

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE J	PAGE OF PAGES 1 67
2. AMENDMENT/MODIFICATION NO. 0006	3. EFFECTIVE DATE 13-Aug-2012	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO.(If applicable)
6. ISSUED BY NAVAL MEDICAL LOGISTICS COMMAND 693 NEIMAN STREET FORT DETRICK MD 21702-9239	CODE N62645	7. ADMINISTERED BY (If other than item 6) See Item 6		
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)		X	9A. AMENDMENT OF SOLICITATION NO. N62645-12-R-0023	
		X	9B. DATED (SEE ITEM 11) 01-Jun-2012	
			10A. MOD. OF CONTRACT/ORDER NO.	
			10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended.				
Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If required)				
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).				
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
D. OTHER (Specify type of modification and authority)				
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)				
The reason for this amendment is to: 1) Provide answers to industry's questions. 2) Add section 508 Requirement. 3) Changed language in Attachment VI, section 7.1. This change is for both the Large Site, CONUS and Small Site CONUS and OCONUS. 4) Updated End User Device Specifications. 5) Updated C&A Questionnaire. 6) Changed Section C, 10.1.2.2 to bulleted points. 7) Changed Section H, 16 with the correct Exhibit number for the C&A Questionnaire. 8) Updated Section L, 6.4. and 6.7.1.				
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
		TEL:	EMAIL:	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA		16C. DATE SIGNED
_____ (Signature of person authorized to sign)		BY _____ (Signature of Contracting Officer)		13-Aug-2012

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION SF 1449 - CONTINUATION SHEET

The following have been added by full text:

508 REQUIREMENT

The Contractor shall comply with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d). Specifically, the procurement, development, maintenance, or integration of electronic and information technology (EIT) under this contract must comply with the applicable accessibility standards issued by the Architectural and Transportation Barriers Compliance Board at CFR part 1194.

QUESTIONS & ANSWERS

- Columns titled “Section, Paragraph” and “Offeror Questions/Comment” are from Industry’s questions.
- For distribution of any drawing files (either CAD or PDF) and Heat Maps, email the address listed in the solicitation designated for receiving questions.

#	Section, Paragraph	Offeror Questions/Comment	Answers
1	6.9 Volume V, paragraph 6.9.2.	Can the Navy please clarify the Small Business Subcontracting / participation Plan directive in the RFP? The RFP states “a Small Business participation of at least 10%”. Is there any socio-economic breakdown specifications being directed? Will this be against Total Contract Value (TCV) or Subcontracted Value of the deal? Please clarify.	No socio-economic breakdown in this solicitation. 10% of the total contract value must be Small Business.
2	Section # C – Item # 10.1.1: Health Insurance Portability and Accountability Act (HIPAA). Paragraph # 1	Are there any formal deliverables required by the contractor regarding HIPAA Compliance ? <i>Reference - Comments from RFP:</i> Health Insurance Portability and Accountability Act (HIPAA). The contractor shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191) requirements, specifically the administrative simplification provisions of the law and the associated rules and regulations published by the Secretary, Health and Human Services (HHS). This includes the Standards for Electronic Transactions, the Standards for Privacy of Individually Identifiable Health Information and the Security Standards. It is expected that the contractor shall comply with all HIPAA-related rules and regulations as they are published.	No. HIPAA is a federal requirement and all vendors are responsible for complying. Vendors will not need to provide deliverables to the government but shall be prepared to defend how they comply with HIPAA
3	Section # C – Item # 10.1.2.2: Personnel Security Paragraph # 1	Regarding Solicitation Section 10.1.2.2, Contractor responsibilities for ensuring personnel security include what additional requirements? There are no details provides in the RFP. Please clarify. <i>Reference - Comments from RFP:</i> Contractor responsibilities for ensuring personnel security include, but are not limited to, meeting the following requirements:	Changed numbering sequence. See bulleted items after section 10.1.2.2.

