

Statement of Work (SOW)

Install metasys BAS

06/09/2017



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Install JC Metasys BAS

Vision Statement

Install a metasys Building Automation System (BAS) at the St Petersburg VA Regional Office ensuring all HVAC, Lighting, Life Safety, and Irrigation systems are maintained / managed from a central BAS site.

1 Introduction

Currently, the St Petersburg VA Regional Office (VARO) has one remote desktop terminal slaved to the Johnson Controls Metasys Building Automation System (BAS) hosted on a server located in the Energy Center at the C.W. Bill Young VA Medical Center (Bay Pines). The Johnson Control Metasys is designed to monitor the building systems in buildings 46 and 47 of the VARO. The current configuration does not allow the VBA Facility Managers to monitor and manipulate the building systems effectively and efficiently. The current configuration does not incorporate any graphics display that is essential for monitoring building system(s) performance and operations. To correct this shortcoming, the St Petersburg VARO intends to purchase and install a Johnson Controls Metasys ADS/ADX server at the VARO on their own centralized control station that can efficiently monitor the building's heating, ventilation and air conditioning, lighting and other systems through a building management system or building automation system (BAS). By incorporating the Johnson Controls ADS/ADX Metasys BAS the VARO Facility Managers will be able to improve occupant comfort, better manage (improve efficiency) operation of building systems, reduce energy consumption and operating costs, and improved life cycle of utilities. The Johnson Controls Metasys provides the computer networking of electronic devices designed to monitor and control the mechanical, security, Life Safety (fire and flood safety), lighting (emergency lighting), HVAC, humidity control, ventilation systems as well as the outside irrigation systems at the St Petersburg VA Regional Office.

1.1 Scope

Contractor will purchase and install the most recent version of Johnson Controls Metasys ADS/ADX server software with JC Metasys Graphics+ software to include the Graphics Generation Tool (GGT) software on a contractor purchased work station (computer) with sufficient memory and associated components (RAM, VRAM, graphics accelerators, graphics cards, etc.) to efficiently display the BAS graphics on two wall mounted 42 monitors provided by the contractor in room 204. Monitors must be on swivel wall mounted hardware. The Contractor in conjunction with the COR will develop building system graphic icons / models representing the building systems mentioned in this SOW showing moving parts (fans and pumps) as well as identify systems and components that are in alarm through a red/yellow/green status display. Attachment two (2) lists the minimum computer hardware specifications to be purchased by the contractor. Contractor will ensure the VBA based JC Metasys ADS/ADX server is connected and configured to the C.W. Bill Young VA Medical Center Energy Center ensuring the Energy

Center can monitor and adjust the newly installed VBA JC Metasys. Contractor will also purchase and provide two (2) Mobile-optimized BAS tablets (Surface Pro4 or equivalent) with keyboard, stylus and case capable of monitoring / adjusting systems connected to the JC Metasys BAS. Upon development of a fully functional Johnson Controls Metasys BAS the contractor will provide 40hrs (M-F, 8hr/day) training on Metasys setup and operation procedures to include graphic design using the GGT at a local training site (within 50 miles of the St Petersburg VARO) for 2 VARO employees. Contractor will provide 3ea MS Office Suite Product Key discs. Contractor / installers shall be Johnson Control Certified Metasys Installers.

2 General Requirements

This section describes the general requirements for this effort. The following sub-sections provide details of various considerations on this effort.

2.1 Non-Personal Services

The Government shall neither supervise contractor employees nor control the method by which the contractor performs the required tasks. Under no circumstances shall the Government assign tasks to, or prepare work schedules for, individual contractor employees. It shall be the responsibility of the contractor to manage its employees and to guard against any actions that are of the nature of personal services, or give the perception of personal services. If the contractor believes that any actions constitute, or are perceived to constitute personal services, it shall be the contractor's responsibility to notify the Contracting Officer (CO) immediately.

2.2 Business Relations

The contractor shall successfully integrate and coordinate all activity needed to execute the requirement. The contractor shall manage the timeliness, completeness, and quality of problem identification. The contractor shall provide corrective action plans, proposal submittals, timely identification of issues, and effective management of subcontractors. The contractor shall seek to ensure customer satisfaction and professional and ethical behavior of all contractor personnel.

2.3 Contract Administration and Management

The following subsections specify requirements for contract, management, and personnel administration.

2.4 Subcontract Management

The contractor shall be responsible for any subcontract management necessary to integrate work performed on this requirement and shall be responsible and accountable for subcontractor performance on this requirement. The prime contractor will manage work distribution to ensure there are no Organizational Conflict of Interest (OCI) considerations. Contractors may add subcontractors to their team after notification to the Contracting Officer (CO) or Contracting Officer Representative (COR).

2.5 Location and Hours of Work

Accomplishment of the results contained in this SOW requires work at the St Petersburg VA Regional Office, 9500 Bay Pines Blvd. ,St Petersburg, FL 33708. Normal workdays will be Monday through Friday except US Federal Holidays from 7:30am until 5:00 pm. The contractor may work on Saturday and/or Sunday's with prior coordination with the Contracting Officer Representative (COR). The contractor will provide the COR a Work Breakdown Structure showing the work schedule. The preferred format for the WBS is MS Project.

