

Section C - Description/Specification/Work Statement

C.1 Introduction and Overview

The Centers for Disease Control and Prevention (CDC), headquartered in Atlanta, Georgia, USA, is an agency of the Department of Health and Human Services (DHHS). The Agency for Toxic Substances and Disease Registry (ATSDR), also headquartered in Atlanta, GA, is a sister public health agency in DHHS and receives many support services from CDC. Further references to CDC include ATSDR unless specified otherwise.

CDC's mission is to protect and promote health by preventing and controlling disease, injury, and disability. Specifics on CDC's goals, strategies, and organization composition can be found at www.cdc.gov. Information on ATSDR can be found at www.atsdr.gov.

CDC is widely known and respected as a provider of timely, scientifically-based, and trusted health information. Consequently, CDC's dependence on information technology (IT), information systems, and electronic communications continues to grow rapidly and is essential to the mission and program accomplishment. Additional information on CDC's IT program can be found at: www.cdc.gov/od/ocio.

CDC has 15,000 employees in nearly 200 occupations with a substantial portion being scientific and medical professionals. While the largest concentrations of staff are at CDC's headquarters in Atlanta, GA, CDC has other major office and laboratory locations at: Cincinnati, Ohio; Morgantown, West Virginia; Hyattsville, Maryland; Ft. Collins, Colorado; Research Triangle Park, North Carolina; Pittsburgh, Pennsylvania; Spokane, Washington; Anchorage, Alaska; Washington, D.C.; and San Juan, Puerto Rico. CDC has employees stationed in quarantine offices in major U.S. cities, and in state and local health agencies throughout the U.S. CDC also has growing numbers of staff including locally employed staff in approximately 50 countries globally with the largest concentrations in developing countries in Africa, Central and South America, Asia, and the Caribbean.

This contract covers all components of CDC including any new organizational entities that may be added during the contract period. This contract also covers work for CDC's intergovernmental grantees, such as state, local and international health agencies, other Contractors working for CDC, and other DHHS organizational components. Numerous existing contracts, blanket purchase agreements, and task orders under other Government-wide contracts are in place and work will likely continue under such through the life-cycle of those procurements. Additionally, CDC will determine when other procurement avenues shall be used as needed in individual circumstances to fulfill agency needs.

C.2 Project Identification and Objectives

This contract shall be referred to as the **CDC Information Management Services (CIMS) contract**. The objectives of this contract are:

- a. Ensure CDC has ongoing timely, high quality, cost effective, efficient, innovative, and comprehensive IT and management consulting contractual services as needed leveraging industry best practices and professional standards;
- b. Ensure related and interdependent functions and disciplines are covered in the contract services;
- c. Provide world-wide, secure, and 24x7 information management and IT infrastructure service and support coverage as needed;
- d. Provide a comprehensive performance and solutions-based contract;
- e. Contribute to the achievement of CDC's program goals and CDC's IT Strategic Plan;
- f. Ensure rigorous and fair competition initially and continuously; and
- g. Contribute favorably to CDC's small business contracting goals.

C.3 Scope of Work

The scope of this contract covers the breadth of IT services including but not limited to the domains below:

Information Management: planning, design, development, maintenance, engineering, integration, and retirement of information systems. Functions include:

- a. requirements gathering, analysis, system prototyping, conversion, implementation, user education and training, development of user guides, change control, system testing, systems security controls, system documentation, and quality assurance;
- b. collection, analysis, transformation, dissemination, visualization, and management of data, information, and knowledge in all forms and media;
- c. includes data standards development, health IT, public health informatics, decision support, data modeling, interoperability services, health information exchanges, service-oriented architecture, graphics and web design, technical writing and editing, and data entry; and
- d. software process improvement, information security, modeling and simulation, IV&V, security and privacy assessment and monitoring, and project and program management.

Management Consulting: broad consulting services including:

- a. business analysis;
- b. business case development;
- c. performance management;
- d. process improvement;
- e. business process reengineering;
- f. decision support and analytics;
- g. program vulnerability and risk assessment;
- h. continuity of operations planning;
- i. project and program management;
- j. capital planning and portfolio assessment;
- k. enterprise architecture;
- l. strategic planning;
- m. organizational study and design;
- n. transformation and change management;
- o. human capital and workforce analysis;
- p. training;
- q. communications; and
- r. governance support.