4	Section # C – Item # 10.1: General Security Requirements Paragraph # 1	<p>Personnel Security & Electronic Security requirements are listed. However, Physical Security requirements listed within Section C – 10.2 Information Systems (IS)/Networks Physical Security, required further clarification. Does Contractor remain responsible to protect Government Infrastructure including Information Systems (IS), Networks, Assets, etc.?</p> <p><i>Reference - Comments from RFP:</i> 10.1. General Security Requirements. The Contractor shall establish appropriate administrative, technical, and physical safeguards to protect any and all Government data, to ensure the confidentiality, integrity, and availability of government data. As a minimum, this shall include provisions for personnel security, electronic security and physical security as listed in the sections that follow:</p>	Until such time as the site signs for acceptance for the installed solution, the contractor retains physical security responsibilities.
5	Section # C – Item # 10.1.3.9: Information Assurance Vulnerability Management (IAVM). Paragraph # 1	<p>Please clarify expectations from Contractors for IAVM. Does implementation of Information Assurance Vulnerability Management program and providing electronic security protections against known threats and vulnerabilities for Asset Tracking System prior to deployment remain contractor's responsibility?</p> <p><i>Reference - Comments from RFP:</i> 10.1.3.9. Information Assurance Vulnerability Management (IAVM). The contractor shall implement an information assurance vulnerability management program. The DoD IAVM program provides electronic security protections against known threats and vulnerabilities. The IAVM program requires the registration of AIS system assets, which then allows for the timely dissemination of critical vulnerability information. It also assists in the documentation and tracking of compliance, providing increased electronic security to Navy Medicine systems. As part of the program, the contractor shall provide a primary and secondary point of contact in the Vulnerability Management System (VMS) and to the Information Assurance Vulnerability Alert (IAVA) Monitor. The point of contact shall provide, upon receipt of a vulnerability message, an acknowledgment of receipt via the VMS. The contractor shall thoroughly test all mitigations for the vulnerability, and upon applying the mitigation to the system, report compliance in the VMS. Receipt and compliance messages to the government shall occur within the stipulated time window, as stated in the vulnerability message or in the VMS.</p>	This refers to the security patching of the software applications and operating systems used in the solution being provided, during testing, installation, and post-installation software maintenance support which the vendor provides.

6	Section # H – Item # 16: Department of Defense Directive (DoDD) 8500.1 Paragraph # 1, Section 16	<p>Please clarify Appendix X detailed in Section H.16 is referring specifically to Exhibit IV C&A Questionnaire.</p> <p><i>Reference - Comments from RFP:</i> All Department of the Navy (DON) information systems as defined in Department of Defense Directive (DoDD) 8500.1 shall be certified and accredited (C&A) for operation. C&A is attained via the Defense Information Assurance Certification and Accreditation Process (DIACAP) and is applicable to all DON-owned or controlled information systems that receive, process, store, display or transmit Department of Defense (DoD) information, regardless of Mission Assurance Category (MAC) classification or sensitivity, except, per DoDD 8500.1 Paragraph 2.3; IT that is considered Platform Information Technology (PIT). Regardless of whether the system or device is considered PIT or whether it is determined that it requires a full accreditation, the following DIACAP artifacts shall be included with your proposal; System Identification Profile (SIP), DIACAP Implementation Profile (DIP), and Plan of Actions and Milestones (POA&M). A template has been included with this solicitation as “Appendix X”. Completion of this form in its entirety will satisfy the requirement for the SIP, DIP and POA&M.</p>	<p>Language in Section H, Item 16 has been revised.</p> <p>Updated C&A Questionnaire has been added to solicitation.</p>
7	RFP: B – Table and Exhibit_I_-_Pricing_Guide.xls	<p>The RFP has multiple sections where pricing appears to be requested. The first is Section B of the RFP and the second is N6264512R0023Exhibit_I_-_Pricing_Guide.xls and third and fourth is Exhibit V Portsmouth and Exhibit VI Beaufort. Please confirm which documents offerors should use to submit their final pricing proposal?</p>	<p>Do not use Section B to provide pricing. Pricing proposal shall use Exhibit I - Pricing Guide for the base award; Exhibit V – NMC Portsmouth and Exhibit VI – NH Beaufort. All exhibits for pricing shall be completed.</p>
8	RFP: B – Table and Exhibit_I_-_Pricing_Guide.xls	<p>The government provided B-Table indicates that the CLIN structure shall be FFP for the entire period of performance of five years, however the Exhibit I indicates pricing to be split into two periods of performance. If there are two periods of performance, would the government please modify the Section B or Exhibit I accordingly (to reflect the government’s desire)?</p>	<p>Exhibit I, Pricing guide requires pricing for six (6) sites which represent 25% of the requirement. Actual pricing for CLIN 0001 will be priced on each delivery order. For evaluation purposes, the Pricing Guide will be used for award of the base contract as it takes 6 representative sites, and calculates the estimated total enterprise price. There will be a five year ordering period.</p>