2.6 Period of Performance (POP)

The POP for this contract is 45 calendar days. If the contractor encounters any situation(s) that may prevent completion of this contract within the POP it needs to be brought to the attention of the COR/CO immediately.

3 Performance Requirements

The following section specifies the Performance Objectives and Performance Elements for the contract.

3.1 Pre installation phase.

Prior performance of this SOW Contractor must complete all training as identified in paragraph 4 to include employee badging and safety training.

Performance Standards

a) Standard: Compliant with federal, state, and local laws and regulations

AQL: 100% of employees have completed VA Privacy and Information Assurance training as well as submitted VA Form 20-0344 (attached) and VA Form 0711 (attached) and have acquired a Non-PIV badge prior performance of this SOW / Contract.

Deliverables

A001 VA Privacy and Information Assurance Training

A002 VA Form 20-0344

A003 VA Form 0711

3.2 Installation Phase.

Contractor will install new Metasys BAS system as listed in the follow subparagraphs.

Performance Standards

a) Standard: Addresses all program areas

AQL: 100% of employees have completed VA Privacy and Information Assurance training as well as submitted VA Form 20-0344 (attached) and VA Form 0711 (attached) and have acquired a Non-PIV badge prior performance of this SOW / Contract.

3.2.1 Install Metasys ADS/ADX server.

Install one Metasys ADS/ADX server with JC Metasys Graphics+ software to include Graphics Generation Tool (GGT) software with sufficient memory and associated components (RAM, VRAM, graphics accelerators, graphics cards, etc.) to efficiently display the BAS graphics on two wall mounted 42 monitors provided by the contractor in room 204. Monitors must be on two swivel wall mounted hardware.

Performance Standards

a) Standard: Identifies and corrects deficiencies

AQL: Metasys ADS/ADX server functions IAW manufacturer design and specifications.

3.2.2 Connect building systems to Metasys BAS.

Connect the following building systems to the JC Metasys ADS/ADX server HVAC*, lighting, irrigation sprinklers, and any/all other building systems connected to the current JC Metasys for buildings 46 and 47.

Performance Standards

a) Standard: Addresses all program areas

AQL: HVAC, Lighting, Life Safety Devices, and Irrigation system all connected to the Metasys ADS/ADX Server.

3.2.3 Create Metasys BAS graphics.

Create graphics representation for HVAC components to include AHUs, DH units, exhaust vents, cooling units, VFDs, chillers, cooling towers, and other components currently connected to the metasys.

Performance Standards

a) Standard: Graphic icons created for all AHU's, DH units, EF's, RTF's, CU's, Chillers, Cooling Towers, VFDs, pumps, etc; graphics depict fans moving, temperature, volume, etc.

AQL: Graphics are green when operating at full capacity/compliance >91%, yellow when 70-90% within range and red when 0-69% within range.

Deliverables

A004 Graphics (icons) generation

3.2.4 Establish interface with Metasys BAS system.

Establish interface between the new JC Metasys ADS/ADX and existing JC Metasys at Bay Pines Energy Center. It is essential the VARO JC Metasys be configured and synchronized with the Bay Pines Energy Center in order to allow them to monitor and provide input to the new JC Metasys ADS/ADX during non VBA working hours.

Performance Standards

a) Standard: Identifies and corrects deficiencies

AQL: Bay Pines Energy Center fully capable of monitoring and adjusting VBA Metasys ADS/ADX Server.

3.2.5 Provide 2 BAS Tablets.

Provide VBA with two Mobile-optimized BAS tablets capable of monitoring / adjusting systems connected to the JC Metasys BAS.

Performance Standards

a) Standard: Demonstrates efficiencies

AQL: Tablets can connect to ADS/ADX allowing manipulation of BAS systems, HVAC, Life Safety, Lighting, and Irrigation

Deliverables

A005 Tablet for monitoring BAS metasys

3.3 Post Installation Activities.

Provide 1 week of training locally (within 50mi) on BAS graphics development and integration for two VBA personnel (TBD) as well as providing one set of Johnson Controls Complete Learning Package. Training will focus on the fundamental controls of the JC Metasys system as well as developing graphics utilizing the JC Metasys Graphics Generation Tool (GGT). For required training classes and JC Learning Package see Attachment #3.

Performance Standards

a) Standard: 40 hours of Metasys training for 2 VBA employees at local training site; training addresses all program areas of metasys monitoring and metasys graphics design and implementation on both desktop and tablet displays.

AQL: VBA staff can demonstrate knowledge and skills necessary to develop and implement metasys graphics on both work station and tablet displays.

Deliverables

A006 Metasys training certificate in Fundamental Control Strategies for HVAC

Systems and Metasys® System Extended Architecture for Building Operators.

4 Special Requirements

This section describes the special requirements for this effort. The following sub-sections provide details of various considerations on this effort.

