

CONTRACTOR PERFORMANCE REPORT (COST TYPE CONTRACTS) (OMB No: 9000-0142)

[] Final [] Interim - Period Report: From _____ To _____

1. Contractor Name and Address:

2. Contract Number: _____
 3. Contract Value (Base Plus Option): _____
 4. Contract Award Date: _____
 Contract Completion Date: _____

5. Type of Contract: (Check all that apply) [] CPFF - Completion [] CPFF - Term [] CPIF [] CPAF [] CR
 [] ID/IQ [] BOA [] Requirements [] Labor Hour [] T&M [] SBSA 8(a) [] SBIR [] Sealed Bid [] Negotiated
 [] Competitive [] Non-Competitive [] Other (Specify) _____

6. Description of Requirement:

7. Ratings. Summarize contractor performance and circle in the column on the right the number which corresponds to the performance rating for each rating category. Please see page three for explanation of rating scale.

QUALITY OF PRODUCT OR SERVICE	0
Comments: _____	1
_____	2
_____	3
_____	4
_____	5

COST CONTROL	0
Comments: _____	1
_____	2
_____	3
_____	4
_____	5+

TIMELINESS OF PERFORMANCE	0
Comments: _____	1
_____	2
_____	3
_____	4
_____	5+

BUSINESS RELATIONS	0
Comments: _____	1
_____	2
_____	3
_____	4
_____	5+

TOTAL

MEAN SCORE (Divide total rating above the number of areas rated): _____

8. KEY PERSONNEL	
Project Manager: Name: _____ Comments/Rating:	Employment Dates _____
Name: _____ Comments/Rating:	Employment Dates _____
Name: _____ Comments/Rating:	Employment Dates _____
Name: _____ Comments/Rating:	Employment Dates _____

9. Would you select this firm again? Please explain.

10. Project Officer Name: _____ Signature: _____
Date: _____

11. CONTRACTORS REVIEW: Were comments, rebuttals, or additional information provided? No Yes. Please attach comments.

12. Contractor Name: _____ Signature: _____
Phone: _____ Date: _____
Fax: _____
Internet address: _____

13. AGENCY REVIEW: Were contractor comments reviewed at a level above the contracting officer? No Yes. Comments attached.

14. FINAL RATINGS: Re-assess the Block 7 ratings based on contractor comments and agency review. Validate or revise as appropriate.

Quality _____ Cost Control _____ Timeliness _____ Business Relations _____

Mean Score (Add the ratings above and divide by number of areas rated): _____

15. Contracting Officer's Name: _____ Signature: _____
Phone: _____ Date: _____
FAX#: _____
Internet Address: _____

RATING GUIDELINES

Summarize contractor performance in each of the rating areas. Assign each area a rating of 0 (Unsatisfactory), 1 (Poor), 2 (Fair), 3 (Good), 4 (Excellent), or +(Plus). Use the following instructions as guidance in making these evaluations.

	Quality of Product/Service	Cost Control	Timeliness	Business Relations
	<ul style="list-style-type: none"> -Compliance with contract requirements -Accuracy of reports -Appropriateness of personnel -Technical excellence 	<ul style="list-style-type: none"> -Within budget (over/under targeted costs) -Current, accurate, and complete billings -Relationship of negotiated costs to actuals -Cost efficiencies -Change orders 	<ul style="list-style-type: none"> -Net interim milestones -Reliable -Responsive to technical direction -Completed on time, including wrap-up and contract administration -No liquidated damages assessed 	<ul style="list-style-type: none"> -Effective Management -Businesslike correspondence -Responsive to contract requirements -Prompt notification of problems -Reasonable/cooperative -Flexible -Pro-active -Effective contractor recommended solutions -Effective small/small disadvantaged business subcontracting program
0. Unsatisfactory	Nonconformances are compromising achievement of contract requirements despite use of Agency resources	Cost issues are compromising performance of contract requirements	Delays are compromising the achievement of contract requirements, despite use of Agency resources	Response to inquiries technical/service administrative issues is not effective and responsive
1. Poor	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. Fair	Nonconformances require minor Agency resources to ensure achievement of contract requirements	Cost issues require minor Agency resources to ensure achievement of contract requirements	Delays do not significantly impact achievement of contract requirements	Response to inquiries technical/service administrative issues is usually effective and responsive
3. Good	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. Excellent	There are no quality problems	There are no cost issues	There are no delays	Response to inquiries technical/service administrative issues is effective and responsive
5. PLUS	The contractor has demonstrated an exceptional performance level in any of the above four categories that justifies adding a point to the score. It is expected that this rating will be used in those rare circumstances when contractor performance clearly exceeds the performance levels described as "Excellent."			

CONTRACTOR PERFORMANCE REPORT INSTRUCTIONS

- Block 1: Contractor Name and Address. Identify the specific division being evaluated if there is more than one.
- Block 2: Contract number of contract being evaluated.
- Block 3: Contract value shall include base plus options. If funding was increased or decreased during the instant evaluation period, the value in this block should reflect the change.
- Block 4: Contract award date and anticipated or anticipated contract completion date.
- Block 5: Type of contract: Check all that apply.
- Block 6: 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.
- Block 7: Circle rating in far right column and provide brief narrative for each of the categories rated. Indicate the contract requirements that were exceeded or were not met by the contractor and by how much. Also calculate the mean score of the ratings.
- Block 8: List the names and employment dates of the contractor's key personnel. This will provide a record of how long these managers worked on the contract. If there were many changes in these managers a second page may be necessary. On the comment/rating line briefly describe the managers performance.
- Block 9: If given a choice, please explain why you would or why you would not select the contractor for this contract again.
- Block 10: The program office person most familiar with the contractor's performance should sign this block. The rating is a combined program office, contracting officer decision. The contracting officers signature in block 15 signifies concurrence with this rating and the final rating, if a revised rating is necessary.
- Blocks 11-12: The contractor may provide comments but must sign block 12 to indicate review of the rating.
- Block 13: If the contractor and contracting officer are unable to agree on a final rating, an agency review at a level above the contracting officer is required.
- Block 14: Adjust the ratings assigned in block 7, if appropriate, based on any comments, rebuttals, or additional information provided by the contractor and, if necessary, by the agency review. Calculate a mean score of the contractor's performance.
- Block 15: The contracting officer's signature certifies concurrence with the initial and final ratings.

