

**LIMITED SOURCES JUSTIFICATION**

**ORDER >\$150,000**

**FAR PART 8.405-6**

**Acquisition Plan Action ID: VA244-16-AP-3046**

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

**Restricted to the following source:** Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Community Hope Inc.

Manufacturer/Contractor POC & phone number: [REDACTED]

Mfgr/Contractor Address: 959 US Route 46 East, Suite 402 Parsippany, NJ 07054

Dealer/Rep address/phone number: \_\_\_\_\_

☒ The requested material or service represents the minimum requirements of the Government.

**(1) AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

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\_\_\_\_\_

\_\_\_\_\_

**VISN:**

04

**(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:**

The Corporal Michael J. Crescenz Medical Center (CMCVAMC) is seeking to award a short-term contract to its incumbent contractor, Community Hope Inc., for the continuing administration of 20 contracted emergency supportive housing beds as part of CMCVAMC's community based Health Care for Homeless Veterans (HCHV) program. The period of performance will be from 03/30/2016 to 09/30/2016. This will require Community Hope to continue providing a community-based early recovery model of Emergency Supportive Housing that serves 20 homeless individuals on an emergency basis at its GSA contract price not to exceed \$155.05 per day per Veteran, including room and board. Community Hope will be required to provide these beds to CMCVAMC Homeless Program Staff for the immediate placement of homeless Veterans, including men and women for temporary shelter lasting between 30 and 90 days while either permanent housing or another more stable form of transitional housing can be obtained.

**(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:**

**SERVICES TO BE PROVIDED:**

- a. **BASIC SERVICES:** The residence must have 16 beds clustered exclusively for male Veterans and 4 beds clustered separately and exclusively for female Veterans. The contractor will offer a low-demand environment with a minimum set of rules designed to re-establish trust and engage the Veteran in needed treatment services as follows:
- i. Acceptance of treatment cannot be a condition of admission or continued stay
  - ii. Abstinence from alcohol or drugs cannot be a condition of treatment or continued stay
  - iii. Demands are kept to a minimum

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- iv. Rules focus on staff and resident safety
  - v. Infractions of rules are used as opportunities for engagement
  - vi. Designated area for use as a “safe room” or “sober lounge” that is separate from the community and allows for privacy and observation
- b. **ROOM AND BOARD:** Room and Board to include a private or semi-private room with a bed and other furnishings such as a dresser, storage, and personal linens (towels and bed sheets). Meals shall meet 2010 dietary guidelines set forth by the U.S. Department of Agriculture and U.S. Department of Health and Human Services, including any updates made to the guidelines. There will be a minimum of three meals per day plus snacks. Accommodations must be made for Veterans with dietary restrictions due to religious practice or medical diagnosis.
- c. **WOMEN VETERANS:** The facility environment directly and indirectly affects the quality of care provided to women Veterans. Measures must be taken to maintain and adjust care environments to support their dignity, privacy, and security.
- i. Facilities must ensure separate safe and secure sleeping arrangements for women Veterans including but not limited to door locks, access bar codes, or controlled access ID card scanners. All locking arrangements must be in compliance with National Fire Protection Association (NFPA) 101, Life Safety Code.
  - ii. Women Veterans must have women only restrooms and bathing/shower facilities in close proximity to sleeping arrangements. Bathroom doors must be lockable if accessible from hallways or other public spaces.
  - iii. Gender specific personal hygiene products must be made available.
- d. **LAUNDRY FACILITIES:** Laundry supplies and facilities for Veterans to do their own laundry or to have laundry done.
- e. **THERAPEUTIC AND REHABILITATIVE SERVICES:** Contractor must offer therapeutic, rehabilitative, and recovery services determined to be needed by the individual resident in a plan developed by the contractor with consultation by the Veteran and the VA case manager and/or other appropriate VA staff. Participation must remain optional but encouraged. The Contractor will not be required to provide detoxification or other hospital level treatment – those services will be provided by the Veterans Affairs (VA) at VA facilities. Services which the contractor must be able to furnish include:
- i. Structured group activities as appropriate – examples include group therapy, social skills training, Alcoholics Anonymous, Narcotics Anonymous, vocational counseling, life skills, and physical activities as appropriate.
  - ii. Individual counseling, including counseling on self-care skills, adaptive coping skills and, as appropriate, vocational rehabilitation counseling, in collaboration with VA program and community resources.
  - iii. Assistance to develop responsible living patterns, to maintain an acceptable level of personal hygiene and grooming, and to achieve a more adaptive level of psychosocial functioning, upgraded social skills, and improved personal relationships.
  - iv. Support for an alcohol/drug abuse-free lifestyle provided in an environment conducive to social interaction and the fullest development of the resident’s rehabilitative potential.
- f. **DOCUMENTATION:** Treatment and discharge planning reflecting a team assessment of health, social and vocational needs and the involvement of the Veteran, the VA staff and appropriate community resources in resolving problems and setting goals. In addition, the Contractor shall provide computer access for Veterans to assist with discharge planning and case management needs. Documents mandated below should be housed at the contract agency and should be accessible to VA staff:
- i. Essential identifying data relevant to the Veteran, including appropriate assessments and history of the Veteran’s homelessness as well evaluation data required by the VA National Center on Homelessness Among Veterans.
  - ii. Data relevant to the Veteran’s admission and anticipated length of stay
  - iii. Treatment plan within 3 days of admission to be completed by assigned case manager.