4.1 Security

During normal business hours (6am - 6pm) the Contractor is required to enter and exit the St Petersburg VARO through the front entrance. Entering or exiting the building through any other door will require VARO approval and an escort will be required. Upon entering the building the contractor and/or contractor employees will be required to show proof of identity (must have a valid photo ID) as well as pass through a security screening. Due to the sensitivity and personal information processed at the VARO the Contractor as well as the Contractors employees will be required to complete VA Privacy and Information Security and Rules of Behavior Training. This training will be provided by the COR to all Contractor employees to include sub-contractor employees. The Contractor will coordinate and schedule the training with the COR. Training must be completed within 10 working days from the contract award date. In addition VA Form 20-0334 and form VA Form 0711 must be completed by the Contractor, contractor employees, and sub-contractors and original copies turned in to the COR prior beginning construction. See Attachment 1 - Forms to this SOW for VA Form 20-0344 and VA Form 0711.

4.1.1 Badging and Identification

Homeland Security Presidential Directive (HSPD) -12 directs all federal agencies and departments to issue identity credentials to provide government workers, contractors, and affiliates with a credential that provides the attributes of security, authentication, trust, and privacy and can be used to verify identities in order to enter federal buildings or gain access to federal computer networks.

All contractors to include their direct employees, subcontractors and subcontractor employees entering the St Petersburg VARO are required to have an individual Non-PIV badge prior beginning work inside the VARO. Therefore it is essential the contractor complete section I of VA Form 0711 (attached) for all employees to included sub-contractors employees who will be working inside the building and provided the completed form to the COR within 5 days of being awarded the contract. Once the COR receives the VA Form 0711 it will take approximately 2 Federal working days before a Non-PIV card can be prepared. The contractor will be notified by the COR when each employee is to report to room 238, PIV Office for photographs and issuance of a Non-PIV badge. The employee must bring TWO (2) forms of identification when they report to room 238. The contractor is responsible for the cost of fingerprinting and background investigations (if required). The contractor should also include the time necessary to process Non-PIV badges in his/her schedule.

4.2 Safety

Equipment - The Contractor shall provide all safety equipment/devices, MSDS, personal protective equipment and clothing as required for its employees. Copies of all MSDS shall be provided to the COR.

OSHA - Prior to commencing work the Contractor shall provide proof that an OSHA designated "competent person (CP)(29 CFR 1926.20(b)(2) will maintain a presence at the work site whenever the general or subcontractors are not present. The Contractor as well as the on-site supervisor will have completed no less than 30 hours of OSHA approved safety training. All other Contractor employees will have no less than 10 hours of OSHA approved safety training.

Safety Plan Contractor will provide a site specific safety plan as well as an Activity Hazards Analysis. An example of a VA approved AHA can be found at <http://www.usace.army.mil/Portals/2/docs/AHA2.pdf>

Compliance - The Contractor shall comply with all applicable Federal, State and local legal requirements regarding workers health and safety. The requirements include but are not limited to, those found in Federal and State Occupational Safety and Health Act (OSHA) statutes and regulations, such as applicable provisions of Title 29, Code of Federal Regulations (CFR) Parts 1910 and 1926. Contractor is solely responsible for determining the legal requirements that apply to activities, and shall ensure safe and healthful working conditions for its employees.

4.3 Government Furnished Materials

The government shall provide at no cost parking space and access to the VARO loading docks as necessary. The Government will provide a secured and restricted room for the Contractor to store equipment/supplies during the course of this project.

4.4 Applicable Directives

The contractor shall comply with all documents listed below as mandatory and referenced under paragraph 3.0, Performance Requirements. Compliance with documents listed as non-mandatory is the contractors' option.

Mandatory compliance (list)

Corps of Engineers Manual EM 385-1-1, "General Safety Requirements as well as the specific requirements stated elsewhere in the Contract Documents. EM 385-1-1 can be found at http://federalconstruction.phslegal.com/uploads/file/EM-385-1-1_2008.pdf.

29 CFR 1926.20

Activity Hazards Analysis - AHA example found at <http://www.usace.army.mil/Portals/2/docs/AHA2.pdf>

Non-Mandatory document (list)

4.5 Quality

This section describes the Quality Control components for this effort. The following sub-sections provide details of various considerations on this effort.

4.5.1 Quality Control

The Contractor shall develop a Quality Control Plan (QCP) and maintain an effective quality control program to ensure services are performed in accordance with this SOW. The Contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services. The Contractors QCP is the means by which he assures himself that his work complies with the requirement of the contract.

The finalized QCP will be accepted by the Government within 10 days after receipt of order.

The Contracting Officer may notify the Contractor of required modifications to the plan during the period of performance. The Contractor then shall coordinate suggested modifications and obtain acceptance of the plan by the Contracting Officer. Any modifications to the program during the period of performance shall be provided to the Contracting Officer for review no later than 10 working days prior to effective date of the change. The QCP shall be subject to the Governments review and approval. The Government may find the QCP "unacceptable" whenever the Contractors procedures do not accomplish quality control objective(s). The Contractor shall revise the QCP within 10 working days from receipt of notice that QCP is found "unacceptable."