Also includes information management services related to the management consulting engagement.

IT Infrastructure:

- a. Help Desk services including call-center and desk-side support; installation, management, and support of commercial and open source hardware and software products supporting office, laboratory, and mobile workers;
- b. design, installation, management, and support of networks including network operations, telecommunications equipment, LAN/WAN/MAN equipment, circuits, telephone systems; design, installation, management, and support of Microsoft Active Directory, Exchange, SQL, MOSS SharePoint, Systems Management Server, Symantec Antivirus infrastructure, Citrix remote access infrastructure, desktop virtualization infrastructure, and VPN;
- c. design, installation, management, and support of datacenter operations including data storage, archiving, backup, application hosting, cloud services, grid computing, server virtualization, and disaster recovery services;
- d. design, installation, management, and support of information security systems including intrusion detection, penetration testing, firewall engineering, systems certification and accreditation; and
- e. design, installation, management, and support of conferencing services including videoconferencing, web conferencing, teleconferencing, audio-visual systems.

Also includes project and program management to support IT infrastructure programs and activities.

C.4 CDC IT Environment

CDC's technology environment is constantly changing and evolving. The current predominant platform is Wintel for both desktops and servers although some Linux, UNIX and Apple Macintosh operating systems are present on both Intel and non-Intel platforms. The infrastructure includes Microsoft Exchange, Active Directory, SQL, and MOSS SharePoint server services. CDC operates a mainframe computer and three primary onsite data centers which host nearly two thousand servers for various applications and infrastructure services. CDC has a wide area network connecting most of its facilities, offices, and laboratories worldwide and also is interconnected to the DHHS network and the Internet. CDC has a robust and secure remote access capability for staff and other authorized users not connected to the internal network.

CDC has about 400 significant information systems. CDC's IT investments as characterized by OMB's capital planning standards are: 8 major investments (>\$10M or mission critical or financial), 15 tactical (\$3 – 10M), and 82 supporting (\$<3M). Many of the supporting investments are collections of multiple small systems.

CDC has numerous commercial software products in use. The principle office automation tool is Microsoft Office. Section J Attachment J.3 lists the major categories and predominant commercial hardware and software products in use at CDC currently.

C.5 Contractor Compliance with Applicable Laws, Regulations, Policies, and Standards

The Contractor is responsible for being aware of and shall comply with all applicable federal information technology and information management laws, regulations, policies, and standards. These include but are not limited to:

- Children's Online Privacy Protection Act (COPPA)
- Section 508 of the Rehabilitation Act
- Clinger-Cohen Act (CCA)
- Federal Information Security and Management Act (FISMA)
- HHS Cybersecurity Program – Security and Privacy Language for Information and Information Technology Acquisitions
- Paperwork Reduction Act (PRA)
- Office of Management and Budget (OMB), National Institute of Standards and Technology (NIST), and General Accounting Office (GAO) policies that can be primarily found at or through the Federal CIO Council website at www.cio.gov.

The Contractor shall not develop any Internet web applications that use persistent cookies without explicit authorization by CDC's Chief Information Officer.

The Contractor shall adhere to CDC's Secure Coding Practices guide for developing web-based applications to prevent security vulnerabilities. The guide will be made available upon contract award. Additional information security requirements will be provided to the Contractors upon commencement of the contract and/or at the time of Request for Task Order Proposal (RFTOP).

Contractor's performance and resulting deliverables must adhere to all federal, HHS, and/or CDC IT security policies and procedures. Development or implementation of an electronic information system or any electronic data collection effort conducted in the performance of this contract may be required to complete Certification and Accreditation (C&A) prior to operation. When applicable, the contractor shall be required to complete all security documentation and materials required to obtain an authority to operate (ATO). The contractor shall comply with all applicable HHS, CDC, FISMA, HIPPA, NIST, and other federal policies and regulations in the performance of the security requirements. If an application or system is operated by the Contractor on behalf of the Government and/or hosted at a contractor facility, it must

comply with HHS and CDC policies, and is subject to all OMB requirements, including a full Certification and Accreditation (C&A).

Individual task orders may provide additional requirements.