9	Exhibit_I_-_Pricing_Guide.xls	For each site that is being priced, there is a CLIN 0002 Installation. It is understood that offeror's are to provide a Firm Fixed price for this effort. For billing purposes, can the offeror propose a Milestone Payment Schedule? For example, each Installation CLIN may have Milestone Payments for the following tasks: Site Survey Design Implementation Planning Calibration and User Acceptance Testing Maintenance and Support	No. Since this is considered a commercial purchase, payment will be made once installation is complete and accepted.
10	RFP	What is the government's anticipated start date for pricing purposes?	The anticipated base Contract award date is Fiscal Year 2013.
11	RFP: 9.2; 10.1; 10.1, 110 DOPR Portsmouth: 10.1, DOPR Beaufort: 10.1	Please provide more detail in reference to "the current MHS WLAN accredited security posture." Please confirm this requirement is referring to the requirements defined in Section 10 - Information Assurance (IA)? <i>If the RTLS is to utilize the WLAN either for location services or for network connectivity, the system shall not interfere with the current MHS WLAN accredited security posture.</i>	The requirement is in reference to Section C, 10.
12	RFP : 3.1	What is the <i>virtual server environment</i> currently in use? Are there specifics per location? If so, please specify per DOPR.	No consistent virtual server environment across Navy Medicine. Portsmouth - not currently using virtual servers. Beaufort - VMWARE, ESX, VEEAM. Subsequent DOPRs will identify site specific requirements.
13	RFP: 7.1	Should the statement 7.1 be changed from "Information assurance" to "Software"? "7. SOFTWARE 7.1. Information assurance requirements apply as stated in Section C of the solicitation."	Change made from Information Assurance to Software.
14	RFP	The RFP states that offerors shall submit a proposal for NMC Portsmouth in accordance with the requirements of Exhibit II. Would the government consider providing an excel spreadsheet for the proposal submission?	An excel spreadsheet provided as an attachment to the solicitation with Amendment #0002.
15	RFP	The RFP states that offerors shall submit a proposal for NH Beaufort accordance with the requirements of Exhibit III. Would the government consider providing an excel spreadsheet for the proposal submission?	An excel spreadsheet provided as an attachment to the solicitation with Amendment #0002.
16	DOPR Portsmouth: 1.1	Can the NAVY provide additional detail around the definition of assets which are "maintenance significant"? Is there a specific use case for maintenance significant designated assets?	Maintenance significant assets include anything that has a maintenance requirement in DMLSS. In general, this refers to medical equipment that has a preventive maintenance requirement.

17	DOPR Beaufort: 6.2	Please specify the types of dental hand pieces the Navy intends to track? Can you explain the use cases for dental hand pieces and the desired tracking objective?	High-speed and low-speed handpieces make up the majority of the dental handpiece inventory. These handpieces must be accounted for during inventory. These handpieces do not have to be tracked actively.
18	Section L Paragraph 6.7 Volume III: Past Performance	Please confirm the offeror is permitted to reference subcontractor performance in response to the Past Performance RFP requirements.	The offeror may include contracts that demonstrate the prior experience of key personnel or subcontractors/teaming partners who will be performing in support of the contract resulting from this solicitation
19	Section H Paragraph 5. Written permission required for subcontracts.	Please confirm that subcontractors included in an awardee's proposal are considered approved subcontractors, and that additional subcontractors needed for post-award and future use case performance must be approved by the Contracting Officer?	Yes, any future subcontractor must be approved prior to working on the delivery order. Subcontractors submitted with proposals will be addressed before contract award.
20	Section 3.2	Please clarify the requirement that the handheld scanners be capable of "reading 1D and 2D barcodes, as well as the RTLS active and passive asset tags" – is the requirement that the handheld scanner read the barcode on the active tag to identify the tag (not its location)? Since the RTLS active infrastructure will be automatically sensing the location of all assets with active tags, can we assume that the handheld reader is not expected to do more than identify the asset by its barcode? Are we correctly assuming that this might be used in a facility with no active RTLS infrastructure; a user would be able to identify the asset by its barcode by using the handheld scanner.	There is a possibility that actively tagged assets will be in a location with no active RTLS infrastructure. In this case, there must be a way to identify the asset.
21	Section 3.2	What specific mobile devices are approved for use on the MHS WLAN? We see "End User Specifications," are there specific manufacturer mobile devices that are approved?	The only "mobile devices" currently approved for use on the MHS WLAN are the laptops/tablets currently running AHLTA. The specific End User Device Specifications were provided as part of the solicitation package and the updated section is provided in this amendment.
22		Are there End User Device Specifications for Handheld devices such as barcode/RFID readers? The current specifications only cover Tablets, Laptops, and Desktops	There are currently no End User Device specifications for handheld devices such as barcode/RFID readers other than the handheld device/reader used for DMLSS.

