**♦** AO 367 (Rev. 6/11)

| SECT   | TION      | Δ  | SOLICI  | TATIC   | N /                              | OF   | FFR / A      | CCFPTANCF   |                 |          |
|--|-----------|--|---|---|----------------------------------|--|--------------|---|-----------------|----------|
| SECTION A SOLICITATIO  1. Solicitation No.   |           |  | ON / OFFER / ACCEPTANCE  2. Date Issued  3. Award No.   |   |                                  |  |              |   |                 |          |
| 0974-22-SA01   |           |  |   |   | 2. Date Issued 3. Awa 06/28/2021 |  |              | . Awaru No.   |                 |          |
|  |           |  |   |   |                                  |  |              | than than Itam 4):  |                 |          |
| 4. Issued By: Dan Kilgore, CUSPO US Probation Office 101 West Broadway, Ste. 700 San Diego, CA 92101 |           |  |   | 5. Address Offer To (if other than Item 4):                                     |                                  |  |              |   |                 |          |
|  |           |  |   | SOLI  | CITA                             | TIOI   | <u> </u>     |   |                 |          |
|  | Ito       |  | /06/2021  | required ser  | rvices                           | listed   | in Section B | will be received at the pla                               | ice specified i | in       |
|  |           | (hour)   | (date)  |   |                                  |  |              |   |                 |          |
|  |           | ntion call:<br>Marc Ryan   |   |   | b. Te                            | b. Telephone (619) 557-5518  |              |   |                 |          |
|  |           |  | 7   | TABLE O   | F CC                             | NTE  | NTS          |   |                 |          |
| (X)  | SEC.      | DESCRIPTION  |   | PAGE(S)   | (X)                              | SEC.   |              | DESCRIPTION   |                 | PAGE(S)  |
|  |           | PART I – THE SCHEDULE  |   |   |                                  |  |              | PART II – AGREEMENT CL                                    | AUSES           |          |
| <u>X</u>   | Α         | SOLICITATION/OFFER/ACCEPTANCE  |   | 1   | X                                | I  | REQUIRED     |   |                 | 3        |
| X  | В         | SUPPLIES OR SERVICES AND PRICES/   |   | 3   |                                  | PA   |              | OF DOCUMENTS, EXHIBITS                                    | S AND OTHER     |          |
| X  | С         | DESCRIPTION/SPECS./WORK STATEM   | ENT   | 22  | X J LIST OF ATTACHMENTS          |  | 17           |   |                 |          |
| <u>X</u>   | D         | PACKAGING AND MARKING 1  |   |   | -                                | PART IV – REPRESENTATIONS AND INSTRUCTIONS                           |              |   | NS<br>T         |          |
| - X<br>X   | E<br>F    | DELIVERIES OR PERFORMANCE  | INSPECTION AND ACCEPTANCE 1 DELIVERIES OR PERFORMANCE 1 |   | X                                | X K REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OR OFFERORS |              |   | 2               |          |
| $\frac{X}{X}$  | G         | AGREEMENT ADMINISTRATION DATA  |   | 4   | X                                | L  | <u> </u>     | CONDS., AND NOTICES TO OFFERORS                           |                 | 12       |
| <u>X</u>   | Н         | SPECIAL AGREEMENT REQUIREMENT  |   | 4   | X                                | M  |              | ON CRITERIA   |                 | 4        |
|  | ,         |  |   | O   | FFE                              | R  | -            |   |                 | -        |
| is inser   | ted by    | ce with the above, the undersigned agrees,<br>the offeror) from the date for receipt of c<br>e designated point(s), within the time spec | offers specified  | above, to fu  |                                  | iny or   |              | days (365 calendar days un<br>which prices are offered at |                 |          |
|  |           | FOR PROMPT PAYMENT   | 10 CALEND   |   | i i                              |  | DAR DAYS     | 30 CALENDAR DAYS  | CALEN           | DAR DAYS |
|  |           | 1 I, Clause No. 52-232-8)  | %   |   |                                  |  | <u>%</u>     | %   |                 | <u>%</u> |
|  |           | LEDGEMENT OF AMENDMENTS or acknowledges receipt of amend-  | AMENDMENT NO.   |   |                                  | <u> </u>   | DATE         | AMENDMENT NO  |                 | DATE     |
| me   | nts to th | ne SOLICITATION for offerors<br>d documents numbered and dated:  |   |   |                                  | <u> </u>   |              |   |                 |          |
| and  | i retate  | a aocuments numberea ana aatea:  |   |   | 1                                | <u> </u>   |              |   |                 |          |
| 11. NAME AND ADDRESS   |           |  |   | 16. AWARD  Your offer on Solicitation Number , including the                    |                                  |  |              |   |                 |          |
|  |           |  |   |   |                                  |  |              |   |                 |          |
| OFFEROR  |           |  |   | is hereby accepted as to the items listed above and on any continuation sheets. |                                  |  |              |   |                 |          |
| 12. Telephone No. (Include area code)  |           |  |   |   |                                  |  |              |   |                 |          |
| 13. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)                                |           |  |   | 17A. NAME OF CONTRACTING OFFICER  |                                  |  |              |   |                 |          |
|  |           |  |   |   | 17B.                             | UNITE  | D STATES O   | F AMERICA   | 17C. DATE       | ESIGNED  |
| 14. Signature 15. Offer Date   |           |  | BY  |   |                                  | f Contracting Officer)   |              |   |                 |          |
|  |           |  |   |   |                                  |  |              |   |                 |          |

#### SECTION B - SUPPLIES OR SERVICES AND OFFEROR'S PRICES

The United States District Court for the <u>Southern District of California</u> is soliciting a vendor to provide substance use, mental health, and/or sex offender treatment services. A vendor must be capable of providing services within a geographic area encompassing San Diego Metropolitan Communities within zip codes 92101-92105, 92108, or 92113-92116.

As a result of this solicitation the Government intends to enter into a Blanket Purchase Agreement (BPA). For this BPA, approximately  $\underline{1}$  to  $\underline{2}$  vendors are needed to provide the required services. The Government reserves the right to award to a single vendor.

A Blanket Purchase Agreement is a "charge account" arrangement, between a buyer and a seller for recurring purchases of services. BPAs are not contracts and do not obligate government funds in any way. A contract occurs upon the placement of a call or referral from the Probation/Pretrial Services Office and the vendor's acceptance of the referral. Referrals will be rotated among all the vendors on the BPA. BPAs are valid for a specific period of time, not to extend beyond the current fiscal year. The total duration of this BPA, including the exercise of two 12-month options, shall not exceed 36 months. BPAs will be issued to those vendors determined to be technically acceptable and offering the lowest cost to the Government, using the Evaluation Criteria established in Section M of the Request for Proposal.

Section B is generic and used nationwide to procure the particular needs of each U. S. Probation/Pretrial Services Office. For this solicitation, only those services marked by an "X" under the Required Services column are being solicited. Offerors shall propose on only the required services. Services proposed, but not marked as required, will not be evaluated or included under any resultant agreement. Offerors failing to provide offers on all required services marked, will be considered technically unacceptable.

Note: Estimated Monthly Quantities (EMQs) represent the total monthly quantities to be ordered per Service item under the BPA. Each vendor placed on the BPA may receive a share of the total quantity stated. However, EMQ's are estimates only and do not bind the government to meet these estimates.

An asterisk \* indicates a requirement line item which has been modified under "Local Services."

**INTAKE:** 

| INTAK   |                              |                                   |                                  |                       |
|---------|------------------------------|-----------------------------------|----------------------------------|-----------------------|
| PI      | ROJECT CODE                  | REQUIRED SERVICES                 | ESTIMATED MONTHLY QUANTIT        | TY UNIT PRICE         |
| X *     | 2011                         | Intake Assessment and Report      | 2022                             |                       |
|         |                              |                                   | 2023                             |                       |
|         |                              |                                   | 2024                             |                       |
|         |                              |                                   | Unit: per intake (total fee)     |                       |
|         |                              |                                   |                                  |                       |
|         |                              |                                   |                                  |                       |
|         | ITIVE BEHAVIC<br>ROJECT CODE | DRAL TREATMENT: REQUIRED SERVICES | ESTIMATED MONTHLY QUANTI         | TY UNIT PRICE         |
| X *     | 2022                         | Manualized Group                  | 2022 190                         |                       |
| Λ       | 2022                         | Manaanzea Group                   |                                  |                       |
|         |                              |                                   |                                  |                       |
|         |                              |                                   | 2024                             |                       |
|         |                              |                                   | Unit: per 30 minute session      |                       |
| SUBST   | ANCE ABUSE C                 | OUNSELING:                        |                                  |                       |
|         |                              |                                   |                                  |                       |
| PI      | ROJECT CODE                  | REQUIRED SERVICES                 | ESTIMATED MONTHLY QUANTIT        | TY UNIT PRICE         |
| X *     | 2010                         | Individual Counseling             | 2022 6                           |                       |
|         |                              |                                   | 2023 6                           |                       |
|         |                              |                                   | 6                                |                       |
|         |                              |                                   | 2024 Unit: per 30 minute session |                       |
| TD A NG | SPORTATION FO                | OD CLIENTS.                       |                                  |                       |
| IKANS   | SPORTATION FO                | OR CLIENTS:                       |                                  |                       |
| PI      | ROJECT CODE                  | REQUIRED SERVICES                 | ESTIMATED MONTHLY QUANTI         | TY UNIT PRICE         |
| X       | 1201                         | Administrative Fee                | 2022 Unknown                     | 5% of                 |
|         |                              |                                   | 2023 Unknown                     | amount<br>distributed |
|         |                              |                                   | Unknown                          | under<br>pc 1202      |
|         |                              |                                   | 2024                             |                       |
|         |                              |                                   |                                  |                       |
|         |                              |                                   | ESTIMATED MONTHLY QUANTIT        | ΓY UNIT PRICE         |

| X   | 1202         | Client Transportation Expenses                 | 2022<br>2023<br>2024 | Unknown Unknown Unknown | JTR*                    |  |  |
|---|--------------|--|----------------------|-------------------------|-------------------------|--|--|
| CONTRACTOR'S LOCAL TRAVEL:  |              |  |                      |                         |                         |  |  |
|   | PROJECT CODE | REQUIRED SERVICES                              | ESTI                 | MATED MONTHLY QUANTITY  | UNIT PRICE              |  |  |
| X   | 1401         | Contractor's Local Travel by Vehicle           | 2022                 | Unknown                 | JTR*                    |  |  |
|   |              |  | 2023                 | Unknown                 |                         |  |  |
|   |              |  | 2024                 | Unknown                 |                         |  |  |
|   |              |  |                      |                         |                         |  |  |
|   | PROJECT CODE | REQUIRED SERVICES                              | ESTI                 | MATED MONTHLY QUANTITY  | UNIT PRICE              |  |  |
| X   | 1402         | Contractor's Local Travel by Common<br>Carrier | 2022                 | Unknown                 | JTR**                   |  |  |
|   |              |  | 2023                 | Unknown                 |                         |  |  |
|   |              |  | 2024                 | Unknown                 |                         |  |  |
|   |              |  |                      | Unit: per month         |                         |  |  |
| CLIENT REIMBURSEMENT/COPAYMENT:   |              |  |                      |                         |                         |  |  |
|   | PROJECT CODE | REQUIRED SERVICES                              | ESTI                 | MATED MONTHLY QUANTITY  | UNIT PRICE              |  |  |
| X   | 1501         | Administrative Fee                             | 2022                 | Unknown                 | 5% of fees collected by |  |  |
|   |              |  | 2023                 | Unknown                 | vendor                  |  |  |
|   |              |  | 2024                 | Unknown                 |                         |  |  |
|   |              |  |                      |                         |                         |  |  |
| *Unit: Per mile reimbursed at prevailing rate established by Judiciary Travel Regulations for employees of the Judicial Branch of the Government. |              |  |                      |                         |                         |  |  |

.

<sup>\*\*</sup>Unit: Reimbursement is at actual price as established in Judiciary Travel Regulations. Any such travel must first be authorized by the USPO/USPSO to include the type, train or bus, and it must be at the lowest fare possible.

## SECTION C. DESCRIPTION/STATEMENT OF WORK

## PROVISION OF SERVICES

The United States Probation and Pretrial Services Office (hereafter USPO/USPSO) shall provide a Program Plan (Probation Form 45) for each person under supervision that authorizes the provision of services. The vendor shall provide services strictly in accordance with the Program Plan for each person under supervision. The Judiciary shall not be liable for any services provided by the vendor that have not been authorized for that defendant/person under supervision in the Program Plan. The United States Probation or Pretrial Services Officer may provide amended Treatment Program Plans during treatment. The United States Probation/Pretrial Services Office will notify the vendor verbally and in writing via Probation 45 when services are to be terminated and shall not be liable for any services provided by the vendor subsequent to the verbal or written notification.

#### INTRODUCTION

A. Pursuant to the authority contained in 18 U.S.C. § 3154, and 3672, contracts or Blanket Purchase Agreements may be awarded to provide services for defendants/person under supervision who are drug-dependent, alcohol-dependent, and/or suffering from a psychiatric disorder. Such services may be provided to federal defendants/persons under supervision supervised by the USPO/USPSO; pretrial clients supervised by the USPO/USPSO, under the terms of this agreement. The vendor shall submit separate invoices for services provided to the referring agency (USPO or USPSO).

**Note regarding pretrial services defendants:** The vendor shall not ask questions pertaining to the instant offense, or ask questions or administer tests that compel the defendant to make incriminating statements or to provide information that could be used in the issue of guilt or innocence. If such information is divulged as part of an evaluation or treatment, it shall not be included on the written report.

