

**NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR NAVY CONTRACT POSITIONS**

REGISTERED NURSE, NAVAL HOSPITAL GUAM

REQUIREMENTS PACKAGE- N6809612RC20008/MBU

10 APRIL 2012

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 4:30 PM LOCAL PACIFIC ON OR BEFORE 30 APRIL 2012. SEND APPLICATIONS VIA FAX TO 344-9256 or EMAIL: Joyce.Layson-Castillo@med.navy.mil or Sue.Larrew@med.navy.mil

U.S. NAVAL HOSPITAL GUAM
PSC 490 BOX 7717
FPO AP 96538

IN SUBJECT LINE REFERENCE: N6809612RC20008 RN MBU

A. NOTICE. This position is set-aside for an individual Registered Nurse 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. The medical treatment facility intent is to make one selection from this notice.

B. POSITION SYNOPSIS. REGISTERED NURSE. 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 in the Naval Hospital Guam. Future references to Military Treatment Facility (MTF) include the Naval Hospital Guam.

The HCW shall be on duty in the assigned clinical area for 84 hours every 2 weeks; between the hours of 0100 to 2400, Sunday through Saturday. The HCW shall normally provide services for an 8.5 to 12 hour period (to include an uncompensated 0.5 or 1 hour for lunch depending on shift length). Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between the HCW and the Government.

Your services shall be required on federally established holidays.

You shall accrue 8 hours of personal leave for every 80 hours worked. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the HCW gives notice of employment termination, all accrued annual leave must be used within that notice period, or forfeited. Unplanned leave (i.e. leave taken for sickness) taken during this period shall be supported by a physician's statement of illness upon request.

Due to the nature of medical personal services which require Government supervision, the need for your access to CHCS/AHLTA, and patients that present only at the MTF, this contract does not lend itself to allow HCWs to telecommute.

II. STATEMENT OF WORK

A. The use of Commanding Officer means: Commanding Officer, U. S. Naval Hospital Guam, or a designated representative, e.g., Contracting Officer's Representative (COR) or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. You will be 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 you 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. In the event of a claim or lawsuit relating to your performance of duties under this contract, the parties shall follow the procedures established in SECNAVINST 6300.3A, a copy of which can be viewed at <https://doni.daps.dla.mil/SECNAV.aspx>.

By providing services under this contract you 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 you receive technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES AND RESPONSIBILITIES. The HCW shall perform full range of Registered Nurse duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned unit of the hospital. Workload occurs as a result of scheduled and unscheduled requirements for care. The HCW shall perform in accordance with established principles, practices and ethics of the nursing profession and written policies, procedures and requirements of Naval Hospital Guam and shall apply age specific knowledge and competency appropriate to patient population served. The standards of performance for the Registered Nurse shall reflect the degree of care, skill, and learning expected of a reasonably prudent registered nurse.

1. Administrative and Training Requirements. The HCW shall provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsman, LPNs, RNs) assigned to the Multiservice Unit and the Mother Baby Unit during the performance of clinical procedures. The HCW shall perform limited administrative duties which include maintaining clinical workload, participating in educational programs, and participating in clinical staff quality assurance functions and process action team, as prescribed by the Commanding Officer. The HCW shall:

1.1. Participate in the provision of monthly in-service training to non-health care-practitioner members of the clinical and administrative staff on subjects germane to the HCW's specialty.

1.2. Attend and/or comply with all annual training classes required by the Command, to include online annual renewal of the following Annual Training Requirements provided by the MTF: disaster training, infection control, Sexual Harassment, Bloodborne Pathogens, Fire Safety, Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE), and all other required training.

1.3. Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.4. Attend Composite Health care System (CHCS), Essentris electronic medical charting system, and the Armed Forces Health Longitudinal Technology (AHLTA) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

1.5. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility. Providers shall obtain/maintain a National Provider Identifier (NPI) in accordance with DOD and MTF policy/instruction.

1.6. Participate in executing the Emergency Preparedness Plan (drills and actual emergencies) as scheduled by the MTF (typically semiannually). A MTF personnel re-call list with personal contact information for all military, civil service and contract employees is required to prepare in advance for an actual emergency. The HCW shall provide personal contact information to the designated supervisor upon commencement of services. Should an emergency occur, the HCW shall be contacted with shift information and for accountability purposes.

1.7. Operate and manipulate automated systems such as CHCS, Essentris, AHLTA, participate in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commanding Officer. Maintain DoD email account as directed. The HCW is responsible for all email and voicemail communications.

1.8. Possess basic computer skills. The HCW shall submit a completed Computer Skills Competency Form with the HCW's credentials package.

