



Government of the District of Columbia

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

STATUTORY AND REGULATORY AUTHORITY

The Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award human care agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a human care agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.

GENERAL INSTRUCTIONS

1. Please read and complete each section of the Human Care Agreement Contractor Qualifications Record form. All information must be completed in the spaces provided, or marked "N/A."
2. An original signature must be provided in those sections where a signature is required. Copies or a stamped signature **is not** acceptable.
3. Included in the package that will be provided to you will be a copy of the "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts", dated November 2004. Please read this document carefully before you complete the Contractor's Qualifications Record. The "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts," dated November 2004, will be incorporated by reference into each Human Care Agreement that is entered into between a contractor that will provide human care services and the District of Columbia.
4. Also included in the package that will be provided to you will be forms required by the Department of Small and Local Business Development. You must complete those forms and return them with your package to make it complete and for you to be considered for a Human Care Agreement. The forms are for:
 - a. Compliance with Section 5 of Mayor's Order 85-85, "Equal Opportunity Obligations in Contracts" and
 - b. Compliance with Equal Opportunity for Local, Small and Disadvantaged Business Enterprises Amendment Act of 1998, as amended (D.C. Laws 12-268 and 13-169).
5. You may use Section VIII, the "Remarks Section", on page 6, to provide additional information or to expand on information that is provided in response to the request for information.
6. Please include and attach all information, documentation, and data as instructed and required.
7. In those instances where check boxes are provided, please check only the box or boxes which apply.

CHECKLIST

<input type="checkbox"/>	Did you include your Taxpayer Identification Number?	<input type="checkbox"/>	Did you attach a copy of your most recent Financial Statement?
<input type="checkbox"/>	Did you attach the information required In Section III, Disclosure Information, on page 2?	<input type="checkbox"/>	Did you attach a copy of all licenses and certifications, including any specialty certifications?
<input type="checkbox"/>	Did you list all personnel critical to the performance of your Organization in Section VI	<input type="checkbox"/>	Are you providing a facility? Then, did you attach a copy of the Certificate of Occupancy for each facility?
<input type="checkbox"/>	Did you attach a Certificate of Incorporation, if applicable?	<input type="checkbox"/>	Did you attach a Certificate of Good Standing, if applicable?
<input type="checkbox"/>	Did you attach a copy of your LSDBE certification, if applicable?	<input type="checkbox"/>	Did you attach or include your salary history, if applicable?

FREQUENTLY ASKED QUESTIONS

Q	Can I fax my application for processing?	A	No. Contractor Qualifications Records must contain original, not copied signatures.
Q	Is this form available electronically?	A	Yes, the Contractor Qualifications Record (CQR) is available on the Office of Contracting and Procurement website, www.ocp@dc.gov .
Q	Who or what is an Individual?	A	The term "individual" means a human person who may be licensed, certified, or otherwise authorized or qualified to perform or provide specific human care services. The individual may be solo practitioner or a part of a group.
Q	Who or what is an Organization?	A	The term "organization" means an entity, other than an individual, that is licensed, certified, or otherwise authorized, or qualified, to provide or perform human care services in the normal course of business. The license, certification, or other recognition is granted to the organization entity. Individual owners, managers, or employees of the organization may also be certified, licensed, or otherwise recognized as individual providers in their own right. Examples may include a corporation, joint venture, clinic, hospital, or partnership.



Government of the District of Columbia

HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

1. DATE OF FILING / /	2. FILING TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/> REMOVAL	FOR OCP USE ONLY: DATE RECEIVED BY OCP:
-------------------------------------	---	--

SECTION I – GENERAL INFORMATION

1. NAME OF INDIVIDUAL/ ORGANIZATION a. Name: b. Title: c. Physical Street Address: d. City, State & Zip Code: e. Office Phone: g. E-Mail:		2. TYPE OF ORGANIZATION <i>(Please check the appropriate box.)</i> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED PARTNERSHIP
f. Office Facsimile No:		3. STATE OF INCORPORATION <i>(Please check the appropriate box.)</i> <input type="checkbox"/> DISTRICT OF COLUMBIA <input type="checkbox"/> COMMONWEALTH OF VIRGINIA <input type="checkbox"/> STATE OF MARYLAND <input type="checkbox"/> STATE OF DELAWARE <input type="checkbox"/> OTHER: _____ Date Of: _____
5. SOCIAL SEC. / TAXPAYER ID NO:		3. IS ORGANIZATION? <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT
6. DUNN & Bradstreet No:	7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS? <input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Resident-Owned <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Longtime Resident	

SECTION II – FINANCIAL RESPONSIBILITY INFORMATION

(Please Provide and Attach a Copy of Your Most Recent Financial Statement.)

1. Name and Address of Accountant:		2. Name and Address of Financial Institution:	
3. Name and Title of Contact Person:		4. Name and Title of Contact Person:	
5. Telephone No.:	6. Fax No.:	7. Telephone No.:	8. Fax No.:
9. Date Of Attached Financial Statement (Must be Within Last 12 Months):		10. Do You/Organization Owe Any Outstanding District /Federal Taxes: District Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES - Federal Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES	

11. MEDICAID – MEDICARE INFORMATION:

a. Are You / Organization a Certified Medicaid Provider? YES NO Medicaid Number: _____ Date: _____

b. Are You / Organization a Certified Medicare Provider? YES NO Medicare Number: _____ Date: _____

SECTION III – DISCLOSURE INFORMATION

(If yes to any questions below, please explain fully in REMARKS SECTION, or attach a separate statement.)

1. Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is your license, or any in the organization currently suspended or restricted in any way? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years.: <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?: <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?: <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?: <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE

1. List All Contracts With the District Government Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:

	Name of Employer	Address	Duties	Name of Supervisor	Dates of Employment	Telephone
A					to	
B					to	
C					to	
D					to	
E					to	
F					to	

(Please Use and Attach a Separate Sheet for Salary History and Additional Items.)