- B. The services to be performed are indicated in Sections B and C. The vendor shall comply with all requirements and performance standards of this agreement.
- C. The judiciary will refer clients on an "as needed basis" and makes no representation or warranty that it will refer a specific number of clients to the vendor for services

#### **DEFINITIONS**

- A. "Offer" means "proposals" in negotiation.
- B. **"Solicitation"** means a request for proposals (RFP) or a request for quotations (RFQ) in negotiation.
- C. "Judiciary" means United States Government.
- D. "Director" means the Director of the Administrative Office of the United States Courts (unless in the context of a particular section, the use of "Director" manifestly shows that the term was intended to refer to some other office for purposes of that section), and the term "his duty authorized representative" means

- any person or persons or board (other than the Contracting Officer) authorized in writing to act for the Director.
- E. **"Authorized representative"** means any person, persons, or board (other than the contracting officer and Chief Probation Officer/Chief Pretrial Services Officer) authorized to act for the head of the agency.
- F. "Contracting Officer" means the person designated by the Director or his duly authorized representative to execute this Agreement on the behalf of the Judiciary, and any other successor Contracting Officer who has responsibility for this agreement. The term includes, except as otherwise provided in this Agreement, the authorized representative of a Contracting Officer acting within the limits of his written authority.
- G. "Client" means any pretrial releasee, probationer, parolee, mandatory releasee, mandatory parolee, or supervised releasee receiving drug/alcohol testing and/or substance use treatment and/or mental health treatment while under the supervision of the Federal Probation System. May also be referred to as pretrial defendant or post-conviction person under supervision.
- H. **"Probation Officer"** (i.e., USPO) means an individual appointed by the United States District Court to provide pretrial, presentence and supervision (pre and post sentence) services for the court. "Probation Officer" refers to the individual responsible for the direct supervision of a client receiving drug/alcohol testing and/or treatment and/or mental health treatment services.
- I. "Chief Probation Officer" (i.e., CUSPO) means the individual appointed by the United States District Court to supervise the work of the court's probation staff. For the purpose of the contract, the "Chief Probation Officer" acts as the contract administrator on behalf of the Director of the Administrative Office of the United States Courts.
- J. "Pretrial Services Officer" (i.e., USPSO) means the individual appointed by a United States District Court to provide pretrial release investigations, recommendations and supervision services for that court. "Pretrial Services Officer" refers to the individual responsible for the direct supervision of a client receiving drug/alcohol testing and/or treatment and/or mental health treatment services.
- K. "Chief Pretrial Services Officer" (i.e., CPSO) means the individual appointed by the court to supervise the work of the court's pretrial services staff. For the purpose of the contract, the "Chief Probation Officer" acts as the contract administrator on behalf of the Director of the Administrative Office of the United States Courts.
- L. **"Designee"** means the person selected by the Chief Probation Officer or the Chief Pretrial Services Officer to act in his/her behalf in drug, alcohol, and mental health treatment matters.
- M. **"Federal Bureau of Prisons"** The federal agency responsible for housing inmates in federal prisons, penitentiaries, correctional institutions and residential re-entry centers who have been sentenced by the federal courts.

- N. "Clarifications" are limited exchanges, between the Judiciary and offerors that may occur when award without discussions is contemplated. If award will be made without conducting discussions, offerors may be given the opportunity to clarify certain aspects of proposals or to resolve minor or clerical errors.
- O. "AOUSC" Administrative Office of the U.S. Courts.
- P. "USPO/USPSO" -U.S. Probation Officer/U.S. Pretrial Services Officer.
- Q. "Probation Form 17" U.S. Probation Travel Log.
- R. "Probation Form 45" Treatment Services Program Plan.
- S. **"Probation Form 46"** Monthly Treatment Record.
- T. "NIDT" Non-Instrumented Drug Testing Device.
- U. "COR" Contracting Officer Representative.
- V. "Case Staffing Conference" A meeting between the Officer and the provider to discuss the needs and progress of the defendant/person under supervision. The defendant/person under supervision may or may not be present at the conference.
- W. "DSM" Diagnostic and Statistical Manual of Mental Disorders.
- X. "Co-payment" Any payment from defendant/person under supervision or third-party reimbursement.
- Y. **"PPSO"** Probation and Pretrial Services Office, Administrative Office of the US Courts.
- Z. "PCRA" Post Conviction Risk Assessment.

## MANDATORY REQUIREMENTS

For Project Codes in Section B, the corresponding paragraphs in this statement of work shall be considered mandatory requirements, as well as the sections listed below:

- A. Defendant/Person under supervision Reimbursement and Co-payment
- B. Deliverables
- C. Notifying USPO/USPSO of Defendant/Person under supervision Behavior
- D. Staff Requirements and Restrictions
- E. Facility Requirements
- F. Local Services (if applicable)

#### **Substance Use Services**

BPA-Solicitation Number: 0974-22-SA01 Page C- 3 of 22

# 1. Substance Use Intake Assessment Report (2011)

This is comprehensive biopsychosocial intake assessment and report which shall be conducted by a state certified addictions counselor or a clinician who meets the standards of practice established by his/her state's regulatory board. The assessor shall identify the defendant(s)/person under supervision(s) substance use severity based upon the most current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (i.e., DSM), strengths, weaknesses, and readiness for treatment. Assessments shall be conducted face to face.

## The vendor shall provide:

- (a) A comprehensive diagnostic interview for each defendant/person under supervision, to include a structured diagnostic instrument such as the Substance Abuse Subtle Screening Inventory (SASSI), Addiction Severity Index (ASI), or Structured Clinical Interview for DSM.
- (b) A typed report to the USPO/USPSO within 10 calendar days of the vendor's first face-to-face contact with the defendant/person under supervision. At a minimum, the assessment report shall address the following:
  - (1) Basic identifying information and sources of the information for the report;
    - (2) Diagnostic impression;
  - (3) A biopsychosocial profile of symptoms that are related to substance use disorders, and mental disorders, if applicable;
  - (4) The target treatment problem which will be the primary or central focus of the initial treatment plan;
  - (5) The severity of the defendant's/person under supervision's substance use disorder (mild, moderate, severe); and
  - (6) A treatment recommendation as to the level of service appropriate to address the identified problems.

The comprehensive diagnostic interview report shall not be a synopsis and/or overview of the presentence report, pretrial services report or any other institutional progress reports provided by the USPO/USPSO to the vendor for background information.

## 2. Cognitive Behavioral Interventions

The goal of Cognitive Behavioral Therapy (CBT) is to change the way defendants/persons under supervision think, hence changing the way they behave. More specifically, CBT restructures a defendant/person under supervision's thought pattern while simultaneously teaching pro-social skills. This type of intervention is effective in addressing criminogenic needs such as antisocial values, low self-control and substance use. Broadly, Cognitive Behavioral Therapy can be divided into two types, *clinical* and *manualized*.

The vendor shall provide:

Manualized Cognitive Behavioral Group (2022) - to two (2) or more defendants/persons under supervision but no more than twelve (12) led by a trained facilitator as defined below. The groups shall offer a structured approach to a specific component of an intervention plan and address the criminal thinking component of a defendant/person under supervision. Examples of this type of group are Moral Reconation Therapy, Thinking for a Change, Problem Solving Skills in Action, Choices and Changes, and The Change Companies. The specific curriculum utilized by the vendor must be designed to address substance use issues and must be approved in advance by the contracting officer or designee. The applicable course materials shall be provided by the vendor and included in the price for this service.

The vendor shall ensure:

(1) The trained facilitator has successfully completed training for the specific manualized CBT program being utilized. The completion of such training shall be documented. A trained facilitator shall not be required to have clinical oversight.

For services provided under project codes 2021 and 2022, the vendor shall:

- (1) Provide treatment only as directed on the Probation Form 45.
- (2) Provide for emergency services (e.g., after hours staff phone numbers, local hotlines) for defendants/persons under supervision when counselors are not available.
- (3) Ensure that treatment plans are present and include: (a) short and long-term goals for the defendant(s)/person(s) under supervision; (b) measurable objectives; (c) type and frequency of services to be received; (d) specific criteria for treatment completion and the anticipated time-

BPA-Solicitation Number: 0974-22-SA01 Page C- 5 of 22

frame; (e) documentation of treatment plan review (including defendant's/person under supervision's input), and continued need for treatment, if necessary (at least every 90 days). The plan should include information on family and significant others involvement (i.e., community support programs, etc.).

**NOTE:** Initially and after every update, or at least every 90 days, the treatment plan should be attached to the monthly treatment report provided to the USPO/USPSO.

- (4) Ensure that only face-to-face contacts with the defendant/person under supervision are billed and that emergency telephone calls are factored into the unit price.
- (5) Ensure that a typed discharge summary is submitted to the USPO/USPSO within 15 calendar days after treatment is terminated. The summary shall outline the reason for concluding contract services, (i.e., the defendant/person under supervision responded to treatment and treatment is no longer needed, or the defendant/person under supervision failed to respond to treatment). In addition, the discharge summary shall include recommendations for community-based aftercare that the defendant/person under supervision can readily access. In all cases, the discharge status (i.e., successful discharge, unsuccessful discharge, interruption of treatment, etc.) shall be clearly stated.
- (6) Ensure that counselors notify the USPO/USPSO within 24 hours if the defendant/person under supervision fails to report for treatment, conduct violating a condition of supervision occurs, or third-party risk issues are identified. If the assigned USPO/USPSO is not available, the counselor shall notify a supervisor or the duty officer.

## 3. Substance Use Counseling

Counseling is a clinical interaction between defendant/person under supervision and a trained and certified counselor. The interactions are deliberate and based on various clinical modalities, which have demonstrated evidence to change behavior.

The vendor shall provide:

- a. The services below (1 through 5) or any combination thereof as indicated on the Form 45 for each defendant/person under supervision:
- (1) **Individual Counseling (2010)** to one (1) defendant/person under

## supervision;

- b. For counseling identified for project codes 2010, 2020, 2030, 2040, and 2090, the vendor shall:
  - (1) Provide treatment only as directed on the Probation Form 45.
  - (2) Provide for emergency services (e.g., after hours staff phone numbers, local hotlines) for defendants/persons under supervision when counselors are not available.
  - (3) Ensure that treatment plans are present and include: (a) short and long-term goals for the defendant(s)/person(s) under supervision; (b) measurable objectives; (c) type and frequency of services to be received; (d) specific criteria for treatment completion and the anticipated time-frame; (e) documentation of treatment plan review (including defendant's/person under supervision's input), and continued need for treatment, if necessary (at least every 90 days). The plan should include information on family and significant others involvement (i.e., community support programs, etc.).

**NOTE:** Initially and after every update, or at least every 90 days, the treatment plan should be attached to the monthly treatment report provided to the USPO/USPSO.

- (4) Ensure that only face-to-face contacts with the defendant/person under supervision (or family) are billed and that emergency telephone calls are factored into the unit price.
- (5) Ensure that a typed discharge summary is submitted to the USPO/USPSO within 15 calendar days after treatment is terminated. The summary shall outline the reason for concluding contract services, (i.e., the defendant/person under supervision responded to treatment and treatment is no longer needed, or the defendant/person under supervision failed to respond to treatment). Additionally, the discharge summary shall include recommendations for community-based aftercare that the defendant/person under supervision can readily access. In all cases, the discharge status (i.e., successful discharge, unsuccessful discharge, interruption of treatment, etc.) shall be clearly stated.
- (6) Ensure that counselors notify the USPO/USPSO within 24 hours if the defendant/person under supervision fails to report for treatment, conduct violating a condition of supervision occurs, or third-

party risk issues are identified. If the assigned USPO/USPSO is not available, the counselor shall notify a supervisor or the duty officer.

- c. For **substance use treatment services** performed for project codes **2010**, **2020**, **2030**, **2040**, and **2090** the vendor shall ensure that all personnel meet the following qualifications:
  - (1) Principal counseling services practitioners shall have at least one of the following (a or b):
  - (a) an advanced degree (masters or doctoral level) in behavioral science, preferably psychology or social work,
  - (b) a BA/BS and at least two years of drug treatment training and/or experience.
  - (2) Counselors shall be certified and/or have credentials to engage in substance use treatment intervention as established by his/her state's regulatory board and/or accrediting agency.
  - (3) Paraprofessionals are **only** used under the direct supervision of, and in conjunction with, a staff member who meets the requirements described in item numbers (1) and (2) above, and after obtaining the approval of the contracting officer or designee. Interns may be considered paraprofessionals.

## 4. **Defendant/Person under supervision Transportation**

The vendor shall provide:

a. **Defendant/Person under supervision Transportation Expenses (1202)** for defendant/person under supervision

transportation to and from treatment facilities:

- (1) For eligible defendants/person under supervision who the USPO/USPSO determines are unemployed or unable to pay transportation prices,
- (2) That the USPO/USPSO authorizes and approves, and
- (3) That does not exceed the price of public transportation via the most direct route.

If public transportation is not available, the vendor must seek prior approval from the contracting officer or designee for reimbursement of alternative

BPA-Solicitation Number: 0974-22-SA01 Page C- 8 of 22

means of transportation accordance with the Judiciary Travel Regulations (JTR).

**Note:** The vendor may charge an **Administrative Fee (1201)** for **Defendant/Person under supervision** 

**Transportation Expenses (1202)** which is a reasonable monthly fee to administer transportation expense funds, not exceeding five (5) percent of the monthly funds distributed under **Defendant/Person under supervision Transportation Expenses** (1202).

## 5. Vendor Local Travel:

The vendor may invoice for:

a. **Vendor's Local Travel by Vehicle (1401)** for vendor or staff travel to defendants'/person under supervision' homes or employment, medical appointments or for other

contract-related travel authorized and approved by the USPO/USPSO and conforming with the following:

- (1) At a rate established in the Judiciary Travel Regulations and
- (2) Recorded on Probation Form 17, Daily Travel Log, and limited to reimbursement of mileage per judiciary travel regulations.
- b. Vendor's Local Travel by Common Carrier (1402) (airfare is not approved travel under this statement of work) for travel outlined above in Vendor Local Travel by Vehicle (1401) and conforming with the following:
  - (1) Reimbursement at actual price as established in the Judiciary Travel Regulations, Any such travel must first be authorized by the USPO/USPSO to include the type, train or bus, and it must be at the lowest fare possible; and
  - (2) Recorded on Probation Form 17, Daily Travel Log.

## 6. Defendant/Person under supervision Reimbursement and Co-Payment

The vendor shall:

a. Collect any co-payment authorized on the Program Plan (Probation Form 45) and deduct any collected co-payment from the next invoice to be submitted to the

BPA-Solicitation Number: 0974-22-SA01 Page C- 9 of 22

judiciary;

- b. Provide bills and receipts for co-payments to defendants/persons under supervision. The vendor shall keep an individualized record of co-payment collection, make it available for the USPO/USPSO review, and have systems in place to both follow-up on collection of outstanding amounts and to resolve any discrepancies in the amount owed;
- c. Document within the Monthly Treatment Report and the Sign-In/Sign-Out Daily Log any co-payment received or whether the expected co-payment was not provided, as well as the amount of any outstanding balance;
- d. Inform the USPO/USPSO within 10 calendar days of a defendant's/person under supervision's failure to make a total of three consecutive scheduled co-payments;
- e. Reimburse the Judiciary as directed in Section G.

