, small bowel follow through, etc.); radiographic procedures of the genitourinary tract, and musculoskeletal system.
- 2.6. Supervise performance and interpret results of screening, indicated, or diagnostic mammograms, including needle localization of any masses found.
- 2.7. Perform and interpret results of ultrasound examinations (abdominal, small parts, vascular, pelvic, musculoskeletal and neurological studies) and ultrasound guided procedures.
- 2.8. Perform and interpret computed tomography (CT) and magnetic resonance imaging (MRI) procedures and scans. Able to work with GE PACS/Centricity 2.0.
- 2.9. Perform and interpret Nuclear Medicine procedures using the following radioisotopes: Technetium-99M, Iodine-131, Iodine-123, Gallium-67, Thallium-201, and Indium-111.
- 2.10. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
- 2.11. Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.
- 2.12. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
- 2.13. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 2.14. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 2.15. Participate in peer review and performance improvement activities.
- 2.16. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

- 2.17. Complete continuing education to meet own professional growth and specialty standards.
3. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:
 - 3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
 - 3.2. The regulations and standards of professional practice of the treatment facility, and
 - 3.3. The bylaws of the treatment facility's professional staff.
4. Credentialing and Privileging Requirements.
 - 4.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66D, Section 4 and Appendices B and R detail the ICF requirements. The instruction is available at: <http://navymedicine.med.navy.mil/Files/Media/directives/6320-66d.pdf>
 - 4.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.
- D. Minimum Personnel Qualifications. To be qualified for this position you must:
 1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
 2. Graduated from a residency training program in Diagnostic Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
 3. Board certified in Diagnostic Radiology by the American Board of Radiology or the American Osteopathic Association.
 4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
 5. Experience as a Radiologist of at least 24 months, post residency, within the preceding 36 months. Able to work with GE PACS/Centricity 2.0.
 6. Completion of at least 25 hours of radiology continuing education within the two years preceding work on this contract.

7. Meet all current Mammography Quality Standards Act (MQSA) requirements (compliance with the Mammography Quality Standards Act of 1992, P.L. 102-539) including documentation of applicable continuing medical education.
8. Have documentation of current Drug Enforcement Agency number.
9. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.
10. Provide two letters of recommendation from practicing physicians, written within the last 2 years, attesting to your clinical skills. Letters must be from individuals qualified to comment on your clinical skills, such as from a clinical supervisor, hospital administrator, or physician peer. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
11. Represent an acceptable malpractice risk to the Navy.
12. Submit a fair and reasonable price that has been accepted by the Government.

E. Factors to be used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to duties contained herein.
2. The letters of recommendation required in item D.10, above, may enhance your ranking to the extent they provide persuasive positive information on your clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as a radiologist in a DoD medical facility.
4. Total Continuing Education hours.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " * Application for Navy Contract Positions " (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).
4. _____ Two or more letters of recommendation per paragraph D.9, above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the "Application for Navy Contract Positions". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/ Services/ Individual Set Asides, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful

applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-8275.

We look forward to receiving your application.

ATTACHMENT I

**Personal Qualifications Statement
Diagnostic Radiologist**

1. Every item on the Personal Qualifications Statement (PQS) must be addressed. Please sign and date in each required location. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine whether you meet the minimum qualifications required by the solicitation.
3. After contract award, all of the information you provide will be verified during the credentials review and privileging process. At that time, you will be required to provide documentation verifying your qualifications as specified in BUMEDINST 6320.66D and in accordance with its Appendices B, R, and S, as applicable. If you submit false information, the following may occur:
 - a. Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future government contracts.
 - b. You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank, as applicable.
4. Health certification. Individuals providing services under government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice information:

		YES	NO
a.	Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)		
b.	Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)		
c.	Has your license to practice ever been revoked or restricted in any state?		

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 5a and 5b above and the state of the revocation for number 5c above.

7. Privacy act statement

Under 5 U.S.C. 552a and executive order 9397, the information provided on this page and the personal qualifications statement is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract. I understand the provisions of the Privacy Act of 1974 and Executive Order 9397 as related to me through the foregoing statement.