4. List At Least Five (5) References Familiar With Service Delivery:

	Name	Title/Position	Affiliation	Telephone	Fax	E-Mail
A						
B						
C						
D						
E						

(Please Use and Attach a Separate Sheet for Additional Items.)

4. ARE YOU A UNITED STATES CITIZEN?

YES NO

5. ARE YOU A PERMANENT RESIDENT?

(Please Attach Documentation To Support)

YES NO

6. IF YOU ARE NOT A CITIZEN, CAN YOU PROVIDE AND SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? *(Please Attach Documentation To Support.)*

YES NO

SECTION V – EDUCATION, CREDENTIALS AND LICENSURE

1. Please List All Colleges (Undergraduate and Graduate) and Professional Institutions Attended:

	Chief Study Subject Area	Name of College, University or Professional School	Address and Zip Code	Dates Attended	Date And Type Degree Awarded
A				To	
B				To	
C				To	
D				To	
E				To	

(Please Use and Attach a Separate Sheet for Additional Items.)

2. Please List All Professional Certifications and Licenses (Copies Must Be Attached):

	License/Certification	Agency/Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	
E					to	

(Please Use and Attach a Separate Sheet for Additional Items.)

3. Please List All Speciality, Certifications and Licenses (Copies Must Be Attached):

	Specialty License/Certification	Agency /Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	

(Please Use and Attach a Separate Sheet for Additional Items.)

4. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY LICENSE, CERTIFICATION OR CREDENTIAL REVOKED OR SUSPENDED? YES NO

(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)

(Please Use and Attach a Separate Sheet for Additional Items.)

5. Please list any hospital affiliations or privileges below:

	Name of Individuals(s)	Name of Hospital	Address	Type Privilege/Affiliation	Telephone	Fax No.
A						
B						
C						
D						

(Please Use and Attach a Separate Sheet for Additional Items.)

6. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY HOSPITAL PRIVILEGES REVOKED, FOR ANY REASON? YES NO

(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)

SECTION VI – SERVICE DATA AND INFORMATION

1. GENERAL SERVICE CATEGORIES: Please Check Each Of The General Service Categories For Which You Or The Organization Are Applying.

- | | | |
|--|---|---|
| <input type="checkbox"/> Education (EDS) | <input type="checkbox"/> Human Services (HUM) | <input type="checkbox"/> Social Services (SOC) |
| <input type="checkbox"/> Special Education (SED) | <input type="checkbox"/> Mental Health (MEN) | <input type="checkbox"/> Youth/Juvenile Justice (JUV) |
| <input type="checkbox"/> Health (HTH) | <input type="checkbox"/> Psychology (PSY) | <input type="checkbox"/> |

2. POPULATIONS: Please Check All That Apply For Populations.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Children & Youth (CYG) | <input type="checkbox"/> Adults (ADT) | <input type="checkbox"/> Developmentally Disabled (DVD) | <input type="checkbox"/> Homeless (HLS) |
| <input type="checkbox"/> Children & Youth-Detained (CYD) | <input type="checkbox"/> Adult Forensic-Psychiatric (AFP) | <input type="checkbox"/> Geriatric (GER) | <input type="checkbox"/> Multicultural (MLT) |
| <input type="checkbox"/> Children & Youth-Committed (CYC) | <input type="checkbox"/> Adult Forensic-Correctional (FC) | <input type="checkbox"/> Pregnant Women (PGW) | <input type="checkbox"/> HIV/AIDS (HIV) |
| <input type="checkbox"/> Children & Youth-Supervision (CYS) | <input type="checkbox"/> Physically Disabled (DIS) | <input type="checkbox"/> Hearing Impaired (HIM) | <input type="checkbox"/> Dually Diagnosed (DUD) |
| <input type="checkbox"/> Special Education (SED) | <input type="checkbox"/> Mentally Retarded (MRD) | <input type="checkbox"/> Blind/Visually Impaired (BLD) | <input type="checkbox"/> |

3. SETTING CODES: Please Check The Settings Where You Or The Organization Can Or Will Provide Service.

(If You Or The Organization Has A Facility, Then A Certificate of Occupancy Must Be Included and Attached.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Addiction Treatment Facility (ADF) | <input type="checkbox"/> Foster Care Home (FCH) | <input type="checkbox"/> Homeless Shelter (HOS) | <input type="checkbox"/> Nursing Care Facility (NCF) |
| <input type="checkbox"/> Ambulatory Care/Surg Center (AMB) | <input type="checkbox"/> Detention Facility–Youth (DFY) | <input type="checkbox"/> In the Field (FLD) | <input type="checkbox"/> Outpatient Clinic (OTC) |
| <input type="checkbox"/> Child Development Center (CDC) | <input type="checkbox"/> Detention Facility –Adult (DFA) | <input type="checkbox"/> Inpatient-Psychiatric (INP) | <input type="checkbox"/> Private Home (PRH) |
| <input type="checkbox"/> Comm Day Program (CDP) | <input type="checkbox"/> Dialysis Center (DIA) | <input type="checkbox"/> Inpatient-Medical (INM) | <input type="checkbox"/> Provider's Office or Facility (POF) |
| <input type="checkbox"/> Comm Health Center (CHC) | <input type="checkbox"/> Group Home –Youth (YGH) | <input type="checkbox"/> Intermed Care Center-MR (IMR) | <input type="checkbox"/> School (SCH) |
| <input type="checkbox"/> Comm Residential Facility (CRF) | <input type="checkbox"/> Group Home-MR (MGH) | <input type="checkbox"/> Laboratory (LAB) | <input type="checkbox"/> |
| <input type="checkbox"/> Crisis Center (CRC) | | | |

