

ATTACHMENT D- PROPOSAL FORMS



Veterans Health Administration
Integrated Healthcare Transformation

Proposal Files for Solicitation 36C10X19R0036

Instructions: Offeror must complete the following information as instructed, for Phase I and Phase II. Page Limitations for each section are provided within each section.

Phase I- Viability Assessment is mandatory for any VIP-verified SDVOSBs seeking to serve in the role of VITAL. Failure to submit a Phase I SDVOSB Viability statement by date and time required, will render the prospective VITAL ineligible to submit a team response in Phase II (without a Phase I Assessment, proposal will be rejected).

Phase II- VIT Proposal is the viable VITAL's opportunity to assemble and present details on its proposed Veteran Integrated Team's collective capability to deliver on any and all areas within the three functional categories.

Phase I: VITAL Viability Assessment (Mandatory)

Instructions: Prospective VITAL must complete the form D1 on the following page and deliver as the cover page to its VITAL Viability Submission. When submitting the VITAL Viability Submission, prospective VITAL shall combine into one file (MS Word or Adobe pdf formats only) and submit as a single volume. Character limits are built into each form.

The complete Phase 1 Submittal will contain the following:

Section	Pages
D1: VITAL VIABILITY SUBMISSION- ELIGIBILITY (COVER PAGE)	1
D2: VITAL VIABILITY SUBMISSION- CAPABILITY	--
D2A: VITAL CAPABILITY RESPONSE- FC1 CAPABILITY	8
D2B: VITAL CAPABILITY RESPONSES- HEALTHCARE INTEGRATION	2
D2C: VITAL CAPABILITY RESPONSES- CONTRACT MANAGEMENT/ OVERSIGHT	2

D1: VITAL VIABILITY SUBMISSION- ELIGIBILITY (COVER PAGE)

Prospective VITAL Information

Primary POC Name:
Primary POC Phone Number:
Primary POC E-mail:

Submitting as (select one):

If SDVOSB,

A	Business Name:
	DUNS:
	Address:

Check as applicable:

Currently Certified in SAM (reps and certs) as small under NAICS 541611

VIP-Verified in VetBiz as SDVOSB or currently seeking verification (*submit proof of CVE submittal to Contracting Officer as attachment to Phase I Submission if seeking verification*)

If Joint Venture (JV),

B	Separate Legal Entity Name:
	DUNS:
	Managing Venturer: (or Protégé)
	JV Partner:

JV is VIP-verified

JV not VIP-verified, has not started verification process

JV is not yet VIP-verified, but has started the verification process (*submit proof of CVE submittal to Contracting Officer as attachment to Phase I Submission*)

My JV is the following:

Small-small JV

- Both partners currently Certified in SAM (reps and certs) as small under NAICS 541611
- Managing Venturer currently Verified in Vetbiz

Mentor-Protégé

- Is M-P agreement approved by SBA? Yes No
- Protégé currently Certified in SAM as small under NAICS 541611
- Protégé currently Verified in Vetbiz

D2: VITAL VIABILITY SUBMISSION- CAPABILITY

The VITAL shall be fully capable to deliver within all areas within Functional Category 1, shall have substantial healthcare integration experience, and shall have expert ability to manage and oversee contract performance including related administrative processes.

D2A: VITAL CAPABILITY RESPONSE- FC1 CAPABILITY

Complete the below for the SDVOSB or JV submitting as prospective VITAL.

OFFEROR (VITAL) NAME: <Prime Offeror Name>

Functional Category I Capability (Health System Transformation and Innovation)

Critical to the success of transformational efforts is an integrated, innovative approach to healthcare programs and projects, encompassing all lines of effort. Given the size and scope of healthcare transformation, the Government must have a high level of confidence that all VITALs are highly capable in the areas below:

- Program and Project Management;
- Business Requirements Development;
- Strategic Planning;
- Program Evaluation;
- Change Management and Transition;
- Quality Management; and
- Strategic Communications and Executive Support.

Provide a description of previous contract efforts where you were required to support each of the areas listed above in a healthcare environment. Responses are limited to the space provided for each area.

Program and Project Management

(continue on next page)

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Offeror Name:

Program and Project Management continued

<Prospective VITAL Name>

Offeror Name:

Business Requirements Development	<Prospective VITAL Name>

Strategic Planning	<Prospective VITAL Name>

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Offeror Name:

Program Evaluation	<Prospective VITAL Name>

Change Management and Transition	<Prospective VITAL Name>

Quality Management	<Prospective VITAL Name>

<i>Strategic Communications and Executive Support</i>	<Prospective VITAL Name>

D2B: VITAL CAPABILITY RESPONSES- HEALTHCARE INTEGRATION

Prospective VITAL: <SDVOSB or JV Name>

Describe the largest team (companies, non-profits, academic institutions) you have managed in support of a contracted project?