**DHHS SMALL, DISADVANTAGED, WOMAN, HUBZone, VETERAN -OWNED
SMALL BUSINESS SUBCONTRACTING PLAN**

DATE OF PLAN: _____

CONTRACTOR _____

ADDRESS: _____

DUNN & BRADSTREET NUMBER: _____

SOLICITATION OR CONTRACT NUMBER: _____

ITEM/SERVICE (Description): _____

TOTAL CONTRACT AMOUNT: \$ _____		\$ _____
	Total contract or Base-Year, if options	Option #1 (if applicable)
\$ _____	\$ _____	\$ _____
Option #2 (if applicable)	Option #3 (if applicable)	Option #4 (if applicable)

TOTAL MODIFICATION AMOUNT, IF APPLICABLE \$ _____

TOTAL TASK ORDER AMOUNT, IF APPLICABLE \$ _____

PERIOD OF CONTRACT PERFORMANCE (Month, Day & Year): _____

The following is a suggested model for use when developing subcontracting plans as required by P.L. 95-507 and implemented by Federal Acquisition Regulations (FAR) Subpart 19.7. While this model plan has been designed to be consistent with statutory and regulatory requirements, other formats of a subcontracting plan may be acceptable; however, failure to include the essential information as exemplified in this model may be cause for either a delay in acceptance or the rejection of a bid or offer when a subcontracting plan is required. Further, the use of this model is not intended to waive other requirements that may be applicable under statute or regulation. "SUBCONTRACT," as used in this clause, means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime contractor or subcontractor calling for supplies or services required for performance of the contract or subcontract.

Subcontracting Plan
(Rev. October 2000)

1. Type of Plan (check one)

_____ Individual plan (all elements developed specifically for this contract and applicable for the full term of this contract).

_____ Master plan (goals developed for this contract) all other elements standardized and approved by a lead agency Federal Official; must be renewed every three years and contractor must provide copy of lead agency approval.

_____ Commercial products/service plan, including goals, covers the offerer's fiscal year and applies to the entire production of commercial items or delivery of services sold by either the entire company or a portion thereof (e.g., division, plant, or product line); this includes planned subcontracting for both commercial and Government business.

2. Goals

State separate dollar and percentage goals for Small Business (SB), Small Disadvantaged Business (SDB), Woman-owned Small Business (WOSB), Historically Underutilized Business Zone (HUBZone) Small Business, Veteran, and "Other" than small business (OTHER) as subcontractors, for the base year and each option year, as specified in FAR 19.704 (break out and append option year goals, if applicable) or project annual subcontracting base and goals under commercial plans.

- a. Total estimated dollar value of ALL planned subcontracting, i.e., with ALL types of concerns under this contract is \$ _____ (b + g = 100%)
- b. Total estimated dollar value and percent of planned subcontracting with SMALL BUSINESSES (including SDB, WOB, HUBZone, Veteran, – owned):
(% of "a") \$ _____ and _____ % Federal Goal 23%
- c. Total estimated dollar value and percent of planned subcontracting with SMALL DISADVANTAGED BUSINESSES: (% of "a") \$ _____ and _____ % Federal Goal 5%
- d. Total estimated dollar value and percent of planned subcontracting with WOMAN-OWNED SMALL BUSINESSES: (% of "a") \$ _____ and _____ % Federal Goal 5%
- e. Total estimated dollar and percent of planned subcontracting with HUBZone SMALL BUSINESSES: (% of "a") \$ _____ and _____ % Federal Goal 2.0%
- f. Total estimated dollar and percent of planned subcontracting with VETERAN SMALL BUSINESSES* (% of "a") \$ _____ and _____ %
- g. Total estimated dollar and percent of planned subcontracting with "OTHER" THAN SMALL BUSINESSES: (% of "a") \$ _____ and _____ %

***Note:** Service-disabled veteran goal should be included as part of veteran small business goal.

Subcontracting Plan
(Rev. October 2000)

Provide a description of ALL the products and/or services, to be subcontracted under this contract, and indicate the size and type of business supplying them (check all that apply).

Product/Service	Other	SB	SDB	WOSB	HUBZoneSB	Veteran

i. Provide a description of the method used to develop the subcontracting goals for small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran – owned small business concerns. Address efforts made to ensure that maximum practicable subcontracting opportunities have been made available for those concerns and explain the method used to identify potential sources for solicitation purposes. Explain the method and state the quantitative basis (in dollars) used to establish the percentage goals. Also, explain how the areas to be subcontracted to small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran – owned small business concerns were determined and how the capabilities of these concerns were considered for subcontract opportunities. Identify any source lists or other resources used in the determination process. (Attach additional sheets, if necessary.)

j. Indirect costs have ___ have not ___ been included in the dollar and percentage subcontracting goals above (check one).

k. If indirect costs have been included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran - owned small business concerns.