5 Deliverables

The contractor shall provide deliverables as described in this SOW..

Number	Name	Frequency	Quantity
A001	VA Privacy and Information Assurance Training Required by Contractor, contractor employees, and sub-contractors.	Once	1
A002	VA Form 20-0344 Annual Certification of Veteran Status and Veteran-Relatives. To be submitted to the COR within 10 days from NTP. Employee is not authorized access to RO until VA Form 20-0344 has been completed and submitted	Once	1
A003	VA Form 0711 Request for Personal Identity Verification Card. Non PIV.	Once	1
A004	Graphics (icons) generation Graphics are created for each HVAC system	Once	1

as well as Life Safety and Lighting graphics.

A005	Tablet for monitoring BAS metasys	Once	2
	Contractor will provide iPad or equivalent tablet for monitoring BAS metasys. Tablet must be completely compatible with metasys; possess the appropriate amount of RAM/ROM/VRAM and graphics card; capable of downloading software at a later date, e.g. MS Office Suite.		
A006	Metasys training certificate	Once	2
	Contractor will provide VBA students (2) Certificate of Training for metasys operations and graphics development.		

6 Related Documents

The following Documents are related to this project

VA Handbook 6500.6, Appendix D, Contractor Rules of Behavior -
http://www.va.gov/vapubs/viewPublication.asp?Pub_ID=471&FType=2

Attachment 1 – VA Forms 0344 and 0711

Attachment 1 – VA Forms 0344 and 0711

OMB Control No. 2900-0654
Respondent Burden: 25 Minutes

Department of Veterans Affairs		ANNUAL CERTIFICATION OF VETERAN STATUS AND VETERAN-RELATIVES	
<p>Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is mandatory. Giving us your and your veteran relatives' SSN account information is mandatory. Any persons, including dependents and beneficiaries, who apply for or receive VA Compensation and Pension benefits are required to provide their SSN under Title 38 USC 5101(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</p> <p>Respondent Burden: We need this information to identify the benefit records VA maintains for you and your relatives in order to insure the security and confidentiality of the records (5 U.S.C. 552a(e)(10)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 and give your comments or ask for mailing information on where to send your comments.</p>			
SECTION I - EMPLOYEE INFORMATION			
1. EMPLOYEE'S LAST NAME, FIRST NAME, MIDDLE INITIAL		2. EMPLOYEE'S SOCIAL SECURITY NUMBER	
3. EMPLOYEE'S DATE OF BIRTH (MONTH, DAY, YEAR)		4. REGIONAL OFFICE OF EMPLOYMENT	
5. HAVE YOU EVER APPLIED FOR OR RECEIVED BENEFITS FROM THE DEPARTMENT OF VETERANS AFFAIRS (Either as a veteran or a veteran's dependent)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p>Note: If your answer is "no" to <u>both</u> Items 5 and 6 above, skip Section II and proceed to Section III on the reverse to complete the remainder of the form. If your answer is "yes" to either or both items, please complete the entire form including Items 7 through 14 below. If you are a veteran, provide the information requested in Items 7 through 14 relative to your military status and VA claims records. If you are a veteran's dependent, provide the requested information for the veteran on whom your benefits eligibility is based.</p>			
SECTION II - VETERAN EMPLOYEE/VETERAN'S DEPENDENT INFORMATION			
7. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (<i>Last, First, Middle</i>)			
8. YOUR RELATIONSHIP TO VETERAN <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT			
9. VETERAN'S MILITARY SERVICE NUMBER			
10. VETERAN'S SOCIAL SECURITY NUMBER		11. VETERAN'S DATE OF BIRTH (MONTH, DAY, YEAR)	
12. INSURANCE FILE NUMBER (<i>If applicable</i>)			
13. CLAIMS FILE NUMBER (<i>If applicable</i>)			
14. VA BENEFITS APPLIED FOR (Check all boxes that apply)			
<input type="checkbox"/> NONE	<input type="checkbox"/> TOTAL OR TOTAL AND PERMANENT DISABILITY (USGLI)	<input type="checkbox"/> TOTAL DISABILITY (NSLI)	
<input type="checkbox"/> DISABILITY COMPENSATION	<input type="checkbox"/> PENSION	<input type="checkbox"/> RETIREMENT PAY	
<input type="checkbox"/> VOCATIONAL REHABILITATION	<input type="checkbox"/> EDUCATION OR TRAINING	<input type="checkbox"/> LOAN GUARANTY	
<input type="checkbox"/> HOSPITAL OR DOMICILIARY CARE	<input type="checkbox"/> OUTPATIENT TREATMENT	<input type="checkbox"/> OTHER (<i>Specify below</i>) _____	