Earned Value Management (EVM) (See FAR 52.234-4)

The Contractor shall report to the Contracting Officer's Representative (COR) or other designated individual earned value management information regularly, e.g. monthly, for all CDC-designated system development and steady state operation efforts. Such reporting is required to monitor project's adherence to scope, budget, and time.

The Contractor shall manage qualifying investments and projects (as specified by the Government) under this contract with the use of an Earned Value Management System (EVMS) that is compliant with the guidelines in ANSI/EIA Standard 748 (current version at time of award) and HHS Interim Acquisition Guidance Concerning Earned Value Management (to be provided at time of award).

If the Contractor's EVMS has not been recognized by CDC as complying with ANSI/EIA Standard 748 (or the Contractor does not have an existing cost/schedule contractor system that is compliant with the guidelines in ANSI/EIA Standard 748), the Contractor shall apply the system to the contract and shall be prepared to demonstrate to CDC that the EVMS complies with the ANSI/EIA Standard 748.

e. Information Technology Capital Planning

Any new system developed as part of this Task Order shall be identified and added to the Enterprise Systems Catalog (ESC). Any IT costs associated with those systems shall be identified so that they are captured in the Enterprise Systems Catalog as part of the IT Capital Planning process.

The Federal Government mandates the prudent management of IT investments. Capital Planning and Investment Control (CPIC) is a continuous and integrated process for managing the risks and returns of information technology (IT) investments. The CPIC process fully integrates with the CDC's overall budget, finance, acquisition, strategic planning, enterprise architecture, security, and other relevant processes. CPIC also aligns with DHHS Enterprise Performance Life Cycle (EPLC) framework and is used for all IT related decisions.

The Contractor will follow the EPLC framework which will provide a standard structure for planning, managing, and overseeing IT projects over their entire life cycle. The framework consists of ten life cycle phases. Within each phase, activities, responsibilities, reviews and deliverables are defined. Templates for the deliverables are available to the contractor after award. Exit criteria are established for each phase and Stage Gate reviews are conducted through CDC's IT Governance process to ensure that the project's management quality, soundness, and technical feasibility remain adequate and the project is ready to move forward to the next phase. All IT projects in support of this task must adhere to the EPLC requirements and pass each State Gate as appropriate. More information about EPLC can be found at <http://www.hhs.gov/ocio/eplc/>.

Health Information Technology

Executive Order 13410: *Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs* promotes efficient delivery of quality health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. To support this mission, the Contractor shall, at a minimum, implement the following clause(s)/condition(s) and, in doing so, the actions and steps taken to implement the clause(s)/condition(s) shall not impose additional costs onto the Federal Government.

Interoperability of Health IT Systems

- a. Use recognized health information interoperability standards at the time of the system update, acquisition, or implementation, in all relevant information technology systems supported, in whole or in part, through this agreement/contract.
- b. Use the Centers for Disease Control's (CDC) Public Health Information Network (PHIN), such as requirements, standards, specifications, and promising practices, in the research and implementation of efficient, effective, and interoperable public health information systems, to facilitate interoperability with public health organizations and networks. More information about PHIN can be found at www.cdc.gov/phn.
- c. Where Contractors support or participate in health information [or data] exchange with disparate entities, Contractors must have an architecture that is compatible with the architecture of the Nationwide Health Information Network (www.hhs.gov/healthit/healthnetwork/background).

Electronic and Information Technology Accessibility

HHS Section 508 Product Assessment Template at <http://508.hhs.gov> .

C.6 Task Performance – Requirements, Place, Time

Independently, and not as an agent of the Government, the Contractor shall perform work as described in individual task orders. The Contractor shall perform the services following all applicable federal Government laws, regulations, policies, and standards. Commercially acceptable practices shall be employed and the Contractor should make recommendations to the Contracting Officer's Representative that could improve the project outcomes such as best practices, state-of-the-art approaches, and employing new methodologies and technologies.

a. Contractor Assets, Locations, and Time

The Contractor shall provide all necessary facilities, management, supervision, labor, training, equipment, materials, and supplies and all other things, including third party licensing agreements, except as specifically indicated by CDC, necessary to perform the specified services and support as defined in this SOW, for all CDC locations (includes non-Atlanta based locations) as specified in this contract. All IT equipment and software provided by the Contractor in support of this contract shall be reviewed and approved by CDC.