Subcontracting Plan
 (Rev. October 2000)
 3. Program Administrator:

NAME/TITLE:
 ADDRESS:

TELEPHONE/E-MAIL:

Duties: Has general overall responsibility for the company's subcontracting program, i.e., developing, preparing, and executing subcontracting plans and monitoring performance relative to the requirements of those subcontracting plans. Other duties include, but are not limited to, the following activities:

- a. Developing and promoting company-wide policy initiatives that demonstrate the company's support for awarding contracts and subcontracts to small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran - owned small business concerns; and for assuring that these concerns are included on the source lists for solicitations for products and services they are capable of providing.
- b. Developing and maintaining bidder source lists of small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran - owned small business concerns from all possible sources;
- c. Ensuring periodic rotation of potential subcontractors on bidder's lists;
- d. Ensuring that requests for contracts (RFC) are designed to permit the maximum practicable participation of small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran - owned small businesses;
- e. Accessing various sources for the identification of small, small disadvantaged, woman-owned and HUBZone, veteran, and service-disabled veteran - owned small business concerns to include the SBA's PRO-Net System, the Federal Acquisition Computer Network (FACNET) Contractor Registration Database, the National Minority Purchasing Council Vendor Information Service, the Office of Minority Business Data Center in the Department of Commerce, local small business and minority associations, contact with local chambers of commerce and Federal agencies' Small Business Offices;
- f. Establishing and maintaining contract and subcontract award records;
- g. Participating in Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, Procurement Conferences, etc;
- h. Ensuring that small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran - owned small business concerns are made aware of subcontracting opportunities and assisting concerns in preparing responsive bids to the company;
- i. Conducting or arranging for the conduct of training for purchasing personnel regarding the intent and impact of Public Law 95-507 on purchasing;
- j. Monitoring the company's subcontracting program performance and making any adjustments necessary to achieve the subcontract plan goals;
- k. Preparing, and submitting timely, required subcontract reports;
- l. Coordinating the company's activities during the conduct of compliance reviews by Federal agencies; and
- m. Other duties: _____

Subcontracting Plan

4

(Rev. October 2000)

4. Equitable Opportunity

Describe efforts the offeror will make to ensure that small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran - owned small business concerns will have an equitable opportunity to compete for subcontracts. These efforts include, but are not limited to, the following activities:

- a. Outreach efforts to obtain sources:

development organizations and local chambers of commerce; 3) attending small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran – owned small business procurement conferences and trade fairs; 4) requesting sources from the Small Business Administrations (SBA) PRO-Net System and other SBA resources; and 5) Conducting market surveys to identify new sources.

b. Internal efforts to guide and encourage purchasing personnel:

- 1) Conducting workshops, seminars, and training programs;
- 2) Establishing, maintaining, and utilizing small, disadvantaged, woman, HUBZone, veteran and service-disabled veteran – owned small business source lists, guides, and other data for soliciting subcontractors; and
- 3) Monitoring activities to evaluate compliance with the subcontracting plan.

c. Additional efforts: _____

5. Flow Down Clause

The contractor agrees to include the provisions under FAR 52.219-8, "Utilization of Small Business Concerns," in all acquisitions exceeding the simplified acquisition threshold that offers further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) must adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan." (Flow down is not applicable for commercial items/services as described in 52.212-5(e) and 52.244-6(c).)

6. Reporting and Cooperation

The contractor gives assurance of (1) cooperation in any studies or surveys that may be required; (2) submission of periodic reports which show compliance with the subcontracting plan; (3) submission of Standard Form (SF) 294, "Subcontracting Report for Individual Contracts," and attendant Optional Form 312, SDB Participation Report and SF-295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensuring that subcontractors agree to submit Standard Forms 294 and 95.

Reporting Period	Report Due	Due Date
Oct 1 - Mar 31	SF-294/of 312	4/30
Apr 1 - Sept 30	SF-294/of 312	10/30
Oct 1 - Sept 30	SF-295	10/30

Special instructions for commercial products plan: SF295 Report is due on 10/30 each year for the previous fiscal year ending 9/30.

- a. Submit SF-294 and attendant optional Form 312 to cognizant Contracting Officer
- b. Submit SF-295 to cognizant Contracting Officer and to the:

Office of Small and Disadvantaged Business Utilization
 Department of Health and Human Services
 200 Independence Avenue, SW
 Humphrey H. Building, Room 517-D
 Washington, D.C. 20201

- c. Submit "information" copy to SBA Commercial Market Representative (CMR); visit the SBA at <http://www.sba.gov/gc> and click on assistance directory to locate your nearest CMR.

7. Record keeping

The following is a recitation of the types of records the contractor will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records will include, but not be limited to, the following:

- a. Small, disadvantaged, woman, HUBZone, veteran, and service-disabled veteran – owned small business source lists, guides and other data identifying such vendors;
- b. Organizations contacted in an attempt to locate small, disadvantaged, and woman, HUBZone, veteran, and service-disabled veteran - owned small business sources;
- c. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000, which indicate for each solicitation (1) whether small business concerns were solicited, and, if not, why not; (2) whether HUBZone small business concerns were solicited, if not, why not; (3) whether small disadvantage business concerns were solicited, if not, why not; (4) whether woman-owned small business concerns were solicited, and if not, why not; (5) whether veteran or service-disabled veteran-owned small business concerns and (6) the reason for the failure of solicited small, disadvantaged, and woman, HUBZone, veteran, and service-disabled veteran – owned small business concerns to receive the subcontract award;
- d. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conferences and trade fairs;
- e. Records to support internal guidance and encouragement provided to buyers through (1) workshops, seminars, training programs, incentive awards; and (2) monitoring performance to evaluate compliance with the program and requirements; and
- f. On a contract-by-contract basis, records to support subcontract award data including the name address, and business type and size of each subcontractor. (This item is not required for company or division-wide commercial products plans.)
- g. Additional records: _____