4. SPECIFIC SERVICE CATEGORIES: Please Check the Specific Service Categories That Apply To You or The Organization in which you are qualified, including licenses, or certified, to provide services:

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction Treatment Services (ADT) | <input type="checkbox"/> Dental Services (DEN) | <input type="checkbox"/> Personal Care Services (PCS) |
| <input type="checkbox"/> Allergy (ALG) | <input type="checkbox"/> Dialysis Services (DIA) | <input type="checkbox"/> Physical Therapy (PTH) |
| <input type="checkbox"/> Addiction Treatment Services (ADT) | <input type="checkbox"/> Early Childhood Intervention (ECI) | <input type="checkbox"/> Podiatry (POD) |
| <input type="checkbox"/> Assessment/Diagnosis (ASS) | <input type="checkbox"/> EPSDT Screening (EPS) | <input type="checkbox"/> Pre-Natal Services (PNA) |
| <input type="checkbox"/> Audiology (AUD) | <input type="checkbox"/> Family Services (FAM) | <input type="checkbox"/> Psychological Services (PSC) |
| <input type="checkbox"/> Assessment Diagnosis (ASD) | <input type="checkbox"/> Homemaker Services (HOM) | <input type="checkbox"/> Pyschiatric (PSY) |
| <input type="checkbox"/> Birthing Services (BIR) | <input type="checkbox"/> Dental Hygienist (DHY) | <input type="checkbox"/> Recreation Therapy (RTH) |
| <input type="checkbox"/> Case Management-Family Services (CMF) | <input type="checkbox"/> Laboratory Screening Services (LAB) | <input type="checkbox"/> Respiratory Care Services (RES) |
| <input type="checkbox"/> Case Management-Medical (CMM) | <input type="checkbox"/> Mental Health (MEN) | <input type="checkbox"/> Respite Care (RSC) |
| <input type="checkbox"/> Case Management-Social (CMS) | <input type="checkbox"/> Midwiifery (MID) | <input type="checkbox"/> Supported Employment Services (SES) |
| <input type="checkbox"/> Child Care Services (DAY) | <input type="checkbox"/> Music Therapy (MTH) | <input type="checkbox"/> Social Worker Services (SWS) |
| <input type="checkbox"/> Chore Services (CHR) | <input type="checkbox"/> Neurology (NEU) | <input type="checkbox"/> Speech Therapy (STH) |
| <input type="checkbox"/> Consulting (CON) | <input type="checkbox"/> Nutrition and Dietary (NUT) | <input type="checkbox"/> Transportation Services (TRS) |
| <input type="checkbox"/> Counseling Services (CSL) | <input type="checkbox"/> Occupational Therapy (OTH) | <input type="checkbox"/> Visiting Nurse (home) (VIS) |
| <input type="checkbox"/> Crisis Intervention Services (CRI) | <input type="checkbox"/> Optometry (OPT) | <input type="checkbox"/> Vocational Rehabilitation (VOC) |
| <input type="checkbox"/> Day Treatment Services (Habilitation) (DTR) | <input type="checkbox"/> Pediatric (PED) | <input type="checkbox"/> |

5. LICENSURE AND CERTIFICATION CATEGORIES: Please Check All of the Licensure and Certification categories that Apply to You or the Organization in which you are qualified, And Are Licensed Or Certified To Provide Services:

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupuncture Therapist (ACC) | <input type="checkbox"/> Massage Therapy (MAS) | <input type="checkbox"/> Physician (DOC) |
| <input type="checkbox"/> Advanced Practice Registered Nurse (ARN) | <input type="checkbox"/> Naturopathy (NAT) | <input type="checkbox"/> Physician Assistant (PAS) |
| <input type="checkbox"/> Architect (ARC) | <input type="checkbox"/> Nurse-Anesthetist (RNA) | <input type="checkbox"/> Podiatrist (POD) |
| <input type="checkbox"/> Audiologist (AUD) | <input type="checkbox"/> Nurse-Midwife (RNM) | <input type="checkbox"/> Practical Nursing (LPN) |
| <input type="checkbox"/> Certificate of Occupancy (COO) | <input type="checkbox"/> Nurse Practitioner (RNP) | <input type="checkbox"/> Professional Counseling (PRO) |
| <input type="checkbox"/> Child Development (CHD) | <input type="checkbox"/> Nutritionist & Dietician (NUT) | <input type="checkbox"/> Psychologist (PSC) |
| <input type="checkbox"/> Dental Hygienist (DHY) | <input type="checkbox"/> Obstetrician (OBS) | <input type="checkbox"/> Pyschiatrist (PSY) |
| <input type="checkbox"/> Dentist (DEN) | <input type="checkbox"/> Occupational Therapist (OTH) | <input type="checkbox"/> Registered Nurse (RNN) |
| <input type="checkbox"/> Chiropractor (CHP) | <input type="checkbox"/> Optometrist (OPT) | <input type="checkbox"/> Respiratory Care (RES) |
| <input type="checkbox"/> Foster Care Provider (FOS) | <input type="checkbox"/> Opthomology (OPG) | <input type="checkbox"/> Social Worker-Clinical (SWC) |
| <input type="checkbox"/> Funeral Directors (FUN) | <input type="checkbox"/> Pharmacist (PHM) | <input type="checkbox"/> Social Worker (SWS) |
| <input type="checkbox"/> Gynecology (GYN) | <input type="checkbox"/> Physical Therapist (PTH) | <input type="checkbox"/> |