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- iv. Goals should be measurable and reasonably expected to be accomplished within 90 days
- v. Goals should include a plan for more stable housing
- vi. Goals should reflect Veteran driven/low demand model
- vii. Case managers must document the following:
  - 1. Daily informal meeting with each Veteran
  - 2. Weekly formal meeting and completion of treatment plan progress
- viii. Contractor must maintain final summaries on each Veteran that leaves the program. Summary must include a description of changes realized during the Veteran's stay in the residential program, reason for leaving, disposition, aftercare plan, and specific follow up information. Language reflecting the quality of the discharge should read, "Planned" or "Unplanned"
  
- g. **PERSONNEL:** The Contractor will target homeless individuals. It is understood that the Veterans to be cared for under this contract will require care and treatment services over and above the level of room and board. The Contractor will employ sufficient personnel to carry out the policies, responsibilities, and the program for the facility.
  - i. The Contractor must identify each person functioning as "Key Personnel" under this contract, and provide to the VA a description of the services to be provided by such person, together with a resume summarizing that person's relevant skills and experience. During the first ninety (90) calendar days of contract performance, the Contractor shall make NO substitutions of key personnel unless the substitution is necessitated by illness, death, or termination of employment.
  - ii. Within 14 days after substitutions necessitated by situations described above, the Contractor shall provide resumes for the substitute key personnel. For substitutions proposed by the Contractor after the initial 90 calendar day period, the Contractor shall provide resumes for the substitute personnel, together with any other additional information requested by the Contracting Officer (CO), at least 15 days before the substitution is to occur. The CO shall notify the Contractor within fifteen (15) calendar days after receipt of all required information if the VA refuses to accept the substitute key personnel.
  - iii. The VA reserves the right to refuse or revoke acceptance of key personnel if personal or professional conduct, or lack of required skills or experience, jeopardizes patient care or interferes with the regular and ordinary operation of the facility.
  - iv. Temporary substitutions of key personnel shall be permitted in accordance with the Contractor's contingency plan. The Contractor's contingency plan to be utilized if personnel leave Contractor's employment or are unable to continue performance in accordance with the terms and conditions of the resulting contract must be submitted as part of the Contractor's offer.
  - v. Professional staff shall be as follows:
    - 1. (1) Program Director to provide counsel on compliance, education, and supervision. Program director will have a bachelors' degree in Mental Health or related field. Preference in hiring given to those individuals with master's degrees and/or specialized certificates in certified addictions counseling/intensive case management or similar certifications.
    - 2. (1-2) Case Managers to maintain a caseload ration of 1:10. Case Managers will have a bachelor's degree in Mental Health or related field. Preference in hiring given to those individuals with specialized certificates in certified addictions counseling/intensive case management or similar certifications.
  - vi. There must be, as a minimum, at least one administrative staff member, or designee of equivalent professional capability, on duty on the premises or residing at the house and available for emergencies 24 /7.
  
