

Attachment (2) - CONTRACT SECURITY SERVICES REQUEST FORM #1



Department of Veterans Affairs
VHA Service Center Personnel Security
6100 Oak Tree Blvd #500
Independence, OH 44131
VSCSecurity@va.gov

VSC PERSONNEL SECURITY SERVICES OVERVIEW

The VHA Service Center Personnel Security Office offers a comprehensive service which ensures that contractor security requirements are met in accordance with OPM and federal regulations from initiation to completion. Communication is maintained between the VSC, the contracting officer, the COR (COTR) and the contracting company point-of-contact at all times during the process.

This service includes the below:

☞ Fingerprint submission and adjudication:

- This involves ensuring that contractors submit fingerprints for background screening and adjudication of fingerprint/background screening results. After the results are confirmed or adjudicated, the National Criminal History Check (NCHC) Form would be sent to all contacts via email.

☞ Existing investigations:

- Verifying existing investigation information and collecting the required documents for reciprocity. The required documentation would include the OF306 Form and Self-Certification Form. These documents would be provided upon confirmation of investigation through the OPM Portal.

☞ New investigations:

- Upon receipt of the Contract Security Services Request, our office will obtain and submit all required documents to request an investigation through Little Rock Security Investigations Center (SIC) and monitor the progress through completion.

☞ PIV Badges:

- Our office can also manage and sponsor the PIV badges as required, as soon as the investigations are released from Little Rock SIC and scheduled by OPM.

To begin the process, please follow the below guidelines:

1. Upon notification of contract award, make appointments for fingerprinting. Ensure contractors bring Form #2 Fingerprint Request Form and photo ID to their appointment. If fingerprints are to be taken manually, please refer to the mailing instructions on the bottom of Form #2.
2. Contracting officers, COR/COTRs complete and sign Form #1 in its **entirety**. All information is required. The packet will be rejected if this form is not complete.
3. Have employees complete all required documentation based on their risk level.
4. Submit complete packet to VSCSecurity@va.gov or fax: 216-447-8025. Incomplete packets will be rejected and returned. Complete packets will be assigned to a team member within 5-days. Subject line for the request submission email or fax cover sheet should be formatted as shown below.
 - a. **New Request Packet** - Contracted Company VA000-00000
 - b. **Addition to Existing Request** - Contracted Company VA000-00000

- i. If there is a contact person in our office that is dealing with this specific task order, please put their name in the subject line as well.
 - c. **Status Request** – Contracted Company VA000-00000 submitted on 00/00/0000
5. Do not submit new requests and additions more than once as this will result in duplicate assignments and wasted time. If you have not received a response to your request within 5-7 business days, send a status request to the mailbox using the above format.
6. If there is a change in the contracted personnel (resignation, declined appointment, etc) immediately notify the team member handling your request. The cancellation must be submitted via email.



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CONTRACT SECURITY SERVICES REQUEST - INSTRUCTIONAL FORM 1A

Purpose: The Contract Security Services Request is submitted to VSC to initiate the contract security verification process. By submitting this form, our office will ensure that each individual listed have been fingerprinted, the fingerprints are adjudicated if necessary, background investigations are initiated or existing background investigations are current and PIV badges are managed and sponsored. This form should be completed and signed by the contracting officer. Please refer to the instructions below when completing the Contract Security Services Request Form #1.

- A Contracting Officer & Phone:** Please provide the post-award contracting officer handling this contract and their phone number.
- B COR (COTR) Name & Phone:** Please list the Contracting Officer Representative (previously the Contracting Officer Technical Representative) and phone number. The COR is the liaison between the contracting officer and contracted company.
- C Contract End Date:** Please list the date in which the contract ends including all options to extend (for PIV badge expiration).
- D SAO Region:** Please list the Service Area Office in which the contracting officer is associated with (East, West or Central).
- E Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate on any future requests by listing the old task order number in parenthesis next to the new task number.
- F Contractor Position Description:** Please provide a position title for all individuals (ex: physician, consultant, electrician).
- G Investigation Level:** Please indicate the background security requirements as provided by the PDAT (Position Description Automated Tool). This would include background screening (SAC), low-level investigation (NACI), moderate-level investigation (MBI) and high-level investigation (BI). Please note that non-PIV badges (contract under 180-days) require at minimum a SAC, full PIV badges (over 180-days) require at minimum a NACI.
- H Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- I Contractor Address:** Please provide the contracting company address. This information is required for the Little Rock SIC investigation request.
- J Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- K Contractor POC Email:** Please provide the email address for the above mentioned point-of-contact. This email will be included in the investigation request submitted to Little Rock SIC.
- L Contracting Officer Signature:** All requests must be signed by the contracting officer/specialist. This signature verifies that an official contract is in place prior to processing the applicants for investigation and badging.

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- M Station Number:** Please indicate the facility station number where the work is being performed/facility to be billed.
- N Network Access:** Please indicate whether the individuals will be obtaining network access.
- O Employee Name:** Please provide the full **legal** name of the individuals working on this task order.
- P SSN:** Please provide complete social security numbers for all individuals listed.
- Q Email Address:** Please provide a valid email address for all individuals.
- R DOB:** Please provide date of birth for all individuals listed.
- S Place of Birth:** Please provide place of birth for all individuals listed, including **city**, **state** and country (if outside US). For foreign-born individuals, please provide proof of citizenship.



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CONTRACTOR / EMPLOYEE FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the VSC. This form is required by Little Rock SIC before a request for investigation can be submitted.

- A Full Legal Name:** Please provide full **legal** name of individual requiring fingerprints.
- B SSN Last Four:** Please provide the last four of the individual's social security number.
- C Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.
- D VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.
- E Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.
- F Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.
- G Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.
- H Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to

IMPORTANT NOTE:

If fingerprints are manually taken, please ensure the FD-258 Fingerprint Card is used and that it is mailed directly to OPM at the address below. Delivery confirmation is recommended.

OPM Fingerprinting/SAC Team
1137 Branchton Rd
Boyers, PA 16020

***All fields on the fingerprint card MUST be completed or the card will be destroyed.**