6. LANGUAGE SKILLS: Please Check All that Apply for Your Or The Organization's Language Skills:

- | | | |
|---|---|--|
| <input type="checkbox"/> English (ENG) | <input type="checkbox"/> French (FRN) | <input type="checkbox"/> Chinese–Cantonese (CCA) |
| <input type="checkbox"/> Spanish (SPN) | <input type="checkbox"/> Haitian Creole (CRE) | <input type="checkbox"/> Chinese-Mandarin (CMA) |
| <input type="checkbox"/> International/Universal Sign (SGN) | <input type="checkbox"/> Vietnamese (VTN) | <input type="checkbox"/> Ethiopian (Amharic) (AMH) |
| <input type="checkbox"/> Italian (ITL) | <input type="checkbox"/> Korean (KOR) | <input type="checkbox"/> |

SECTION VII – PERSONNEL CRITICAL TO ORGANIZATION PERFORMANCE

1. Please list All of the Personnel In your Organization Who Are Critical To organization Performance. Please List Officers, Clinical Directors, Medical Directors, Service Supervisors, and Sub-Contractors Essential to the Performance of Services in this Qualifications Record and Attach Resumes Coded to this Section. Attach Any Copies of Licenses, Certifications, or Credentials Where Applicable.:

	Name	Title/Position	Affiliation	Telephone	Fax	E-Mail
A						
B						
C						
D						

SECTION VIII – REMARKS SECTION

1. Please use this section to respond to or to continue to response to any previous question, or request for information. In addition, please feel free to use this section to provide additional information vital to determining your or the organizations qualifications to enter into a Human Care Service Agreement with the District of Columbia

SECTION IX – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE

1. **DRUG-FREE WORKPLACE CERTIFICATION:** *Please provide Certification That You Or The Organization Does Or Will Operate In A Drug-Free Manner.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

(May be signed on behalf of individual or organization.)

2. **STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS:** *Please provide Certification That You Or The Organization Agree To Be Bound By the Standard Contract Provisions of the District of Columbia.*

I/We, _____ of _____

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts ("Standard Contract Provisions"), dated November 2004, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

3. **INFORMATION CONSENT:** *Please Provide Certification That You Or The Organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, _____ of _____

Hereby give, provide and express my consent for representatives of the Office of Contracting and Procurement, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Office of Contracting and Procurement. I further understand that the Office of Contracting and Procurement will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

SECTION XII – AFFIDAVIT AS TO ACCURATENESS AND TRUTHFULNESS

I, _____ of being duly sworn on oath, certify that
I am authorized to sign this document and that all of the information contained in this Human Care Agreement Contractor
Qualifications Record is complete, true and accurate.

Signature

Title

Subscribed and sworn before me on this _____ day of _____, _____.

Notary Public: _____

My Commission Expires on: _____

SEAL

05-2103 DC,DISTRICT-WIDE

WAGE DETERMINATION NO: 05-2103 REV (02) AREA: DC,DISTRICT-WIDE

HEALTH AND WELFARE LEVEL - INSURANCE ONLY **OTHER WELFARE LEVEL WD:05-2104

REGISTER OF WAGE DETERMINATIONS UNDER THE SERVICE CONTRACT ACT ADMINISTRATION By direction of the Secretary of Labor		U.S. DEPARTMENT OF LABOR EMPLOYMENT STANDARDS WAGE AND HOUR DIVISION WASHINGTON D.C. 20210 Wage Determination No.: 2005- 2103 Revision No.: 2 Date Of Revision:
William W.Gross Division of Director Wage Determinations 11/07/2006		

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide
Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St Mary's
Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King George, Loudoun, Prince William, Stafford

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support And Clerical Occupations	
01011 - Accounting Clerk I	13.79
01012 - Accounting Clerk II	15.49
01013 - Accounting Clerk III	17.32
01020 - Administrative Assistant	21.45
01040 - Court Reporter	17.49
01051 - Data Entry Operator I	12.67

01052 - Data Entry Operator II
13.82
01060 - Dispatcher, Motor Vehicle
16.50
01070 - Document Preparation Clerk
12.75
01090 - Duplicating Machine Operator
12.75
01111 - General Clerk I
13.72
01112 - General Clerk II
15.32
01113 - General Clerk III
18.74
01120 - Housing Referral Assistant
20.84
01141 - Messenger Courier
10.23
01191 - Order Clerk I
14.74
01192 - Order Clerk II
16.29
01261 - Personnel Assistant (Employment) I
15.45
01262 - Personnel Assistant (Employment) II
17.49
01263 - Personnel Assistant (Employment) III
20.84
01270 - Production Control Clerk
20.78
01280 - Receptionist
12.29
01290 - Rental Clerk
15.45
01300 - Scheduler, Maintenance
15.45
01311 - Secretary I
16.11
01312 - Secretary II
17.61
01313 - Secretary III
20.84
01320 - Service Order Dispatcher
15.82
01410 - Supply Technician
21.45
01420 - Survey Worker
17.49
01531 - Travel Clerk I
11.69
01532 - Travel Clerk II
12.57
01533 - Travel Clerk III
13.50

01611 - Word Processor I
13.76
01612 - Word Processor II
15.45
01613 - Word Processor III
17.49
05000 - Automotive Service Occupations
05005 - Automobile Body Repairer, Fiberglass
24.49
05010 - Automotive Electrician
19.43
05040 - Automotive Glass Installer
18.31
05070 - Automotive Worker
18.31
05110 - Mobile Equipment Servicer
15.74
05130 - Motor Equipment Metal Mechanic
20.48
05160 - Motor Equipment Metal Worker
18.31
05190 - Motor Vehicle Mechanic
20.48
05220 - Motor Vehicle Mechanic Helper
16.81
05250 - Motor Vehicle Upholstery Worker
17.88
05280 - Motor Vehicle Wrecker
18.31
05310 - Painter, Automotive
19.43
05340 - Radiator Repair Specialist
18.31
05370 - Tire Repairer
14.43
05400 - Transmission Repair Specialist
20.48
07000 - Food Preparation And Service Occupations
07010 - Baker
13.18
07041 - Cook I
11.88
07042 - Cook II
13.18
07070 - Dishwasher
9.76
07130 - Food Service Worker
10.25
07210 - Meat Cutter
16.07
07260 - Waiter/Waitress
8.59
09000 - Furniture Maintenance And Repair Occupations
09010 - Electrostatic Spray Painter