Attachment 1 – VA Forms 0344 and 0711

SECTION III - INFORMATION ABOUT YOUR RELATIVES WHO ARE VETERANS AND/OR VA BENEFICIARIES	
<p>Note: List all relatives (spouse, child, parent, sibling) who are veterans or who have applied for or are receiving benefits as a veteran's dependent. If assistance is needed in obtaining military service numbers and/or claims numbers and you do not have access to BIRLS (VA's beneficiary information and records locator system), please see your station's IT Security Officer. Check Item 18 "Additional Information" and attach a separate sheet if more space is needed.</p>	
15. RELATIVE INFORMATION - FIRST	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME ▶	
B. RELATIONSHIP TO YOU ▶	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE) ▶	
D. VETERAN'S SOCIAL SECURITY NUMBER ▶	
E. VETERAN'S MILITARY SERVICE NUMBER ▶	
F. INSURANCE FILE NUMBER ▶	
G. CLAIMS FILE NUMBER ▶	
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR) ▶	
16. RELATIVE INFORMATION - SECOND	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME ▶	
B. RELATIONSHIP TO YOU ▶	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE) ▶	
D. VETERAN'S SOCIAL SECURITY NUMBER ▶	
E. VETERAN'S MILITARY SERVICE NUMBER ▶	
F. INSURANCE FILE NUMBER ▶	
G. CLAIMS FILE NUMBER ▶	
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR) ▶	
17. RELATIVE INFORMATION - THIRD	
A. RELATIVE'S LAST NAME, FIRST NAME, MIDDLE NAME ▶	
B. RELATIONSHIP TO YOU ▶	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT <input type="checkbox"/> SIBLING
C. VETERAN'S FULL NAME AS USED IN MILITARY SERVICE (LAST, FIRST, MIDDLE) ▶	
D. VETERAN'S SOCIAL SECURITY NUMBER ▶	
E. VETERAN'S MILITARY SERVICE NUMBER ▶	
F. INSURANCE FILE NUMBER ▶	
G. CLAIMS FILE NUMBER ▶	
H. VETERAN'S BIRTHDATE (MONTH, DAY, YEAR) ▶	
18. ADDITIONAL INFORMATION	
<input type="checkbox"/> Please check if additional relatives are identified on an attachment to this form.	
<u>I certify that the above information is correct and complete to the best of my knowledge.</u>	
19. SIGNATURE OF EMPLOYEE (Do NOT Print)	20. DATE SIGNED

Attachment 1 – VA Forms 0344 and 0711

Form Approved: OMB No. 2900-0673
Respondent Burden: 5 Minutes

Department of Veterans Affairs		REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD	
PRIVACY ACT STATEMENT: VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.			
PAPERWORK REDUCTION ACT NOTICE: The public reporting burden is approximately 5 minutes including time to review instruction, find the information, and complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, Washington, DC 20420.			
SECTION I - APPLICANT INFORMATION			
APPLICANT INFORMATION (Completed by Applicant)			
1. LEGAL NAME OF APPLICANT (Insert last, first, middle and suffix name)		2. NICKNAME TO BE USED FOR APPLICANT (Insert last name and first name, if applicable)	
3. DATE OF BIRTH (MM/DD/YYYY)		5. HOME PHONE NUMBER (Include Area Code) (Optional)	
4. SOCIAL SECURITY NO.		7. HOME ADDRESS	
6. HOME E-MAIL ADDRESS (Optional)		9. DATE SIGNED	
8. SIGNATURE OF APPLICANT			
SECTION II - SPONSOR VERIFICATION (Completed by Sponsor)			
PART A - APPLICANT EMPLOYMENT INFORMATION (Completed by Sponsor)			
1. NAME AND ADDRESS OF FACILITY OR ASSIGNED DUTY STATION		2. NAME OF SPONSORING DEPARTMENT, SERVICE, OR SECTION, AND MAIL ROUTING SYMBOL	
3. CREDENTIALS/ORGANIZATIONAL TITLE (AKA Position/Job Title)		4. COST CTR.	
5. WORK PHONE NUMBER (If applicable)		6. WORK E-MAIL ADDRESS	
PART B - TYPE OF REQUEST AND EMPLOYMENT STATUS (Completed by Sponsor)			
1. TYPE OF REQUEST <input type="checkbox"/> NEW ID <input type="checkbox"/> RENEWAL <input type="checkbox"/> REPLACEMENT ID (Damaged/Lost) <input type="checkbox"/> CHANGE LEVEL OF ACCESS			
2. TYPE OF CARD <input type="checkbox"/> PERSONAL IDENTITY VERIFICATION (PIV) <input type="checkbox"/> VA (NON-PIV)		3. TYPE OF ACCESS <input type="checkbox"/> LOGICAL ACCESS (Domain) <input type="checkbox"/> PHYSICAL ACCESS (Complete Part D)	
4. EMPLOYMENT STATUS <input type="checkbox"/> VA EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AFFILIATE (Specify) <input type="checkbox"/> TEMPORARY VA EMPLOYMENT			
PART C - PHYSICAL SECURITY ACCESS DATA (Completed by Sponsor)			
1. SPECIAL SECURITY ACCESS REQUIRED <input type="checkbox"/> YES (If "YES," Specify in Item 2) <input type="checkbox"/> NO		2. SPECIFY LOCATION OF SPECIAL SECURITY (i.e. tower, bldg. no., etc.)	
		3. IS APPLICANT A KEY EMERGENCY RESPONDER, CRITICAL EMPLOYEE, OR NEITHER? <input type="checkbox"/> EMERGENCY RESPONDER <input type="checkbox"/> CRITICAL EMPLOYEE <input type="checkbox"/> NEITHER	
PART D - TYPE OF BACKGROUND INVESTIGATION FOR POSITION (Completed by Sponsor)			
TYPE OF BACKGROUND INVESTIGATION FOR POSITION <input type="checkbox"/> SAC <input type="checkbox"/> NACI <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET <input type="checkbox"/> OTHER (Specify)			
PART E - CONTRACTORS, AFFILIATES, AND TEMPORARY EMPLOYMENT INFORMATION (Completed by Sponsor)			
1. EMPLOYMENT EXPIRATION DATE /CONTRACT END DATE (MM/DD/YYYY)(For Contractors, Affiliates, and Temporary Employment)		2. NAME OF FIRM OR COMPANY (If applicable)	
3. NAME OF CONTRACTING OFFICER TECH. REPR. (If applicable)		4. NAME OF RESPONSIBLE VA ORGANIZATION	
		5. MAIL ROUTING SYM.	