**Note:** The vendor may charge an **Administrative Fee (1501)** which is a reasonable monthly fee, to administer the collection of fees from defendants/persons under supervision, not exceeding five (5) percent of the monthly funds collected.

#### 7. **Deliverables**

## a. Defendant/Person under supervision Records and Conferences

(1) File Maintenance

The vendor shall:

- (a) Maintain a secure filing system of information on all defendants/persons under supervision to whom the vendor provides services under this contract/agreement. If information is maintained electronically, the vendor shall make a hard copy of all files available for review immediately upon request of the USPO/USPSO or designee.
- (b) Segregate defendant/person under supervision files from other vendor records. This will facilitate monitoring and promote defendant/person under supervision confidentiality.
- (c) Keep a separate file for each defendant/person under supervision.
- (d) Create a separate file when a defendant on pretrial services supervision is sentenced to probation supervision, but continued in treatment with the

vendor. The vendor may copy any information relevant from the pretrial services file and transfer it into the probation file, except for information covered under the Pretrial Services Confidentiality Regulations. The vendor and its subcontractors are authorized to access criminal history information available in pretrial services or probation records that have been provided by the USPO/USPSO. This information is provided solely for the purpose of providing services under this contract. Any unauthorized re-disclosure of this information may result in termination of this contract and the imposition of civil penalties.

- (e) Identify any records that disclose the identity of a defendant/person under supervision as **CONFIDENTIAL**.
- (f) Keep all defendant/person under supervision records for three years after the final payment is received for Judiciary inspection and review, **except** for litigation or settlement of claims arising out of the performance of this agreement, which records shall be maintained until final disposition of such appeals, litigation, or claims.
- (g) At the expiration of the performance period of this agreement the vendor shall provide the USPO/USPSO or designee a copy of all defendant/person under supervision records that have not been previously furnished, including copies of chronological notes.

NOTE: The vendor shall comply with the HIPAA privacy rule Security Standards for the Protection of Electronic Protected Health Information set forth at 45 C.F.R. § 164.302 to 318 with regard to electronic information.

#### b. **Disclosure**

The vendor shall:

- (1) Protect **CONFIDENTIAL** records from disclosure except in accordance with item number b. (2), (3), (4),(5), (6), and (7) below.
- Obtain defendant's/person under supervision's authorization to disclose confidential health information to the USPO/USPSO. If the vendor is unable to obtain this disclosure, the vendor shall notify the USPO/USPSO immediately.
- (3) Disclose defendant/person under supervision records upon request of the USPO/USPSO or designee to the USPO/USPSO or designee.
- (4) Make its staff available to the USPO/USPSO to discuss treatment of a

defendant/person under supervision.

- (5) Disclose defendant/person under supervision records only in accordance with 42 C.F.R. Part 2, and 45 C.F.R. § 160.201 to 205 and Part 164 (even if the vendor is not otherwise subject to 45 C.F.R. § 16.201 to 205, and Part 164). The vendor shall disclose records only after advising the USPO/USPSO of the request and any exceptions to the disclosure of, or an individual's right of access to, treatment or protected health information that might apply.
- (6) Not disclose "pretrial services information" concerning pretrial services clients. "Pretrial services information," as defined by the "Pretrial Services Confidentiality Regulations," is "any information, whether recorded or not, that is obtained or developed by a pretrial services officer (or a probation officer performing pretrial services duties) in the course of performing pretrial services." Pretrial Services Confidentiality Regulations, §2.A. Generally, any information developed by an officer performing pretrial services that is shared with the vendor will be confidential pretrial services information. Only a judicial officer or a Chief USPO/USPSO may authorize disclosure of pretrial services information to a third party pursuant to the Pretrial Services Confidentiality Regulations. Any doubts about whether a potential disclosure concerns pretrial services information must be resolved by consultation with the USPO/USPSO.
- (7) The vendor and its subcontractors are authorized to access criminal history information available in pretrial services or probation records that have been provided by the USPO/USPSO. This information is provided solely for the purpose of providing services under this contract. Any unauthorized re-disclosure of this information may result in termination of this contract and the imposition of civil penalties.
- (8) Ensure that all persons having access to or custody of defendant/person under supervision records follow the disclosure and confidentiality requirements of this agreement and federal law.
- (9) Notify the USPO/USPSO immediately upon receipt of legal process requiring disclosure of defendant/person under supervision records.

**Note:** The Judiciary agrees to provide any necessary consent forms that federal, state or local law requires.

#### c. File Content

The vendor's file on each defendant/person under supervision shall contain the following records:

## (1) **Chronological Notes** that:

- (a) Record all contacts (e.g., face-to-face, telephone) with the defendant/person under supervision including collateral contacts with family members, employers, USPO/USPSO and others. Records shall document all notifications of absences and any apparent conduct violating a condition of supervision occurs.
- (b) Are in accordance with the professional standards of the individual disciplines and with the respective state law on health care records.
- (c) Document the goals of treatment, the methods used, the defendant's/person under supervision's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences given should be recorded.
- (d) Accurately reflect the defendant's/person under supervision's treatment progress, sessions attended, and changes in treatment.
- (e) Are current and available for review by the USPO/USPSO or designee and by the Probation and Pretrial Services Office (PPSO) at the Administrative Office.
- (f) Chronological notes shall be legible, and be dated and signed by the practitioner.

## (2) **Program Plan** (Probation Form 45) that:

- (a) Identifies vendor services to be provided to the defendant/person under supervision and billed to the Judiciary under the terms of agreement, and any co-payments due by the defendant.
- (b) USPO/USPSO prepares during or immediately after the case staffing conference. The program plan authorizes the vendor to provide services (e.g., Intake Assessment and Report (2011)) to the defendant/person under supervision.
- (c) USPO/USPSO shall amend the Program Plan (Probation Form 45) when changing the services, the vendor shall perform, their frequency, or other administrative changes (e.g., co-payment amounts) and upon termination

of services.

- (3) **Amended Program Plan (Probation Form 45)** (if applicable) that USPO/USPSO prepares:
  - (a) During or immediately following the case staffing conference, or any other changed circumstance if service delivery changes from existing Program Plan (Probation Form 45).
  - (b) To obtain additional services for a defendant/person under supervision during the agreement or to change the frequency of a defendant/person under supervision's urine collection.
  - (c) To document any other changes in co-payments, frequency of treatment, etc.
  - (d) To terminate services.
- (4) **Monthly Treatment Report (Probation Form 46)** that:
  - (a) Is submitted along with the monthly invoice and the Daily log for the month for which the vendor is invoicing, except for clients who are receiving urinallysis services only (PC 1010, 1011).
  - (b) Summarizes defendant/person under supervision's activities during the month, lists attendance dates, and accompanies the monthly invoice.
  - (c) Documents defendant/person under supervision progress (e.g., adjustment,
    - responsiveness, significant problems, employment).
  - (d) Reflects changes in the Program Plan (Probation Form 45).
  - (e) Records urine collection and test results, if applicable.
  - (f) Shall be typed if requested by the USPO/USPSO.
- (5) **Authorization to Release Confidential Information** (Probation Forms 11B, 11E, or 11I, and PSA Forms 6B, or 6D) that:
  - (a) The defendant/person under supervision and USPO/USPSO sign prior to the defendant's/person under supervision's first appointment with the treatment provider.

- (b) The vendor shall obtain the defendant's/person under supervision's signature before releasing any information regarding the defendant/person under supervision or the defendant's/person under supervision's treatment and progress to the USPO/USPSO.
- (6) **Daily Travel Log** (Probation Form 17) (if applicable) that:
  - (a) Vendor shall submit Probation Form 17 with the monthly invoice for **Vendor's Local Travel** by vendor or staff.
    - (1) By **Vehicle (1401)** (at the rate in the Judiciary Travel Regulations), or (2) By **Common Carrier (1402)** (at the rate in the Judiciary Travel Regulations)
- (7) **Sign-In, Sign-Out Daily Treatment Log** (if applicable) that:
  - (a) Along with the monthly invoice, is submitted for the month for which the vendor is invoicing.
  - (b) USPO/USPSO or designee uses to certify the monthly invoice.
  - (c) USPO/USPSO shall review for approval if vendor Daily Log form differs from the USPO/ USPSO sample form.
  - (d) Defendant/person under supervision shall sign-in upon arrival and signout when leaving the vendor's facility.
  - (e) Documents any defendant/person under supervision co-payment, and
  - (f) Vendor shall ensure that a defendant/person under supervision signing or initialing an entry in the Daily Log cannot see the names or signatures of other defendants/person under supervision.

**NOTE:** Allowing anyone undergoing treatment to see the names or signatures of other defendants/person under supervision violates federal confidentiality regulations regarding treatment records.

- (8) **Urinalysis Testing Log** (If applicable) (Attachment J.9) that:
  - (a) Along with the monthly invoice, is submitted for the month for which the vendor is invoicing.
  - (b) Shall record all collected urinalysis specimens and indicate:

- (1) Defendant or person under supervision's name and PACTS number
- (2) Collection Date
- (3) Specimen (bar code) number
- (4) Collector's initials
- (5) Test results and date received (if applicable)
- (6) Drugs or medication taken, and
- (7) Special test requested
- (8) Co-pay collected (if applicable)
- (c) Shall record any unusual occurrences in the collection process, and in the specific gravity and temperature readings (if applicable).
- (d) The vendor shall submit for USPO/USPSO approval if vendor Daily Urinalysis Log form differs from the sample form provided in attachment J.9.
- (e) The vendor shall ensure that a defendant/person under supervision signing or initialing an entry Urinalysis Log cannot see the names or signatures of other defendants/person under supervision.

**NOTE:** Allowing anyone undergoing treatment to see the names or signatures of other defendants/person under supervision violates federal confidentiality regulations regarding treatment records.

## d. Case Staffing Conference

Upon USPO/USPSO referral of a defendant/person under supervision to the vendor, the vendor shall:

- (1) Participate in a 3-way meeting with the USPO/USPSO, defendant/person under supervision and vendor for an initial case staffing.
- (2) Meet with the USPO/USPSO face-to-face or via a telephone conference at least every 30 days to discuss the defendant's/person under supervision's progress in treatment.
- (3) Consult and meet as requested by the USPO/USPSO.

**NOTE:** The price of case staffing conferences and consultations are included in the prices in Section B.

e. Vendor Reports (Substance Use, Mental Health, and Sex Offense Specific Treatment Reports)

The vendor shall:

- (1) Provide a report on the defendant's/person under supervision's treatment progress upon USPO/USPSO's request. Reports shall include specific/measurable goals and objectives with target completion dates that are periodically reviewed.
- (2) Provide a written recommendation in the report to whether or not a defendant's/person under supervision's treatment shall be continued or terminated
- (3) If the vendor recommends treatment termination, the vendor shall provide a reason for this recommendation in the written report (i.e., whether the defendant/person under supervision responded to treatment and no longer needs aftercare, or whether the defender/person under supervision failed to respond to treatment)

# f. Vendor Testimony

The vendor, its staff, employees, and/or subcontractors shall:

- (1) Appear or testify in legal proceedings convened by the federal court or Parole Commission only upon order of the federal court with jurisdiction, and
  - (i) a request by the United States Probation and/or Pretrial Services Offices, United States Attorney's Offices, or United States Parole Commission, or
  - (ii) in response to a subpoena.
- (2) Provide testimony including but not limited to a defendant's/person under supervision's: attendance record; drug test results; general adjustment to program rules; type and dosage of medication; response to treatment; test results; and treatment programs.
- (3) Receive reimbursement for subpoenaed testimony through the Department of Justice based on its witness fee and expense schedule.
- (4) Receive necessary consent/release forms required under federal, state or local law from the Judiciary.
- (5) Not create, prepare, offer, or provide any opinions or reports, whether written or verbal that are not required by this statement of work and the

treatment program unless such action is approved in writing by the Chief US Probation Officer or Chief US Pretrial Services Officer.

# g. Emergency Contact Procedures

The vendor shall establish and post emergency (24 hours/ 7 days a week) contact procedures (i.e., crisis intervention, schedule changes, local hotlines, and/or situations requiring immediate attention), for times when counselors are not available.

## 8. Notifying USPO/USPSO of Defendant/Person under supervision Behavior

The vendor shall:

- a. Notify the USPO/USPSO within 24 hours or as specified in writing by the Contracting Officer of defendant/person under supervision behavior including but not limited to:
  - (1) Positive drug or alcohol test results.
  - (2) Attempts to adulterate a urine specimen and/or compromise any drug detection methodology to determine illicit drug usage.
  - (3) Failure to produce a urine specimen for testing (i.e., stall; withholding a specimen or failure to produce a specimen of sufficient quantity for testing).
  - (4) Failure to appear as directed for urine collection, evaluation, counseling session or alcohol test (i.e., no show).
  - (5) Failure to follow vendor staff direction.
  - (6) Apparent failure to comply with conditions of supervision.
  - (7) Any behavior that might increase the risk of the defendant/person under supervision to the community.

**Note:** Vendor shall report any information from any source regarding a defendant's/person under supervision's apparent failure to comply with conditions of supervision.