18.05
09040 - Furniture Handler
12.55
09080 - Furniture Refinisher
18.05
09090 - Furniture Refinisher Helper
13.85
09110 - Furniture Repairer, Minor
16.01
09130 - Upholsterer
18.05
11000 - General Services And Support Occupations
11030 - Cleaner, Vehicles
9.67
11060 - Elevator Operator
9.79
11090 - Gardener
15.70
11122 - Housekeeping Aide
10.89
11150 - Janitor
10.89
11210 - Laborer, Grounds Maintenance
11.81
11240 - Maid or Houseman
10.41
11260 - Pruner
10.89
11270 - Tractor Operator
14.19
11330 - Trail Maintenance Worker
11.81
11360 - Window Cleaner
11.31
12000 - Health Occupations
12010 - Ambulance Driver
16.06
12011 - Breath Alcohol Technician
16.06
12012 - Certified Occupational Therapist Assistant
19.99
12015 - Certified Physical Therapist Assistant
19.99
12020 - Dental Assistant
16.90
12025 - Dental Hygienist
40.68
12030 - EKG Technician
24.34
12035 - Electroneurodiagnostic Technologist
24.34
12040 - Emergency Medical Technician
16.06
12071 - Licensed Practical Nurse I

17.15
12072 - Licensed Practical Nurse II
19.18
12073 - Licensed Practical Nurse III
21.38
12100 - Medical Assistant
14.23
12130 - Medical Laboratory Technician
16.96
12160 - Medical Record Clerk
14.96
12190 - Medical Record Technician
16.47
12195 - Medical Transcriptionist
14.96
12210 - Nuclear Medicine Technologist
28.69
12221 - Nursing Assistant I
9.37
12222 - Nursing Assistant II
10.53
12223 - Nursing Assistant III
12.18
12224 - Nursing Assistant IV
13.68
12235 - Optical Dispenser
15.15
12236 - Optical Technician
13.10
12250 - Pharmacy Technician
14.32
12280 - Phlebotomist
13.68
12305 - Radiologic Technologist
27.61
12311 - Registered Nurse I
24.92
12312 - Registered Nurse II
31.22
12313 - Registered Nurse II, Specialist
31.22
12314 - Registered Nurse III
37.77
12315 - Registered Nurse III, Anesthetist
37.77
12316 - Registered Nurse IV
45.28
12317 - Scheduler (Drug and Alcohol Testing)
17.57
13000 - Information And Arts Occupations
13011 - Exhibits Specialist I
17.98
13012 - Exhibits Specialist II
23.33

13013 - Exhibits Specialist III
28.07
13041 - Illustrator I
18.73
13042 - Illustrator II
23.42
13043 - Illustrator III
28.82
13047 - Librarian
24.54
13050 - Library Aide/Clerk
11.38
13054 - Library Information Technology Systems Administrator
22.15
13058 - Library Technician
17.88
13061 - Media Specialist I
15.99
13062 - Media Specialist II
17.88
13063 - Media Specialist III
19.94
13071 - Photographer I
14.67
13072 - Photographer II
17.18
13073 - Photographer III
21.52
13074 - Photographer IV
26.05
13075 - Photographer V
29.15
13110 - Video Teleconference Technician
15.99
14000 - Information Technology Occupations
14041 - Computer Operator I
15.45
14042 - Computer Operator II
17.49
14043 - Computer Operator III
19.50
14044 - Computer Operator IV
21.67
14045 - Computer Operator V
24.00
14071 - Computer Programmer I (1)
21.60
14072 - Computer Programmer II (1)
25.66
14073 - Computer Programmer III (1)
27.62
14074 - Computer Programmer IV (1)
27.62
14101 - Computer Systems Analyst I (1)

27.62
14102 - Computer Systems Analyst II (1)
27.62
14103 - Computer Systems Analyst III (1)
27.62
14150 - Peripheral Equipment Operator
15.45
14160 - Personal Computer Support Technician
21.67
15000 - Instructional Occupations
15010 - Aircrew Training Devices Instructor (Non-Rated)
34.39
15020 - Aircrew Training Devices Instructor (Rated)
40.64
15030 - Air Crew Training Devices Instructor (Pilot)
46.05
15050 - Computer Based Training Specialist / Instructor
31.26
15060 - Educational Technologist
27.99
15070 - Flight Instructor (Pilot)
46.05
15080 - Graphic Artist
23.02
15090 - Technical Instructor
21.70
15095 - Technical Instructor/Course Developer
26.54
15110 - Test Proctor
17.31
15120 - Tutor
17.31
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations
16010 - Assembler
8.71
16030 - Counter Attendant
8.71
16040 - Dry Cleaner
11.10
16070 - Finisher, Flatwork, Machine
8.71
16090 - Presser, Hand
8.71
16110 - Presser, Machine, Drycleaning
8.71
16130 - Presser, Machine, Shirts
8.71
16160 - Presser, Machine, Wearing Apparel, Laundry
8.71
16190 - Sewing Machine Operator
11.90
16220 - Tailor
12.63
16250 - Washer, Machine