Signature _____
Date _____

Personal Qualifications Statement – Diagnostic Radiologist

I. General Information

Name	
SSN	
Address	
Phone	

Medical Information

		YES	NO
1.	Do you have any physical or mental impairment that could limit your clinical practice?		
2.	Have you been hospitalized for any reason during the past 5 years?		
3.	Are you currently receiving or have you ever received formal mental health therapy or treatment?		
4.	Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition?		
5.	Have you ever been unlawfully involved in the use of controlled substances?		
Provide explanation for each "Yes" answer above			

II. Professional Education (List qualifying professional education)

Name of accredited medical school and location	
Date of Degree	
Residency training institution and location	
Residency training dates	
Residency program completed?	YES NO
Information on additional degree(s)	

III. Professional Licensure and Certification (List each required license and certification):

License and/or Certification	Issuing Agency or State	Date of expiration of License/Certification
Board Cert specialty _____		
DEA	Number _____	
BLS		
Medical License (list all held in last 10 years)		
Medical License		
Medical License		

Do you currently hold the following required certification?

BLS: Yes _____ No _____ If “No,” certify by initialing that you will acquire certification prior to submitting your application for credentials review _____.

IV. Professional Employment List your current and preceding employers, starting from the most recent:

Name and address of employer	Position held (Document relevance to requirements such as experience with required equipment)	Dates	
		From	To

Attach additional sheets as necessary.

V. Continuing Education

Date(s)	CE Hours	<i>Topic</i>

VI. Current Navy contracts

Are you are currently employed on a navy contract? Yes _____ No _____ If “Yes,” where is your current contract and what is the position?

_____ When does the contract expire?

VII. Employment eligibility

Do you meet the requirements for U.S. Employment Eligibility? Yes _____ No _____

VIII. Letters of Recommendation

Submit two letters of recommendation in accordance with the Minimum Qualification Requirements.

IX. I hereby certify the information provided in this PQS to be true and accurate. I further acknowledge that I will submit, in accordance with provisions of the solicitation, evidence of my qualifications as part of my application for clinical privileges.

Signature _____

Date _____

**ATTACHMENT II
PRICING SHEET
PERIOD OF PERFORMANCE**

Services are required from 1 Feb 05 through 30 Sept 04. Five option periods will be included which will extend services through 30 Jan 10, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Radiologist in the Bremerton, Washington area. The hourly price should include consideration for the following taxes and insurance that is required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total</u>
<u>Amount</u>					
0001	The offeror agrees to perform, on behalf of the Government, the duties of a Diagnostic Radiologist for the Naval Hospital Bremerton, WA in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Feb 05 thru 30 Sep 05	1392	Hour	_____	_____
0001AB	Option Period I; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AC	Option Period II; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 07 thru 30 Sep 08	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 08 thru 30 Sep 09	2096	Hour	_____	_____
0001AF	Option Period V; 1 Oct 09 thru 30 Jan 10	688	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____
Signature _____

**ATTACHMENT III
EMPLOYMENT ELIGIBILITY**

LISTS OF ACCEPTABLE DOCUMENTS

SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS, which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a possession card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350) photograph or
3. Original or certified copy of a birth certificate issued by a state, county,

- | | |
|--|--|
| 4. Voter's registration card | municipal authority or outlying possession of the United States bearing an official seal |
| 5. U.S. Military card or draft record | |
| 6. Military dependant's ID Card | 4. Native American Tribal document |
| 7. U.S. Coast Guard Merchant Mariner Card | 5. U.S. Citizen ID Card (INS Form I-197) |
| 8. Native American tribal document | 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) |
| 9. Driver's license issued by a Canadian government authority
For persons under age 18 who are unable to present a document listed above; | 7. Unexpired employment authorization document issued by the INS (other than those listed under List a). |
| 10. School record or report card | |
| 11. Clinic, doctor, or hospital record | |
| 12. Day-care or nursery school record | |

ATTACHMENT IV
CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-3015 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 23H
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-2925 or (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

ATTACHMENT V
SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- Black American.
- Hispanic American.
- Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: CH-01-04