23	Section 3.1.1	This states that “The contractor shall conduct a complete site survey at each site to determine recommended equipment types and quantities necessary to implement the system at that site and to make any recommendations regarding the need for additional infrastructure upgrades including additional access points and network and power drops. The contractor shall be responsible for these upgrades unless otherwise specified in the DO. ” What assumptions should we make for the additional access points and network and power drops in the pricing required for the Small and Large Sites, and Portsmouth and Beaufort? Since we are providing the pricing before completing the site survey, recommendations on the assumptions we should make on the infrastructure upgrades required will help the government receive more consistent responses.	Information regarding the current state of access points has been distributed. Vendors shall use this as a basis for proposals. Network and power drop requirements will vary by vendor technology. It cannot be assumed that network and power drops will be available, but if it was observed during the site visits that network or power drops are available, those may be utilized. Site surveys will be done before pricing is submitted for each Delivery Order.
24	Section 11.2	Please confirm that the one-year warranty on hardware, software and infrastructure components is from the date of acceptance.	Yes
25	Section 3.7	Will all successful contractors under this solicitation be notified at the time of award of individual delivery orders? Will debriefs be provided to the unsuccessful bidders of individual delivery orders?	Yes, successful contractors will be notified of individual delivery orders for NMC Portsmouth and NH Beaufort at time of award. Formal debriefs in accordance with FAR 15.506 will not be provided for delivery orders.
26	NMC Portsmouth LAN FY10 Modernization HIR for RTLS	The Portsmouth WLAN equipment listing reflects both Nortel and Cisco switches. Is there a plan to go to a single switch manufacturer? If so, what are the specifics (manufacturer, type, timeframe)?	Nortel is being replaced with Cisco products. APs will remain Aruba. Current schedule shows the installation/upgrade will be completed and operational Dec 2012. Subsequent DOPRs will identify site specific requirements.
27	NMC Portsmouth LAN FY10 Modernization HIR for RTLS	The Portsmouth WLAN equipment listing reflects Aruba Access Points. Are there any plans to replace these with access points from another vendor? If so, what are the specifics (manufacturer, type, timeframe)?	No change from Aruba is planned at this time.
28	NH Beaufort LAN Mod and WLAN HIR v1 1 10-26-09 for RTLS	The Beaufort WLAN equipment listing reflects 2 Dell PowerEdge 1959 Windows servers. What are these servers used for?	The PowerEdge 1959 servers are running W/WINSERV2003w/25CALs, Quad Core XEON E542 and used to run the Internet Authentication Services and Wireless Controller Services.
29	RFP, Exhibit II, DOPR Portsmouth, General System Capabilities, p. 112 (Applies to Exhibit III, DOPR Beaufort)	If passive coverage is required for each zone, how many entry/exit points are within each zone? The RFP identifies passive choke points like elevators, exits, and stair wells but does not provide the number of choke points per zone.	See colored zone PDFs