9.44
19000 - Machine Tool Operation And Repair Occupations
 19010 - Machine-Tool Operator (Tool Room)
18.95
 19040 - Tool And Die Maker
23.05
21000 - Materials Handling And Packing Occupations
 21020 - Forklift Operator
16.25
 21030 - Material Coordinator
20.54
 21040 - Material Expediter
20.54
 21050 - Material Handling Laborer
12.65
 21071 - Order Filler
13.21
 21080 - Production Line Worker (Food Processing)
16.25
 21110 - Shipping Packer
14.46
 21130 - Shipping/Receiving Clerk
14.46
 21140 - Store Worker I
9.96
 21150 - Stock Clerk
14.35
 21210 - Tools And Parts Attendant
16.99
 21410 - Warehouse Specialist
16.25
23000 - Mechanics And Maintenance And Repair Occupations
 23010 - Aerospace Structural Welder
23.35
 23021 - Aircraft Mechanic I
22.24
 23022 - Aircraft Mechanic II
23.35
 23023 - Aircraft Mechanic III
24.52
 23040 - Aircraft Mechanic Helper
15.10
 23050 - Aircraft, Painter
21.29
 23060 - Aircraft Servicer
17.82
 23080 - Aircraft Worker
18.09
 23110 - Appliance Mechanic
20.60
 23120 - Bicycle Repairer
14.43
 23125 - Cable Splicer
24.77

23130 - Carpenter, Maintenance
20.36
23140 - Carpet Layer
18.70
23160 - Electrician, Maintenance
24.85
23181 - Electronics Technician Maintenance I
21.36
23182 - Electronics Technician Maintenance II
22.80
23183 - Electronics Technician Maintenance III
24.02
23260 - Fabric Worker
17.90
23290 - Fire Alarm System Mechanic
21.46
23310 - Fire Extinguisher Repairer
16.50
23311 - Fuel Distribution System Mechanic
22.81
23312 - Fuel Distribution System Operator
19.38
23370 - General Maintenance Worker
19.01
23380 - Ground Support Equipment Mechanic
22.24
23381 - Ground Support Equipment Servicer
17.82
23382 - Ground Support Equipment Worker
18.09
23391 - Gunsmith I
16.50
23392 - Gunsmith II
19.18
23393 - Gunsmith III
21.46
23410 - Heating, Ventilation And Air-Conditioning Mechanic
20.99
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research
Facility)
22.12
23430 - Heavy Equipment Mechanic
21.46
23440 - Heavy Equipment Operator
21.46
23460 - Instrument Mechanic
21.46
23465 - Laboratory/Shelter Mechanic
20.36
23470 - Laborer
14.27
23510 - Locksmith
19.17
23530 - Machinery Maintenance Mechanic

21.46
23550 - Machinist, Maintenance
21.52
23580 - Maintenance Trades Helper
15.10
23591 - Metrology Technician I
21.46
23592 - Metrology Technician II
22.61
23593 - Metrology Technician III
23.72
23640 - Millwright
23.30
23710 - Office Appliance Repairer
20.36
23760 - Painter, Maintenance
20.36
23790 - Pipefitter, Maintenance
22.76
23810 - Plumber, Maintenance
20.99
23820 - Pneudraulic Systems Mechanic
21.46
23850 - Rigger
21.46
23870 - Scale Mechanic
19.18
23890 - Sheet-Metal Worker, Maintenance
21.46
23910 - Small Engine Mechanic
20.05
23931 - Telecommunications Mechanic I
24.43
23932 - Telecommunications Mechanic II
25.75
23950 - Telephone Lineman
22.21
23960 - Welder, Combination, Maintenance
21.46
23965 - Well Driller
21.46
23970 - Woodcraft Worker
21.46
23980 - Woodworker
16.50
24000 - Personal Needs Occupations
24570 - Child Care Attendant
11.58
24580 - Child Care Center Clerk
16.15
24610 - Chore Aide
9.58
24620 - Family Readiness And Support Services Coordinator
12.95

24630 - Homemaker
16.75
25000 - Plant And System Operations Occupations
25010 - Boiler Tender
24.06
25040 - Sewage Plant Operator
20.08
25070 - Stationary Engineer
24.06
25190 - Ventilation Equipment Tender
16.76
25210 - Water Treatment Plant Operator
20.08
27000 - Protective Service Occupations
27004 - Alarm Monitor
17.19
27007 - Baggage Inspector
11.51
27008 - Corrections Officer
18.75
27010 - Court Security Officer
21.42
27030 - Detection Dog Handler
16.67
27040 - Detention Officer
18.75
27070 - Firefighter
21.58
27101 - Guard I
11.51
27102 - Guard II
16.67
27131 - Police Officer I
23.94
27132 - Police Officer II
26.60
28000 - Recreation Occupations
28041 - Carnival Equipment Operator
12.35
28042 - Carnival Equipment Repairer
13.30
28043 - Carnival Equipment Worker
8.40
28210 - Gate Attendant/Gate Tender
12.68
28310 - Lifeguard
11.29
28350 - Park Attendant (Aide)
14.18
28510 - Recreation Aide/Health Facility Attendant
10.35
28515 - Recreation Specialist
17.57
28630 - Sports Official

11.29
28690 - Swimming Pool Operator
15.32
29000 - Stevedoring/Longshoremen Occupational Services
29010 - Blocker And Bracer
20.55
29020 - Hatch Tender
20.55
29030 - Line Handler
20.55
29041 - Stevedore I
19.18
29042 - Stevedore II
21.64
30000 - Technical Occupations
30010 - Air Traffic Control Specialist, Center (HFO) (2)
33.82
30011 - Air Traffic Control Specialist, Station (HFO) (2)
23.32
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)
25.68
30021 - Archeological Technician I
16.92
30022 - Archeological Technician II
18.85
30023 - Archeological Technician III
23.53
30030 - Cartographic Technician
24.62
30040 - Civil Engineering Technician
22.19
30061 - Drafter/CAD Operator I
17.77
30062 - Drafter/CAD Operator II
19.87
30063 - Drafter/CAD Operator III
22.15
30064 - Drafter/CAD Operator IV
25.66
30081 - Engineering Technician I
18.80
30082 - Engineering Technician II
21.11
30083 - Engineering Technician III
23.61
30084 - Engineering Technician IV
29.26
30085 - Engineering Technician V
35.26
30086 - Engineering Technician VI
43.30
30090 - Environmental Technician
21.22
30210 - Laboratory Technician