## 9. Staff Requirements and Restrictions

BPA-Solicitation Number: 0974-22-SA01 Page C- 18 of 22

#### The vendor shall ensure that:

- a. After award, persons currently under pretrial services, probation, parole, mandatory release, or supervised release (federal, state or local) shall not perform services under this agreement nor have access to defendant/person under supervision files.
- b. After award, persons charged with or under investigation for a criminal offense shall not perform services under this agreement nor have access to defendant/person under supervision files unless approved in writing by the Contracting Officer after consultation with PPSO and PMD.
- c. After award, persons convicted of any sexual offense (including but not limited to, child pornography offenses, child exploitation, sexual abuse, rape or sexual assault) or required under federal, state, or local law to register on the Sexual Offender registry shall not perform services under this agreement or contract nor shall they have access to defendant/person under supervision files unless approved in writing by the Contracting Officer after consultation with PPSO and PMD.
- d. After award, persons with any restrictions on their licenses, certifications or practice (or those who voluntarily agree to such a restriction) based on negotiations or proceedings with any licensing authority, shall not perform services under this agreement or contract nor shall they have access to defendant/person under supervision files unless approved in writing by the Contracting Officer after consultation with PPSO and PMD.
- e. The vendors and its employees shall:
  - (1) Avoid compromising relationships with defendants/person under supervision and probation or pretrial services staff, and
  - (2) Not employ, contract with, or pay any defendant/person under supervision or defendant's/person under supervision's firm or business to do any work for the vendor either at the vendor's facilities or personally for any of the vendor's employees during the period of this agreement.
  - (3) Report any such improprieties or the appearance thereof immediately to the USPO/USPSO or designee.
  - (4) Report to the USPO/USPSO any investigations, pending charges, arrests and/or convictions related to a criminal offense, any restrictions on staff licenses or certifications, whether imposed or voluntary, involving any staff performing services under this agreement within 48 hours of obtaining

## knowledge.

- f. The vendor shall notify the USPO/USPSO in writing of any staff changes and provide documentation of any required licensing, certification, experience and education requirements, or changes thereof. The vendor shall submit an Offeror's Staff Qualifications form (Section L Attachment C) for each new staff member added under the agreement.
- g. Failure to comply with the above terms and conditions could result in termination of this agreement.

## 10. Facility Requirements:

The vendor shall ensure that its facility(ies) has adequate access for defendants/person under supervision with physical disabilities.

11. The vendor shall comply with all applicable state, federal and local laws and regulations when performing services required under this contract or agreement. Failure to do so may result in immediate termination, and subject the vendor to civil and/or criminal penalties.

#### 12 Local Services

NOTE: Insert the statement of work and project codes for local services. On the required service line an asterisk (\*) shall be used to denote which project code in Section B will be amended in the local services section. The local services section shall be used for districts to further define a specific need. Additional codes shall not be created under any circumstances without written approval from PPSO at the Administrative Office of the United States Courts. All local needs shall be approved in writing by PPSO.

#### **INTAKE**

\* 2011

- 1. The vendor shall ensure the counselors can provide services in Spanish and English.
- 2. The vendor shall ensure USPO or USPSO is able to communicate with individual counselors by leaving telephone messages via the use of an automated voicemail system.

BPA-Solicitation Number: 0974-22-SA01 Page C- 20 of 22

- 3. The vendor shall be available telephonically during 8AM to 5PM during weekdays to schedule appointments.
- 4. The vendor shall notify USPO or USPSO within 24 hours of the defendant or offender having rescheduled treatment without prior approval of USPO or USPSO.

## COGNITIVE BEHAVIORAL TREATMENT

- \* 2022
  - 1. The vendor shall ensure the counselors can provide services in Spanish and English.
- 2. The vendor shall ensure USPO or USPSO is able to communicate with individual counselors by leaving telephone messages via the use of an automated voicemail system.
- 3. The vendor shall be available telephonically during 8AM to 5PM during weekdays to schedule appointments.
- 4. The vendor shall notify USPO or USPSO within 24 hours of the defendant or offender having rescheduled treatment without prior approval of USPO or USPSO.
- 5. The vendor shall provide a manualized evidenced-based program to address substance use disorders. Examples include, but are not limited to, Criminal Conduct & Substance Abuse Treatment: Strategies for Self-Improvement and Change, Pathways to Responsible Living, or Moral Reconation Therapy (MRT).

The vendor shall ensure that:

- (a) Sessions during weekdays shall be held during the hours of 9AM and 7PM, with one group starting no earlier than 5:30PM.
- (b) The vendor shall provide each offender/defendant the participants workbook for the manualized program (the cost of the workbook should be incorporated into the unit cost).
- (c) The vendor shall ensure each participants workbook is maintained at the treatment facility and is maintained in a secure filing system and segregated from other vendor records.
- (d) Upon completion of the program, the workbook shall be provided to the offender.

## SUBSTANCE ABUSE COUNSELING

\* 2010

1. The vendor shall ensure the counselors can provide services in Spanish and English.

BPA-Solicitation Number: 0974-22-SA01 Page C- 21 of 22

- 2. The vendor shall ensure USPO or USPSO is able to communicate with individual counselors by leaving telephone messages via the use of an automated voicemail system.
- 3. The vendor shall be available telephonically during 8AM to 5PM during weekdays to schedule appointments.
- 4. The vendor shall notify USPO or USPSO within 24 hours of the defendant or offender having rescheduled treatment without prior approval of USPO or USPSO.

# SECTION D. PACKAGING AND MARKING

NOT APPLICABLE

Revised FY 2022

## SECTION E - INSPECTION AND ACCEPTANCE

# **E.1** Vendors Performance (Mandatory Requirement)

The vendor and/or subcontractor shall:

- (a) Maintain a physical facility that meets all applicable federal, state and local regulations (e.g., building codes).
- (b) Not endanger the health and safety of employees, clients and the community.
- (c) Provide physical facilities that preserve both the integrity of the confidential relationship and the personal dignity of the client.

## **E.2** Clause B-5 Clauses Incorporated by Reference (SEP 2010)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the contracting officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <a href="http://www.uscourts.gov/procurement.aspx">http://www.uscourts.gov/procurement.aspx</a>

The clauses listed below are applicable to Agreements and Contracts at any value.

Clause 2-5A Inspection of Products (APR 2013)

Clause 2-5B Inspection of Services (APR 2013)

## **SECTION F - DELIVERIES OR PERFORMANCE**

# F.1 Provision of Services to Federal Offenders and Defendants (Mandatory Requirements)

- a. In an effort to protect the community by providing outpatient treatment, the vendor shall have the capability to immediately place Federal clients in outpatient or urine surveillance without regard to any placement backlog or waiting lists.
- b. Recognizing the problems of limited bed space, vendors shall place referrals for residential placements in the first available bed space.
- c. The vendor shall not unilaterally refuse services to any defendant or offender referred by the Government, except where the defendant or offender poses an apparent danger to the vendor's staff or other clients. The vendor shall not refuse service without approval of the Government.
- d. Termination of clients from treatment, based upon a violation of the vendor's program rules and regulations shall not be made without the approval of the Government. When necessary, the vendor may take appropriate and immediate action to protect staff and clients.
- e. The contractor shall not tell defendants or offenders to misrepresent or withhold information regarding the treatment provider or the treatment services received in response to questions posed by the USPO/USPSO or other government or law enforcement agencies authorized to make such inquiries.
- **F.2** The vendor shall perform and comply with the mandatory requirements set forth in Sections C, E, F, and G of this contract or agreement. A vendor's noncompliance or failure to do so shall be the basis for termination of the contract or agreement.

## SECTION G - AGREEMENT ADMINISTRATION DATA

## **G.1** Contact Point for Assistance

a. Contact the person listed in block 7 on the form **Solicitation/Offer/Acceptance**, in Section A, p. 1 of the Request For Proposals (RFP).

## **G.2** Fiscal Records (Mandatory Requirement)

The vendor shall:

- a. Maintain its fiscal records according to generally accepted accounting principles.
- b. Keep and identify all financial records, that disclose the identity of any defendant/offender as **CONFIDENTIAL**.
- c. Keep all defendant/offender records associated with the agreement for three (3) years after the final payment date under the agreement, for Government inspection and review, except that the vendor shall keep defendant/offender records relating to litigation or settlement of claims arising out of the performance of this agreement, until final disposition of such appeals, litigation, or claims.

## **G.3**. Invoices (Mandatory Requirement)

The vendor shall:

- a. Submit an original copy of the invoice to the address listed in block 7 of the **Solicitation/Offer/Acceptance** in SECTION A, p.1 of the RFP. Additionally, the **Monthly Treatment Report**, **Daily Log**, **Urinalysis Log** and **Daily Travel Log** (if applicable) shall be submitted to the USPO/USPSO.
- b. Submit invoices monthly to arrive no later than the tenth (10th) day of the month for services provided during the preceding month.
- c. Use the Administrative Office invoice (Parts A and B), or a probation office local invoice form, approved by the Administrative Office, indicating:
  - (1) Individual defendant/offender names and identifying numbers, and
  - (2) Charges for each service, identified by its project code, as described in **SECTION C STATEMENT OF WORK**, of this document.

**Note:** The Administrative Office encourages computer generated billing and will accept a

vendor's invoice form that contains the same information as the Administrative Office invoice. The vendor shall only submit invoices electronically in a manner approved by the Contracting Officer and in compliance with 45 C.F.R. § 164.302 to 164.318.

- d. Submit with the invoice a certification by an authorized official of the vendor that the invoice:
  - (1) Is correct and accurate to the best of his/her knowledge, and
  - (2) Includes only charges for services actually provided to defendant(s)/offender(s).
- e. The vendor shall submit separate invoices for services provided to pretrial services defendants and Bureau of Prisons inmates to the appropriate pretrial services or Bureau of Prisons office.
- f. The vendor may include the "No-Show" factor in the unit price charged for the following services. The vendor shall not include a charge for a "No-Show" as a separate item.

| 1010 | 2090 | 5030 | 6030 |
|------|------|------|------|
| 1011 | 4010 | 6000 | 6032 |
| 2000 | 4020 | 6010 | 6036 |
| 2010 | 5010 | 6012 | 6050 |
| 2011 | 5011 | 6015 | 6051 |
| 2020 | 5012 | 6020 | 6080 |
| 2021 | 5020 | 6021 | 6090 |
| 2022 | 5021 | 6022 | 6091 |
| 2030 | 5022 | 6026 | 7013 |
| 2040 | 5023 | 6027 | 7023 |
| 2080 | 5025 | 6028 |      |

**Note:** A "No-Show" occurs when a defendant/offender does not show (and does not cancel with at least 24 hours advance notice) for a prescheduled service provided customarily by a physician or other professional staff member.

- g. The vendor shall charge for a session longer or shorter than the prescribed unit time (when the unit price is based on a prescribed unit of time) by adjusting the charge up or down in fifteen minute increments. If circumstances necessitate adjustment of the charge based on the example below in section (i), the vendor shall contact the Government for approval. Sessions lasting less than 16 minutes shall be treated as a "no show" for the purposes of billing.
- h. The vendor shall include on the monthly invoice the item number and the fractional part of the session for which the vendor is billing the Government.
- i. **Example**:

Assume that the rate of service is \$10.00 per half hour.

| Time Spent (in minutes) | Charge  |  |  |
|-------------------------|---------|--|--|
| 0 - 15                  | \$ 0.00 |  |  |
| 16 - 30                 | \$10.00 |  |  |
| 31 - 45                 | \$15.00 |  |  |
| 46 - 60                 | \$20.00 |  |  |

- j. The vendor shall include the cost of written reports and conferences with the USPO/USPSO in the prices for defendant/offender services unless the Program Plan authorizes them as part of a specific service (e.g., Intake Assessment and Report (2011), Psychological Evaluation and Report (5010)).
- k. The vendor shall include the cost of telephone contacts with defendants/offenders in the unit price for the services and shall not bill separately for these calls.

# **G.4** Reimbursements or Copayments (Mandatory Requirement)

- a. The vendor shall not request or accept payment either directly or indirectly from the defendant/offender for services under this agreement unless the USPO/USPSO authorizes in writing partial or total payment by the defendant/offender for prescheduled individual services customarily provided by a physician or professional staff member.
  - (1) The USPO/USPSO shall evaluate the defendant/offender's financial status (e.g., employment) before authorizing defendant/offender payments to the vendor and shall notify the defendant/offender and vendor of the authorized defendant/offender payments in the program plan.
- b. The vendor shall not submit invoices to the Government for services under this agreement where the vendor already has submitted invoices, or received payment for the same services from other sources.
- c. If the vendor has received any payments from insurance programs or other sources (e.g., state or local public assistance programs) for services for which the vendor has received payment from the Government under this agreement, the vendor shall reimburse the Government for these services.

(1) The USPO/USPSO may order reimbursement in the form of deductions from subsequent invoices according to USPO/USPSO instruction and the terms and conditions of this solicitation document.

- (2) According to 18 USC 3672, the vendor may be required to reimburse the Director of the Administrative Office of the U. S. Courts in lieu of deducting payments from subsequent invoices.
- (3) The vendor shall not accept reimbursement for services in an amount that exceeds the amount authorized in the contract/agreement with the Government.

## **SECTION H - SPECIAL AGREEMENT REQUIREMENTS**

## H.1 Clause 7-25, Indemnification (AUG 2004)

- (a) The contractor assumes full responsibility for and shall indemnify the judiciary against any and all losses or damage of whatsoever kind and nature to any and all judiciary property, including any equipment, products, accessories, or parts furnished, while in its custody and care for storage, repairs, or service to be performed under the terms of this contract, resulting in whole or in part from the negligent acts or omissions of the contractor, any subcontractor, or any employee, agent or representative of the contractor or subcontractor.
- (b) If due to the fault, negligent acts (whether of commission or omission) and/or dishonesty of the contractor or its employees, any judiciary-owned or controlled property is lost or damaged as a result of the contractor's performance of this contract, the contractor shall be responsible to the judiciary for such loss or damage, and the judiciary, at its option, may, in lieu of requiring reimbursement therefor, require the contractor to replace at its own expense, all property lost or damaged.
- (c) Hold Harmless and Indemnification Agreement The contractor shall save and hold harmless and indemnify the judiciary against any and all liability claims and cost of whatsoever kind and nature for injury to or death of any person or persons and for loss or damage to any contractor property or property owned by a third party occurring in connection with or in any way incident to or arising out of the occupancy, use, service, operation, or performance of work under the terms of this contract, resulting in whole or in part from the acts or omissions of the contractor, any subcontractor, or any employee, agent, or representative of the contractor or subcontractor.
- (d) The contractor shall indemnify and hold the judiciary, its employees, and others acting on its behalf harmless against any and all loss, liability, or damage arising out of the negligence, failure to act, fraud, embezzlement, or other misconduct by the contractor, its employees, subcontractors, agents, or representatives of the contractor or subcontractor.
- (e) Judiciary's Right of Recovery Nothing in the above paragraphs will be considered to preclude the judiciary from receiving the benefits of any insurance/bonds the contractor may carry which provides for the indemnification of any loss or destruction of, or damages to, property in the custody and care of the contractor where such loss, destruction or damage is to judiciary property. The contractor shall do nothing to prejudice the judiciary's right to recover against third parties for any loss, destruction of, or damage to, judiciary property, and upon the request of the contracting officer will, at the judiciary's expense, furnish to the judiciary all reasonable assistance and cooperation (including assistance in the prosecution of suit and the execution of instruments of assignment in favor of the judiciary) in obtaining recovery.
- (f) Judiciary Liability The judiciary will not be liable for any injury to the contractor's personnel or damage to the contractor's property unless such injury or damage is

due to negligence on the part of the judiciary and is recoverable under the Federal Torts Claims Act, or pursuant to other statutory authority applicable to the judiciary.