- h. **TRAINING:** All staff must receive training in low demand and harm reduction, housing first, motivational interviewing, trans-theoretical stages of change, substance use disorders, and mental illness. Training curriculum must be approved by VA and Contractor must provide evidence of staff training annually. Staff training must address attitudes and sensitivity toward women including sensitivity regarding women's military experiences; caregiver and parenting roles; intimate partner violence; sexual trauma; and sexual orientation.

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- i. **REFERRALS:** The VA is responsible for determining eligibility of Veterans prior to referral to the Contractor for treatment. A written referral (hard copy or fax) signed by a VA HCHV Program Coordinator or designee shall be provided to the Contractor for each Veteran referred for services under the contract.
  - i. The names of the VA HCHV Program Coordinator and designees for the contract shall be provided to the Contractor. VA HCHV Program Coordinator or designees may be added or deleted from the list during the term of the contract at the discretion of the CMCVMAC. The Contractor shall be provided an updated list whenever such changes are made.
  - ii. Contractor must have the ability to accommodate immediate admissions 24/7. All admissions must have concurrence of VA. In reference to eligibility, provider staff should contact PVAMC eligibility office to verify Veteran status 24/7. If unable to verify during off tour hours, homeless person should be accepted conditionally. Within 72 hours, VA clinical staff will meet with newly admitted individual and complete an assessment. If glaring safety issues arise before 72 hour time frame, decision to exit individual based on safety concerns will be deferred to contract agency staff. VA staff have right of approval/disapproval for payment for non-approved admissions and non-verified Veterans. VA staff is available 24/7 for quick temporary verification of Veteran status by calling PVAMC. It is understood that the Contractor will not be paid for care provided to a referred Veteran beyond the period authorized in the referral, unless an extension of the authorization is provided in writing by the VA.
  - iii. Contractor must have the ability to accommodate the following:
    - 1. Veterans with ambulatory difficulties including wheelchairs and other assistive devices in compliance with Americans with Disabilities Act Accessibility Guidelines
    - 2. Veterans with sex offender designations, including Megan's Law
    - 3. Veterans participating in opioid treatment programs
  - iv. The initial referral period for a Veteran may be up to 60 days, depending upon the needs of the Veteran as mutually determined by the Veteran, the Contractor's staff, and VA HCHV Program Coordinator or designee. An extension of the referral period up to a total of 6 months may be authorized by the VA HCHV Program Coordinator or designee, provided that funding is available. Treatment periods in excess of 6 months for individual Veterans must be authorized by the VA HCHV Program Coordinator or designee on a case by case basis.
  - v. If, within 72 hours of admission, homeless individual is found to be a non-Veteran (as defined by VA eligibility), contract agency will initiate referrals to alternative placements and transition homeless individual to this placement. If within 72 hours Veteran displays physical evidence of communicable disease and/or tests positive for such, the decision to transition this individual to alternative placement will be deferred to contract agency staff.
- j. **ABSENCES AND CANCELLATION:** The contractor shall notify the VA of unauthorized absences by a referred Veteran from the facility. Should a Veteran absent himself/herself from the Contractor's facility in an unauthorized manner, payment for services for that Veteran shall be continued for a maximum period of two days, provided there is an active outreach attempt on the part of the Contractor's staff to return the Veteran to the facility and there is a reasonable belief that the Veteran will return. Management of program dropout will be an element of quality assurance review of this program. Absences of the Veteran from the facility in excess of two days will not be reimbursable unless authorized in advance by the VA HCHV Program Coordinator. VA reserves the right to remove any or all Veterans from the facility at any time, without additional cost, when it is determined to be in the best interest of the VA or the Veteran.
  - i. The contractor shall notify the authorizing VA facility immediately when a medical emergency occurs that requires hospitalization of a referred Veteran. It is agreed that the Veteran will be admitted to the appropriate VA facility. When such admission is not feasible because of the nature of the emergency, it is agreed that hospitalization in a non-federal hospital may be accomplished provided that VA authorization is obtained. If hospitalization of a non-emergency nature is required it is agreed that admission to the appropriate VA facility will be accomplished promptly.