SIGNATURE PAGE

(applies to Master or Commercial type plans)

This master or commercial type subcontracting plan is submitted by:

Contractor: _____

Contractor Signature: _____

Typed Name: _____

Title: _____

Date Prepared: _____

And Is Accepted By:

Agency: _____

Contracting Officer Signature: _____

Typed Name: _____

Date: _____

SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS
(See instructions on reverse)

OMB No.: 9000-0006
Expires: 04/30/2004

Public reporting burden for this collection of information is estimated to average 9 hours 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 FAR Secretariat (MVP), Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED		
a. COMPANY NAME			4. REPORTING PERIOD FROM INCEPTION OF CONTRACT THRU: <input type="checkbox"/> MAR 31 <input type="checkbox"/> SEPT 30 YEAR		
b. STREET ADDRESS					
c. CITY		d. STATE	e. ZIP CODE		5. TYPE OF REPORT <input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED
2. CONTRACTOR IDENTIFICATION NUMBER					
6. ADMINISTERING ACTIVITY (Please check applicable box)					
<input type="checkbox"/> ARMY		<input type="checkbox"/> GSA		<input type="checkbox"/> NASA	
<input type="checkbox"/> NAVY		<input type="checkbox"/> DOE		<input type="checkbox"/> OTHER FEDERAL AGENCY (Specify)	
<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> DEFENSE CONTRACT MANAGEMENT AGENCY			
7. REPORT SUBMITTED AS (Check one and provide appropriate number)			8. AGENCY OR CONTRACTOR AWARDING CONTRACT		
<input type="checkbox"/> PRIME CONTRACTOR		PRIME CONTRACT NUMBER		a. AGENCY'S OR CONTRACTOR'S NAME	
<input type="checkbox"/> SUBCONTRACTOR		SUBCONTRACT NUMBER		b. STREET ADDRESS	
9. DOLLARS AND PERCENTAGES IN THE FOLLOWING BLOCKS: <input type="checkbox"/> DO INCLUDE INDIRECT COSTS <input type="checkbox"/> DO NOT INCLUDE INDIRECT COSTS			c. CITY		d. STATE e. ZIP CODE

SUBCONTRACT AWARDS

TYPE	CURRENT GOAL		ACTUAL CUMULATIVE	
	WHOLE DOLLARS	PERCENT	WHOLE DOLLARS	PERCENT
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI, HUBZone SB, and VOSB (Including Service-Disabled VOSB)) (Dollar Amount and Percent of 10c.)				
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				
10c. TOTAL (Sum of 10a and 10b.)		100.0%		100.0%
11. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.)				
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)				
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) (If applicable) (Dollar Amount and Percent of 10c.)				
14. HUBZone SMALL BUSINESS (HUBZone SB) CONCERNS (Dollar Amount and Percent of 10c.)				
15. VETERAN-OWNED SMALL BUSINESS CONCERNS (Including Service-Disabled Veteran-Owned SB Concerns) (Dollar Amount and Percent of 10c.)				
16. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				

17. REMARKS

18a. NAME OF INDIVIDUAL ADMINISTERING SUBCONTRACTING PLAN	18b. TELEPHONE NUMBER	
	AREA CODE	NUMBER

SUMMARY SUBCONTRACT REPORT
(See instructions on reverse)

OMB No.: 9000-0007
Expires: 09/30/2003

Public reporting burden for this collection of information is estimated to average 15.9 hours 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 FAR Secretariat (MVP), Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME			4. REPORTING PERIOD: YEAR	
b. STREET ADDRESS				
c. CITY		d. STATE	<input type="checkbox"/> OCT 1 - MAR 31 <input type="checkbox"/> OCT 1 - SEPT 30	
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT	
			<input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	

6. ADMINISTERING ACTIVITY <i>(Please check applicable box)</i>			
<input type="checkbox"/> ARMY	<input type="checkbox"/> DEFENSE CONTRACT MANAGEMENT AGENCY	<input type="checkbox"/> DOE	
<input type="checkbox"/> NAVY	<input type="checkbox"/> NASA	<input type="checkbox"/> OTHER FEDERAL AGENCY <i>(Specify)</i>	
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> GSA		

7. REPORT SUBMITTED AS <i>(Check one)</i>		8. TYPE OF PLAN	
<input type="checkbox"/> PRIME CONTRACTOR	<input type="checkbox"/> INDIVIDUAL	IF PLAN IS A COMMERCIAL PLAN, SPECIFY THE PERCENTAGE OF THE DOLLARS ON THIS REPORT ATTRIBUTABLE TO THIS AGENCY.	
<input type="checkbox"/> SUBCONTRACTOR	<input type="checkbox"/> COMMERCIAL PRODUCTS		
<input type="checkbox"/> BOTH			

9. CONTRACTOR'S MAJOR PRODUCTS OR SERVICE LINES	
a	b

CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS
(Report cumulative figures for reporting period in Block 4)