The Contractor shall exercise its best efforts in performing the required services and shall employ and retain competent, qualified personnel who shall perform services in a complete, prompt, high quality, courteous, and efficient manner. The Contractor shall not recruit on Government premises or otherwise act to disrupt Government business.

Work under this contract may be performed onsite at CDC involving substantial interaction with a wide range of professional and support staff at CDC or at the Contractor's facilities depending on the nature of the work as specified in each task order. Some work requires regular access to CDC facilities, equipment, or staff and therefore may require onsite presence. In such cases, CDC will provide the necessary space, equipment, and other assets as specified in the task order.

The Contractor's Program Director and/or Program Manager, or other management personnel depending on the situation, must be available to meet with the CDC Contracting Officer's Representatives and other Government representatives at any time in person or by video or teleconference. Every attempt will be made to schedule such meetings at a mutually convenient time; however, the Contractor may be required to meet in person or by video or teleconference in an emergency with little to no advance warning, such as within 4 hours.

When working at CDC facilities, the Contractor's regular onsite services shall generally be provided for an 8-hour period (excluding lunch time), as specified in the task order, between the core hours of 6:00 am and 6:00 pm, Monday through Friday, excluding Federal holidays or other time of facility closings, such as for hazardous weather. There may be instances depending on the task order requirements that broader time coverage will be required. In addition, due to the nature of the computing environment at CDC and needs arising from emergency outages, problems, or special requirements, the Contractor may be required to work outside the normal hours and days listed above. This could be on a prescheduled basis or an emergency call-in basis. Further, there are or could be instances where the Contractor is required to perform regular or emergency services on a 24 hour by 7 day a week basis, such as for CDC Data Center operations, network equipment maintenance, security services, or public health emergencies.

b. Telework (See Clause H.3)

In task orders that include onsite contractor staffing, the Contractor is authorized to enable contractor staff to telework when onsite presence is not required in accordance with the Telework Clause contained in H.3 below.

c. Travel

Support may be required at alternate locations and the Contractor shall conduct such travel in accordance with the Federal Travel Regulations as needed in any location in the United States, or in other countries excluding hazardous duty areas as defined by the U.S. Department of State.

d. Contract Transition

A smooth and orderly transition of services between the previous contract, this contract, and any subsequent contract(s) is required to ensure minimum disruption to vital Government business. This also pertains to ongoing task orders within the contract. Such transitions are governed by FAR 52.237-3 Continuity of Services (Jan 1991).

During the transitions, the existing Contractor shall continue the technical work of the existing contract(s) and/or task orders until such time as directed by the Contracting Officer. All Contractors and staff are expected to work cooperatively in ensuring services are not disrupted, customers are adequately supported, and Contractor employees are kept informed and treated professionally to ensure that vital knowledge transfers occur in support of CDC's mission requirements.

1. Post-Award Conference. The Contractor shall participate in a post-award conference within 45 working days after contract award. A post-award orientation will serve to aid both Government and contractor personnel to (1) achieve a clear and mutual understanding of all contract requirements, and (2) identify and resolve potential problems.

2. Receipt of Task Order Requests. The Contractor shall have management and administrative support in place to receive Task Order Requests within two weeks after contract award and the Contractor shall provide necessary key Contractor staffing information to the Contracting Officer's Representative including e-mail and location addresses, telephone numbers, and functional responsibilities.

To allow maximum retention of corporate memory of incumbent personnel, the Government may, at its discretion, permit certain personnel to be retained in positions for which they do not meet the labor category requirements stated in this contract. The incumbent Contractor may continue performance to complete all task orders issued prior to the effective date of this contract, unless terminated earlier by the CDC Contracting Officer.

C.7 Administrative Requirements

a. Contractor's Meetings

Contractor-initiated meetings (for corporate/administrative matters) requiring Contractor staff to attend during core service hours shall be scheduled at least ten business days in advance and a written notification provided seven business days in advance, to the Contracting Officer's Representatives of the date, time, and if appropriate, purpose of the meeting. The Contractor shall ensure that an acceptable level of staff (as stated by each COR) be onsite when these meetings are being conducted. If it is determined by the Contracting Officer's Representatives that there is a potential for lapse in required minimum service due to insufficient level of support the Contractor shall assure that no lapse occurs. It is at the Contractor's discretion to schedule another or make-up meeting either at a different time or on a different date for staff remaining onsite.