1.9. Undergo an orientation and shall complete mandatory Navy and DoD on-line training as required. Orientation may be waived for personnel who have previously provided service at the treatment facility. Department of Defense (DoD) on-line training may require that the HCW enter their Social Security Number to document and track compliance with training requirements

1.10. Background Investigations. By fulfillment of this position, the HCW will have access to Department of Navy (DON) IT systems and/or perform IT-related duties with varying degrees of independence, privilege and/or ability to access and/or impact sensitive data and information. Therefore, the HCW shall be subject to Information Technology (IT)/Sensitive Information (SI) security requirements which include national and local background checks and a credit check in accordance with Secretary of Navy (SECNAV) Manual 5510.30, as well as a criminal background check in accordance with the Crime Control Act of 1990. It should be noted that in order to receive access to the DON IT system(s) and the sensitive data necessary to perform the duties for this position, the HCW must be a U.S. citizen. The HCW shall be required to complete the paperwork necessary for the Government to complete the background investigations.

1.11. Successfully complete MTF medication administration test, and successfully complete the MTF Mosby's Nursing Skills Medication Administration Module. The Medical Administration test may be waived if the government deems that the HCW can provide evidence of successful completion of a similar and comparable pharmacology test.

1.12. Successfully complete the MTF provided in-services taught during Nursing Orientation and during the Annual Nursing Skills Fair. Topics include IV placement, blood and blood product administration, foley catheterization, restraints, risk for fall, and other nursing related competencies.

2. Clinical Functions: Perform a full range of Registered Nurse duties, to include Shift Charge Nurse, as it relates to the care of obstetrical and neonatal patients in accordance with assignments under the task order, including: triage; patient assessment and monitoring; use of patient monitoring and treatment equipment; appropriate nursing care, procedures, and treatments; execution of physicians' orders within the guidelines of standard nursing practice; documentation of patient care and observations; and patient education and emotional support.

2.1. Assess each patient and perform triage duties as assigned.

2.2. Formulate and carry out a goal directed plan of care based on evidenced-based clinical practice guidelines and which is prioritized according to patient needs and available resources including time, personnel, equipment, and supplies.

2.3. Evaluate effectiveness of self care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.

2.4. Provide treatment and discharge instructions upon patient release.

2.5. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiological, psychological, and cognitive status.

2.6. Provide a safe and clean environment for each patient.

2.7. Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.

2.8. Assist in planning, provide clinical direction and provide instruction to nurses orienting to the unit, Hospital Corpsmen, Nursing students and ancillary personnel.

3. CREDENTIALING REQUIREMENTS.

3.1. Upon award, the HCW shall complete an Individual Professional File (IPF) prior to performance of services. Completed IPF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The IPF, 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 6320.66E, along with the applicable Appendices details the IPF requirements. BUMEDINST 6320.66E is available at <http://www.med.navy.mil/directives/Pages/ExternalDirectives.aspx>. Click BUMED Directives, and scroll down to the instruction number. The instruction is now contained in several separate files.

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

1. Have education as follows: Either (a), a bachelor's degree in Nursing; or (b) a diploma graduate in Nursing; or (c) an associate degree in Nursing from an accredited University.
2. Possess current unrestricted license to practice as a registered nurse in one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands. The licensing exam taken by the registered nurse must be the National Council of Licensing Examinations – Registered Nurse (NCLEX-RN). The HCW is responsible for complying with all applicable state licensing regulations.
3. Possess a minimum of 1 year of experience as a Registered Nurse, to include one year experience in maternal infant nursing, within the preceding 3 years.
4. Possess and maintain current certification in American Heart Association Basic Life Support (BLS) for Health care Providers; American Heart Association Health care Provider course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or an equivalent MTF course. HCWs, not currently in possession of current certification, must acquire certification prior to initiating contract performance. Web based classes do not meet these standards. A copy of the BLS instruction (BUMEDINSTR 1500.5C) may be obtained from the World Wide Web at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.
5. Possess current clinical competency, as defined in section 5 of BUMEDINST 6320.66E (<http://www.med.navy.mil/directives/Pages/ExternalDirectives.aspx>), in the clinical discipline required by the contract (e.g., physician, RN, dentist). Officials from the medical treatment facility (MTF) where your contract services will be performed will exercise their medical judgment when assessing whether your professional skill set and clinical practice history satisfy the indicia of current clinical competency that are specified in this instruction. To enable this assessment to be made, you shall submit two letters from supervisors attesting to your personal clinical experience and professional skills as a practitioner in your discipline. These letters must be dated and shall include the name, title, phone number, address and signature of the individual providing the letters. The letters must have been written within the 2 years preceding submission of your proposal.
6. Represent an acceptable malpractice risk to the Navy.
7. Be in good standing and under no sanction or suspension listing by the Federal Government.
8. Be a U.S. citizen.
9. Possess basic computer skills. The Contractor shall provide a completed Computer Skills Competency Form for each Healthcare Worker (Attachment VI). The Computer Skills Competency Form shall be provided with the application qualification package.