TYPE	WHOLE DOLLARS	PERCENT (To nearest tenth of a %)
10a. SMALL BUSINESS CONCERNS <i>(Include SDB, WOSB, HBCU/MI, HUBZone SB, and VOSB (including Service-Disabled VOSB)) (Dollar Amount and Percent of 10c.)</i>		
10b. LARGE BUSINESS CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		
10c. TOTAL <i>(Sum of 10a and 10b.)</i>		100.0%
11. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS <i>(Include HBCU/MI) (Dollar Amount and Percent of 10c.)</i>		
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) <i>(If applicable) (Dollar Amount and Percent of 10c.)</i>		
14. HUBZONE SMALL BUSINESS (HUBZone SB) CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		
15. VETERAN-OWNED SMALL BUSINESS (VOSB) CONCERNS <i>(Including Service-Disabled VOSB Concerns) (Dollar Amount and Percent of 10c.)</i>		
16. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS <i>(Dollar Amount and Percent of 10c.)</i>		

17. REMARKS

18. CONTRACTOR'S OFFICIAL WHO ADMINISTERS SUBCONTRACTING PROGRAM			
a. NAME	b. TITLE	c. TELEPHONE NUMBER	
		AREA CODE	NUMBER

19. CHIEF EXECUTIVE OFFICER			
a. NAME	c. SIGNATURE		
b. TITLE	d. DATE		

Attachment E

Example Task 1

Individual Dose Reconstruction Review: Basic

Provide a cost estimate and workplan for completing Basic Dose Reconstruction Reviews for 20 cases assuming 5 cases are assigned at the beginning of each quarter.

For the purposes of this proposal assume the breakdown of the cases is as follows:

1 st Quarter Site	# of cases	2 nd Quarter Site	# of cases	3 rd Quarter Site	# of cases	4 th Quarter Site	# of cases
Hanford	2	Y-12	2	Savannah River	1	Rocky Flats	1
INEEL	1	Metals and Control, MA	1	Combust. Eng, CT	1	LANL	1
Mallinckrodt MO	1	NUMEC, PA	1	Nevada Test Site	1	WR Grace TN	1
Allied Chemical, IL	1	Linde Ceramics NY	1	Maywood, NJ	1	Pantex, TX	1
				Harshaw Chemical, OH	1	Lawrence Livermore CA	1
TOTAL	5		5		5		5

Tasks to be performed include the following:

A. Review Data Collection

1. Evaluate whether NIOSH received all requested data for the DOE or AWE site from any relevant data source or repository
2. Evaluate whether the data used by NIOSH for the case was adequate to make a determination with regard to probability of causation.

B. Review Interview and Documentation provided by claimant

1. Evaluate whether NIOSH appropriately addressed all of the reported work history and events represented by the claimant including but not limited to a) incidents or occurrences, b) actual monitoring practices, c) personal protection practices, and d) work practices

2. Assure that interview information is consistent with data used for dose estimate, and if not, there is reasonable justification.
- C. Review Internal and External Dose Estimates
1. Evaluate whether all assumptions used in the dose determination are appropriate for a remedial compensation program and whether the benefit of the doubt was resolved in favor of the claimant
 2. Verify dose calculations are appropriate for purposes of determination of POC
 3. Evaluate whether the data were consistent with site radiological monitoring protocols of the time period.
 4. Evaluate the treatment of 'missed dose' and/or 'unmonitored dose' if relevant to the case.
 5. The review of each dose reconstruction shall include an evaluation of all relevant portions of the methods and/or procedures used by NIOSH. This includes, but is not limited to:
 - a. Review the internal and external radiation dose reconstruction technical basis documents,
 - b. Review of methods for estimating 'missed dose' and 'un-monitored dose' (for cases related to monitoring technology and for cases where monitoring was not performed, monitoring data is not available or incomplete or otherwise inadequate),
 - c. Review of the statistical approaches developed for multiple dose reconstructions,
 - d. Review procedures used for determining whether data is sufficient to make a reasonable dose estimate,
 - e. Review methods or procedures used for substituting exposure information for unavailable or incomplete information,
 - f. Review methods for estimating uncertainty in dose and uncertainty distributions surrounding internal and external dose reconstructions on a facility and time specific basis and evaluate whether the benefit of the doubt was resolved in favor of the claimant where there were uncertainties,
 - g. Review procedures and questionnaire used for work history phone interview.
 - h. Review the NIOSH methods, procedures and performance in evaluating, analyzing and validating all contractor work products.

Attachment F

Example Task 2

Individual Dose Reconstruction Review: Advanced

Provide a cost estimate and workplan for completing Advanced Dose Reconstruction Reviews for 20 cases assuming 5 cases are assigned at the beginning of each quarter.

For the purposes of this proposal assume the breakdown of the cases is as follows:

1 st Quarter Site	# of cases	2 nd Quarter Site	# of cases	3 rd Quarter Site	# of cases	4 th Quarter Site	# of cases
Hanford	2	Y-12	2	Savannah River	1	Rocky Flats	1
INEEL	1	Metals and Control, MA	1	Combust. Eng, CT	1	LANL	1
Mallinckrodt MO	1	NUMEC, PA	1	Nevada Test Site	1	WR Grace TN	1
Allied Chemical, IL	1	Linde Ceramics NY	1	Maywood, NJ	1	Pantex, TX	1
				Harshaw Chemical, OH	1	Lawrence Livermore CA	1
TOTAL	5		5		5		5

Tasks to be performed include the tasks required for the Basic Review (see Attachment D, example 1) along with the following additional tasks:

A. Review of Data Gathering

1. Review the entire administrative record to evaluate if relevant information exists which was not considered by NIOSH
2. Review the relevant aspects of the Site Profile as they apply to the individual case and evaluate the adequacy and completeness of the site profile and evaluate whether the information from the site profile is consistent with the information used for the individual dose estimate.
3. Evaluate whether, to the extent practicable, all relevant sources of data (e.g., DOE, AWE, CDC, EML, NRC, EPA, External Health and Safety Regulators,

GAO, DNFSB, Congressional Hearing Records, other research programs, research publications, publications regarding the history of the DOE complex, or administrative/court records) were identified, evaluated and where appropriate, included within the Site Profile database and where appropriate were used in the assessment of the individual dose reconstruction case.

