

NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS

CHIROPRACTOR ASSISTANT
APPLICATION MW-03-04
ISSUE DATE: OCTOBER 18, 2004
THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **NOVEMBER 9, 2004**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 021B
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 021B"

A. NOTICE. These positions are set aside for individual Chiropractic Assistants 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. CHIROPRACTIC ASSISTANT. Chiropractic assistant, nursing assistant, physical therapy assistant, pharmacy technician, operating room technician or other similar medical related support type occupation. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award (see Sections D and E).

Services shall be provided at the Naval Hospital Jacksonville, FL and the Branch Medical Clinic, Mayport, FL.

You shall be on duty in the assigned clinical area 80 hours per two-week period. Services shall be required for an 8.5 or 9-hour period (to include an uncompensated .5 hour of 1 hour for lunch, depending on shift length) as scheduled, usually between the hours of 0700 and 1700, Monday through Friday. At the mutual agreement of you and the Government, alternative schedules may be implemented, such as a compressed work schedule. Generally, you shall not be required to provide services in excess of 80 hours per two-week period. Specific hours and days shall be coordinated between the health care worker and the Government. You shall arrive for each scheduled shift in a well-rested condition.

You shall accrue eight hours of personal leave at the end of every 2 week period worked. Personal leave shall be used for both planned (vacation) and unplanned (sickness) absences. Up to 80 hours of leave may be carried over from one fiscal year to the next, as long as the balance carried over is used by 31 December of that same calendar year. This contingency for leave carry over does not apply if the following option period is not exercised by the Government or during the last option year of the contract. Services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. 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 five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK:

MW-03-04

A. The use of the term "Commanding Officer " means Commanding Officer, Naval Hospital Jacksonville, FL or BMC Mayport, FL, or designated representative, e.g. a Technical Liaison or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker is serving at the MTF 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 based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. The healthcare worker is 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. GENERAL DUTIES AND RESPONSIBILITIES: You shall perform a full range of chiropractic assistant duties, on site using Government furnished supplies, facilities and equipment. Your actual clinical performance will be a function of the overall demand for chiropractic services. You are responsible for delivery of treatment within the personnel and equipment capabilities of the MTF, provision of mandated medical surveillance and preventive services and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. You shall

1. Be subject to guidelines set forth in the command's quality assurance program including utilization review and risk management instructions.
2. Perform administrative duties that include, but are not limited to, maintaining statistical records of clinical workload, participating in medical education programs, preparing documentation for medical boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer. You may be required to prepare minutes of department and other meetings as directed.
3. Perform in accordance with established principles, practices, and ethics of the written policies, procedures, and requirements of the Naval Hospital. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.
4. **ADMINISTRATIVE DUTIES:** You shall:
 - 4.1. Provide training and/or direction to and evaluation of supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol.
 - 4.2. Participate in clinical staff performance improvement functions at the prerogative of the Commanding Officer. You may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.
 - 4.3. Participate in weekly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.
 - 4.4. Attend annual renewal of the following Annual Training Requirements: family advocacy, disaster training, Sexual Harassment, and other courses as directed.
 - 4.5. Administrative duties may also include: telephoning each patient to confirm their appointment 24 hours prior, pre-screening the patient questionnaire, pulling related patient x-rays and studies and performing patient call backs

when directed.

MW-03-04

4.6. Perform all services in accordance with all State, County, Department of Defense, Navy, and MTF guidelines and reporting requirements.

4.7. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

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

4.9. 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.

5. Clinical Services. Clinical activity will be a function of the overall demand for chiropractic assisting services. Productivity is expected to be comparable to that of other chiropractic assistants assigned to the same facility and authorized the same scope of practice. As part of the medical team, you shall receive technical direction from the chiropractors. You shall:

5.1. Administer complex, specialized supportive physio-therapy treatment in areas such as ultrasound, electrotherapy, therapeutic hot/cold and therapeutic exercise in support of chiropractic treatments in the clinic in a safe and medically accepted manner as directed by the Doctor of Chiropractic (DC).