30	Section 3, paragraph 3.1.1	The Navy states the contractor will be responsible for install of all necessary Ethernet and power drops. Can you specify what percentage of the current choke points and egress points have available power?	The contractor cannot assume that power is available at each point.
31	Section H, Paragraph 2.1	Can the DOPRs for NMC Portsmouth and NH Beaufort be awarded to a single offerer?	Each delivery order will be evaluated separately based on the evaluation criteria stated for each order. The delivery orders may be awarded to the same company or different companies.
32	Attachment 2, ATS Vendor Rules and Questionnaire (b)	Was the DMLSS ATS functional interface release targeted for Q2 2011 actually released? Do the specs match this document?	Yes, the DMLSS/ATS interface was released per the specifications in the document.
33	Attachment 2, High Level Design (c)	Can you confirm that there is no longer a requirement for DMLSS to query the ATS for real time location – that relevant real time location changes should be sent to DMLSS as they occur?	Yes, there is no longer a requirement for DMLSS to query the ATS real time.
34	Attachment 2, DIMLSS	Will the DMLSS interface be standard across all NMLC commands, or will there be special configuration requirements for each?	Yes, the DMLSS interface is standard across Navy Medicine. Each command ATS will required x509 certificates and open port 443 bi-directional communication granted between the DMLSS server and the ATS server.
35	Exhibit V – NMCP Pricing, Software	(This question applies to all pricing tables, not just NMCP) While different types of tags are specifically called out at the component level (asset, temp, staff, patient, etc), the software modules required to support future use cases such as temperature, staff and patient tracking, staff duress, etc, do not have separate line items. Should the system software pricing only include software for the required software functionality? Should software for future capabilities be listed separately under other components? What is the method for comparative software pricing for future capabilities?	Software pricing shall include both current capabilities and any future capabilities stated in the site specific requirements.
36		Are patients transferred from Parris Island to Beaufort hospital for Step up care? Do the medical devices (i.e., IV pumps, monitors, etc.) go with the patient or do they stay at Parris Island?	Yes, patients are transferred from Parris Island to NH Beaufort as required. However, in cases which require a higher level of care, patients will be transported to a local hospital in the community. Medical devices do not go along with the patient unless in an emergency, such as one requiring helicopter transport, etc.
37	Sect 3.1.1	RTLS generally works within a very finite level of access point (AP) density/coverage. What is the desired level of AP density (sq. ft of coverage requested)? What is the minimum Receive Signal Strength Indicator (RSSI) level, and are there any Signal-to-Noise (SNR) level requirements for the implementation? Are there any stipulations around the production WLAN networks during the migration, i.e. no disruption of service?	The solicitation identifies in section C.1.2 "The goal is to provide real-time location visibility with alerting and reporting of critical or high-value moveable equipment with a resolution to within a 10 foot radius and with room-level resolution where applicable."

38	Sect 5.5	What type of alert needs to be generated? (SNMP/SMS, etc...) Who would be the recipient of those alerts? (Security/Asset Mgmt) etc...	Alert type and recipient will vary by application. At least e-mail alerts are required.
39	Sect 6.1.1	Active tags shall be CAPABLE of beaconing at least once per minute. Please elaborate on Capable?	The active tags shall have the ability to beacon at least once a minute. More frequent beaconing is acceptable.
40	Sect 9.2	Since the ISM (2.4 ghz) WLAN environment is limited in usage, how do you propose the addition of another WLAN not interfere with the existing MHS system? As long as the "integrity" of the current MHS WLAN accredited security posture can be maintained, will the MHS accept the joining of both networks into one core infrastructure supported with the proper security parameters and role based access control?	As most of the Government sites delineated in the Facilities List have the 802.11 approved wireless standard, vendors may use this wireless standard as part of their overall solution. All changes/additions/deviations to the current MHS network, LAN and WLAN, including an alternative WLAN, must go through the C&A process. The Navy ODAA is the final authority for approving/disapproving any and all changes/additions/deviation/alternatives to the currently installed MHS network at the Government sites delineated in the Facilities list.
41	General Question in Relation to the BAS on Parris Island	Is there any existing land-line (WAN data circuit) at these battalion aid stations (BAS)?	There are network drops in the BASs, but most are already in use by existing devices.
42	Section C, 2.2	Government will evaluate the quality of services for purposes of contract inspection and acceptance - How will this be measured and when?	Acceptance will occur when installation is complete and system is fully functional. The government will evaluate the system against the requirements of the base contract as supplemented by each delivery order.
43	Section C, 3.1.1 & 3.1.5	Are Infrastructure recommendations to Wireless LAN (WLAN) access points (AP) to meet the accuracy requirement included in the scope?	Yes
44	Section C, 3.1.2	What format will the floor plans be provided in?	Floor plans were provided in both pdf and .DWG files.
45	Section C, 3.1.4	Are they asking us to actually create the maps? Or just to walk through the facility to better understand the requirements and corresponding resolution.	DWG drawings will be provided as necessary. It is expected that the vendor will work with the command to develop appropriate mapping for the software, depending on vendor specific technology and software requirements.
46	Section C, 3.1.6	This is huge, is this referring to assets that are already in place or just new ones coming in? All 300,000 at one or in a phased approach?	Specifics are given in the DOPRs. 300,000 indicate all assets across the enterprise.