b. Annual Customer Satisfaction Reviews

The Contractor shall conduct annual customer satisfaction and quality of service reviews with each COR. Such reviews shall be documented in writing and the results presented to the Contracting Officer's Representative within 10 business days of completion. As needed during the course of the contract, the structure and format, e.g., questionnaire, of these reviews may change based on feedback received from the Contracting Officer's Representative. The Government shall review and approve the customer survey proposed.

c. Annual Program Management Meeting

The Contractor shall attend the annual program management meetings and provide an overview: of the work performed under this contract, significant achievements, issues encountered, trends observed, opportunities identified, and any resulting Contractor recommendations to the Contracting Officer, Contracting Officer's Representative, CDC Chief Information Officer and others that CDC may designate. These meetings may be in person or telephonic. At this meeting, the Contractor shall provide the Government with its current email address applicable to receipt of RFTOPs; the name, email and phone number of its basic contract point of contact; and the name, email and phone number of its CPARS point of contact for the CIMS contracts. The Contractor shall notify via email the CIMS CORs and the Contracting Officer within seven (7) business days of any changes to this information or any point of contact that the Contractor has designated for a specific task order.

The Contractor shall coordinate with the Government Technical Monitors and Contracting Officer's Representatives to assure maximum participation.

d. Government-Provided Resources

When work is performed at CDC facilities, the Government will provide necessary equipment, software, connectivity to computing resources, space, telephone service, heat, light, ventilation, electric current, etc. These facilities will be provided at no charge to the Contractor. Type and size of space to be provided will be based on availability and will vary at each site.

The Contractor is required to monitor the activities of their employees to assure compliance with regulations and policies governing the use of Government Property. Any Government Property in the custody of a Contractor employee must be accountable to the contract and authorized in advance by the Contracting Officer and Contracting Officer's Representative. The Contractor shall maintain an inventory of equipment and software in the possession of the Contractor but owned by the Government. Such inventory shall be made available upon request by the Government. CDC may affix property bar codes on all Government-owned equipment and shall be permitted to conduct a physical inventory yearly upon request or task the Contractor to report on the status of Government-owned assets. All items in the possession of the Contractor but Government owned shall be turned over to the Government upon the conclusion of the contract or upon request by the Contracting Officer

or Contracting Officer's Representative at any time. If the Contractor is in possession of Government property, they will participate in the annual CDC inventory. The Government retains the right to inspect the Contractor's property management system and associated records at any time.

e. Contractor's Network

CDC may choose to interconnect a Contractor's offsite network to the CDC wide area network when it is determined to be necessary or advantageous to the Government for the performance of work under this contract. In those instances, the Contractor's interconnected network shall be air-gapped or otherwise separated from the rest of the company's corporate network such that no added cyber security risk is introduced into CDC's network environment from the company's other IT infrastructure. The portion of the Contractor's network and IT environment that is interconnected to CDC's will undergo a FISMA certification and accreditation (C&A) process. Failure to comply with the requirements of the C&A including necessary remediation actions shall result in interconnection termination or other corrective actions. CDC will conduct the C&A process at its expense, however the Contractor shall actively provide all needed information and access to equipment and systems required to conduct the C&A at its expense.

CDC shall provide the connectivity to the CDC WAN (leased line, routers, software, etc.) This includes services such as Exchange, DNS, WINS, and security authentication. The Contractor shall designate a single point of contact and backup designees for the administration of each of its own LAN(s) with respect to the interface of the Contractor's LAN(s) with the CDC WAN.

Contractor is prohibited from attaching *any* non-Government owned equipment, i.e. PCs, laptops, peripherals, thumb drives, USB hard drives, routers (wireless or otherwise) to CDC's workstations, servers, or network. If such a need arises, it must be proposed by the Contractor, and reviewed and authorized by the Contracting Officer's Representative and Office of the Chief Information Security Officer (OCISO) prior to the connection being established.

Where CDC deems it necessary and appropriate, CDC may also enable Contractor staff to remotely access CDC's network and systems through various approved methods other than an interconnection of the Contractor and CDC networks. These remote access authorizations will be specified in the task order and will be conducted in accordance with prevailing CDC security and technology standards.

f. Security Clearance Requirements

All Contractor personnel assigned to perform work must have at least a National Agency Check and Inquiries (NACI) security clearance. Contractor staff may be required to have additional background security reviews for public trust level 5 or 6 or national security clearances based on the nature of the work to be performed. The specific security clearance requirements will be specified at the task order level in the RFTOP.