5.2. Instruct and supervise patient exercise programs.

5.3. Document assessments, tests, treatments and progress in the medical record at each visit with direction of attending DC. Record alterations of treatment plans and patient's reactions as needed.

5.4. Report unusual patient treatment response to the DC immediately.

5.5. Report hazardous or malfunctioning equipment to the DC immediately.

5.6. Assure cleanliness and orderliness in the work area. Assure adequate supply of ice and proper levels of water in hydrocollator. Exchange linen daily, and store clean, folded linen under plinths.

5.7. Attend clinic inservices, required training and meetings and Quality Improvements Programs.

5.8. Assist with clinic administrative activities when assigned by the DC.

5.9. Provide patient and family education.

5.10. Make recommendations and suggestions about treatment progression, duty limitations and the need for additional assessment and/or treatment.

5.11. Inventory, maintain and clean equipment.

5.12. Prepare treatment areas for incoming patients. Transport patients to chiropractic department, and prepare patients and equipment for treatment.

5.13. Maintain established levels of supplies including linens, braces, bandages, tape and office supplies.

5.14 Perform clerical duties such as maintaining statistics, writing patient charges, answering telephone, and other related duties as directed. MW-03-04

5.15. Maintain department policies, procedures, objectives, safety, environmental and infection control, quality assurance program.

5.16. Perform other duties as directed by the DC, including data collection for the CHCDP.

5.17. Document, on forms provided by the MTF, actions taken such as patient history, patient evaluation, treatments/adjustments, unusual occurrences, and morbidity in accordance with the standard MTF operating procedures.

5.18. Comply with data collection requirements of the Chiropractic Health Care Demonstration Program (CHCDP) evaluation for each patient. Evaluation of the CHCDP shall be accomplished by the consultant retained by the Department of Defense, Birch and Davis Associates, Inc. The health care worker shall cooperate with the consultant in its collection of data and other information. Specific data elements will be provided within 15 days of ask order start. The Government does not view these data collection responsibilities as a significant workload.

5.19. In the execution of duties, the health care worker you shall utilize the established chiropractic guidelines identified as Guidelines for Chiropractic Quality Assurance and Practice Parameters: Proceedings of the Mercy Center Consensus Conference.

6. ORIENTATION – Command, Clinical and Unit

6.1. Command and Clinical Orientations at contract start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days that covers MTF policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at the Naval Hospital.

6.2. Unit Orientation. Unit orientation shall be completed on the job following contract start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work

7. 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:

7.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

7.2. The regulations and standards of professional practice of the treatment facility, and

7.3. The bylaws of the treatment facility's professional staff.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a Graduation Certificate from a high school.

2. Have experience as a medical/chiropractic assistant, nursing assistant, physical/occupational therapy assistant, LPN or other similar medically related support type occupation at of least 12 months within the preceding 24 months.

3. Provide three letters of recommendation from former employers attesting to your ability, skills and knowledge.

At least two of the letters must be from medical professional (i.e. RNs, physicians, physician extenders, etc). Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding 2 years.

4. (LPN/LVNs only). Have a current unrestricted license to practice as a licensed practical/vocational nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX). Foreign LPN graduates must have three years experience working in the United States in addition to all other requirements.

5. Provide statement of indicating possession of basic computer knowledge.

6. Be eligible for U.S. employment. Please provide copies of supporting documentation.

7. Represent an acceptable malpractice risk to the Navy.

8. Submit a fair and reasonable price as determined by the Navy prior to contract award.

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 chiropractors using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein.
2. The letters of recommendation required in paragraph D 3 above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise. Additionally, letters of recommendation from Orthopedic Physicians or other physical medicine specialists may enhance your ranking if they attest to your clinical skills, then,
3. Prior experience providing medical services in a DoD facility. (Provide Form DD214 if you provided services while in uniform).