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 Sheet", letters of recommendation, continuing medical education hours, and, if you have prior military service, the Form DD214, shall be used to evaluate these items.

1. The Government will consider the letters of clinical competency regarding clinical skills required in items D.5 above. Those letters may enhance your ranking if they substantively address items such as clinical skills, professionalism, or specific areas of expertise, etc. Letters which are supported by attached copies of positive clinical evaluations or reports of practitioner-specific data and information generated by organizational quality management activities will enhance the rating.

2. Experience, in excess of the minimum required experience, in positions relevant to the qualifications and duties of the contract position. The Government will evaluate the quantity, currency, quality, and relevancy of the experience based on the information you provide in the Personal Qualifications Statement, or other supporting documentation you submit.

3. Prior experience as a Registered Nurse providing service in military medical care facilities.

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. _____ A completed "Personal Qualifications Statement" (Attachment I)
2. _____ A completed Pricing Sheet (Attachment II)
3. _____ Proof of citizenship requirements (Attachment III) Please submit copies with your application. If you are awarded a contract, you will be required to present originals upon check-in.
4. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)
5. _____ Proof of Small Business Representation (Attachment V)
6. _____ Two letters of clinical competency per paragraphs D.5 above.
7. _____ A complete the Computer Skills Competency Form (Attached VI)

G. OTHER INFORMATION FOR OFFERORS.

The ISA HANDBOOK is available at <http://www.nmlc.med.navy.mil/index.asp> . Click "Doing Business With Us" and select 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.

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 344-9014 or 344-9675

We look forward to receiving your application.

**ATTACHMENT I
PERSONAL QUALIFICATIONS SHEET
REGISTERED NURSE**

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 technical acceptability. In addition to this Personal Qualifications Sheet, please submit two letters of clinical competency 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 and/or certification, copy of current "CPR for Healthcare Provider Course" certification, 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 you 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. Personal and Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___
4. Have you ever been arrested for or charged with a crime involving a child?	___	___
5. Are you a U.S. Citizen?	___	___

If any of questions 1 through 4 above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 through 4 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)

Name (Printed)

Personal Qualifications Sheet – Registered Nurse

I. GENERAL INFORMATION

Name: _____ SSN: _____ D.O.B. _____
Last First Middle

Address: _____

Phone: () _____ Email: _____

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? _____

If any of questions 1 through 5 above is answered, "yes", attach a detailed explanation.

II. NURSING PROGRAM (SECTION D. ITEM 1)

Name of Accredited School Graduation Date:

Address/Location of Program:

III. REGISTERED NURSE LICENSE. (SECTION D, ITEM 2)

Name of State License/Certification State Received Date Received

IV. POSSESS A MINIMUM OF 1 YEAR OF EXPERIENCE AS A REGISTERED NURSE, TO INCLUDE ONE YEAR EXPERIENCE IN MATERNAL INFANT NURSING, WITHIN THE PRECEDING 3 YEARS (SECTION D, ITEM 3).

Name and Address of Employer From To

Work Performed: _____

Name and Address of Employer	From	To
_____	_____	_____

Work Performed: _____

V. CERTIFICATIONS.

a. I am currently certified in Basic Life Support or will be certified in Basic Life Support prior to contract start-date. (Section D, Item 4)

YES _____ NO _____

VI. PROFESSIONAL EMPLOYMENT: List your current and preceding employers. Provide dates as month/year. If more space is required, please use a separate sheet of paper. Identify any medical experience obtained in a military setting. (FACTOR FOR AWARD)

Name and Address of Present Employer	From	To
(1) _____	_____	_____

Work Performed: _____

Names and Addresses of Preceding Employers	From	To
(2) _____	_____	_____

Work Performed: _____

	From	To
(3) _____	_____	_____

Work Performed: _____

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

VII. PROFESSIONAL REFERENCES (SECTION D, ITEM 5) (FACTOR FOR AWARD)

Possess current clinical competency, as defined in section 5 of BUMEDINST 6320.66E

(<http://www.med.navy.mil/directives/Pages/ExternalDirectives.aspx>), in the clinical discipline required by the contract (e.g., physician, RN, dentist). Officials from the medical treatment facility (MTF) where your contract services will be performed will exercise their medical judgment when assessing whether your professional skill set and clinical practice history satisfy the indicia of current clinical competency that are specified in this instruction. To enable this assessment to be made, you shall submit two letters from supervisors attesting to your personal clinical experience and professional skills as a practitioner in your discipline. These letters must be dated and shall include the name, title, phone number, address and signature of the individual providing the letters. The letters must have been written within the 2 years preceding submission of your proposal.