20.42
30240 - Mathematical Technician
24.62
30361 - Paralegal/Legal Assistant I
20.03
30362 - Paralegal/Legal Assistant II
24.82
30363 - Paralegal/Legal Assistant III
30.35
30364 - Paralegal/Legal Assistant IV
36.73
30390 - Photo-Optics Technician
24.62
30461 - Technical Writer I
20.25
30462 - Technical Writer II
24.77
30463 - Technical Writer III
29.97
30491 - Unexploded Ordnance (UXO) Technician I
21.49
30492 - Unexploded Ordnance (UXO) Technician II
26.00
30493 - Unexploded Ordnance (UXO) Technician III
31.17
30494 - Unexploded (UXO) Safety Escort
21.49
30495 - Unexploded (UXO) Sweep Personnel
21.49
30620 - Weather Observer, Combined Upper Air Or Surface Programs (3)
20.13
30621 - Weather Observer, Senior (3)
21.80
31000 - Transportation/Mobile Equipment Operation Occupations
31020 - Bus Aide
10.90
31030 - Bus Driver
15.95
31043 - Driver Courier
12.71
31260 - Parking and Lot Attendant
8.67
31290 - Shuttle Bus Driver
13.89
31310 - Taxi Driver
13.98
31361 - Truckdriver, Light
13.89
31362 - Truckdriver, Medium
17.09
31363 - Truckdriver, Heavy
18.40
31364 - Truckdriver, Tractor-Trailer
18.40

99000 - Miscellaneous Occupations
 99030 - Cashier
10.03
 99050 - Desk Clerk
9.78
 99095 - Embalmer
21.77
 99251 - Laboratory Animal Caretaker I
10.47
 99252 - Laboratory Animal Caretaker II
10.85
 99310 - Mortician
27.25
 99410 - Pest Controller
13.74
 99510 - Photofinishing Worker
11.29
 99710 - Recycling Laborer
14.50
 99711 - Recycling Specialist
17.02
 99730 - Refuse Collector
12.86
 99810 - Sales Clerk
11.13
 99820 - School Crossing Guard
11.37
 99830 - Survey Party Chief
19.16
 99831 - Surveying Aide
11.91
 99832 - Surveying Technician
18.21
 99840 - Vending Machine Attendant
11.46
 99841 - Vending Machine Repairer
14.88
 99842 - Vending Machine Repairer Helper
11.46

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.01 per hour or \$120.40 per week or \$521.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present

contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.)
(See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at the rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.

3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when

working with or
in close proximity to ordnance, explosives, and incendiary materials.
This
includes work such as screening, blending, dying, mixing, and pressing
of sensitive
ordnance, explosives, and pyrotechnic compositions such as lead azide,
black powder
and photoflash powder. All dry-house activities involving propellants
or
explosives. Demilitarization, modification, renovation, demolition, and
maintenance
operations on sensitive ordnance, explosives and incendiary materials.
All
operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a
position that
represents a low degree of hazard when working with, or in close
proximity to
ordnance, (or employees possibly adjacent to) explosives and incendiary
materials
which involves potential injury such as laceration of hands, face, or
arms of the
employee engaged in the operation, irritation of the skin, minor burns
and the
like; minimal damage to immediate or adjacent work area or equipment
being used.
All operations involving, unloading, storage, and hauling of ordnance,
explosive, and
incendiary ordnance material other than small arms ammunition. These
differentials
are only applicable to work that has been specifically designated by the
agency for
ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this
contract
(either by the terms of the Government contract, by the employer, by the
state or
local law, etc.), the cost of furnishing such uniforms and maintaining
(by
laundering or dry cleaning) such uniforms is an expense that may not be
borne by an
employee where such cost reduces the hourly rate below that required by
the wage
determination. The Department of Labor will accept payment in accordance
with the
following standards as compliance:

The contractor or subcontractor is required to furnish all employees
with an
adequate number of uniforms without cost or to reimburse employees for

the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <<http://www.dol.gov/esa/whd/>> or through the Wage Determinations On-Line (WDOL) Web site at <<http://wdol.gov/>>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE
{Standard Form
1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and

furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)}

When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

Attachment #4

**27 DCMR § 1905.6 - Providing the Criteria for a
Determination of Responsibility of Potential Contractors**

THE MAYOR OF THE DISTRICT OF COLUMBIA

NOTICE OF FINAL RULEMAKING

The Mayor of the District of Columbia, pursuant to authority granted by section 202(a) of the District of Columbia Procurement Practices Act of 1985, as amended ("PPA"), effective February 21, 1986 (D.C. Law 6-85; D.C. Code §1-1182.2(a)), hereby gives notice of the adoption of the following final rules, amending Chapter 19 of Title 27 of the District of Columbia Municipal Regulations (Contracts and Procurements). The rules are intended to implement the Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155), effective September 16, 2000.

The rules were originally approved as emergency and proposed rules on October 11, 2000, and a second emergency rulemaking was approved on March 23, 2001. No substantive changes have been made to the text of the proposed rules, as published in the Notice of Emergency and Proposed Rulemaking in the *D.C. Register* on October 20, 2000, at 47 DCR 8590, and as published in the Notice of Emergency Rulemaking in the *D.C. Register* on April 6, 2001, at 48 DCR 3138.

The Council of the District of Columbia approved these rules on June 8, 2001, by Resolution No. 14-85, pursuant to section 205(a) of the Procurement Practices Act (D.C. Code §1-1182.5(a)).