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Was this a Stand-alone contract or IDIQ/ BPA? **Stand-alone contract** **IDIQ Contract/BPA**

Describe the complexity, duration, number of vendors/subcontractors involved.

Complexity	
Duration (POP)	
Number of Subcontractors/ Number of Personnel supporting	
Number and description of concurrent projects or workstreams supported:	

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Offeror Name:

Describe the extent to which this contract effort required you to manage resources across numerous task order requirements simultaneously.

Did limitations on subcontracting apply? Describe how you balanced subcontracting limitations with performance goals.

D2C: VITAL CAPABILITY RESPONSES- CONTRACT MANAGEMENT/OVERSIGHT

Prospective VITAL: <SDVOSB or JV Name>

Recruitment: Describe how you have provided specialized resources (SMEs, Specialists, etc.) when required for task order requirements under short suspense?

Problem Resolution: Describe a situation when good contract management principles were applied to resolve a problem during contract administration and performance (personnel issues, performance quality, changing requirements, cost overruns, delays)? What was the problem and how did you work with the Government customer to resolve.

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Offeror Name:

Contract Administration: Describe specifically how you have handled administrative functions, including invoicing, training, managing subcontractors, badging and background investigations, and managing travel in an environment with multiple concurrent task orders and heavy resources?

*******END OF PHASE 1 SUBMITTAL*******

Phase II: VETERAN INTEGRATED TEAM (VIT) PROPOSAL

Instructions: Prospective VITAL must submit its Phase II proposal using the forms on the following pages. Provide all requested information.

Offeror shall submit a summary of its VIT using the VIT SUBMISSION- TEAM SUMMARY (COVER PAGE), providing all requested information. Offeror may utilize COVER PAGE CONTINUATION pages as necessary to provide additional subcontractor names, however the format and headers shall not be altered. If the Prime is a Joint Venture, complete first table on COVER PAGE below.

There is no page limit for this Template. Any information other than requested information will not be evaluated. In completing the table below, offeror shall identify “Applicable Functional Category Areas” using the below identification.

	Functional Category I: Health System Transformation and Innovation		Functional Category II: Healthcare Implementation and Operations Support		Functional Category III: Healthcare Business Enabling Services
1A	Program and Project Management	2A	Studies and Analysis	3A	Medical Supply Chain and Healthcare Logistics Analysis
1B	Business Requirements Development	2B	Data Governance	3B	Supply Chain Management
1C	Strategic Planning	2C	Performance Measurement	3C	Supply Chain Planning
1D	Program Evaluation	2D	Training Development	3D	Inventory Management and Operation
1E	Business Process Reengineering, Improvement and Management	2E	Training Delivery	3E	Supply Chain Optimization
1F	Change Management and Transition	2F	Policy Research and Development	3F	Financial Management Modernization
1G	Quality Management	2G	Policy Management	3G	Internal Financial Controls
1H	Strategic Communications and Executive Support	2H	Advertising Services	3H	Management and Operations
		2I	Media Buying	3I	Research and Development Administration Support
		2J	Public Relations Services/Outreach	3J	Human Resources Support
		2K	Conference, Events, and Planning Services	3K	Acquisitions Support
		2L	Healthcare Related Promotional Materials	3L	Information, Privacy and Records Management
		2M	Video/Film Production	3M	Revenue Operations
		2N	Graphics Design	3N	Value Based Healthcare Planning

D3A: PHASE II VIT PROPOSAL- TEAM SUMMARY (COVER PAGE)

If submitting as a Joint Venture, please complete the following table.

	Name	DUNS Number	VIP Verified? (Yes or No)		Small under 541611?
(Joint Venture)			Yes	No	
Managing Venturer/ Protégé			Yes	No	
Joint Venture Partner			Yes	No	

All Prime Offerors must provide the following information for all team members beginning with VITAL, then all VITEPs, followed by all VITSOs.

Use the COVER PAGE-CONTINUATION if needed based upon team size.