VA FORM
OCT 2006 (RS) **0711**

AdobeFormsDesigner

Attachment 1 – VA Forms 0344 and 0711

PART F - SPONSOR AUTHORIZATION AND CERTIFICATION (Completed by Sponsor)								
CERTIFICATION: I Certify under penalty of perjury that the information in Section II is true and correct.								
1. NAME OF SPONSOR			2. SPONSOR CREDENTIALS/ORGANIZATIONAL TITLE					
3. CERTIFICATE NUMBER (Issued by PCI Manager or Registrar)			4. SIGNATURE OF SPONSOR				5. DATE SIGNED (MM/DD/YYYY)	
6. WORK ADDRESS			7. NAME OF SPONSOR'S DEPARTMENT, SERVICE, OR SECTION					
			8. WORK PHONE NUMBER (Include Area Code)					
			9. WORK E-MAIL ADDRESS					
SECTION III - APPLICANT IDENTITY VERIFICATION (Completed by Registrar)								
INSTRUCTIONS: To be completed and signed by Registrar at the time of proofing. Review Section I - Applicant Information, and Section II - Sponsor Verification, assuring that information has been filled out correctly and signed accordingly. The identification must follow these guidelines: <ul style="list-style-type: none">● Applicant must present two (2) forms of identification from the Accepted Identification Documentation List.● The names on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match).● One State or Federal ID must contain a photograph. ● Both IDs must be original documents. ● Both IDs must be currently valid, not expired.● Verify that the applicant has background information on file. If no evidence of a SAC exists, then capture fingerprint data and process accordingly.								
PART A - BACKGROUND CHECK								
1. TYPE OF BACKGROUND CHECK								
1A. DATE INITIATED BACKGROUND CHECK (MM/DD/YYYY)			SAC (Fingerprint Check)		NACI		OTHER (Specify)	
1B. DATE ADJUDICATED BACKGROUND CHECK (MM/DD/YYYY)								
2. FINGERPRINTS CAPTURE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," proceed to Part B)			3. SEX	4. RACE	5. HEIGHT	6. WEIGHT	7. EYES	8. HAIR
			9. PLACE OF BIRTH					
10. NOTICABLE SCARS AND TATTOOS								
PART B - PHOTOGRAPHIC IDENTIFICATION NUMBER 1								
1. EXACT NAME LISTED ON PHOTO ID			2. DOCUMENT IDENTIFICATION NUMBER			3. EXPIRATION DATE (MM/DD/YYYY)		
4. DOCUMENT TYPE			5. ISSUANCE DATE (MM/DD/YYYY)			6. ISSUING AUTHORITY		
PART C - IDENTIFICATION NUMBER 2								
1. EXACT NAME LISTED ON ID			2. DOCUMENT IDENTIFICATION NUMBER			3. EXPIRATION DATE (MM/DD/YYYY)		
4. DOCUMENT TYPE			5. ISSUANCE DATE (MM/DD/YYYY)			6. ISSUING AUTHORITY		
PART D - REGISTRAR INFORMATION AND SIGNATURE								
1. WORK ADDRESS			2. PRINTED NAME OF REGISTRAR					
			3. NAME OF DEPARTMENT, SERVICE, OR SECTION					
			4. WORK PHONE NUMBER (Include Area Code)			5. WORK E-MAIL ADDRESS		
5. DATE APPLICANT INITIATED BACKGROUND INVESTIGATION			7. APPLICANT'S REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD ACTION TAKEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED					
CERTIFICATION: I certify that under penalty of perjury that I have examined the documents presented by the above named person, and that the above listed documents appear to be genuine and to relate to the person named.								
8. SIGNATURE OF REGISTRAR						9. DATE SIGNED (MM/DD/YYYY)		