VIII. 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.

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

_____ (mm/dd/yy)
(Signature) (Date)

Name (Printed)

ATTACHMENT II

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from May 2012 through May 2013. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date. Services may also be extended by exercise of Option Periods.

PRICING INFORMATION

(a) Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option period. 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 Registered Nurses in the Guam area. 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) Liability Insurance: 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.

(c) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 3 U.S. C. 102.

(d) Price Proposal:

<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 Full Time Registered Nurse (MBU) at Naval Hospital, Guam in accordance with this Application and the resulting contract.				
	Base Period: May 2012 through May 2013	2,196	HRS	\$ _____	\$ _____

Printed Name _____

Signature _____ Date _____

ATTACHMENT III
PROOF OF CITIZENSHIP REQUIREMENTS

Excerpt from SECNAV M-5510.30 of June 2006, Appendix F. For a full copy of the Manual go <http://doni.daps.dla.mil/SECNAV%20Manuals1/5510.30.pdf>.

4. All documents submitted as evidence of U. S. citizenship **must be original documents or certified copies**. Uncertified copies are not acceptable. The following documents are acceptable proof of citizenship:

a. The original U. S. birth certificate with a raised seal issued at the time of birth from one of the 50 states, or outlying territories or possessions.

b. A hospital birth certification (clinic and commercial birth center certification is not permitted) with an authenticating raised seal or signature provided all vital information is given.

c. A delayed birth certificate provided it shows the birth record was filed within one year after birth, it bears the registrar's seal and signature, and cites secondary evidence such as a baptismal certificate, certificate of circumcision, affidavits of persons having personal knowledge of the facts of the birth or other official records such as early census, school or insurance.

d. U.S. Passport (current or expired) or U.S. passport issued to individual's parent in which the individual is included.

e. FS-240 Report of Birth Abroad of a Citizen of the United States of America/Consular Report of Birth.

f. FS-545 Certification of Birth issued by a U.S. Consulate or DS-1350 the Department of State Certification.

g. INS N-550/570 U.S. Immigration and Naturalization Service Naturalization Certificate.

h. INS N-560/561 U.S. Immigration and Naturalization Service Certificate of Citizenship. If the individual does not have a Certificate of Citizenship, the original Certificate of Naturalization of the parent(s) may be accepted if the naturalization occurred while the individual was under 18 years of age (or under 16 years of age before 5 October 1978) and residing permanently in the U.S.

i. Certificate of birth issued by the Canal Zone government indicating U.S citizenship is only acceptable if verified by direct government inquiry to: Vital Records Section, Passport Services, 1111 19th Street NW, Suite 510, Washington, D.C. 20522-1705.

j. DD 372, Verification of Birth is acceptable for military members (officer and enlisted) provided the birth data is listed and verified by the Department of Vital Statistics.

k. DD 1966, Application for Enlistment into the Armed Forces of the United States are acceptable provided the documents sighted are listed and attested to by a recruiting official.

5. If none of the above forms of evidence are obtainable, a notice from the registrar issued by the state with the individual's name, date of birth, which years were searched for a birth record and that there is no birth certificate on file for the applicant should be presented. *The registrar's notice must be accompanied by the best combination of the following secondary evidence:

a. Baptismal certificate

b. Census record

- c. Certificate of circumcision
- d. Early school record
- e. Family Bible record
- f. Doctor's record of post-natal care
- g. Newspaper files and insurance papers

**** NOTE: These documents must be early public records showing the date and place of birth, created within the first five years of life. The individual may also submit an Affidavit of Birth, Form DSP-10A, from an older blood relative, i.e., a parent, aunt, uncle, sibling, who has personal knowledge of the birth. It must be notarized or have the seal and signature of the acceptance agent.***

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 a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. 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. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://fedgov.dnb.com/webform>.

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).

SOCIO-ECONOMIC FACTORS

Up to 3 of the choices provided may be checked. Even though you are an individual, you are considered a business under this category, so check any (up to 3) that may apply. For example, any woman applying for this position would be considered a "Woman Owned Business;" just as any Veteran would be a "Veteran Owned Business." If both apply (or more), all would be checked.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. 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.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

CENTRAL CONTRACTOR REGISTRATION INFORMATION:

Date CCR application was submitted: _____

Assigned DUN & BRADSTREET #: _____

Assigned CAGE Code: _____

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 : _____
(Please print)

Notice of Contracting Opportunity No. : N6809612RC20008