C.8 Government-Provided Training

All Contractor staff will be required to take online *Security Awareness Training (SAT)* upon work commencement and yearly thereafter. Initial SAT will be typically conducted as part of the security clearance and identification badge issuing process.

Some Contractor personnel may be required to take additional IT security training (role based training, RBT) based on their job duties having been identified as having significant security responsibilities (SSR), which is defined as a role or position, which, upon execution, could have the potential to adversely impact the security posture of one or more agency systems.

Certain Contractor staff may be required to attend "*Safety Survival Skills*" a safety orientation. Topics include regulatory requirements, employee and management responsibilities, general CDC safety

guidelines, emergency response, and discussion of laboratory hazards, basic Biosafety, and chemical safety. Contractor staff will also be required to attend “as required” Laboratory Safety course which covers basic laboratory safety guidelines, and is a requirement for persons who periodically work in or enter CDC laboratories. In addition, there may be a requirement for certain Contractor staff to be immunized.

Task orders may specify particular software tools, programming languages, databases, or system environments that are required or will be encountered. In addition to the contract personnel qualifications requirements, the Contractor must provide staff that is fully trained in the commercial software and technology that is specified on task orders. If CDC implements new software or technology during this contract that is not identified in this RFP, the Government may authorize the Contractor to acquire training billable as an other direct cost when deemed appropriate and cost effective by the Government. CDC expects a reasonable return-on-investment on this training expense such that the Contractor will make reasonable efforts to retain the trained employee on the specified task or cross-train replacement staff at the Contractor’s expense.

If the task order requires onsite work, the Contractor staff is also required to take any other mandatory training for onsite contractor staff that may be in effect at the time. This training may include *Annual National Security Training* (personnel that hold national security clearances), *Security Awareness Training* (all personnel requiring access to computer resources, (i.e., LAN Username and email), *CDC Overview of Federal Records Management* (all new CDC personnel and contractors), *CDC Records Management Annual Refresher* (all CDC personnel and contractors), *Safety Survival Skills Part I, General Responsibilities* (all personnel requiring CDC identification badge), and *Occupant Emergency Plan Refresher* (contractors who are U.S. based workers in owned or leased facilities).

C.9 Quality Control and Testing

The Government shall review, test, and approve all Contractor-developed applications and systems prior to their implementation for performance, functioning, and security. Failure to pass QC will require consultations with the Government and possible system modification before implementation. Further quality specifications and testing procedures may be provided in individual task orders.

C.10 Compliance with FIP Standards

All IT and telecommunications equipment, services, and related software acquired under this contract must conform to applicable Federal Information Processing Standards Publications (FIPS PUBS). When additional FIPS PUBS do apply, they will be specified in the task order. FIPS Standards can be found at <http://www.itl.nist.gov/fipspubs>. In addition, NIST issues special publications found at <http://csrc.nist.gov/publications> which the Contractor shall comply with as appropriate.

C.11 Contractor Personnel

The Contractor shall recruit and retain the necessary qualified staff to carry out the work specified in the task orders. Continuity of staff and retention of specialized knowledge unique to CDC’s information management environment and requirements is critical to sustained success. A broad array of occupations, disciplines, and specialties will be required under this contract including but not limited to the labor categories identified in Section J Attachment J.2. New labor categories may be added to the contract over time as warranted based on CDC needs and evolving characteristics of the labor market.

The Contractor agrees to perform work at a level no less than generally recognized industry professional standards except as may be specifically addressed in the contract and/or task orders. The Contractor agrees to employ and retain competent, qualified personnel who shall perform services in a complete, prompt, high quality, courteous, and efficient manner. Employees must be able to perform the duties as outlined in the labor categories and modifications, additions, revisions thereto as indicated in the contract and task orders. Employees must possess good interpersonal skills to insure that no justified complaints, in the judgment of the Contracting Officer’s Representative, are received by the Contracting Officer’s

Representative. Bonafide complaints shall be communicated to the Contracting Officer who will notify the Contractor for appropriate action.