B. Review Work History Interview and Documentation provided by claimant

1. Evaluate the effectiveness of the phone interview in ascertaining relevant work history information.
2. Evaluate whether, for the cases involving survivors, there has been an adequate effort to research co-located workers and other historical records to characterize the individual's work history.

C. Review Internal and External Dose Estimates

1. Evaluate whether the dose estimate is consistent with relevant radiological information within the NIOSH site profile (e.g. air monitoring, wipe data are consistent with bioassay results)
2. Compare case information and assumptions with relevant co-worker case information and assumptions for consistency

FAC 97-22 MARCH 12, 2001

Table 15-2

FEDERAL ACQUISITION REGULATION

TABLE 15-2—INSTRUCTIONS FOR SUBMITTING COST/PRICE PROPOSALS WHEN COST OR PRICING DATA ARE REQUIRED

This document provides instructions for preparing a contract pricing proposal when cost or pricing data are required.

NOTE 1. There is a clear distinction between submitting cost or pricing data and merely making available books, records, and other documents without identification. The requirement for submission of cost or pricing data is met when all accurate cost or pricing data reasonably available to the offeror have been submitted, either actually or by specific identification, to the Contracting Officer or an authorized representative. As later information comes into your possession, it should be submitted promptly to the Contracting Officer in a manner that clearly shows how the information relates to the offeror's price proposal. The requirement for submission of cost or pricing data continues up to the time of agreement on price, or an earlier date agreed upon between the parties if applicable.

NOTE 2. By submitting your proposal, you grant the Contracting Officer or an authorized representative the right to examine records that formed the basis for the pricing proposal. That examination can take place at any time before award. It may include those books, records, documents, and other types of factual information (regardless of form or whether the information is specifically referenced or included in the proposal as the basis for pricing) that will permit an adequate evaluation of the proposed price.

I. General Instructions

- A. You must provide the following information on the first page of your pricing proposal:
- (1) Solicitation, contract, and/or modification number;
 - (2) Name and address of offeror;
 - (3) Name and telephone number of point of contact;
 - (4) Name of contract administration office (if available);
 - (5) Type of contract action (that is, new contract, change order, price revision/redetermination, letter contract, unpriced order, or other);
 - (6) Proposed cost; profit or fee; and total;
 - (7) Whether you will require the use of Government property in the performance of the contract, and, if so, what property;
 - (8) Whether your organization is subject to cost accounting standards; whether your organization has submitted a CASB Disclosure Statement, and if it has been determined adequate; whether you have been notified that you are or may be in noncompliance with your Disclosure Statement or CAS, and, if yes, an explanation; whether any aspect of this proposal is inconsistent with your disclosed practices or applicable CAS, and, if so, an explanation; and whether the proposal is consistent with your established estimating and accounting principles and procedures and FAR Part 31, Cost Principles, and, if not, an explanation;
 - (9) The following statement:

This proposal reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.403-5(b)(1) and Table 15-2. By submitting this proposal, we grant the Contracting Officer and authorized representative(s) the right to examine, at any time before award, those records, which include books, documents, accounting procedures and practices, and other data, regardless of type and form or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price.
 - (10) Date of submission; and
 - (11) Name, title, and signature of authorized representative.
- B. In submitting your proposal, you must include an index, appropriately referenced, of all the cost or pricing data and information accompanying or identified in the proposal. In addition, you must annotate any future additions and/or revisions, up to the date of agreement on price, or an earlier date agreed upon by the parties, on a supplemental index.
- C. As part of the specific information required, you must submit, with your proposal, cost or pricing data (that is, data that are verifiable and factual and otherwise as defined at FAR 2.101). You must clearly identify on your cover sheet that cost or pricing data are included as part of the proposal. In addition, you must submit with your proposal any information reasonably required to explain your estimating process, including—
- (a) The judgmental factors applied and the mathematical or other methods used in the estimate, including those used in projecting from known data; and
 - (b) The nature and amount of any contingencies included in the proposed price.
- D. You must show the relationship between contract line item prices and the total contract price. You must attach cost-element breakdowns for each proposed line item, using the appropriate format prescribed in the "Formats for Submission of Line Item

Summaries" section of this table. You must furnish supporting breakdowns for each cost element, consistent with your cost accounting system.

- E. When more than one contract line item is proposed, you must also provide summary total amounts covering all line items for each element of cost.
- F. Whenever you have incurred costs for work performed before submission of a proposal, you must identify those costs in your cost/price proposal.
- G. If you have reached an agreement with Government representatives on use of forward pricing rates/factors, identify the agreement, include a copy, and describe its nature.
- H. As soon as practicable after final agreement on price or an earlier date agreed to by the parties, but before the award resulting from the proposal, you must, under the conditions stated in FAR 15.406-2, submit a Certificate of Current Cost or Pricing Data.

