

ATTACHMENT D- PROPOSAL FORMS



Veterans Health Administration
Integrated Healthcare Transformation

Proposal Files for Solicitation 36C10X20R0002

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

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.

Attachment L - Capability Area Criteria has been provided to give prospective firms further evaluation criteria on submitting a response to each capability area.

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	Procurement Support to Program and Project Management
		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	

CAPABILITY NARRATIVE TEMPLATE

Instructions: Offerors shall submit from the next pages ONE capability form (TECH and PP) for each Capability Area.

For Functional Category I (FC I) capability areas the submission must be from the VITAL. For FCI only, a second capability form from another VIT member may be provided, if needed, to demonstrate more robust capability. However, remember the VITAL must be found capable in all FC I capability areas to serve as VITAL.

For Functional Categories II and III the submission can be from any member of the VIT (to include VITAL) and should represent the strongest submission for the team. Only ONE capability form will be reviewed.

Each VIT will submit its strongest example (Capability from 1 team member) for each capability area.

Member Number (from Team Summary Table on Page 7)

Technical Capability and Past Performance Form: Phase II, Part 1
Functional Capability Area: _____

OFFEROR (VITAL) NAME:	<Prime Offeror Name>
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VIT MEMBER <Name of VIT Member>
ADDRESSED BELOW:

Relationship to VIT:

VIP Verification:

1. Technical Capability

Summary of technical capability for Functional Capability Area (5,000 Characters)

Offeror Name:

CAPABILITY NARRATIVE (PAST PERFORMANCE)	
Member Number (from Team Summary Table on Page 7) <input type="text"/>	Technical Capability and Past Performance Form: Phase II, Part 1 Functional Capability Area: _____
2. Past Performance	
COMPANY who performed this work/DUNS:	
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 (5,000 Characters)	

D3B: CAPABILITY AREA - TEAM SUMMARY *Duplicate this page as needed if team includes more than 12 partners with this capability area*

	VIT Member Name/ POC	DUNS # Sub NAICS	VITEP VITSO	Status (e.g. SDVOSB, VOSB, SB, LB, NFP)	List capability areas to perform (e.g. 1A, 2D, 3H)
1		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
2		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
3		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
4		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
5		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
6		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
7		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
8		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
9		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
10		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
11		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	
12		<VITEP /VITSO DUNS> <Subcontract NAICS>	VITEP VITSO	If SDVOSB, CVE Verified? Yes	

Offeror Name:

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.> (5,000 Characters)</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> (5,000 Characters)

Offeror Name:

CONTRACT MANAGEMENT AND ADMINISTRATION-CONTINUATION

PRIME OFFEROR NAME: <i><Prime Offeror Name></i>

<i>< Continued details of plan for contract management and administration here> (5,000 Characters)</i>
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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% = _____]**