## H.2 DRUG-FREE WORKPLACE - JAN 2003

(a) Definitions. As used in this clause,

"Controlled Substance" means a controlled substance in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined in regulation at 21 CFR 1308.11-1308.15.

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, possession or use of any controlled substance.

"**Drug-free workplace**" means a site for the performance of work done in connection with a specific contract at which the employees of the Contractor are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance.

"Employee" means an employee of a Contractor directly engaged in the performance of work under a Government contract. "Directly Engaged" is defined to include all direct cost employees and any other Contractor employee who has other than a minimal impact or involvement in contract performance.

"Individual" means an offeror/contractor that has no more than one employee including the offeror/contractor.

- (b) The Contractor, if other than an individual, shall--within 30 calendar days after award (unless a longer period is agreed to in writing for contracts of 30 calendar days or more performance duration), or as soon as possible for contracts of less than 30 calendar days performance duration--
  - (l) Publish a statement notifying such employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
  - (2) Establish an ongoing drug-free awareness program to inform such employees about-
    - (i) The dangers of drug abuse in the workplace;
    - (ii) The Contractor's policy of maintaining a drug-free workplace;
    - (iii) Any available drug counseling, rehabilitation, and employee assistance programs; and

- (iv) The penalties that may be imposed upon employees from drug abuse violations occurring in the workplace;
- (3) Provide all employees engaged in performance of the contract with a copy of the statement required by subparagraph (b)(l) of this clause;
- (4) Notify such employees in writing in the statement required by subparagraph (b)(l) of this clause, that as a condition of continued employment on the contract resulting from this solicitation, the employee will-
  - (i) Abide by the terms of the statement; and
  - (ii) Notify the employer in writing of the employee's conviction under a criminal drug statute for a violation occurring in the workplace no later than five (5) days after such conviction;
- (5) Notify the contracting officer within ten (10) days after receiving notice under subdivision (b)(4)(ii) of this clause, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
- (6) Within 30 days after receiving notice under subparagraph (a)(4)(ii) of this clause of a conviction, take one of the following actions with respect to any employee who is convicted of a drug abuse violation occurring in the workplace:
  - (i) Taking appropriate personnel action against such employee, up to and including termination; or
  - (ii) Require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- (7) Make a good faith effort to maintain a drug-free workplace through implementation of subparagraphs (b)(l) through (b)(6) of this provision.
- (c) The Contractor, if an individual, agrees by award of the contract or acceptance of a purchase order, not to engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the performance of the contract resulting from the contract.
- (d) In addition to other remedies available to the Government, the Contractor's failure to comply with the requirements of paragraphs (b) and (c) of this clause may, render the Contractor subject to suspension of contract payments, termination of the contract for default, and suspension of debarment.

# **H.3** Government Furnished Property - (JAN 2003)

No material, labor, or facilities will be furnished by the Government unless otherwise provided for in this solicitation.

The Chief Probation Officer or Chief Pretrial Services Officer may furnish Government-owned telephone answering equipment, fax machines, and/or onsite drug-detection devices called non-

BPA-Solicitation Number: 0974-22-SA01 Page H- 3 of 4

| instrumented drug tests to a contractor if such equipment will improve the frequency of urine collection in the district. The equipment shall be used only for a random urine collection program. |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

BPA-Solicitation Number: 0974-22-SA01

## **SECTION I - REQUIRED CLAUSES**

#### I.1 Clause 7-30, Public Use of the Name of the Federal Judiciary - (JUN 2014)

- (a) The contractor shall not refer to the judiciary, or to any court or other organizational entities existing thereunder (hereinafter referred to as "the judiciary"), in advertising, news releases, brochures, catalogs, television and radio advertising, letters of reference, web sites, or any other media used generally by the vendor in its commercial marketing initiatives, in such a way that it represents or implies that the judiciary prefers or endorses the products or services offered by the contractor. This provision will not be construed as limiting the contractor's ability to refer to the judiciary as one of its customers when providing past performance information as part of a proposal submission, as opposed to general public marketing.
- (b) No public release of information pertaining to this contract will be made without prior judiciary written approval, as appropriate, and then only with written approval of the contracting officer.

# I.2 Subcontracting

Services that the vendor proposes to refer to other service providers shall be considered subcontracting. The vendor (prime contractor) may subcontract the provision of treatment services to other service providers (subcontractors). After award, any proposed subcontractor arrangements or changes to the existing subcontractor arrangements are subject to the Contracting Officer's approval, and shall be submitted in writing to the Contracting Officer at least 30 days in advance of the proposed subcontracting arrangement or change. The Contracting Officer will respond promptly with written approval or disapproval. The prime contractor shall not refer defendants/offenders to any other vendor that has not been approved by the Contracting Officer in writing. The government reserves the right to revoke approval of any subcontractor at any time that does not meet the requirements of this contract/agreement.

The prime contractor is responsible to the judiciary for overall performance of the services required under this contract/agreement. If any services are subcontracted, the prime contractor shall ensure that the subcontractor is complying with the requirements of this contract/agreement, including the qualifications of any personnel providing services; the possession and maintenance of all appropriate state and local licenses in compliance with state and local regulations; and the appropriate documentation demonstrating compliance with all federal, state and local fire, safety and health codes. The prime contractor shall ensure that subcontractors are not debarred, suspended, or ineligible to perform under federal contracts.

A subcontractor has no contractual rights, known as privity of contract, against the judiciary. However, the subcontractor may have rights against the prime contractor.

Upon contract termination, the contractor must, except as otherwise directed by the CO, terminate all subcontracts to the extent that they relate to performance of the work terminated.

#### I.3. Clause 2-90D, Option to Extend the Term of the Contract - (APR 2013)

- (a) The judiciary may extend the term of this contract by written notice to the contractor no later than 30 calendar days prior to the contract's expiration date; provided that the judiciary gives the contractor a preliminary written notice of its intent to extend at least 60 calendar days before the contract expires. The preliminary notice does not commit the judiciary to an extension.
- (b) If the judiciary exercises this option, the extended contract shall be considered to include this option clause.
- The total duration of this contract, including the exercise of any options under this (c) clause, shall not exceed 3 years.

#### **I.4** Clause 2-90C, Option to Extend Services - (APR 2013)

The judiciary may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The contracting officer may exercise the option by written notice to the contractor no later than 30 calendar days prior to contract's current expiration date.

#### **I.5** Clause B-5 Clauses Incorporated by Reference - (SEP 2010)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the contracting officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: http://www.uscourts.gov/procurement.aspx

#### The clauses listed below are applicable to Agreements and Contracts at any value.

| Clause 1-15  | Disclosure of Contractor Information to the Public  | AUG 2004 |
|--------------|---|----------|
| Clause 3-25  | Protecting the Judiciary's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment | JUN 2014 |
| Clause 3-160 | Service Contract Act of 1965, As amended  | JUN 2012 |
| Clause 3-205 | Protest After Award   | JAN 2003 |
| Clause 3-210 | Protests  | JUN 2014 |
| Clause 7-35  | Disclosure or Use of Information  | APR 2013 |
| Clause 7-70  | Judiciary Property Furnished "As Is"  | APR 2013 |

BPA-Solicitation Number: 0974-22-SA01

| Clause 7-85  | Examination of Records  | JAN 2003 |
|--------------|---|----------|
| Clause 7-115 | Availability of Funds   | JAN 2003 |
| Clause 7-135 | Payments  | APR 2013 |
| Clause 7-140 | Discounts for Prompt Payment                                  | JAN 2003 |
| Clause 7-150 | Extras  | JAN 2003 |
| Clause 7-175 | Assignment of Claims  | JAN 2003 |
| Clause 7-185 | Changes   | APR 2013 |
| Clause 7-215 | Notification of Ownership Changes                             | JAN 2003 |
| Clause 7-223 | Termination for the Convenience of the Judiciary (Short Form) | AUG 2004 |
| Clause 7-230 | Termination for Default (Fixed Price -                        | JAN 2003 |
| Clause 7-235 | Disputes  | JAN 2003 |

IN ADDITION TO THE CLAUSES LISTED ABOVE, IF THIS AGREEMENT IS IN EXCESS OF \$100,000, THE CONTRACTOR AGREES TO COMPLY WITH THE FOLLOWING CLAUSE, INCORPORATED BY REFERENCE.

Clause 1-10 Gratuities or Gifts JAN 2010

## **SECTION J - LIST OF ATTACHMENTS**

- J.1 NOT APPLICABLE
- J.2 SAMPLE PROGRAM PLAN (PROBATION FORM 45)
- J.3 RESERVED FOR FUTURE USE
- J.4 MONTHLY TREATMENT REPORT (PROBATION FORM 46)
- J.5 AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION (PROBATION FORMS 11B, 11E, and 11I; and PSA FORMS 6B, and 6D)
- J.6 DAILY LOG
- J.7 DAILY TRAVEL RECORD (PROBATION FORM 17)
- J.8 INVOICE
- J.9 TESTING LOGS (URINALYSIS, SWEAT PATCH, BREATHALYZER)
- J.10 DEPARTMENT OF LABOR WAGE DETERMINATION (As required by the Service Contract Act, when applicable.)

BPA-Solicitation Number: 0974-22-SA01 Page J- 1 of 1

# **NOT APPLICABLE**

Prob. Form 45 Today's Date:

| Client  | Identify   | ving In    | formation     |
|---------|------------|------------|---------------|
| CIICIIC | IUCIICII I | y iiig iii | ioi illatioii |

| Client:<br>Address:        | PACTS#: Pretrial/Post Conviction: | Photo<br>Not |
|----------------------------|-----------------------------------|--------------|
| Officer:<br>Officer Phone: | Client Phone:<br>DOB:             | Availabl     |

**Provider Information** 

Provider: Procurement No:
Provider Location: Effective Date:
Attn: Termination Date:

**Location Address:** 

Phone: Fax:

#### **Authorized Services**

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

## **Services Ordered**

Officer:

| Project Code | Description Of Services Phase            | Frequency (Units) | Interval | Copay Amount<br>(per unit) |
|--------------|--|-------------------|----------|----------------------------|
| 2010         | Individual Substance<br>Abuse Counseling | 1.0               | Weekly   | \$0.00                     |
| 2020         | Group Substance<br>Counseling            | 2.0               | Monthly  | \$0.00                     |

Client:

Referral Agent:

**Instructions to Provider Regarding Client Needs and Goals of Treatment** 

| PROB 46 (Rev. 06/10)  MONTHLY TREATMENT REPORT |                |           |                      |                             |   |                        | This form must be completed and submitted with each monthly billing. Additional sheets may be used. |                            |                                     |                                   |
|--|----------------|-----------|----------------------|-----------------------------|---|------------------------|---|----------------------------|-------------------------------------|-----------------------------------|
| 1. PROGRAM NAME: 1a                            |                |           |                      | 1a. PR                      | 1a. PROVIDER NAME:                                  |                        | 2. DATE OF CURRI  | ENT TX PLAN (ATTACH F      | REVISIONS):                         |                                   |
| 3. CLIENT NAME:                                |                |           |                      | 3a. PACTS NO. 4. FOR PERIOR |   | D COVERING:            |   |                            |                                     |                                   |
| 5. PHASE NO. 5a. TIME IN PHASE: 6. PRET        |                |           |                      | TRIAL C                     | LIENT:  | 7. CLIENT EM           | IPLOYED:  |                            |                                     |                                   |
|  |                |           |                      | □ Yes                       | _ No  | )                      | □ Yes □ N   | No 🔲 Student               | Other                               |                                   |
|  |                |           |                      |                             | 8. C0   | ONTACTS SING           | CE LAST RE  | PORT                       |                                     | e. Copay<br>(amount<br>collected) |
| a. Date b. Service (Name & No.)                |                | c. Le     | c. Length of Contact |                             | d. Comments (No Shows, Tardiness, Issues Addressed) |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             | 9   | . URINE TEST           | ING RECOI   | RD                         |                                     | Г                                 |
| DATE<br>COLLECTED                              | ) <del> </del> | eduled    | Sample N             | г                           | l Dr  | rug Use Admitted       | COLLECTED<br>BY   | SPECIAL TESTS<br>REQUESTED | TEST RESULTS<br>(Positive/Negative) | Copay<br>(amount<br>collected)    |
|  | Yes            | No        | Insuf. Qty.          | Stall                       | NO  | Yes (specify drug)     |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                | •         | 10. CO               | MMEN                        | TS RE   | GARDING CL             | ENT'S TRE   | ATMENT PROC                | GRESS                               | I                                 |
| a. Describe the                                | he treat       | nent go   | oals address         | sed this 1                  | month (   | ☐ Met ☐ Not Met        | t):   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
| h Describe a                                   | ny sten        | s taken   | by the clie          | nt this n                   | onth toy  | vard these goals (     | Docitive  | Negative):                 |                                     |                                   |
| o. Describe a                                  | my step        | s taken   | by the ene           | iit tiiis ii                | ionin tov   | vard these goals (=    | 1 OSILIVE <u>—</u> 1  | vegative).                 |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
| c. Describe a                                  | ny obst        | acles of  | r setbacks t         | he client                   | t encount   | tered this month:      |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
| d. Describe o                                  | ne unic        | ue way    | the PO/PS            | O can a                     | ssist/sup   | port the client in tre | eatment over th   | e next month:              |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
| e If continue                                  | d treats       | nent is   | recommen             | ded disc                    | nice the r  | olan for next month    | n ( Recomme   | nded 🖳 Not Reco            | mmended):                           |                                   |
| c. II continue                                 | d ticati       | ilelit is | recommen             | icu, uisc                   | uss the p   | man for next month     | I ( <u>=</u> Recomme  | nded <u>=</u> Not Reco     | mmended).                           |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
| f. Discuss yo                                  | ur obse        | rvation   | s of the clie        | ent's beh                   | avior an  | d commitment to to     | reatment ( Po   | sitive <u> </u>            | e):                                 |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
| g. Comments                                    | g. Comments:   |           |                      |                             |   |                        |   |                            |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |
| 1.0. 11.5                                      |                |           | , 11                 |                             |   |                        |   |                            |                                     |                                   |
| h. Overall Pr                                  |                |           | cceptable<br>R       | <u>⊔</u> Una                | cceptabl  | e                      |   | DATE                       |                                     |                                   |
|  |                |           |                      |                             |   |                        |   |                            |                                     |                                   |