	VIT NAME (optional but encouraged)	OPTIONAL--Use as little or much creativity here as desired)			
	Prime Contractor (VITAL):	<SDVOSB or JV Name>			
	VIT Member Name/ Address	DUNS # Sub NAICS <small>(see NAICS Crosswalk)</small>	VITAL VITEP VITSO	Status (e.g. SDVOSB, JV, VOSB, SB, LB, NFP)	Applicable Functional Category Area
1	<VITAL Name (SDVOSB or JV) VITAL Address	<VITAL DUNS> <NAICS> 541611	VITAL	SDVOSB/JOINT VENTURE	1A, 1B, 1C...etc.
2	<VITEP /VITSO Name and Address>	<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		1G, 2A, 3A...
3		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
4		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
5		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
6		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
7		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		

D3B: VIT SUBMISSION- TEAM SUMMARY (COVER PAGE- CONTINUATION)

Use this CONTINUATION PAGE as needed based upon team size.

	VIT Member Name/ Address	DUNS #	VITEP	Status (e.g. SDVOSB, VOSB, SB, LB, NFP)	Applicable Functional Category Area
		Sub NAICS	VITSO		
8		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
9		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
10		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
11		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
12		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
13		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
14		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
15		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
16		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
17		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
18		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		
19		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO		

CAPABILITY NARRATIVE TEMPLATE

Instructions: Offerors shall submit from the next pages one capability form (TECH and PP) for each Functional Capability Area to be supported by each VIT Member.

For example: If a VITEP is proposed for Functional Category areas 1A, 2D, and 3C, three forms shall be completed for this Team Member. VIT Proposals shall submit forms covering all team members and all their respective capabilities.

Offeror Name:

D4: CAPABILITY NARRATIVE	
<i>Complete one form per member capability for each member of the VIT identified in table above.</i>	
Member Number (from Team Summary Table above) <input type="checkbox"/>	Technical Capability and Past Performance Form: Phase 2, Part 1 Functional Capability Area: _____
OFFEROR (VITAL) NAME:	<i><Prime Offeror Name></i>
VIT MEMBER ADDRESSED BELOW:	<i><Name of VIT Member></i>
Relationship to VIT:	
VIP Verification:	
1. Technical Capability	
<i>Summary of technical capability for Functional Capability Area</i>	

Offeror Name:

CAPABILITY NARRATIVE (PP)	
Member Number (from Team Summary Table above) <input type="checkbox"/>	Technical Capability and Past Performance Form: Phase 2, Part 1 Functional Capability Area: _____
2. Past Performance	
COMPANY who performed this work:	
POSITION ON TEAM:	
WORK WAS PERFORMED AS THE:	PRIME SUBCONTRACTOR
Total Awarded Price/Cost:	
Final or Projected Final Total Price/Cost:	
Delivery date/Period of performance (including base and options if applicable):	
Contracting Officer's Name, Email, and Telephone Number:	
Program Manager's Name, Email and Telephone Number	
North American Industry Classification System (NAICS) Code:	
Was a CPARS/PPIRS Completed? :	YES NO UNKNOWN
Description of the Requirement	

D5: KEY PERSONNEL BIOGRAPHY

All offerors must complete and submit one form for the IDIQ Contract Manager and one for each additional key person proposed by the VIT to support the Base IDIQ Contract.

PROPOSED KEY PERSON'S NAME:	<Insert Name Here>	
KEY PERSONNEL ROLE:	IDIQ CONTRACT MANAGER ¹	OTHER (SPECIFY BELOW)
ROLE (IF NOT IDIQ CONTRACT MANAGER):	<Insert Role Here>	
LETTER OF COMMITMENT?:	YES (Please Provide)	NO
Education (List up to two relevant degrees and the area of focus) <i>Note: The IDIQ Contract Manager must have a minimum education of a bachelor's degree in a business or program related field</i>		
<i>University:</i>		
<i>Level/ Type of Degree:</i>		
<i>Major/ Field:</i>		
Experience (List relevant experience to the role of the key person being proposed) <i>Note: The IDIQ Contract Manager must have a minimum of 10 years of experience managing programs, projects, or contracts of comparable size, scope and complexity to this procurement. The IDIQ Contract Manager shall have experience with government contract oversight.</i>		
<i><Describe experience relevant to requirements above. Please ensure experience dates clearly tie to required years of experience. Annotate government contract oversight experience by beginning example with "GOV". If proposing additional key personnel, you may also highlight within this narrative any relevant certifications, etc.></i>		

¹ A Letter of Commitment shall also be submitted for the IDIQ Contract Manager to ensure individual proposed will be individual supporting the effort.

Offeror Name:

CONTRACT MANAGEMENT AND ADMINISTRATION

PRIME OFFEROR NAME: *<Prime Offeror Name>*

In the space provided below, provide your plan to manage contractor onboarding and training, travel administration, budgeting and invoicing, and general contract executions and administration. Please also address how your proposed VIT above will meet the subcontracting limitations required under this SDVOSB set-aside.