II. Cost Elements

Depending on your system, you must provide breakdowns for the following basic cost elements, as applicable:

- A. *Materials and services.* Provide a consolidated priced summary of individual material quantities included in the various tasks, orders, or contract line items being proposed and the basis for pricing (vendor quotes, invoice prices, etc.). Include raw materials, parts, components, assemblies, and services to be produced or performed by others. For all items proposed, identify the item and show the source, quantity, and price. Conduct price analyses of all subcontractor proposals. Conduct cost analyses for all subcontracts when cost or pricing data are submitted by the subcontractor. Include these analyses as part of your own cost or pricing data submissions for subcontracts expected to exceed the appropriate threshold in FAR 15.403-4. Submit the subcontractor cost or pricing data as part of your own cost or pricing data as required in paragraph IIA(2) of this table. These requirements also apply to all subcontractors if required to submit cost or pricing data.
 - (1) *Adequate Price Competition.* Provide data showing the degree of competition and the basis for establishing the source and reasonableness of price for those acquisitions (such as subcontracts, purchase orders, material order, etc.) exceeding, or expected to exceed, the appropriate threshold set forth at FAR 15.403-4 priced on the basis of adequate price competition. For interorganizational transfers priced at other than the cost of comparable competitive commercial work of the division, subsidiary, or affiliate of the contractor, explain the pricing method (see FAR 31.205-26(e)).
 - (2) *All Other.* Obtain cost or pricing data from prospective sources for those acquisitions (such as subcontracts, purchase orders, material order, etc.) exceeding the threshold set forth in FAR 15.403-4 and not otherwise exempt, in accordance with FAR 15.403-1(b) (i.e., adequate price competition, commercial items, prices set by law or regulation or waiver). Also provide data showing the basis for establishing source and reasonableness of price. In addition, provide a summary of your cost analysis and a copy of cost or pricing data submitted by the prospective source in support of each subcontract, or purchase order that is the lower of either \$10,000,000 or more, or both more than the pertinent cost or pricing data threshold and more than 10 percent of the prime contractor's proposed price. The Contracting Officer may require you to submit cost or pricing data in support of proposals in lower amounts. Subcontractor cost or pricing data must be accurate, complete and current as of the date of final price agreement, or an earlier date agreed upon by the parties, given on the prime contractor's Certificate of Current Cost or Pricing Data. The prime contractor is responsible for updating a prospective subcontractor's data. For standard commercial items fabricated by the offeror that are generally stocked in inventory, provide a separate cost breakdown, if priced based on cost. For interorganizational transfers priced at cost, provide a separate breakdown of cost elements. Analyze the cost or pricing data and submit the results of your analysis of the prospective source's proposal. When submission of a prospective source's cost or pricing data is required as described in this paragraph, it must be included along with your own cost or pricing data submission, as part of your own cost or pricing data. You must also submit any other cost or pricing data obtained from a subcontractor, either actually or by specific identification, along with the results of any analysis performed on that data.
- B. *Direct Labor.* Provide a time-phased (e.g., monthly, quarterly, etc.) breakdown of labor hours, rates, and cost by appropriate category, and furnish bases for estimates.
- C. *Indirect Costs.* Indicate how you have computed and applied your indirect costs, including cost breakdowns. Show trends and budgetary data to provide a basis for evaluating the reasonableness of proposed rates. Indicate the rates used and provide an appropriate explanation.
- D. *Other Costs.* List all other costs not otherwise included in the categories described above (e.g., special tooling, travel, computer and consultant services, preservation, packaging and packing, spoilage and rework, and Federal excise tax on finished articles) and provide bases for pricing.
- E. *Royalties.* If royalties exceed \$1,500, you must provide the following information on a separate page for each separate royalty or license fee:
 - (1) Name and address of licensor.

Table 15-2

- (2) Date of license agreement.
 - (3) Patent numbers.
 - (4) Patent application serial numbers, or other basis on which the royalty is payable.
 - (5) Brief description (including any part or model numbers of each contract item or component on which the royalty is payable).
 - (6) Percentage or dollar rate of royalty per unit.
 - (7) Unit price of contract item.
 - (8) Number of units.
 - (9) Total dollar amount of royalties.
 - (10) If specifically requested by the Contracting Officer, a copy of the current license agreement and identification of applicable claims of specific patents (see FAR 27.204 and 31.205-37).
- F. *Facilities Capital Cost of Money.* When you elect to claim facilities capital cost of money as an allowable cost, you must submit Form CASB-CMF and show the calculation of the proposed amount (see FAR 31.205-10).

III. Formats for Submission of Line Item Summaries

A. New Contracts (including letter contracts).

COST ELEMENTS	PROPOSED CONTRACT ESTIMATE— TOTAL COST	PROPOSED CONTRACT ESTIMATE— UNIT COST	REFERENCE
(1)	(2)	(3)	(4)

Column

Instruction

- (1) Enter appropriate cost elements.
- (2) Enter those necessary and reasonable costs that, in your judgment, will properly be incurred in efficient contract performance. When any of the costs in this column have already been incurred (e.g., under a letter contract), describe them on an attached supporting page. When preproduction or startup costs are significant, or when specifically requested to do so by the Contracting Officer, provide a full identification and explanation of them.
- (3) Optional, unless required by the Contracting Officer.
- (4) Identify the attachment in which the information supporting the specific cost element may be found.

(Attach separate pages as necessary.)

B. Change Orders, Modifications, and Claims.

COST ELEMENTS	ESTIMATED COST OF ALL WORK DELETED	COST OF DELETED WORK ALREADY PERFORMED	NET COST TO BE DELETED	COST OF WORK ADDED	NET COST OF CHANGE	REFERENCE
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Column

Instruction

- (1) Enter appropriate cost elements.
- (2) Include the current estimates of what the cost would have been to complete the deleted work not yet performed (not the original proposal estimates), and the cost of deleted work already performed.
- (3) Include the incurred cost of deleted work already performed, using actuals incurred if possible, or, if actuals are not available, estimates from your accounting records. Attach a detailed inventory of work, materials, parts, components, and hardware already purchased, manufactured, or performed and deleted by the change, indicating the cost and proposed disposition of each line item. Also, if you desire to retain these items or any portion of them, indicate the amount offered for them.