DISTRIBUTION: ORIGINAL CONTRACTOR

# UNITED STATES PROBATION SYSTEM AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION DRUG ABUSE PROGRAMS

| 1,   |  | the undersigned,  |
|--|--|---|
|  | (Name of Client)   |   |
| hereby authorize   |  | to release confidential   |
| information in its records, possession, o  | (Name of Program) or knowledge, of what  | tever nature may now exist or come to exist to the United   |
| States Probation Office of the   |  | District of .   |
|  | (Name of Court)  | District of (State)   |
| urine testing results; type, frequency an to program rules; type and dosage of medate of and reason for withdrawal from  The information which I now a       | ad effectiveness of ther<br>edication; response to<br>program; and prognos<br>authorize for release is | ude: date of entrance to program; attendance records; crapy (including psychotherapy notes); general adjustment of treatment; test results (psychological, vocational, etc.); asis.  It to be used in connection with my participation in the off my  |
| (pretrial release, post-trial release, prob  |  |   |
| official duties, including total or partial Commission when necessary for the pu  I understand that this authorizate use or disclose this information expire | disclosure of such, to prose of discharging in tion is valid until my res. I understand that           | formation hereby obtained only in connection with its of the District Court and/or United States Parole its supervisory duties over me.  release from supervision, at which time this authorization information used or disclosed pursuant to this longer be protected by federal or state law. |
| I understand that I have the right notification to the program's privacy co  |  | orization, in writing, at any time by sending such written  |
|  | (Name and Address  | ss of Program)  |
| authorization to further disclosure of su satisfy the condition of my supervision  | ich information. I also<br>that requires me to pa  | ease confidential information, I will thereby revoke my o understand that revoking this authorization before I articipate in the program will be reported to the court. uld be considered a violation of a condition of my post-  |
| (Signature of Parent or Guardian if Client   | t is a Minor)  | (Signature of Client)   |
|  | •  | . 5   |
| (Date Signed)  |  | (Date Signed)   |
|  |  |   |
| (Name & Title of Witness)  |  | (Date Signed)   |

# UNITED STATES PROBATION SYSTEM AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT PROGRAMS

| Ι,   |   |   | , the undersigned,  |
|--|---|---|---|
|  | (Name of Client)                              |   |   |
| hereby authorize   |   |   | to release confidential   |
| ·  | (Name of Program)                             |   |   |
| information in its records, possession, or   | r knowledge of wha                            | atever nature may nov                             | w exist or come to exist to the United                                  |
| States Probation Office of the   |   | District of                                       |   |
|  | (Name of Court)                               |   | (State)   |
| The confidential information to urine testing results; type, frequency and to program rules; type and dosage of me psychotherapy notes; date of and reason | d effectiveness of the edication; response    | nerapy (including psy<br>to treatment; test resu  | alts (psychological, vocational, etc.);                                 |
| The information which I now au ordered report.   | ithorize for release                          | is to be used in conne                            | ection with the preparation of a court-                                 |
| I understand that the probation official duties, including total or partial  |   |   | otained only in connection with its                                     |
| I understand that this authorizat<br>this authorization to use or disclose this<br>to this authorization may be disclosed by                               | information expire                            | s. I understand that is                           | *   |
| I understand that I have the righ notification to the program's privacy co   |   | horization, in writing                            | at any time by sending such written                                     |
|  | (Name and Addi                                | ress of Program)                                  |   |
| I understand that if I revoke this authorization to further disclosure of suc completion of the presentence investigated                                   | s authorization to re<br>ch information. I al | elease confidential inf<br>lso understand that re | ormation, I will thereby revoke my voking this authorization before the |
| (Signature of Parent or Guardian if Client   | is a Minor)                                   | -   | (Signature of Client)   |
|  |   |   |   |
| (Date Signed)  |   |   | (Date Signed)   |
|  |   |   |   |
| (Name & Title of Witness)  |   | -   | (Date Signed)   |

# UNITED STATES PROBATION SYSTEM AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION MENTAL HEALTH TREATMENT PROGRAMS

| I,  | , the undersigned,   |  |  |  |  |
|---|--|--|--|--|--|
| (Name of Client)  |  |  |  |  |  |
| hereby authorize  | to release confidential  |  |  |  |  |
| (Name of Progra   |  |  |  |  |  |
| information in its possession to the United States Probation C  | Office in the  |  |  |  |  |
| -   | (Name of Court)  |  |  |  |  |
| The confidential information to be released will including detection test results; type, frequency, and effectiveness adjustment to program rules; type and dosage of medication; psycho-physiological measurements, vocational, sex offense reason for withdrawal or termination from program; diagnosis   | response to treatment; test results (e.g., psychological, specific evaluations, clinical polygraphs); date of and  |  |  |  |  |
| This information is to be used in connection with my has been made a condition of my post-conviction supervision supervised release, or conditional release), and may be used by probation officer informed concerning compliance with any counderstand that this authorization is valid until my release from disclose this information expires. I understand that information be disclosed by the recipient and may no longer be protected  | by the probation officer for the purpose of keeping the condition or special condition of my supervision. I om supervision, at which time this authorization to use or on used or disclosed pursuant to this authorization may |  |  |  |  |
| I understand that I have the right to revoke this authonotification to the program's privacy contact at:  | orization, in writing, at any time by sending such written   |  |  |  |  |
| (Name and Address   | s of Program)  |  |  |  |  |
| I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision. |  |  |  |  |  |
| (Signature of Parent or Guardian if Client is a Minor)  | (Signature of Client)  |  |  |  |  |
| (Date Signed)   | (Data Signad)  |  |  |  |  |
| (Date Signed)   | (Date Signed)  |  |  |  |  |
|   |  |  |  |  |  |
| (Name & Title of Witness)   | (Date Signed)  |  |  |  |  |

# AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(DRUG OR ALCOHOL ABUSE PROGRAMS)

| I,  |   | , the undersigned,   |
|---|---|--|
| (Name of  | Client)   |  |
| hereby authorize  |   | to release confidential  |
|   | f Program)  |  |
| information in its records, possession, or knowledge, o   | f whatever nature may now exist or c  | come to exist to the United  |
| States Pretrial Services or Probation Office for the  | District of   |  |
|   | (Name of Court) District of   | (State)  |
| The confidential information to be released wi urine testing results; type, frequency and effectiveness to program rules; type and dosage of medication; respondate of and reason for withdrawal from program; and put the information which I now authorize for releasorementioned program which has been made a conditional transfer of the state of | of therapy (including psychotherapy onse to treatment; test results (psychotrognosis.  ease is to be used in connection with tion of my pretrial release. | notes); general adjustment logical, vocational, etc.); my participation in the |
| I understand that this authorization is valid unt<br>to use or disclose this information expires. I understan<br>authorization may be disclosed by the recipient and ma   | d that information used or disclosed  | pursuant to this   |
| I understand that I have the right to revoke this notification to the program's privacy contact at:   | authorization, in writing, at any time  | e by sending such written  |
| (Name and   | Address of Program)   |  |
| I understand that if I revoke this authorization authorization to further disclosure of such information, satisfy the condition of my supervision that requires my revocation of authorization under such circumstant supervision.  | I also understand that revoking this e to participate in the program will be  | s authorization before I e reported to the court.                              |
| (Signature of Parent or Guardian, if Client is a Minor)   | (Signatur   | e of Client)   |
| (Date Signed)   | (Date   | Signed)  |
| (Name & Title of Witness)   | (Date   | Signed)  |

# UNITED STATES PRETRIAL SERVICES SYSTEM AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION MENTAL HEALTH TREATMENT PROGRAMS

| 1,   | , the undersigned,   |
|--|--|
| (Name of C   | Client)  |
| hereby authorize   | to release confidential  |
| (Name of Pro   | ogram)   |
| information in its possession to the United States Pretria   | 1 Services Office in the   |
|  | (Name of Court)  |
| drug detection test results; type, frequency, and effective and dosage of medication; response to treatment; test results;   | l include: date of entrance to program; attendance records; veness of therapy; general adjustment to program rules; type alts (e.g., psychological, psycho-physiological measurements, and reason for withdrawal or termination from program;  |
| has been made a condition of my pretrial supervision, are of keeping the pretrial services officer informed concern supervision. I understand that this authorization is vauthorization to use or disclose this information expires this authorization may be disclosed by the recipient an information may also be made available to the probation accordance with federal law. | ith my participation in the above-mentioned program, which and may be used by the pretrial services officer for the purpose ing compliance with any condition or special condition of my alid until my release from supervision, at which time this . I understand that information used or disclosed pursuant to d may no longer be protected by federal or state law. Such on office for the purpose of preparing a presentence report in authorization, in writing, at any time by sending such written |
| notification to the program's privacy contact at:  |  |
| (Name and Ac   | ldress of Program)   |
| authorization to further disclosure of such information. satisfy the condition of my supervision that requires me  | to release confidential information, I will thereby revoke my I also understand that revoking this authorization before I to participate in the program will be reported to the court. Less could be considered a violation of a condition of my   |
| (Signature of Parent or Guardian if Client is a Minor)   | (Signature of Client)  |
| (Date Signed)  | (Date Signed)  |
| (Name & Title of Witness)  | (Date Signed)  |
| UNAME & THE OF WIRESS  | (Date Signed)  |

# **DAILY TREATMENT LOG**

COMPLETE ONE FORM PER CLIENT PER MONTH

| Client Name | Month/Year |
|-------------|------------|
|             |            |

| Date | Client's Signature/Initials | Time In | Purpose of Visit | Co-Pay<br>Collected | Time<br>Out | Client's<br>Initials | Vendor's<br>Initials |
|------|-----------------------------|---------|------------------|---------------------|-------------|----------------------|----------------------|
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |
|      |                             |         |                  |                     |             |                      |                      |

|              | U.S. PROI              | BATION AND I                        | PRETRIAI  | L SERVICE                   | ES TRAVE  | L LOG                             |  | DISTRICT:   |   |                                  |
|--------------|------------------------|-------------------------------------|---|-----------------------------|---|-----------------------------------|--|---|---|----------------------------------|
| DATE         |                        | EXPENSE CODE                        | CONTACT CO  | DES (P-Personal/            | C-Collateral)                                     |                                   | PROBLEM CO   | ODES  |   |                                  |
| OFFICER NAME |                        | A-Telephone<br>B-Parking<br>C-Other | H-Home<br>C-Community<br>PS-Presentence<br>PR-Prerelease<br>PT-Pretransfer<br>SI-Special Inve | O<br>for Institution P<br>P | PO-Other Proba<br>Services Of<br>TS-Pretrial Serv | ficer<br>ices<br>rvices Diversion | DA-Drug Abu<br>UA-Urine Co<br>PS-<br>HS-Housing/S<br>O-Other | llection MS-Mor<br>EM-Emp<br>Shelter FB-Finar<br>FM-Fam | shol<br>hitoring/Surveillance<br>oloyment<br>ncial/Budgeting<br>ily/Marital<br>ation/Training | DAILY TRAVEL RECORD              |
| DESTIN       | NATION                 | ODOMETER<br>READING                 | MILES<br>TRAVELED   | OTHER<br>EXPENSES           | CONTACT<br>CODE                                   | PROBLEM<br>CODE                   | CA   | ASE NUMBER/NAME   | OF CASE   | ACTIVITY AND<br>PERSON CONTACTED |
| START        |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| ТО           |                        |                                     |   |                             |   |                                   |  |   |   |                                  |
| TIME STARTED | PER DIEM TIME RETURNEI | D AMT. CLAIMED                      | TOTAL MILES   |                             | l   | TOTAL OTHER                       | EXPENSES   | NUMBER OF MILES<br>FROM HOME TO                         | SIGNATURE O   | I<br>F OFFICER                   |
|              |                        |                                     | AMOUNT CLA  | AIMED FOR MIL               | EAGE  |                                   |  | OFFICE  |   |                                  |

| Attachment . |  |
|--------------|--|
|              |  |
|              |  |

| Date | Page o  | of       |
|------|---------|----------|
|      | . age ( | <u> </u> |

# ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS TREATMENT SERVICES INVOICE

|  | (PA                         | ART A)  |                |
|--|-----------------------------|---|----------------|
| Judicial District     Vendor     a. Address: |                             | 3. P.O./B.P.A.# 4. Service Delivery: From 5. Total # of Individuals Service                       | m To<br>erved: |
| b. Telephone:                                |                             |   |                |
| correct to the best of my know               | wledge and include only cha | requests for reimbursement in<br>arges for services actually rend<br>ation has been received from |                |
|  |                             | Authorized Administrate   | or             |
| 6. Project Code                              | 7. Quantity                 | 8. Unit Price   | 9. Total Price |
|  |                             |   |                |

| Atta | chm | nent | ٠. ا | I۵ |
|------|-----|------|------|----|

| Date | Page | of |
|------|------|----|
|      |      |    |

# ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS TREATMENT SERVICES INVOICE

# (PART B)

Subtotal all costs for each client listed below:

| 1. Client Name | 2. Client<br>Number | 3. Dates of Service | 4. Service Rendered | 5. Quantity<br>(Units) | 6. Unit<br>Price | 7. Cost |
|----------------|---------------------|---------------------|---------------------|------------------------|------------------|---------|
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |
|                |                     |                     |                     |                        |                  |         |