< Detail plan for contract management and administration here >

Offeror Name:

CONTRACT MANAGEMENT AND ADMINISTRATION-CONTINUATION

PRIME OFFEROR NAME: *<Prime Offeror Name>*

< Continued details of plan for contract management and administration here >

TASK ORDER CAPABILITY (NO TEMPLATE)

Instructions: Offerors shall complete and submit as its Task Order Capability Volume, all information required (and in the format required) by E.3 INSTRUCTIONS AND EVALUATION APPROACH, C. PROPOSAL SUBMISSION INSTRUCTIONS, adhering to the page limitations provided in B. GENERAL INSTRUCTION.

PRICE TEMPLATES

Instructions: Offerors shall complete and submit as its Phase II Price Volume:

*1. Attachment I- VHA IHT LCAT Price Spreadsheet (Provide fully burdened labor rates for all applicable Functional Category Capability Areas for Base and Option Period (all 10 years). Do not alter the spreadsheet in any way other than to add labor rates for each category, where indicated. If the templates are altered in any other way, they may not be accepted. Hourly rates must be rounded to two decimal places. **PDF files will not be accepted. Do not convert the files to .pdf format.***

2. Attachment G- Representative Task Order Pricing Spreadsheet (Complete Sample Task Order LOE LM worksheet by inserting Labor Categories, IDIQ proposed labor rates, Sample Task Order discounted labor rates, and hours by labor category per task area. Additionally, for each LCAT, add VIT member where resource is pulled [note that these could be used for subcontract limitations assessment]--all necessary fields for offeror completion highlighted in yellow). The second worksheet should auto populate the task order price schedule from the calculated CLIN pricing in worksheet 1.

See RFP Attachments for details.

SF 1449, AMENDMENTS, OTHER DOCUMENTS

Instructions: The following shall be submitted as the Phase II Volume:

- a. Signed SF 1449 and amendment(s), if any. An authorized official of the VITAL submitting the response shall sign the SF 1449, amendment(s) and all certifications requiring signature;*
- b. Offeror's statement(s) as required by paragraph b. of the VAAR Clause, E.2 VAAR 852.209-70 ORGANIZATIONAL CONFLICTS OF INTEREST and any applicable OCI Mitigation Plans;*
- c. Paragraph b of 52.212-3, Offeror Representations and Certifications must be completed below;*
- d. Paragraph (a)(4) from 52.212-4 Contract Terms and Conditions – Commercial Items (May 2015) Alternate 1 (May 2014) must be completed below, **if applicable**.*
- e. Any proposed terms and conditions and/or assumptions upon which the proposal is predicated. Offerors are hereby advised that any offeror-imposed terms and conditions and/or assumptions which deviate from the Government's material terms and conditions established by the solicitation, may render the offeror's proposal unacceptable, and thus ineligible for award.*

Excerpt from FAR 52.212-3 Offeror Representations and Certifications – Commercial Items (DEC 2014)

(b)(1) Annual Representations and Certifications. Any changes provided by the offeror in paragraph (b)(2) of this provision do not automatically change the representations and certifications posted on the SAM website.

(2) The offeror has completed the annual representations and certifications electronically via the SAM website access through <http://www.acquisition.gov>. After reviewing the SAM database information, the offeror verifies by submission of this offer that the representations and certifications currently posted electronically at FAR 52.212-3, Offeror Representations and Certifications—Commercial Items, have been entered or updated in the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201), **except for paragraphs _____.**

Excerpt from FAR 52.212-4 Contract Terms and Conditions – Commercial Items (May 2015) Alternate 1 (May 2014)

(a)(4) At any time during contract performance, but not later than 6 months (or such other time as may be specified in the contract) after acceptance of the services or materials last delivered under this contract, the Government may require the Contractor to replace or correct services or materials that at time of delivery failed to meet contract requirements. Except as otherwise specified in paragraph (a)(6) of this clause, the cost of replacement or correction shall be determined under paragraph (i) of this clause, but the "hourly rate" for labor hours incurred in the replacement or correction shall be reduced to exclude that portion of the rate attributable to profit. Unless otherwise specified below, the portion of the "hourly rate" attributable to profit shall be 10 percent. The Contractor shall not tender for acceptance materials and services required to be replaced or corrected without disclosing the former requirement for replacement or correction, and, when required, shall disclose the corrective action taken. **[Portion of labor rate attributable to profit if other than 10% = _____]**