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SECTION IV - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE		
PART A - CARD INFORMATION (Completed by Issuer)		
1. NEW PIV CREDENTIAL SERIAL NUMBER	2. OLD ACCESS ID CARD NUMBER	3. EXPIRATION DATE (MM/DD/YYYY)
PART B - PERSONAL IDENTITY VERIFICATION CARD ACCEPTANCE (Completed by Applicant)		
ACKNOWLEDGEMENT: I acknowledge receiving my identity credential and will comply with the following obligations: <ul style="list-style-type: none">● I have been provided training on the responsibilities associated with receipt of this Personal Identity Verification Card.● I will use my Personal Identity Verification card in accordance with the training I have been provided.		
CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my card.		
1. PRINTED NAME OF APPLICANT	2. APPLICANT SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
PART C - PUBLIC KEY INFORMATION (PKI) CERTIFICATE ACCEPTANCE (Completed by Applicant)		
AUTHORIZATION STATEMENT		
You have been authorized to receive one or more private and public key pairs and associated certificates. A private key enables you to digitally sign documents and messages and identify yourself to gain access to information systems and facilities. You may have another private key to decrypt data such as encrypted messages. People and electronic systems inside and outside VA will use public keys associated with your private keys to verify your digital signature, or to verify your identity when you attempt to authenticate to systems, or to encrypt data sent to you. The certificates and private keys will be issued on a token, for example your Personal Identity Verification Card. The token and the certificates and private keys on your token are government property. Users are authorized to use the certificates within VA, as well as while conducting business with other Federal, state, and Local Government agencies.		
ACKNOWLEDGEMENT OF RESPONSIBILITIES		
<ul style="list-style-type: none">● I represent and warrant that the information provided in application for this certificate is accurate, current, and complete. If this information changes, I will notify my Registrar of the changes;● I will use my certificate(s) and private key(s) for official purposes only;● I will comply with the Certificate Practices Statement for selecting a Personal Identification Number (PIN) or other required method for controlling access to my private keys and will not disclose same to anyone, leave it where it might be observed, nor write it on the token itself;● I understand that digital signatures applied using my digital certificates carry the same legal obligation as my physically signing the document;● I understand that if I receive key management (encryption/decryption) key pairs on my token, copies of the private decryption keys have been provided to the key recovery database in case they need to be recovered; and● I will report any compromise (e.g., loss, suspected or known unauthorized use, misplacement, etc.) of my PIN or token to my supervisor, security officer, Certification Authority (CA), or a Registrar, immediately.		
LIABILITY		
I will have no claim against VA arising from use of the PKI certificates, the key recovery process, or a Certification Authority's (CA) determination to terminate or revoke a certificate. VA is not liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a VA CA.		
GOVERNMENT LAW		
VA Public Key Certificates shall be governed by the laws of the United States of America.		
CERTIFICATION: I certify that I have read and agree to the above statements and that I have received my PKI certificate(s).		
1. FULL LEGAL NAME OF APPLICANT	2. SIGNATURE OF ACCEPTANCE	3. DATE SIGNED (MM/DD/YYYY)
SECTION V - ISSUER (Completed by Issuer)		
1. WORK ADDRESS	2. PRINTED NAME OF ISSUER	
	3. NAME OF DEPARTMENT, SERVICE, OR SECTION	
	4. WORK PHONE NUMBER (Include Area Code)	5. WORK E-MAIL ADDRESS
CERTIFICATION: I certify under penalty of perjury, that I have monitored the identity verification of the person above in accordance with applicable identity proofing processes and have witnessed that person sign this form.		
6. SIGNATURE OF ISSUER		7. DATE SIGNED (MM/DD/YYYY)

Attachment 2 – Computer/Hardware

Attachment 2 –Computer / Monitor Requirements

The hardware configuration listed below will meet the necessary hardware/software requirements to operate the Johnson Controls Metasys and graphics.

Dell Precision Tower 5810 or equivalent

Intel® Xeon® Processor E5-1660 v3 (8C, 3.0 GHz, Turbo, 20M, 140W)

NVIDIA Quadro K5200 - Graphics card - 8 GB GDDR5 - PCIe 3.0 x16 - 2 x DVI, 2 x Display Port

Dell Precision Tower 5810 685W TPM Chassis

32GB (4x8GB) 2133MHz DDR4 RDIMM ECC

1TB 3.5" Serial-ATA (7,200 RPM) Hard Drive

Dell - Disk drive - DVD-RW - 16x - internal - 5.25-inch - for Precision Tower 5810; Vostro 3900;
Manufacturer Part# : 887K6 | Dell Part# : 429-AATX

Operating system Windows 7 Professional; must have VA Image installed on site.

Intel® Xeon® processors: composed of Intel® Xeon® processor E5-1600 v3 series.

Graphics and memory: NVIDIA® Quadro® graphics with system memory expandable up to 256GB3; DDR4 RDIMM memory technology.