# BREATHALYZER INSTRUMENT LOG

| <b>Vendor Name</b> |  |
|--------------------|--|
|--------------------|--|

| Instrument Serial Number | Requirements for<br>Calibration | Dates of<br>Calibration | Date of Next<br>Calibration | Signature of Person<br>Conducting the<br>Calibration |
|--------------------------|---------------------------------|-------------------------|-----------------------------|--|
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |
|                          |                                 |                         |                             |  |

# **BREATHALYZER LOG**

COMPLETE ONE FORM PER CLIENT PER MONTH

| Client Name                                   | PACTS #                 | Month/Yes     | ar           |         |
|---|-------------------------|---------------|--------------|---------|
| Client's Signature/Initials                   | Collector's<br>Initials | Reason Tested | Test Results | Refusal |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
| Comments (please note any unusual occurrences | s):                     |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |
|   |                         |               |              |         |

# **SWEAT PATCH TESTING LOG**

COMPLETE ONE FORM PER CLIENT PER MONTH
COMPLETE THE FIRST FIVE COLUMNS UPON APPLICATION, AND THE LAST FOUR UPON REMOVAL

| Client Nam          | e                              |                                     | PACTS #              |                         | _ Month         | /Year                |                          |                      |                     |
|---------------------|--------------------------------|-------------------------------------|----------------------|-------------------------|-----------------|----------------------|--------------------------|----------------------|---------------------|
| Application<br>Date | Client's<br>Signature/Initials | Chain of Custody Bar<br>Code Number | Medications<br>Taken | Collector's<br>Initials | Removal<br>Date | Client's<br>Initials | Collector'<br>s Initials | Test<br>Results/Date | Co-Pay<br>Collected |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
| Comments (          | please note any unusi          | ual occurrences):                   |                      |                         |                 |                      |                          |                      |                     |
| 0 333333 (          | produce more unity unitable    |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |
|                     |                                |                                     |                      |                         |                 |                      |                          |                      |                     |

# **URINALYSIS TESTING LOG**

COMPLETE ONE FORM PER CLIENT PER MONTH

| Client Name | PACTS # | Month/Year |
|-------------|---------|------------|
|-------------|---------|------------|

| Date<br>Collected | Client's Signature/Initials | Bar Code<br>Number | Special<br>Tests | Medications<br>Taken | Collector's<br>Initials | Test<br>Results/Date<br>Received | Co-Pay<br>Collected |
|-------------------|-----------------------------|--------------------|------------------|----------------------|-------------------------|----------------------------------|---------------------|
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |
|                   |                             |                    |                  |                      |                         |                                  |                     |

# SECTION K - REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS OR QUOTERS

# K.1 Provision 3-130, Authorized Negotiators - (Jan 2003)

Name:

| The offeror represents that the following persons are authorized to negotiate on its behalf |
|---|
| with the judiciary in connection with this solicitation (offeror lists names, titles, and   |
| telephone numbers of the authorized negotiators).   |

|                      | Titles: Telephone: Fax: Email:   |
|----------------------|--|
| K.2                  | Provision 3-5, Taxpayer Identification and Other Offeror Information - (APR 2011)  |
| (a) De               | finitions.   |
| Interna              | ayer Identification (TIN)," as used in this provision, means the number required by the al Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns IN may be either a social security number or an employer identification number.   |
| require<br>resulting | Il offerors shall submit the information required in paragraphs (d) and (e) of this provision to y with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting ements of 26 U.S.C. §§ 6041, 6041A, and implementing regulations issued by the IRS. If the ng contract is subject to the payment reporting requirements, the failure or refusal by the r to furnish the information may result in a 31 percent reduction of payments otherwise due the contract. |
| arising<br>resulti   | e TIN may be used by the government to collect and report on any delinquent amounts gout of the offeror's relationship with the government (31 U.S.C. § 7701(c)(3)). If the ng contract is subject to payment recording requirements, the TIN provided hereunder may tached with IRS records to verify the accuracy of the offeror's TIN.  |
| (d) Ta               | xpayer Identification Number (TIN):  |
|                      | []TIN has been applied for.  |
|                      | []TIN is not required, because:  |
|                      | []Offeror is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;  |
|                      | []Offeror is an agency or instrumentality of a foreign government;   |
|                      | []Offeror is an agency or instrumentality of the federal government.   |
|                      |  |

(e) Type of Organization:

BPA-Solicitation Number: 0974-22-SA01 Page K- 1 of 2

|        | []sole proprietorship;   |
|--------|--|
|        | []partnership;   |
|        | []corporate entity (not tax-exempt);   |
|        | []corporate entity (tax-exempt);   |
|        | []government entity (federal, state or local);   |
|        | []foreign government;  |
|        | []international organization per 26 CFR 1.6049-4;  |
|        | []other  |
|        |  |
| (f) Co | ntractor representations.  |
| manag  | feror represents as part of its offer that it is [], is not [] 51% owned and the ement and daily operations are controlled by one or more members of the selected socionic group(s) below:   |
|        | []Women Owned Business   |
|        | []Minority Owned Business (if selected then one sub-type is required)  |
|        | []Black American Owned   |
|        | []Hispanic American Owned  |
|        | []Native American Owned (American Indians, Eskimos, Aleuts, or Native Hawaiians) []Asian-Pacific American Owned (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 Owned (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal) []Individual/concern, other than one of the preceding.   |

## SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICE TO OFFERORS

#### L.1. GENERAL INSTRUCTIONS FOR PROPOSALS

#### A. Request for Proposals

This Request for Proposal consists of Sections A through M.

## Section A - Solicitation/Offer/Acceptance Form, AO 367

In Section A, page 1 is the **Solicitation/Offer/Acceptance.** The offeror must fill out the following blocks on the form:

- (1) Block 8, as instructed on the form.
- (2) Block 9, discount for prompt payment, if applicable.
- (3) Block 10, acknowledgment of amendments.
- (4) Block 11, name and address of offeror.
- (5) Block 12, telephone number.
- (6) Block 13, name and title of person authorized to sign the offer.
- (7) Block 14, signature of offeror,
- (8) Block 15, date signed.

# NOTE: The signature of the original and additional copies must contain original signatures of the offeror in this block.

#### Section B - Submission of Prices

#### (1) Services

The offeror must provide a response to every requested service item.

## (2) Prices

The prices submitted must reflect the requirements of the Statement of Work for each project code requested as well as all terms and conditions of the contract that relate to that service item.

#### (3) Acceptable Responses

## (a) Unit Price

Sliding price scales will not be accepted by the Government. The price will reflect the unit as defined in Section B and the Statement of Work for each project code.

# (b) "N/C" = No Charge

For any item that the offeror will provide without charge or without additional charge, the offeror shall insert "N/C" in the Unit Price column of Section B.

#### (c) Subcontracting

For service items that the offeror will be subcontracting, the offeror shall insert the letter "S" following the price inserted in the Unit Price column. Services referred to another vendor shall be considered subcontracting and shall require the "S" designation.

## (d) Prices and "No Shows"

A "No Show" occurs when a client does not appear for a prescheduled service, and the client fails to cancel the appointment at least 24 hours in advance. Offerors may factor the price of client "No Shows" for prescheduled appointments into the unit prices for the project codes listed in G.3. It is estimated that clients fail to appear for prescheduled individual services approximately 5% of the time, although specific services may experience a higher rate of "no shows".

## (4) Estimated Monthly Quantity

The figures provided in the Estimated Monthly Quantity column of Section B are estimates of the frequency that the services will be required. These figures are estimates only and the government is not bound to meet these estimates.

#### **Proposal Submission**

By submission of a signed proposal (including the submission of the Certification of Compliance (Attachment A) described below), the offeror is agreeing to comply with all requirements, terms, and conditions of this solicitation and any resultant agreement or contract. Note: The offeror is not required to submit solicitation sections C, D, E, F, G, H, and I as part of its proposal.

#### Section K - Representations, Certifications, and Other Statements of Offeror

The Offeror must check or complete all applicable boxes or blocks in the paragraphs under Section K of the Solicitation Document and resubmit the full section as that of the Proposal.

The Offeror's Statements, Qualifications, and References contained in Attachments A through D to this solicitation document shall be completed and submitted as follows:

#### **Preparation of Certification of Compliance Statement (Attachment A)**

BPA-Solicitation Number: 0974-22-SA01 Page L- 2 of 12

1. Each offeror shall prepare and submit as part of its offer a **CERTIFICATION OF COMPLIANCE STATEMENT** in which the offeror certifies that it will provide the mandatory requirements stated in Sections C, E, F and G and comply with terms and conditions of the RFP. If the offeror is proposing subcontractor(s) to perform any services, the offeror shall identify the proposed subcontractor(s) and submit separate certification statements from each subcontractor that certifies that they will provide services in compliance with the requirements of the RFP.

## **Preparation of Background Statement (Attachment B)**

1. Each offeror shall prepare and submit as part of its offer a **BACKGROUND STATEMENT** addressing the requirements in paragraphs 2.a. through d. below. (See Attachment B). The offeror shall identify all required documents included in the submitted proposal through the use of labeled tabs. If the offeror is proposing any subcontractors to perform services, the offeror also shall comply with the requirements in paragraphs 2 a. through d. pertaining to each proposed subcontractor.

#### 2. In the **BACKGROUND STATEMENT** the offeror shall:

- a. provide copies of all monitoring reports for the previous 18 months from all federal (including current USPO and USPSO), state and local agencies for the locations solicited. If the vendor is not able to provide copies of monitoring reports, the vendor shall provide copies of certificates or letters from federal, state, or local agencies indicating that the vendor has had a satisfactory or higher rating for the previous 18 months. If the vendor is not able to provide copies of monitoring reports, certifications or letters due to a private practice, the vendor must expressly state so in its proposal for this area. To be considered technically acceptable a vendor must have received ratings of satisfactory or higher or have expressly stated in its proposals that it is a private practice and does not have access to monitoring reports, certificates or letters. Monitoring reports for proposed subcontractors are not required; however, onsite evaluations will be individually performed for all subcontractors.
- b. state expressly each performance site at which the offeror and any proposed subcontractors intend to provide services in response to this solicitation. Proposed sites shall be located within the solicitation's identified catchment area.
- c. include copies of all applicable business and/or operating licenses as required by state and local laws and regulations. Offerors are not required to provide copies of the aforementioned documentation for proposed subcontractors; however, the offeror is responsible for ensuring that proposed subcontractors have all applicable business and/or operating licenses as required by state and local laws and regulations.

BPA-Solicitation Number: 0974-22-SA01

- d. include copies of compliance with all federal, state and local fire, safety and health codes. Offerors are not required to provide copies of the aforementioned documentation for proposed subcontractors; however, the offeror is responsible for ensuring that proposed subcontractors have appropriate documentation demonstrating compliance with all federal, state and local fire, safety and health codes.
- 3. By submitting the **BACKGROUND STATEMENT** the offeror warrants that all information contained therein is correct and accurately reflects the offeror's ability to perform.

## **Preparation of Staff Qualifications - (Attachment C)**

FORM (see Attachment C) for all staff performing services under any resultant contract. The offeror shall include the name, title, duties that will be performed under any resultant agreement by numeric project code, education, experience, and credentials (licenses and certifications) for all proposed staff members who will be performing services under any resultant agreement. In addition, the offeror shall certify that no proposed staff members are under investigation for or charged with a criminal offense and/or under pretrial, probation, parole, mandatory release or supervised release (federal, state, or local). The Offeror shall also certify that no proposed staff members have been convicted of any sexual offense (including but not limited to child pornography offenses, child exploitation, sexual abuse, rape, or sexual assault) or are required under federal, state or local law to register on the Sexual Offender registry. Attachment C shall also be prepared for all proposed subcontractor staff performing services.

Offerors providing sex-offense specific evaluations must certify on the Offeror's Staff Qualification Form (Attachment C) that the evaluator adheres to the established ethics, standards and practices of the Association for the Treatment of Sexual Abusers (ATSA).

#### **Preparation of Offeror's References - (Attachment D)**

The offeror shall provide three references (Federal, State, or local government agencies and/or private organizations), using Attachment D, for whom the offeror has provided treatment and other services identified in this RFP within the past 3 years. Provide the name and address for each reference, as well as a contact person and phone number. The government reserves the right to contact any reference and consider the information provided as part of its responsibility determination.

# Sections L - Instructions, Conditions and Notices to Offerors, and M - Evaluation Criteria

Sections K, L and M contain information and instructions and do not become part of any resultant agreement.

BPA-Solicitation Number: 0974-22-SA01 Page L- 4 of 12

# L.2 Provision 3-100, Instructions to Offerors - (APR 2013)

(a) *Definitions* As used in this provision:

"Discussions" are negotiations that occur after establishment of the competitive range that may, at the contracting officer's discretion, result in the offeror being allowed to revise its offer

In writing," "writing," or "written" means any worded or numbered expression that can be read, reproduced, and later communicated, and includes electronically transmitted and stored information.

"Offer modification" is a change made to an offer before the solicitation's closing date and time, or made in response to an amendment, or made to correct a mistake at any time before award.

"Offer revision" is a change to an offer made after the solicitation closing date, at the request of or as allowed by a contracting officer as the result of negotiations.

"Time," if stated as a number of days, is calculated using calendar days, unless otherwise specified, and will include Saturdays, Sundays, and legal holidays. However, if the last day falls on a Saturday, Sunday, or legal holiday, then the period will include the next working day.