- (4) Enter the net cost to be deleted, which is the estimated cost of all deleted work less the cost of deleted work already performed. Column (2) minus Column (3) equals Column (4).
- (5) Enter your estimate for cost of work added by the change. When nonrecurring costs are significant, or when specifically requested to do so by the Contracting Officer, provide a full identification and explanation of them. When any of the costs in this column have already been incurred, describe them on an attached supporting schedule.
- (6) Enter the net cost of change, which is the cost of work added, less the net cost to be deleted. Column (5) minus Column (4) equals Column (6). When this result is negative, place the amount in parentheses.
- (7) Identify the attachment in which the information supporting the specific cost element may be found.

(Attach separate pages as necessary.)

C. Price Revision/Redetermination.

CUTOFFDATE	NUMBER OF UNITS COMPLETED	NUMBER OF UNITS TO BE COMPLETED	CONTRACT AMOUNT	REDETERMINATION PROPOSALAMOUNT	DIFFERENCE
(1)	(2)	(3)	(4)	(5)	(6)

COST ELEMENTS	INCURRED COST—PREPRODUCTION	INCURRED COST—COMPLETED UNITS	INCURRED COST—WORK IN PROCESS	TOTALINCURRED COST	ESTIMATED COST TO COMPLETE	ESTIMATED TOTALCOST	REFERENCE
(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

(Use as applicable)

Column

Instruction

- (1) Enter the cutoff date required by the contract, if applicable.
- (2) Enter the number of units completed during the period for which experienced costs of production are being submitted.
- (3) Enter the number of units remaining to be completed under the contract.
- (4) Enter the cumulative contract amount.
- (5) Enter your redetermination proposal amount.
- (6) Enter the difference between the contract amount and the redetermination proposal amount. When this result is negative, place the amount in parentheses. Column (4) minus Column (5) equals Column (6).
- (7) Enter appropriate cost elements. When residual inventory exists, the final costs established under fixed-price-incentive and fixed-price-redeterminable arrangements should be net of the fair market value of such inventory. In support of subcontract costs, submit a listing of all subcontracts subject to repricing action, annotated as to their status.
- (8) Enter all costs incurred under the contract before starting production and other nonrecurring costs (usually referred to as startup costs) from your books and records as of the cutoff date. These include such costs as preproduction engineering, special plant rearrangement, training program, and any identifiable nonrecurring costs such as initial rework, spoilage, pilot runs, etc. In the event the amounts are not segregated in or otherwise available from your records, enter in this column your best estimates. Explain the basis for each estimate and how the costs are charged on your accounting records (e.g., included in production costs as direct engineering labor, charged to manufacturing overhead). Also show how the costs would be allocated to the units at their various stages of contract completion.

-
- (9) Enter in Column (9) the production costs from your books and records (exclusive of preproduction costs reported in Column (8)) of the units completed as of the cutoff date.
- (10) Enter in Column (10) the costs of work in process as determined from your records or inventories at the cutoff date. When the amounts for work in process are not available in your records but reliable estimates for them can be made, enter the estimated amounts in Column (10) and enter in Column (9) the differences between the total incurred costs (exclusive of preproduction costs) as of the cutoff date and these estimates. Explain the basis for the estimates, including identification of any provision for experienced or anticipated allowances, such as shrinkage, rework, design changes, etc. Furnish experienced unit or lot costs (or labor hours) from inception of contract to the cutoff date, improvement curves, and any other available production cost history pertaining to the item(s) to which your proposal relates.
- (11) Enter total incurred costs (Total of Columns (8), (9), and (10)).
- (12) Enter those necessary and reasonable costs that in your judgment will properly be incurred in completing the remaining work to be performed under the contract with respect to the item(s) to which your proposal relates.
- (13) Enter total estimated cost (Total of Columns (11) and (12)).
- (14) Identify the attachment in which the information supporting the specific cost element may be found.

(Attach separate pages as necessary.)

CERTIFICATE OF CURRENT COST OR PRICING DATA

This is to certify that, to the best of my knowledge and belief, the cost or pricing data (as defined in section 15.401 of the Federal Acquisition Regulation (FAR) and required under FAR subsection 15.403-4) submitted, either actually or by specific identification in writing, to the Contracting Officer or to the Contracting Officer's Representative in support of _____¹ are accurate, complete, and current as of _____². This certification includes the cost or pricing data supporting any advance agreements and forward pricing rate agreements between the offeror and the Government that are part of the proposal.

Firm _____
Signature _____
Name _____
Title _____
Date of execution³ _____

¹ Identify the proposal, request for price adjustment, or other submission involved, giving the appropriate identifying number (e.g., RFP No.).

² Insert the day, month, and year when price negotiations were concluded and price agreement was reached or, if applicable, an earlier date agreed upon between the parties that is as close as practicable to the date of agreement on price.

³ Insert the day, month, and year of signing, which should be as close as practicable to the date when the price negotiations were concluded and the contract price was agreed to.

SAMPLE - "CLIENT AUTHORIZATION LETTER"

Dear "Insert Client's Name"

We are currently responding to the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, Request for Proposal "Insert RFP Number" for the procurement of "Insert Title of Procurement".

The CDC is placing increased emphasis on the evaluation of an offeror's past performance as a source selection factor. The CDC is requiring clients of entities responding to their solicitation be identified in order to verify our past performance record.

In the event you are contacted by the CDC seeking information on work that we have performed, you are hereby authorized to respond to inquiries of the CDC.

We have identified Mr./Ms. "Insert Name of Contracting Officer, Project Officer, or Other Individual" of your organization as the point of contact based on their knowledge concerning our performance history.

Sincerely,