CHAPTER 19**CONTRACTING FOR SERVICES**

Subsection 1900.4 is amended to read as follows:

- 1900.4 A contract may be used to provide services including, but not limited to, the following:

(m) Human care services (in accordance with §§1905 to 1908); and

Sections 1905 through 1908 are amended to read as follows:

1905 HUMAN CARE SERVICES

- 1905.1 The Director shall, at least annually, determine in writing that the human care procurement method is appropriate for contracts for classes of human care services, for which the quantity, rate of utilization, delivery areas, or specific beneficiaries of the services cannot be accurately estimated at the outset of the procurement process.
- 1905.2 The contracting officer shall, at least annually, publicly announce all requirements for human care services in accordance with Chapter 13 of this title, and on the Internet site maintained by the Office of Contracting and Procurement.
- 1905.3 The contracting officer shall give public notice of general requirements for human care services, and issue a request for qualifications on a form prescribed by the Director, inviting interested service providers to respond in writing with a statement of their qualifications to perform the required services.
- 1905.4 The contracting officer shall use the procedures set forth in §§1905 through 1908 of this chapter to procure human care services rather than the solicitation or source selection procedures specified elsewhere in this title.
- 1905.5 Compliance with §§1905 through 1908 of this chapter shall constitute a competitive procedure for the procurement of human care services.
- 1905.6 The contracting officer shall certify the financial and professional responsibility of each potential contractor based on the following criteria:
- (a) The type of business or organization and its history;
 - (b) The resumes and professional qualifications of the business or organization's staff, including relevant professional and/or business licenses, affiliations, and specialties;
 - (c) Information attesting to financial capability, including financial statements;
 - (d) Specialized experience and technical competence in the type of work required;

- (e) Capacity to accomplish the work in the required time;
- (f) A summary of similar contracts awarded to the service provider, and the service provider's performance of those contracts;
- (g) A certification of compliance with all applicable tax and filing requirements;
- (h) A statement attesting to compliance with wage, hour, workplace safety and other standards of labor law;
- (i) A statement attesting to compliance with federal and District equal employment opportunity law;
- (j) Information about pending lawsuits or investigations, and judgments, indictments, or convictions against the service provider or its proprietors, partners, directors, officers, or managers; and
- (k) Acceptability under other appropriate characteristics of a prospective service provider.

1906**SELECTION OF HUMAN CARE SERVICES PROVIDERS****1906.1**

Prior to conducting discussions with a service provider who has submitted a statement of qualifications in accordance with §1905.3, the contracting officer shall make a written determination that the service provider is qualified, based on the criteria in §1905.6.

1906.2

Following pre-qualification of service providers, the contracting officer may:

- (a) Conduct discussions with all qualified service providers, and negotiate a price on a unit rate or fee for service basis using benchmarks and quantifiable measurements that are uniformly applied, including but not limited to each service provider's cost data attributable to provision of the services and consideration of each service provider's maximum customer capacity; and
- (b) Award a human care agreement to one or more service providers to satisfy all or part of the District's anticipated requirements based on the contracting officer's determination that the contract is in the best interest of the District, considering the service provider's qualifications, its capability of providing the service, and a judgment that the price is reasonable.

1906.3 The contracting officer shall retain statements of qualifications for approved service providers, and consider those providers for award of human care agreements, for a period of three years, following pre-qualification of the providers.

1907 HUMAN CARE AGREEMENT

1907.1 The contracting officer shall include in each human care agreement the following information:

- (a) A statement that the human care agreement is not a commitment to purchase any quantity of a particular service covered under the agreement; and
- (b) A statement that the District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement.

1907.2 The contracting officer shall issue a task order for required services under each human care agreement, and secure all appropriate approvals and funding prior to execution of the task order.

1907.3 As far as practicable, the contracting officer shall give qualified service providers fair and equal treatment with respect to the issuance of task orders.

1908 VOUCHERS

1908.1 Upon a written determination by the Director approving the use of vouchers for a human care contract, the contracting officer following award of the contract may issue vouchers to eligible customers to use for the purchase of human care services.

Sections 1909 through 1912 are repealed.

Section 1999 is amended to read as follows:

1999 DEFINITIONS

1999.1 When used in this chapter, the following words and terms shall have the meanings ascribed:

Appraisal services – services performed by an expert licensed by a state, city, county, or other governmental unit which are associated with the purchase and lease of real property relating to the determination of the value of real property.

Award information – information regarding the name of the contractor and the amount of the contract award.

Consultant – a firm or individual with knowledge and special abilities not generally available to an agency who renders services of a purely advisory nature relating to governmental functions or agency administration and management.

Consulting services – services of a purely advisory nature relating to governmental functions, agency administration and management, or program management which are normally provided by persons that are considered to have knowledge and special abilities not generally available within the agency.

Customer – a recipient of human care services.

Expert – a person with excellent qualifications and a high degree of attainment in a professional, scientific, technical, or other field, whose knowledge and mastery of the principles, practices, problems, methods, and techniques of his or her field of activity, or of a specialized area in the field, are clearly superior to those usually possessed by ordinarily competent persons in that activity, and whose attainment is such that he or she usually is regarded as an authority or as a practitioner of unusual competence and skill by other persons in the profession, occupation, or activity. An expert may be a person who performs or supervises regular duties and operating functions.

Human care services – education or special education, health, human, or social services, to be provided directly to individuals who are disabled, disadvantaged, displaced, elderly, indigent, mentally ill, physically ill, unemployed, or minors in the custody of the District of Columbia.

Task order – an order for services placed against an established human care agreement.

Pre-qualification – the process by which the contracting officer determines whether a prospective service provider under a human care agreement is responsible.

Voucher – a written authorization, to a service provider who has been awarded a human care agreement, to provide the services authorized in the agreement and described in the voucher directly to an individual identified in writing.