47	Section C, 4.1	This requirement will require a technical writer to create custom documentation and keep it up to date –how often?	When significant changes are made to the product, whether hardware or software. Significant changes include addition of new capabilities, new tags/tag types, or major modifications to workflow.
48	Section C, 4.2	This will require training, for how many? What level? Basic Help Desk, 2nd level and 3rd level Engineering? How many classes on site, compared with on-line training?	Training requirements are specified in DOPRs.
49	Section C, 4.3	How often are updates required?	When significant changes are made to the product, whether hardware or software. Significant changes include addition of new capabilities, new tags/tag types, or major modifications to workflow.
50	Section C, 5.2	What types of assets? Size? How often are they maintained?	Most assets are IT assets and medical equipment. Maintenance significant assets are generally maintained at least once per 12 month period. Size of assets varies greatly.
51	Section C, 5.6	Historical location data for at least a 12 month period. What size server will be needed for this?	The vendor needs to identify/specify/propose the size needed to support this request.
52	Section C, 5.8	The connection requirements in the different countries will need to be validated. Would the RTLS be installed there too?	Yes, the RTLS is to be deployed at OCONUS locations as well as CONUS locations. Subsequent DOPRs will identify site specific requirements.
53	Section C, 9.1	What are the IEEE 802.11 WLAN requirements? – A/G/N and/or other.	The deployed MHS WLAN 1.5 ATO provides a wireless network infrastructure that includes 802.11 a/b/g. Some facilities may have 802.11n infrastructure installed but it is currently not enabled (due to lack of ATO. WLAN 2.0 ATO is in the works and will likely be approved before September 2013 for deployment). The current IEEE 802.11 WLAN requirement is for IEEE 802.11 a/b/g.
54	Section C, 9.1	It looks like this info is available, but what if it doesn't meet RTLS requirements?	The vendor is responsible for upgrades if the current WLAN requirements do not meet the requirements of the solicitation. Subsequent DOPRs will identify site specific requirements.

55	Exhibit 1 Pricing Guide	Is the offeror able to make adjustments to formulas and add lines as needed? Will the government allow this?	Adjustments to the formulas cannot be made; however, offerors may use the additional components section for items not covered in the other sections.
56		Please provide the per floor square footage for buildings 2 & 3 at Portsmouth NMC, because it appears that there are portions of the building not included in the total square footage of the building sited in the RFP documents.	Building 2: 1 st Fl – 210,000; 2 nd Fl – 267,472, 3 rd Fl – 202,344, 4 th FL – 185,286, 5 th FL – 44,721. Building 3: 1 st Fl – 84,687; 2 nd Fl – 90,235, 3 rd Fl – 42,563, 4 th FL – 41,648, 5 th FL – 33,791, 6 th Fl – 24,490; 7 th Fl – 24,490, 8 th Fl – 24,490, 9 th FL – 24,490, 10 th FL – 24,490, 11 th FL – 24,490, 12 th FL – 9,757, 13 th FL – 9,757, 14 th FL – 9,757, 12 th FL – 9,757.
57	RFP: Section 6.5.1, Bullet 2	Would the Government please define what they mean by "other components"?	Other components refer to any other equipment required for a fully functional system as proposed by the vendor not defined elsewhere.
58	RFP: Section 3.1.1	Would the Government please clarify if they will be providing a CLIN in Exhibit 1 for Other Direct Costs (ODC) for any upgrade costs for the DOPR's for Portsmouth and Beaufort?	Exhibit I is for the base award only. All costs shall be included in the pricing spreadsheets for NMC Portsmouth (Exhibit V) and NH Beaufort (Exhibit VI). For any upgrade(s) not specifically mentioned on the spreadsheet, please use the area titled "List any other components of your proposal."
59	Section H, 5.0 Prior Written Permission for Subcontracts	We assume that subcontractors bid as part of the team for the IDIQ award will be considered already approved. Please provide the anticipated turnaround time for approval of additional subcontractors added post-award for individual delivery orders.	Yes, any future subcontractor must be approved prior to working on the delivery order but the approval time will vary per delivery order.
60	Site Visits	Will the government provide a list of the different companies that attended the site visit?	A list of attendees at the site visit will not be provided.
61	C.13	The Government lists all the specifications for Tablets, Laptops, and Desktops with the exception of Operating System, RAM, network/communication (LAN/WLAN/etc) enabled, and display dimensions. Would the government please provide this information?	The end user device (EUD) specifications are listed in the solicitation and have been updated per this amendment.