Contractor staff must meet the security requirements specified by the CDC, regarding identification and access to the physical facility. Background checks are required for employees and more extensive background checks may be required for employees who have access to specific types of sensitive data and/or critical systems.

Contractor personnel performing work onsite at CDC must adhere to the Government Standards of Conduct, the nonsmoking policy at CDC and all health, safety, parking and other requirements when performing work on CDC facilities or visiting CDC staff at CDC facilities.

C.12 Reporting Requirements

a. Monthly Reports

The Contractor shall provide to the Contracting Officer's Representative a monthly progress report in accordance with specific content and timing identified in each task order. The report shall be submitted via e-mail using Microsoft Office products, e.g. MS Word, Excel, and PowerPoint, as needed.

The Contractor shall submit to the Contracting Officer's Representative a monthly summary report including, but not limited to, the following:

- All previous month travel and future month planned travel including trip destinations, applicable task, and purpose of trips (not applicable to FFP task orders);
- All Other Direct Costs, with listing of items purchased and applicable task order (not applicable to FFP task orders);
- A summary listing of the status of all task orders indicating percent of period of performance elapsed and percent of funding used on each task order; total task order funding; and percent of total level of effort provided for that contract period;
- Major or recurring problem areas seen in CDC's environment;
- Summary of any other general operational or management problem areas and recommendations;
- A listing of Contractor employees (initial hires and subsequent recruitments) working on this contract in an agreed upon manner to the Contracting Officer's Representative. The report shall include the following information for each Contractor staff member: name, work location, employer, task order assignment, CDC Contracting Officer's Representative, Contractor Task Manager, labor category, and date assigned to the contract; and
- Number of Contractor employees who attended either CDC-sponsored or outside training each month including the date attended and course/topic covered.

b. Project Management Reporting

As may be specified in the Task Order, the Contractor will provide necessary project management information in a CDC-hosted project management or collaboration system.

Information for such reporting could include: progress toward task milestones, management problems identified, corrective actions taken, staffing changes, delays for staff identification, hiring and deployment, funding of the task, funding status, monthly costs incurred to date, etc.

The Contractor must comply with all CDC EPLC and Governance stage gate reviews. Within 120 days of task award, the Contractor must conduct an Integrated Baseline Review (IBR) in accordance with DHHS and CDC requirements.

c. Automated Information Systems Security Plan

This plan, addressed in detail in the NIST Special Publication 800-18 (see: <http://csrc.nist.gov/publications/nistpubs/index.html>) is required to be delivered to the Contracting Officer's Representative and the CDC Chief Information Security Officer within 90 days of contract award to reflect implementation of all necessary security safeguards.

d. Contractor Quality Assurance Plan

The Contractor shall develop a Quality Assurance (QA) Plan, which sets forth the management and quality control actions the Contractor will put into place to ensure performance in compliance with contract and Task Order requirements. The QA Plan shall be submitted for Government approval within the first 30 calendar days following contract award. At a minimum, the Plan's content shall address who within the Contractor's organization has oversight and reporting responsibility for quality assurance, when and how quality reviews are to be performed and a procedure for escalation and resolution of any identified quality problems. The Contractor shall update the QA Plan as necessary or as instructed by the Government to ensure that it remains current and is capable of producing the desired quality results.

C.13 Off Ramping and On Ramping of Contractors

To ensure success of the CIMS Program, CDC expects each RFTOP to receive competitive proposals in conjunction with the multiple award nature of the contract. Therefore all CIMS Contractors are encouraged to be active in reviewing RFTOPs and submitting proposals when the Contractor has a reasonable chance for award.

At the end of each period of performance of the contract, if a CIMS Contractor has failed to submit proposals or has not submitted any proposals that were determined to be technically acceptable, the Government reserves the right to "off-ramp" the Contractor from this contract by permitting such Contractor's contract to expire instead of exercising the option. This provision is independent of other actions permitted under the contract's terms and conditions and the FAR.

Two important goals of CIMS are to further CDC's small business/small disadvantaged business participation and to ensure adequate ongoing competition for task order awards. Therefore, during the life of the CIMS contract, if there is an insufficient number of small business and/or 8(a) awardees to facilitate setting aside RFTOPs, the Government reserves the right to issue a new small business and/or 8(a) set-aside solicitation(s) to award additional contracts.