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- ii. The contractor shall notify the authorizing VA facility immediately of any incidents involving Veterans residing in the residential program. All Veteran sentinel events (as defined by VHA) must be reported to the HCHV Coordinator and Contracting Officer's Representative (COR) within 24 hours of incident. All other incidents must be reported within 72 hours. The contractor shall maintain a copy of the incident report in the Veteran's case record.
- k. **CONTRACTOR STAFF CONDUCT/COMPLAINTS HANDLING:** Contractor personnel shall be expected to treat referred Veterans with dignity and respect and abide by standards of conduct mirroring those prescribed by current federal personnel regulations. The Contractor shall comply with the VA Patient's Bill of Rights as set forth in 38 CFR 17.34a (copy available upon request).
  - i. The VA reserves the right to exclude Contractor staff members from providing services to Veterans under this contract based on breaches of conduct, including conduct that jeopardizes patient care or interferes with the regular and ordinary operation of the facility. Breaches of conduct include intoxication or debilitation resulting from drug use, theft, patient abuse, dereliction or negligence in performing directed tasks, or other conduct resulting in complaints by Veterans or other staff members to designated Government representatives.
  - ii. The Contractor and COR shall deal with issues raised concerning contractor personnel conduct. The CO shall be the final arbiter on questions of acceptability and in validating complaints.
- l. **TRANSPORTATION:** The Contractor shall assist the Veterans with local round trip transportation to scheduled meetings and appointments. The Contractor will be expected to help the Veteran access public transportation, including providing information and instructions necessary to enable Veterans to utilize public transportation. If VA staff determines that adequate public transportation is not available or appropriate for a Veteran, the Contractor shall arrange for alternative transport by car.
- m. **EXPERIENCE:** Contractor selected must have at least two years of direct experience working with homeless individuals. Experience may come from but not limited to the following examples; Working with any of the many State and Federal programs or private and charitable organizations.
- n. **FACILITY REQUIREMENTS:** It is the responsibility of the Contractor to properly maintain its facilities and the VA shall have no responsibility for paying or reimbursing the Contractor for such expenses.
  - i. The contract facility must:
    - 1. Have a current occupancy permit issued by the local and state governments in the jurisdiction where the facility is located.
    - 2. Be located in Philadelphia County, Pennsylvania, USA.
    - 3. Be in compliance with existing standards of State safety codes and local, and/or State health and sanitation codes.
    - 4. Be licensed under State or local authority.
    - 5. Where applicable, be accredited by the State.
    - 6. Be equipped with operational air conditioning /heating systems.
    - 7. Be kept clean free of dirt, grime, mold, or other hazardous substances and damaged noticeably detract from the overall appearance.
    - 8. Be equipped with first aid equipment and an evacuation plan in case of emergency.
    - 9. Have windows and doors that can be opened and closed in accordance with manufacturer standards.
    - 10. Comply with the Americans with Disabilities Act
  - ii. The contractor facility must meet fire safety requirements, as follows: The building must meet the requirements of the applicable residential occupancy chapters of the current version of NFPA 101, National Fire Protection Association's Life Safety Code (<http://www.nfpa.org/>). Any equivalencies or variances must be approved by the appropriate Veterans Health Administration Veterans Integrated Service Network (VISN) Director.