Storage: Actively cooled PCIe SSD storage; 1TB

Dell 32" Monitor or equivalent

Device Type - LED-backlit LCD monitor - 43"

Built-in Devices - 1 x USB 3.0 upstream port, 4 x USB3.0 downstream ports (includes 1 charging port) and 8W x 2 built in speakers

Panel Type - IPS

Aspect Ratio - Widescreen - 16:9

Native Resolution - 3840 x 2160 at 60 Hz (DP only)

Pixel Pitch - 0.2451 mm x 0.2451 mm

Brightness - 350 cd/m² (typical)

Contrast Ratio - 1000:1 (typical)

Response Time - 8 ms (gray-to-gray)

Color Support - 1.06 billion colors

Attachment 2 – Computer/Hardware

Input Connectors - 1 x DP 1.2 / 1 x mDP 1.2 / 2 x HDMI 1.4 (MHL) / 1 x VGA / 1 x USB 3.0 port - Upstream / 4 x USB 3.0 port / 1 x Audio Input / 1 x Headphone output / 1 x RS232

Display Position Adjustments - Non-swivel, tilt (Typical: 5° forward or 10° backward)

Screen Coating - 44% Haze with 2H hardness

Color - Black

Dimensions (WxDxH) - 38.31 inches x 3.27 inches x 22.29 inches - without stand

Environmental Standards - ENERGY STAR Qualified

Compliant Standards - Plug and Play, DDC/CI

Attachment 3 – Required JC training and Learning Package

Attachment 3 - Required Resident Training:

Class Title	Description
Fundamental Control Strategies for HVAC Systems Course #215, 3.0 CEU	<ul style="list-style-type: none"> • HVAC Environment, Systems and Controls • Psychrometrics, Air Properties and HVAC Processes • Control System Fundamentals • Sensor Types and Applications • Controls System Configurations • Feedforward and Feedback Control Loops • Reset Control Strategies • Controlled Devices: Valves, Dampers, and Actuators • Hot/Chilled Water Distribution Systems • Control Strategies for Water Distribution Systems • Hot/Chilled Water Terminal Systems • Control Strategies for Water Terminal Systems • Air Distribution Systems • Control Strategies for Air Distribution Systems • 100% OA System Control Strategies • Mixed Air System Control Strategies • Variable Air Volume Control Strategies • VAV Terminal Unit Control Strategies • Introduction to Facility Management Systems • Hands-on Labs • Final Review
Metasys® System Extended Architecture for Building Operators Course #388, 2.0 CEU	<ul style="list-style-type: none"> • Metasys® System Extended Architecture Overview • Help File System • Basic Navigation of the System with the User Interface • Commanding Objects • Scheduling • Setting Up Alarms • Responding to Alarms • Trending • Totalization • Graphics • Hands-on Labs • Final Review

Attachment 3 – Required JC training and Learning Package

Learning Package Composition

Class Title	Description
Application, Installation and Operation of Controls for Commercial Comfort Systems (C-3100-EN)	Commercial Comfort System Control Components <ul style="list-style-type: none"> • HVAC Systems Types • Zoning Design Considerations • Planning a System Installation • Layout of Control and Network Devices • Mounting Devices • Wiring Considerations • Terminating • Addressing Controllers • Balancing – Operations
HVAC Controls Manual (P2074)	<ul style="list-style-type: none"> • Basic Control Concepts, Fan Systems • Pneumatic Power Supplies, Pneumatic Relays • Room Thermostats and Humidistats • Valves and Actuators • Dampers, Actuators and Positioners • Auxiliary Devices, Dual Setpoint Thermostats • Pneumatic Transmission, Master/Submaster • Sequential Control
Building Environments: HVAC Systems (P99)	<ul style="list-style-type: none"> • HVAC Systems and Facility Management • Heat, Temperature and Pressure Basics • Managing Human Comfort • Determining Loads on an HVAC System • Psychrometrics, HVAC System Types • Heat Exchange and Recovery Equipment • Refrigeration Cycle and Equipment • Centrifugal Pumps and Hydronic Systems • Air Cleaning Equipment, Fans, Ducts, Humidifiers • Control Strategies for Occupant Comfort • Advanced Technology for Effective Facility Control
Building Automation System (BAS) Networking (CBT7500)	<ul style="list-style-type: none"> • Network architecture, Devices, Addressing • Metasys® Products Functioning on Networks • Cabling • Hubs, Repeaters, Switches, Bridges, Routers • Remote Access Options • Gateway Integration Devices
HVAC System Types (P55)	<ul style="list-style-type: none"> • All Water Systems – One Pipe Systems, Two Pipe Systems, Four Pipe Systems, Unit Ventilator • All Air Systems – Single Path, Dual Path, Variable Air Volume, Air and Water Systems, Room Control, Return Air Control, Discharge Control • Air Water Systems
HVAC Introduction (LM17)	<ul style="list-style-type: none"> • Environment – Temperature, Humidity, Air Movement, Air Purity • Systems – Heating Plant, Cooling Plant, Distribution Systems, Terminal Systems • Controls – Control System Components, Classification, Typical Control Loops