

This RFQ package is available for downloading at <http://www.ssa.gov/work/enrfq.html>. Any amendments to the RFQ will be issued electronically via this website. It is the contractor's responsibility to check this website periodically for any such amendments. This RFQ replaces all previous Requests for Quote and amendments.

As SSA continues to release Tickets based on new accretions to the disability roles and/or Ticket eligibility, this solicitation will remain open continuously until further notice. However, we strongly encourage contractors to submit their quotations as soon as possible.

For more information about the Ticket to Work Program, please visit the following websites:

Social Security Administration's website: www.ssa.gov/work
Operations Support Manager's website: <http://www.yourtickettowork.com>

SSA staff are available to answer any questions you may have about becoming an EN and submitting a Blanket Purchase Agreement (BPA) quotation. **Please direct your questions to the Employment Network Contracts Team as follows:**

Email	ENService@ssa.gov
Toll Free #	866-584-5180
Toll Free TDD	866-584-5181
Fax	410-597-0429

In accordance with Section 1148(f) of the Social Security Act, this solicitation is not open to Federal agencies.

Sincerely,

/s/
Erica Day
Contracting Officer

The contractor, (contractor's name), agrees to the following terms of Blanket Purchase Agreement (BPA) # (filled in at time of award) exclusively with the Social Security Administration (SSA). All services provided under this BPA are subject to the terms and conditions noted herein.

DESCRIPTION OF SERVICES: This BPA is to provide Employment Network (EN) services to beneficiaries of SSA as described in Part III, Statement of Work.

PRICING: The contractor shall receive payments for services rendered in accordance with the terms found at Part III--Section 11, *Payments to ENs*.

DELIVERY/PLACE OF PERFORMANCE: Employment Networks shall provide services at their own facilities, as described in their quotation.

EXTENT OF OBLIGATION: This BPA does not obligate any funds. The Government is obligated only to the extent of approved payment requests from Employment Networks.

TERM OF AGREEMENT: This BPA is valid for ten years from the date of BPA award unless otherwise terminated or extended.

ORDERING PROCEDURES: The Government shall not issue call orders. A contractor's approved request for payment shall be considered the order.

PURCHASE LIMITATION: Each individual call order shall not exceed \$100,000.00.

REQUESTS FOR EN PAYMENT: The requirements for Requests for EN Payment are specified in Part III--Section 11.E, *Submitting Requests for EN Payment*.

Other terms and conditions specific to this BPA and all subsequent call orders can be found at Section IV of this agreement.

SECTION 3: EN QUOTATION CHECKLIST

Prior to submitting your quotation, please ensure that you have included **all** of the following:

Part I--Section 1 The Agreement

- Complete the necessary fill-ins (pages 4-5) and sign and date the Agreement (page 4)

Part IV--Section 3.G EN Security and Suitability Requirements

Documentation Requirements (beginning on page 45)

- Check if you agree to timely submission of the requisite suitability documentation for each of the EN and subcontractor employees listed in Part V--Sections 2.R and 2.S to SSA's Center for Personnel Security and Project Management (CPSPM) **immediately following award of the EN agreement per instructions found in Part IV--Section 3.G.f-i.** No EN or subcontractor employee covered under these sections will be permitted to begin work under this BPA until they have received a favorable suitability determination from SSA.

Part V--EN Quotation Documentation Requirements (pages 72 through 86) --

Section 1

- Completed Standard Form 1449, *Solicitation/Contract/Order for Commercial Items* (page 74) - complete blocks 17a, 17b, 30a, 30b, and 30c

Section 2

- Complete EN Information Sheet (pages 76 through 86), including:
- SAM registration – Register in the SAM by entering your DUNS and banking information and completing the representations and certifications.
- EN payment system election
- EN qualifications requirements documentation
- Business plan for service delivery
- Proof of liability insurance
- Past Performance References

PART V--EN QUOTATION DOCUMENTATION REQUIREMENTS

[IMPORTANT]

The provision at FAR 52.212-1 – INSTRUCTIONS TO OFFERORS – COMMERCIAL ITEMS (JUN 2008) is hereby tailored by this addendum as follows:

52.212-1-- INSTRUCTIONS TO OFFERORS -- COMMERCIAL ITEMS (FEB 2012)(ADDENDUM)

The following parts of FAR 52.212-1 are not applicable to this solicitation and therefore are deleted in their entirety and such paragraphs marked “{RESERVED}”:

- 1) 52.212-1 (d) – Product samples;
- 2) 52.212-1 (e) – Multiple offers;
- 3) 52.212-1 (f) – Late submissions;
- 4) 52.212-1 (h) – Multiple Awards; and
- 5) 52.212-1 (i) – Availability of Requirements Documents cited in the solicitation

FAR 52.212-1 (c) – Period for acceptance of offers, is changed to read: The contractor agrees to keep the quotation good for 60 days from SSA’s receipt of the quote unless a written notice of withdrawal is received from the contractor prior to BPA award.