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- iii. All residents in the facility must be mentally and physically capable of leaving the building, unaided, in the event of an emergency
  - iv. Fire exit drills must be held at least quarterly. Residents must be instructed in evacuation procedures when the primary and/or secondary exits are blocked. A written fire plan for evacuation in the event of fire shall be developed and reviewed annually. The plan shall outline the duties, responsibilities and actions to be taken by the staff and residents in the event of a fire emergency. This plan shall be implemented during fire exit drills.
  - v. A written policy regarding tobacco smoking in the facility shall be established and enforced.
  - vi. Portable fire extinguishers shall be installed at the facility. Use NFPA 10, Portable Fire Extinguishers, as guidance in selection and location requirements of extinguishers.
  - vii. Requirements for fire protection equipment and systems shall be in accordance with NFPA 101. All fire protection systems and equipment, such as the fire alarm system, smoke detectors, and portable extinguishers, shall be inspected, tested and maintained in accordance with the applicable NFPA fire codes and the results documented.
  - viii. The annual inspection by a VA team shall include a fire and safety inspection conducted at the facility unless a review of past Department of Veterans Affairs' inspections or inspections made by the local authorities indicates that a fire and safety inspection would not be necessary, in which case the fire and safety inspection may be waived by the VA.
  - ix. HCHV Residential Contract Services provider selected must be able to provide onsite office space for VA HCHV Coordinator or other VA clinical staff, said office space shall comprise not less than 75 net usable square feet.
  - x. HCHV Residential Contract Services provider will provide necessary space, equipment, and connectivity to allow VA Clinical Video Telehealth (CVT) services when indicated. The intent of the VHA Telehealth Services' mission and vision is to improve quality, convenience and access for Veteran patients to care by the use of health informatics, telehealth and disease management technologies that enhance and extend care and case management.
- o. **INSPECTION OF FACILITY AND PROGRAM:** As determined necessary by the medical center director or HCHV Coordinator shall conduct a survey of the Contractor's facilities to be used to provide Veterans food, shelter, and therapeutic services to assure the facility provides quality care in a safe environment. Inspections may also be carried out at such other times as deemed necessary by the Department of Veterans Affairs. Contractor will allow VA staff to inspect the facility and/or review Veteran participant treatment protocols at any time without prior written notice to the contractor.
- i. The contractor will be advised of the findings of the inspection team. If deficiencies are noted during any inspection, the contractor will be given a reasonable time to take corrective action and to notify the CO that the corrections have been made. Failure by the Contractor to take corrective action within a reasonable time will be reported to the CO. If corrections are not made to the satisfaction of the VA, the CO will consult with the appropriate officials so that suitable arrangements can be made to discharge or transfer patients and to terminate the contract, as appropriate.
  - ii. The inspection of the Contractor facilities will include inspection for conformity to the current Life Safety Code as described, and will also include the following:
    - 1. General observation of residents to determine if they maintain an acceptable level of personal hygiene and grooming.
    - 2. Assessment of whether the facility meets applicable fire, safety and sanitation standards.
    - 3. Determining whether the facility is in attractive surroundings conducive to social interaction and the fullest development of the resident's rehabilitative potential.
    - 4. Observation of facility operations to see if appropriate organized activity programs are available during waking hours (including evenings) and degree to which a high level of activity is observed in the facility, such as individual professional counseling, physical activities, assistance with health and personal hygiene.
    - 5. Seeking evidence of facility-community interaction, demonstrated by the nature of scheduled activities or by information about resident flow out of the facility, e.g., community activities, volunteers, local consumer services, etc.

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6. Observation of staff behavior and interaction with residents to determine if they convey an attitude of genuine concern and caring.
  7. Inspecting the types of meals and other nutrition provided to residents to see if appetizing, nutritionally adequate meals are provided in a setting, which encourages social interaction and if nutritious snacks between meals and bedtime are available for those requiring or desiring additional food, when it is not medically contraindicated.
  8. Making a spot check of Veterans' records to ensure accuracy with respect to Veterans' length of stay and services provided to the Veterans.
- p. All Department of Veterans Affairs reports of inspection of residential facilities furnishing treatment and rehabilitation services to eligible Veterans shall, to the extent possible, be made available to all government agencies charged with the responsibility of licensing or otherwise regulating or inspecting such institutions.