- (b) Amendments to solicitations If this solicitation is amended, all terms and conditions that are not amended remain unchanged. Offerors shall acknowledge receipt of any amendment to this solicitation by the date and time specified in the amendment(s). An offeror's failure to acknowledge amendments affecting price, quantity, quality or delivery may result in the offeror's proposal being determined unacceptable where award is made without discussions.
- (c) Submission, modification, revision, and withdrawal of offers
  - (1) Unless other methods (e.g., electronic commerce or facsimile) are permitted in the solicitation, offers and modifications to offers shall be submitted in paper media in sealed envelopes or packages (i) addressed to the office specified in the solicitation, and (ii) showing the time and date specified for receipt, the solicitation number, and the name and address of the offeror. Offerors using commercial carriers shall ensure that the offer is marked on the outermost wrapper with the information in paragraphs (c)(1)(i) and (c)(1)(ii) of this provision.
  - (2) The first page of the offer shall show:
    - (i) the solicitation number;
    - (ii) the name, address, and telephone and facsimile numbers of the offeror (and electronic address if available);
    - (iii) a statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item;
    - (iv) names, titles, and telephone and facsimile numbers (and electronic addresses if available) of persons authorized to negotiate on the offeror's behalf with the judiciary in connection with this solicitation; and
    - (v) name, title, and signature of person authorized to sign the offer. Offers signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

BPA-Solicitation Number: 0974-22-SA01

- (3) Submission, modification, revision, and withdrawal of offers
  - (i) Offerors are responsible for submitting offers, and any modifications or revisions, so as to reach the judiciary office designated in the solicitation by the time specified in the solicitation. If no time is specified in the solicitation, the time for receipt is 4:30 p.m., local time, for the designated judiciary office on the date that offer or revision is due.
  - (ii) (A) Any offer, modification, or revision received at the judiciary office designated in the solicitation after the exact time specified for receipt of offers is "late" and will not be considered unless it is received before award is made, the contracting officer determines it's in the judiciary's best interest, the contracting officer determines that accepting the late offer would not unduly delay the procurement, and:
    - (1) if it was transmitted through an electronic commerce method authorized by the solicitation, it was received at the initial point of entry to the judiciary infrastructure not later than 5:00 p.m. one working day prior to the date specified for receipt of offers; or
    - (2) there is acceptable evidence to establish that it was received at the judiciary installation designated for receipt of offers and was under the judiciary's control prior to the time set for receipt of offers; or
    - (3) it is the only offer received.
  - (ii) (B) However, a late modification of an otherwise successful offer that makes its terms more favorable to the judiciary, will be considered at any time it is received and may be accepted.
  - (iii) Acceptable evidence to establish the time of receipt at the judiciary installation includes the time/date stamp of that installation on the offer wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of judiciary personnel.
  - (iv) If an emergency or unanticipated event interrupts normal judiciary processes so that offers cannot be received at the office designated for receipt of offers by the exact time specified in the solicitation, and urgent judiciary requirements preclude amendment of the solicitation, the time specified for receipt of offers will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal judiciary processes resume.
  - (v) Offers may be withdrawn by written notice received at any time before award. Oral offers in response to oral solicitations may be withdrawn orally. If the solicitation authorizes facsimile offers, offers may be withdrawn via facsimile received at any time before award, subject to the conditions specified in Provision 3-115, "Facsimile Offers." Offers may be withdrawn in person by an offeror or an authorized representative, if the identity of the person requesting withdrawal is established and the person signs a receipt for the offer before award.
- (4) Unless otherwise specified in the solicitation, the offeror may propose to provide any item or combination of items.

- (5) Offerors shall submit offers in response to this solicitation in English and in U.S. dollars
- (6) Offerors may submit modifications to their offers at any time before the solicitation closing date and time, and may submit modifications in response to an amendment, or to correct a mistake at any time before award.
- (7) Offerors may submit revised offers only if requested or allowed by the contracting officer.
- (8) Offers may be withdrawn at any time before award. Withdrawals are effective upon receipt of notice by the contracting officer.
- (d) Offer expiration date Offers in response to this solicitation will be valid for the number of days specified on the solicitation cover sheet (unless a different period is proposed by the offeror).
- (e) Restriction on disclosure and use of data Offerors that include in their offers data that they do not want disclosed to the public for any purpose, or used by the judiciary except for evaluation purposes, shall:
  - (1) mark the title page with the following legend:

This offer includes data that shall not be disclosed outside the judiciary and shall not be duplicated, used, or disclosed-in whole or in part-for any purpose other than to evaluate this offer. If, however, a contract is awarded to this offeror as a result of-or in connection with-the submission of this data, the judiciary shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the judiciary's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets [insert numbers or other identification of sheets]; and

(2) mark each sheet of data it wishes to restrict with the following legend:

Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this offer.

## (f) Contract award

- (1) The judiciary intends to award a contract or contracts resulting from this solicitation to the responsible offeror(s) whose offer(s) represents the best value after evaluation in accordance with the factors and subfactors in the solicitation.
- (2) The judiciary may reject any or all offers if such action is in the judiciary's interest.
- (3) The judiciary may waive informalities and minor irregularities in offers received.
- (4) The judiciary intends to evaluate offers and award a contract without discussions with offerors (except clarifications). Therefore, the offeror's initial offer shall contain the offeror's best terms from a price or price and technical standpoint. The judiciary reserves the right to conduct discussions if the contracting officer

later determines them to be necessary. If the contracting officer determines that the number of offers that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, the contracting officer may limit the number of offers in the competitive range to the greatest number that will permit an efficient competition among the most highly rated offers

- (5) The judiciary reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit price or prices offered, unless the offeror specifies otherwise in the offer.
- (6) The judiciary reserves the right to make multiple awards if, after considering the additional administrative prices, it is in the judiciary's best interest to do so.
- (7) Exchanges with offerors after receipt of an offer do not constitute a rejection or counteroffer by the judiciary.
- (8) The judiciary may determine that an offer is unacceptable if the prices proposed are materially unbalanced between line items or sub-line items. Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of price or price analysis techniques. An offer may be rejected if the contracting officer determines that the lack of balance poses an unacceptable risk to the judiciary.
- (9) If a price realism analysis is performed, price realism may be considered by the source selection authority in evaluating performance or schedule risk.
- (10) A written award or acceptance of offer mailed or otherwise furnished to the successful offeror within the time specified in the offer shall result in a binding contract without further action by either party.
- (11) The judiciary may disclose the following information in postaward debriefings to other offerors:
  - (i) the overall evaluated price or price and technical rating of the successful offeror:
  - (ii) the overall ranking of all offerors, when any ranking was developed by the judiciary during source selection;
  - (iii) a summary of the rationale for award; and
  - (iv) for procurements of commercial items, the make and model of the item to be delivered by the successful offeror.

## Attachment A

# OFFEROR'S CERTIFICATION OF COMPLIANCE STATEMENT

| As required in Section L.1 , Preparation and each proposed subcontractor(s) shall | of Certification of Compliance Statement, the offeror ll complete the certification below.   |
|---|--|
| Subcontractor) that   | (Name of Offeror or Subcontractor) will ted in Sections C, E, F and G and all services in strict and conditions of the RFP. I understand that failure to equirements, terms, and/or conditions may result in all or termination of the contract/BPA. |
| SIGNATURE:  | DATE:  |
| TITLE:  |  |

# OFFEROR'S BACKGROUND STATEMENT

|  | e Background Statement, the offeror shall prepare a as needed labeled as subsets of this Attachment   |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  | FIFICATIONS sk all that apply)  |
| I certify herein that all information provaccurate, complete, and correct. | vided in the BACKGROUND STATEMENT is  |
| federal, state and local agencies have been p                              | oring reports for the previous 18 months from rovided, or if a monitoring report for the previous 18 or local certificate or letter indicating the vendor has ided. |
| SIGNATURE:   | DATE:   |

BPA-Solicitation Number: 0974-22-SA01 Page L- 10 of 12

## **Attachment C**

a

#### **OFFEROR'S STAFF QUALIFICATIONS**

As required in Section L.1, Preparation of Staff Qualifications, the Offeror shall prepare and submit below, (attach pages as needed labeled as subsets of this attachment number), for all staff performing services under any resultant Agreement, including credentials (licenses and certification) by project code. Staff providing sex-offense specific services must certify that the evaluator adheres to the established ethics, standards and practices of the Association for the Treatment of Sexual Abusers (ATSA). The offeror shall complete the certification section below.

PC TITLE **DUTIES EDUCATION EXPERIENCE CREDENTIALS NAME** 

# **CERTIFICATIONS**

(check all that apply)

| I certify herein that no proposed staff members are under investigation for or charged with a riminal offense and/or under pretrial, probation, parole, mandatory release or supervised release federal, state, or local).   |
|--|
| I certify herein that no proposed staff members have been convicted of any sexual offense including but not limited to child pornography offenses, child exploitation, sexual abuse, rape, or sexual assault) or are required under federal, state or local law to register on the Sexual Offender registry. |
| [Check box only if applicable] I certify herein that proposed staff conducting sex-offense pecific evaluations will adhere to the established ethics, standards and practices of the Association for the Treatment of Sexual Abusers (ATSA).   |
| SIGNATURE: DATE:   |

BPA-Solicitation Number: 0974-22-SA01 Page L- 11 of 12

# **Attachment D**

# **OFFEROR'S REFERENCES**

As required in Section L.1, the Offeror shall provide the name and address for each reference including a contact person and the telephone number.

#### SECTION M - EVALUATION FACTORS FOR AWARD

#### M.1 Basis for Award

Selection of vendors with whom the Probation/Pretrial Services Office will establish BPA's will be based on technical acceptability and the lowest price to the Government. If the solicitation document identifies that BPA's will be established with a specified number of vendors, the selection of technically acceptable vendors shall be based on price. For example, if a solicitation document identifies that 4 to 6 vendors are needed to provide services and 10 vendors are determined to be technically acceptable, awards will be made to no more than 6 of the lowest priced vendors.

# **M.2** Evaluation of Proposals

- a. To be acceptable and eligible for evaluation, proposals shall be prepared in accordance with the instructions given in Sections B and L of this solicitation document.
- b. By submission of a proposal, the offeror accepts all the terms and conditions of the RFP. Proposals that take exception to the terms and conditions will be determined technically unacceptable and the offeror will be so advised.
- c. Proposals will be evaluated to be considered Technically Acceptable using the following Pass/Fail Criteria. To determine that the offeror has met the following criteria, each proposal shall be evaluated to determine that every individual requirement has been met.

#### M.3 Pass-Fail Criteria

The following criteria address the offeror's ability to perform and comply with all the mandatory service requirements set forth in the Request For Proposals. Offerors who do not meet these requirements will be deemed to be technically unacceptable and will receive no further consideration. The offeror(s) will be so advised. Proposed subcontractor personnel qualifications and facilities will be evaluated and considered in the determination of the offeror's technical acceptability. The review of the criteria shall be based on the Offeror's Technical Proposal, which contains the Offeror's Certification of Compliance, Offeror's Background Statement, and the Offeror's Staff Qualifications. Each of these shall demonstrate how the offeror will perform/meet the requirements of the RFP.

#### **MANDATORY REQUIREMENTS:**

(a) Did the Offeror submit a statement certifying that it will provide the mandatory requirements stated in Sections C, E, F and G and all services in strict compliance with the requirements, terms, and conditions of the RFP. This requirement

includes submission of compliance statements for each subcontractor that will be providing services.

YES or NO

## **PAST PERFORMANCE**

(a) Did the Offeror provide copies of all federal, state and local monitoring reports, letters, and/or federal, state, and local certificates for the previous 18 months?

YES or NO

(b) Monitoring reports, letters, and/or certificates are rated at least "satisfactory" or "pass" regarding performance.

#### OR

If any monitoring report completed for the previous 18 months was rated less than "satisfactory," the deficiencies were corrected as documented on the subsequent monitoring report, resulting in the subsequent report being rated "satisfactory."

YES or NO

## SITE(S) AT WHICH SERVICES ARE PROVIDED:

(a) Offeror's (and any proposed subcontractor) site(s) at which services will be provided is/are located in catchment area.

YES or NO

(b) Offeror has provided copies of applicable business and/or operating license(s).

YES or NO

(c) Offeror has provided copies of compliance with all federal, state and local fire, safety, and health codes.

YES or NO

#### **STAFF QUALIFICATIONS:**

(a) Offeror (and any proposed subcontractor) meets all minimum staff requirements listed in Section C of the RFP.

YES or NO

(b) The Offeror's Staff Qualifications Statement certified that no staff member(s) (including proposed subcontractor staff) providing services under this Agreement are under investigation for or charged with a criminal offense and/or under pretrial, probation, parole, mandatory release or supervised release.

YES or NO

(c) The Offeror's Staff Qualifications Statement certified that

BPA-Solicitation Number: 0974-22-SA01

Page M-2 of 4

no staff member(s) (including proposed subcontractor staff) providing services under this Agreement have been convicted of any sexual offense (including but not limited to child pornography offenses, child exploitation, sexual abuse, rape, or sexual assault) or are required under federal, state or local law to register on the Sexual Offender registry.

YES or NO

#### **ON-SITE VISITS**

On site visits will be conducted for those offeror's whose proposals are determined technically acceptable based on the above stated criteria and meet the lowest price requirement. On site visits will be conducted to verify that the offeror's facility complies with the requirements of the RFP. There will be on-site evaluations for all subcontractors providing services.

(a) Offeror's (and any proposed subcontractor) facility meets requirements listed in Statement of Work.

YES or NO

#### M. 4 Evaluation of Price

The Government will determine Total Evaluated Price for required services by using the following formula:

- (a) Determining Total Evaluated Price.--Multiply the Estimate Monthly Quantity (EMQ) by 12 months to get a Yearly Quantity. Multiply that figure by the Unit Price offered to arrive at the Total Evaluated Price for that service item. Yearly prices of service items are totaled to arrive at Total Evaluated Price for each offeror.
- (b) Service items that are offered at "N/C" or No Charge, will be evaluated in the Life of Agreement comparison by entering \$0.00 for the unit price.
- (c) Service items that are reimbursable at actual prices or at a travel regulation rate are not considered in the price comparison.
- (d) Service items not marked as required services will not be evaluated or considered.
- (e) Total Evaluated Price (TEP) shall be rank ordered to show the lowest TEP.

BPA-Solicitation Number: 0974-22-SA01 Page M- 3 of 4

# M.5 Provision 2-85A Evaluation Inclusive of Options (JAN 2003)

- (a) The judiciary will evaluate offers for purposes of award by adding the total price for all options to the total price for the basic requirement. Evaluation of options does not obligate the judiciary to exercise the option(s).
- (b) Any offer that is materially unbalanced as to prices for basic and option quantities may be rejected. An unbalanced offer is one that is based on prices significantly less than prices for some work and prices that are significantly overstated for other work.

## M.6 Clause 3-70 Determination of Responsibility (JAN 2003)

A determination of responsibility will be made on the apparent successful offeror prior to contract award. If the prospective contractor is found non-responsible, that offeror will be rejected and will receive no further consideration for award. In the event a contractor is rejected based on a determination of non-responsibility, a determination will be made on the next apparent successful offeror.

BPA-Solicitation Number: 0974-22-SA01