FAR 52-212-1 (b) – Submission of Offers, is deleted and replaced with the following:

Sections 1-3 below shall be **completed in their entirety** and submitted to the Employment Network Contract Team at the address contained in the solicitation cover letter.

SECTION 1: Instructions for Completing Standard Form SF-1449

The Standard Form 1449, *Solicitation/Contract/Order for Commercial Items*, as shown below (or available for downloading from the SSA work web site www.ssa.gov/work) must be completed and submitted with your quotation. Although page 2 does NOT require your fill-in, you must submit it in order for the form to be considered complete.

You must fill in the following blocks on the SF 1449 form shown on the next page (as highlighted in yellow):

Block 17a

Please provide the name of the EN, address (no post office boxes), telephone number, and Employer Identification Number (EIN). If further guidance is needed regarding the EIN, please see V--Section 2.C (Employer Identification Number).

Block 17b

If the remittance address is different than the address in block 17a, check this block and include the remittance address in offer. This address may be a post office box.

Block 30a

Please provide a legible original signature, of an authorized official of your organization.

Block 30b

Please print or type the name and title of the individual who signed in block 30a.

Block 30c

Please enter the current date in this block.

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED INSPECTED ACCEPTED, CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
33. SHIP NUMBER		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	1. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		37. CHECK NUMBER
PARTIAL	FINAL					
38. S/R ACCOUNT NUMBER		39.S/R VOUCHER NUMBER	40. PAID BY			
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (<i>Print</i>)			
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			41c. DATE		42b. RECEIVED AT (<i>Location</i>)	
			42c. DATE REC'D (<i>YY/MM/DD</i>)		42d. TOTAL CONTAINERS	

STANDARD FORM 1449 (REV. 3/2005) BACK

SECTION 2: EN INFORMATION SHEET

A. **OFFEROR'S NAME** (enter name of organization/entity submitting proposal as it appears on the SF1449 above): _____

B. **NAME OF EMPLOYMENT NETWORK** (enter if different from item A above. This name will appear in the EN Directory): _____

C. **EN'S EMPLOYER IDENTIFICATION NUMBER** (enter): _____

The Employer Identification Number (EIN) must be issued in the name of the Contractor shown in item A above. An EIN may be obtained from the Internal Revenue Service by calling **1-800-829-1040** or via the web at www.irs.gov. We cannot accept a Social Security Number in lieu of an EIN. Any questions regarding this requirement should be directed to the ENCT as instructed in the cover letter to this solicitation.

D. EN'S DATA UNIVERSAL NUMBERING SYSTEM NUMBER AND SYSTEM FOR AWARD MANAGEMENT REGISTRATION

1. **Data Universal Numbering System Number (DUNS)**. The DUNS number is a 9-digit number assigned by **Dun & Bradstreet Information Services**. Every EN must have a DUNS number. If a contractor does not already have a DUNS number, one may be obtained directly from Dun & Bradstreet at **1-800-333-0505** or online at www.dnb.com. A DUNS number will be provided at no charge to the contractor, although there may be a waiting period. **The DUNS number must be issued in the contractor's name shown in item A above.**

Enter the DUNS Number here: _____

2. **System for Award Management (SAM)**. The SAM is the primary registrant database for all Federal Government contractors. The SAM replaces the former Central Contractor Registration (CCR) system and the Online Representations and Certifications Application (ORCA). Every EN contractor must register their DUNS number, enter their banking information, and complete their Representations and Certifications in the SAM. In addition, the EN shall be responsible for the yearly update of its SAM registration. All SAM transactions shall be completed online at the SAM website at www.SAM.gov. **There is NO charge to register in the SAM.**

Please indicate if the EN has registered in SAM: Yes [] No []

E. ADDRESS (no post office boxes):

F. MAILING ADDRESS (if different from above. May be post office box.):

G. LOCATION OF SERVICES

1. Will services to beneficiaries be provided at the location shown in E. above?

Yes [] No []

2. Will services to beneficiaries be provided at other locations? Yes [] No []

If you checked “yes” and you want these additional locations to appear in the EN Directory, please submit a separate attachment for **EACH** additional location, listing the EN Directory contact information requested in Part V--Section 2.H, below.

H. EN DIRECTORY CONTACT INFORMATION

SSA provides an online EN Directory to facilitate beneficiary contact with your EN. The EN Directory is found at www.yourtickettowork.com. All ENs are expected to be listed in the EN Directory. Please provide the information requested below. **At a minimum, all ENs will be required to show an email address and telephone number in the EN Directory. For those ENs with a service area that covers more than one local telephone exchange, the EN must provide a toll-free telephone number.**

1. **CONTACT NAME:** _____

2. **PHONE:** (____)____ - _____

3. **TOLL FREE #:** (____)____ - _____

4. **FAX:** (____)____ - _____

5. **TTY:** (____)____ - _____

6. **EMAIL:** _____

7. **WEBSITE:** _____

Do you want a link to this website on the EN Directory? **Yes** [] **No** []

An EN may choose not to appear in the EN Directory but must provide a compelling justification. SSA will make the final decision.

I request not to be listed in the EN Directory? **Yes** []

Justification: _____.

I. OTHER EN CONTACTS

Please list the following contact information for all other program/BPA inquiries **if different from** item H above:

1. **CONTACT NAME:** _____

2. **PHONE:** (____)_____-_____ 3. **TOLL FREE #:** (____)_____

4. **FAX:** (____)_____-_____ 5. **TTY:** (____)_____-_____

6. **EMAIL:** _____

J. SERVICE AREA

Please check one only. This information will be listed in the online EN Directory and you may be contacted by beneficiaries living in the service area you designate.

[] **National** (serving all States and U.S. Territories)

[] **Multi-State** (list all States you will serve using the 2-letter state abbreviation)

[] **Single State** (list the State using the 2-letter State abbreviation)

For each State you are serving **in which you are serving only a selected county(s)**, please list the State (using the 2-letter State abbreviation), followed by the selected county(s):

For each State you are serving **in which you are serving selected zip codes**, please list the State (using the 2-letter State abbreviation), followed by the selected zip code(s):

K. CORPORATE STATUS (check all that apply)

- Corporation
- Business Consortium/Association
- Other corporate entity
- Not a corporate entity
- Partnership
- Sole proprietorship
- Public entity
- For Profit
- Non-Profit
- Other: _____

L. TYPE OF ORGANIZATION (check all that apply)

- Advocacy Group
- Center for Independent Living
- Community Based
- Employer
- Employment/Career planning
- Faith-based
- Former Alternate Participant
- Healthcare Provider
- Higher Education
- High School and Youth Transition
- Mental Health Provider
- Native American
- State/Local Government
- Transportation/Transit
- Vocational/Training
- WIA One-Stop Center
- Workforce Investment Board
- Other: _____

M. PREFERRED IMPAIRMENT GROUPS SERVED

Check all that apply, but limit to those impairment groups you are prepared to serve since this information will appear in the online EN Directory and you may contacted by beneficiaries with the impairments you list.

- Hearing impairments

-] Mental impairments including mental retardation/ Down’s Syndrome/autism/ organic brain syndromes/developmental disabilities (including ADD and ADHD)
-] Physical impairments
-] Psychotic, depressive, manic, bipolar, anxiety and/or personality disorders, including eating disorders
-] Visual impairments
-] Other: _____

N. SERVICES OFFERED

Check only those services you are prepared to offer, since this information will appear in the online EN Directory and you may be contacted by beneficiaries seeking the services you list. Every EN must have the capability to provide or arrange for the delivery of services to beneficiaries throughout the EN’s selected service area. At a minimum, these services shall include career planning, job placement, and ongoing employment support.

-] Career planning
-] Consumer-directed services (see Part III--Section 1.C.2.f)
-] Employment (i.e., hiring beneficiary to work for EN)
-] Job accommodations
-] Job coaching/training
-] Job placement/job placement assistance services
-] Ongoing employment support/job retention
-] Special language capability (including Braille Services and Sign Language)

Please List: _____

-] Other: _____

O. EN PAYMENT SYSTEM ELECTION

(Reference Part III--Section 11.A, of this document) The offeror shall select **one** of following payment systems:

-] **Milestone-outcome payment**
-] **Outcome payment**

P. EN QUALIFICATIONS REQUIREMENTS (Reference Part III--Section 1.C, of this document)

NOTE: One-stop delivery systems established under subtitle B of Title I of the Workforce Investment Act of 1998 (29 U.S.C. 2811 *et seq.*) and organizations administering VR Services Projects for American Indians with Disabilities authorized under section 121 of part C of the Rehabilitation Act of 1973, as amended (29 U.S.C. 720 *et seq.*) are deemed to have met all requirements under Part III--Section 1, of this solicitation.

1. The undersigned is submitting **one** of the following as evidence of qualifications to provide EN services for SSA:

- a copy of a current license or certification to provide employment services, VR services or other support services in the State(s) of _____;

- OR -

in the absence of a licensing or certification requirement in the State(s) shown above, I am submitting the following documentation:

- a copy of a current certification or accreditation from a national rehabilitation and employment services accrediting body that establishes qualifications to provide or arrange for the provision of employment services, VR services or other support services;

- OR -

- proof of a contract or an equivalent vendor agreement with a Federal agency, State VR agency (SVRA) or other State agency, or a grant from either a public or private entity, to provide employment, VR or other support services.

2. **In addition to** the documentation requested above, the undersigned is submitting:

- a business plan that describes how the contractor's services will support a beneficiary's achievement of self-sufficiency through work (i.e., sustained work at or above the Substantial Gainful Activity (SGA) level). Any proposed changes to your business plan made subsequent to the award of an EN BPA must be approved by SSA in advance of implementation.

- AND -

- Names, addresses and qualifications of any subcontractors that the contractor plans to use to provide EN services under this BPA.

Q. BUSINESS PLAN

The contractor shall prepare a business plan **using the format below** to describe how the contractor will meet the requirements for award of an EN BPA, including providing the services and supports necessary for a beneficiary's achievement of self-sufficiency through work. Be sure to respond to each requested item. Indicate "Not Applicable" for those items that do not apply to your organization. The completed template will satisfy the business plan requirement. **The offer shall submit no other documentation other than that requested below.** If more space is needed, provide information in the same

format on a blank attachment. See Part III--Section 1.C.2 of this solicitation for guidance in completing each section.

a. Organization Description

- (1) Provide a brief history of your organization.
- (2) Explain your organization's mission.
- (3) Summarize your organization's accomplishments.
- (4) Describe your organization's corporate structure including all affiliates, subsidiaries and subcontractors.
- (5) Attach a copy of your organization chart.
- (6) Attach resumes of your key staff, including contact information.
- (7) Provide your organization's website address.

b. Description of Programs, Services and Supports

- (1) Describe the programs, services and supports your organization provides and explain their relevance to the goals of the Ticket Program as explained in the introduction under Part III (Statement of Work) of this solicitation.
- (2) Describe your organization's facilities.
- (3) Describe your organization's client/customer base.
- (4) Provide evidence that demonstrates your organization's delivery of a significant level of employment services and supports, as well as the results of those services with respect to job achievement and retention by your clients.

c. Changes from Current Business Model to Meet the Requirements for Award of EN BPA

- (1) Describe any changes in the numbers, knowledge, skills, abilities and training of your organization's staff.
- (2) Describe any changes in your organization's business policies.
- (3) Describe any changes in the services and supports currently provided by your organization to meet the requirements of this solicitation.
- (4) Describe your organization's plans to:
 - (a) market to Ticket Holders,
 - (b) develop individual work plans (IWPs),
 - (c) provide short-term and long-term supports to beneficiaries and
 - (d) protect sensitive beneficiary information.
- (5) Does your organization plan to provide direct payments to beneficiaries as one of your services? **Yes** **No**

If the answer is **YES**, explain the nature and distribution of these payments.

d. Sustaining EN Operations

- (1) Describe your organization's current or anticipated contracts/grants.
- (2) Describe your current or anticipated funding streams.

e. Employer EN

(1) Will you be serving as the beneficiary's employer or employer's agent?

Yes [] No []

(2) If you answered **YES** to 5.a, you must provide the following:

- (a) identify the available jobs that are paying or are expected to pay wages at or above SGA level into which your organization will be placing beneficiaries.
- (b) describe how the your organization will provide the beneficiary with the opportunity and necessary services and support to enable him or her to achieve and maintain a position at a rate of pay at or exceeding SGA-level employment.

NOTE: If you answered YES to 5.a, you are committing to the following:

- **Maintain an active program for hiring and providing ongoing services and support to employees with disabilities.**
- **Place beneficiaries in jobs that pay at or exceed SSA's rate of substantial gainful activity (SGA).**
- **Pay beneficiaries in a timely manner for work performed.**

f. **Consumer-Directed Services (CDS)**

(1) Will you be providing CDS or direct payments to beneficiaries in order for them to purchase support services? Yes [] No []

(2) If you answered **YES** to f.(1), please describe your organization's CDS model:

- (a) Explain the types of services covered.
- (b) Explain the method of funds disbursement/reimbursement.
- (c) Describe your organization's accounting and monitoring procedures.

NOTE: If you answered YES to f.(1), you are committing to the following:

- **Support payments to a beneficiary must be used for services related to that beneficiary obtaining or retaining work and not as a wage supplement.**
- **Direct payments to a beneficiary are permitted only on a reimbursement basis for allowable expenses.**
- **Provide detailed accounting for how the funds were spent at each certification of services (COS) point.**

- (3) In addition, if you answered **YES** to f.(1), have you **elected to be paid under the milestone-outcome payment system?** Yes No

NOTE: If you answered **YES** to f.(3), you are committing to the following:

- **Establish and maintain a payment disbursement and monitoring process.**
- **Document the IWP with a description of the services and supports to be purchased by the beneficiary and the planned payment arrangement.**
- **Report to SSA any unearned income for those beneficiaries who receive benefits under the SSI program.**

R. INDEMNIFICATION AND LIABILITY INSURANCE

(Reference Part III--Section 1.A.9 and Part IV--Section 3.E, of this document)

1. The undersigned has read, understood, and agrees to comply with the requirements for indemnification and liability insurance under the EN program if awarded a BPA.

NOTE: While one-stop delivery systems established under subtitle B of Title I of the Workforce Investment Act of 1998 (29 U.S.C. 2811 et seq.), organizations administering VR Services Projects for American Indians with Disabilities authorized under section 121 of part C of the Rehabilitation Act of 1973, as amended (29 U.S.C. 720 et seq.) and instrumentalities of a State (or political subdivision of a State) must comply with the insurance requirements identified in Part IV--Section 3.E, of this document, they are exempt from submitting proof of insurance and completing Part IV--Section 3.Q.2-3 below.

2. The undersigned is submitting proof of the following insurance:

(Check all that apply)

- general liability insurance with a minimum coverage of \$500,000 per occurrence.
- professional liability insurance with a minimum coverage of \$500,000 per occurrence.
- medical liability insurance with a minimum coverage of \$500,000 per occurrence

3. As proof of current insurance coverage, the undersigned is submitting a:

- certificate of insurance issued by the insurance company, agent or broker; or
- copy of the insurance policy.

S. EN EMPLOYEE SUITABILITY

In the course of providing services to SSA beneficiaries participating in the Ticket Program, ENs acquire, handle or have access to beneficiary personally identifiable information (PII). Consequently, the procedures governing background checks and suitability determinations set forth in Part IV--Section 3.G of this solicitation are applicable to **all** EN employees and subcontractor employees who acquire, handle or have access to SSA beneficiary PII in performing their duties under the BPA.

Following award of this agreement, the EN will provide to the SSA/CPSPM and to the ENCT an applicant listing of all individuals for whom the contractor is requesting a suitability determination; i.e., background investigation. (see Part IV--Section 3.G.f). No EN employees or subcontractor employees who will acquire, handle or have access to beneficiary PII in the performance of their duties under this BPA will be permitted to begin working under this BPA until they have received a favorable suitability determination from SSA.

In the space below, please provide a preliminary list names of all EN employees and subcontractor employees who in the performance of their jobs under this BPA will acquire, handle or have access to beneficiary PII.

T. BENEFICIARY CD

ENs may elect to receive beneficiary information in CD format directly from SSA to help market the EN's services. Should the EN elect to receive the CD, the EN shall designate a CD manager, to whom the CD will be released. The CD manager will be responsible for maintaining the CD in compliance with Part IV--Section L of this solicitation. **The CD will not be released to the CD manager until the CD manager receives a favorable suitability determination from SSA.**

If you wish to receive the beneficiary CD, please complete the following:

I would like to receive the beneficiary CD.

Name of CD Manager _____

U. PAST EXPERIENCE AND PAST PERFORMANCE REFERENCES

In assessing the contractor’s performance, SSA will consider the Agency’s experience working with the contractor through previous contracts and agreements, as well as the experience of other organizations for whom the contractor has provided services.

The contractor shall provide no more than three (3) past performance references for existing and prior contracts for services similar in size, scope, and complexity to those described in Part III (Statement of Work).

All past performance references, both for Government and commercial contracts, shall include the following information:

- a) Contract/Project Title
- b) Contract/Project Number (if applicable)
- c) Period of Contract Performance
- d) Description of Services
- e) Client Name and address
- f) Client Point-of-Contact (including phone number and email address) for verification of past performance

V. SIGNATORY AUTHORITY

Only the EN official with signatory authority shall be authorized to request BPA changes. This should be the same individual who completes SF1449, Section 30. See Part III--Section 10.D (BPA Changes).

Name Typed: _____

Title: _____

Signature: _____

Date: _____

Telephone # _____

FAX # _____

Email Address _____