(b) **ESTIMATED DOLLAR VALUE:** \$450,000

(c) **REQUIRED DELIVERY DATE:** 03/30/2016

**(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.**  
**(CHECK ALL THAT APPLY AND COMPLETE)**

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

Community Hope Inc. is the only provider that has current capacity, staffing, and resources in place to provide this service immediately without any gap in service that would be detrimental to the health and safety of the Veterans experiencing homelessness. Another source would not have the necessary and specialized immediate infrastructure and resources available to provide the required services. Community Hope has already met VA inspection requirements, is currently operational, and has an existing relationship with the Veterans served under the contract. The Veterans currently served by Community Hope are working toward permanent housing plans and disrupting care would cause harm to the Veterans and put them at risk of reentering into homelessness. Additionally, Community Hope is the only provider that has current space and staffing available to meet the immediate need. A different provider would require time to become operational, which would cause a detrimental gap in service for a very vulnerable Veteran population.

☐ A patent, copyright or proprietary data limits competition. The proprietary data is:  
(If FAR 8.405-6(a)(2)iii before posting. Do not include specific proprietary data. Only mention the type of equipment, procedure, etc. to show that proprietary supplies or services are being procured.)

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☐ These are "direct replacements" parts/components for existing equipment.

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☐ The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

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☒ The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

Community Hope Inc. is the only provider that has current capacity, staffing, and resources in place to provide this service immediately without any gap in service. The new work is a logical follow on to the current Federal Supply Schedule order in order to avoid any gap in service. Any gap in this service would be detrimental to the health and safety of the Veterans experiencing homelessness.

☒ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

The use of the emergency supportive housing beds has been instrumental in decreasing the numbers of homeless Veterans seeking shelter in the streets or other uninhabitable environments. Collaborating with Community Hope Inc. has allowed CMCVAMC to ensure Veterans receive the supports needed to overcome homelessness. Since the opening of Community Hope in June 2015, CMCVAMC has been able to place 84 Veterans into Community Hope and provide supportive case management services that led to placement in transitional and long-term permanent housing through VA and other community providers. Community Hope is the only provider that has current capacity, staffing, and resources in place to provide this service. Without the resources of Community Hope, Veterans will become homeless and in need of emergency placement. Limited availability within the CMCVAMC HCHV programs and community homeless system would put a burden on both the Veteran and service provider. Additionally CMCVAMC is committed to provide ongoing emergency supportive housing services to meet the need of Veterans experiencing homelessness in alignment with the goal to end Veteran homelessness as outlined by President Obama. Through VA's initiative launched in 2010 to eliminate homelessness among Veterans, VA has made significant investments, built infrastructure, forged partnerships, and implemented programs to ensure Veterans get the support they need to free themselves from homelessness. Any gap in this service would be detrimental to the health and safety of the Veterans experiencing homelessness.

**(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:**

The order represents the best value consistent with FAR 8.4. Continuing services with the existing Contractor is the least disruptive and most cost effective means of delivering required services to Veterans experiencing homelessness without impacting access to care or risking the safety of Veterans. The technical capacity and experience of the current contractor provides the best value by mitigating additional cost and time required to duplicate the same services with another contractor.

**(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:**

By reviewing other contracts and vendors, CMCVAMC was able to determine that no contractor demonstrated existing capabilities to provide the required scope and breadth of services to provide an existing and proven model for the provision of emergency supportive housing for Veterans within the City of Philadelphia. Market research indicates that, while there are many organizations that house homeless Veterans, there is only one existing program with immediate capacity



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**(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

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		02/26/2016
SIGNATURE		DATE
	Homeless Coordinator	Social Work Service
NAME	TITLE	SERVICE LINE/SECTION
642 Corporal Michael J. Crescenzo Medical Center		
FACILITY		

\_\_\_\_\_  
CONTRACTING OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE