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

1. _____ A completed, "Personal Qualifications Sheet – Chiropractic Assistant" (Attachment I)
2. _____ A completed Pricing Sheet (Attachment II)
3. _____ Proof of employment eligibility (Attachment III)
4. _____ Three or more letters of recommendation per paragraph D.3. above
5. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)
6. _____ Small Business Representation (Attachment V)

*Please answer every question on the " Personal Qualifications Sheet – "Chiropractic Assistant". 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, OR can be requested from the MW-03-04

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 this position is 621310.

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) 619-2062

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – CHIROPRACTIC ASSISTANT

1. Every item on this Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) you are responding to.
2. The information you provide will be used to determine your acceptability based on this requirements package. In addition to this Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VII. of this form.
3. After contract award, all of the information you provide will be subject to verification after award. At that time, you will be required to provide the following documentation to verify your qualifications: Educational Degree or certification, copy of current “CPR for Healthcare Provider Course” certification, (or equivalent), continuing education certificates and, employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under this contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?*	___	___
2. Have you ever been a defendant in a felony or misdemeanor case?*	___	___
3. Has your license or certification 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 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the remainder of the Personal Qualifications Sheet is requested for use in consideration of a contract; disclosure of this information is voluntary; failure to provide this information may result in the denial of the opportunity to enter into a contract.

(Signature)

(Date)

(mm/dd/yy)

I. General Information

Name: _____ SSN: _____
 Last First Middle

Address: _____

Phone: () _____

II. Education: _____

(Enter high School from which you graduated and location)

_____ (Date of graduation)

III. Professional Experience (Identify the category under which you qualify and list experience dates. Experience must total 12 months within the preceding 24 months:)

Requirements: You must have experience in one of the following categories:	Location and Dates of experience:
(1) Chiropractic Assistant.	Location: _____ _____ _____ Dates: from _____ to _____
(2) Nursing Assistant.	Location: _____ _____ _____ Dates: from _____ to _____
(3) Physical Therapy Assistant.	Location: _____ _____ _____ Dates: from _____ to _____
(4) Pharmacy Technician	Location: _____ _____ _____ Dates: from _____ to _____
(5) Operating Room Technician	Location: _____ _____ _____ Dates: from _____ to _____
(6) Other medical experience (Please identify the experience)	Location: _____ _____ _____ Dates: from _____ to _____

VIII. Professional References:

Provide three letters of recommendation from former employers attesting to your ability, skills and knowledge. At least two of the letters must be from medical professional (i.e. RNs, physicians, physician extenders, etc). Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding 2 years.

IX. Experience with Computer Systems : Identify the systems and software with which you have experience.

X. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XI. Indicate your preference of where you would like to perform services:

BMC Mayport, FL _____ NH Jacksonville, FL _____

XII. I hereby certify the above information to be true and accurate:

_____ (mm/dd/yy)
Signature Date

PRICING SHEET – CHIROPRACTOR ASSISTANT

PERIOD OF PERFORMANCE

Services are required from 01 December 2004 through 30 September 2005. Five option periods will be included that will extend services through 30 November 2009. 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 Chiropractor Assistants in the Jacksonville, FL area.

(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 Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Chiropractor Assistant for the Naval Hospital Jacksonville, FL at the Naval Hospital Jacksonville, FL or the Branch Medical Clinic Mayport, FL in accordance with this Application and the resulting contract.				
0001AA	Base Period; 01 Nov 04 thru 30 Sep 05	1744	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 05 thru 30 Sep 06	2080	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 06 thru 30 Sep 07	2080	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 07 thru 30 Sep 08	2096	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 08 thru 30 Sep 09	2088	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 09 thru 30 Nov 09	344	Hrs	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

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 possession 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 photograph or information such as name, date of birth, sex height, eye color, and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependant's ID Card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a 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)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**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/>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 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>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command
Acquisition Management Directorate
ATTN: Code 021B
1681 Nelson Street
Fort Detrick, MD 21702-9203

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Personal E-Mail Address: _____

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.

0 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 Printed: _____

Offeror's Signature: _____

Date: _____

(NOTE: If none of the above are applicable, please print and sign your name and date the document anyway.)