62	C.13	Does the government wish the vendor to utilize existing SAN storage facilities already located within parent command MTF data centers, or does the government wish the vendor to propose stand-alone storage architecture?	Vendors will provide their own storage solutions for NMC Portsmouth and NH Beaufort. Subsequent DOPRs will identify site specific requirements.
63	C.13	What manufacturer's equipment is used to provide the WLAN network fabric at the parent command MTF and its related clinics?	See questions 26, 27, & 28. Subsequent DOPRs will identify site specific requirements.
64	C.6.1.3	What indicator lights and functions are required on active tags for Asset Management use case? What other advanced functions are expected for future applications?	At least one indicator light shall be available to indicate tag status. Other functions shall be proposed with future applications if applicable to functionality.
65	C.9.1	Is IEEE 802.11 the preferred communication method by the government for Tablets, Laptops, Desktops and Asset tags back to the RTLS or IT resources?	IEEE 802.11 a/b/g (WLAN 1.5) is the currently approved wireless standard deployed at all Navy Medicine facilities. Other wireless communication methods will be considered. All solutions will be required to go through Navy Information Assurance processes.
66	C.10.1.3	Will the Government assign an Information Assurance Officer (IAO) for the RTLS program?	No. Government will assign a Program Manager that will be responsible for the Information Assurance of the RTLS program.
67	C.10.1.3.1	Contractor Information Systems (IS)/networks that are involved in the operation of systems in support of the System shall operate in accordance with controlling laws, regulations, and DoD policy. Does this imply DIACAP/ATO?	Yes, see Information Assurance and DIACAP language.
68	C.10.1.3.2	Does BUMED have an internal C&A group?	Navy Medicine will provide C&A support.
69	C.10.1.3.2	Certification & Accreditation (C&A) requirements apply to all DoD and contractor's IS/networks that receive process, display, store or transmit DoD information. The contractor shall comply with the C&A process for safeguarding sensitive information. Certification is the determination of the appropriate level of protection required for IS/networks. Certification also includes a comprehensive evaluation of the technical and non-technical security features and countermeasures required for each system/network. Does this imply DIACAP/ATO?	Yes, see C&A Questionnaire and DIACAP language.
70	C.10.1.3.3	Accreditation is the formal approval by the government to operate the contractor's IS/networks in a particular security mode using a prescribed set of safeguards at an acceptable level of risk. In addition, accreditation allows IS/networks to operate within the given operational environment with stated interconnections; and with appropriate level of protection for the specified period. Does this imply DIACAP/ATO?	Yes, see C&A Questionnaire and DIACAP language.

71	C.1.1	Please provide an overview of the Navy RTLS pilot sites, equipment, and supporting vendor, date installed, use case(s) supported, and current status.	This question will not be answered since it is not about this solicitation.
72	C.5.1 Exhibit II, para. 6.2	Does the government expect all egress points and floor zones to be instrumented to support passive RFID chokepoints?	This depends on the solution proposed. The system shall be able to specify zone-level location data for passive tagged assets.
73	Exhibit II, para 5.2.1, 5.2.3	What kinds of equipment will be tracked in the Hospital Administration areas?	Mostly IT assets.
74	Exhibit II, para 5.2.1, 5.2.3	Which RFID tags are required in the hospital administration areas (active or passive)?	Assume passive, based on the type of equipment in these areas.
75	Section B, Item No 0002AK and 0002AL	What types of equipment are tracked in non MTFs?	Mostly IT assets. Depending on the mission of the command, there may be additional research or training equipment.
76	Section B, Item No. 0002AK and 0002AL	Which RFID tags are required in the non MTFs (active or passive)?	Assume passive.
77	Section B, Item No 0003	The item "ADDITIONAL TRAINING" is followed by the three levels of training required per Section C, paragraph 4. What does "Additional" refer to for this CLIN?	Initial training is part of the installation requirements (CLIN 0002). Subsequent training for additional users in each of these categories may be required as additional training (CLIN 0003).
78	Exhibit II, para 8.2	What is the anticipated schedule delay between implementation of NMC Portsmouth and remote NMC clinics?	Unknown at this time
79	Exhibit II, para 8.2	How do outlying clinic devices connect with the NMC Portsmouth network?	Via DS3, T1s and MetroE circuits
80	Exhibit II, para 5.2	The requirements state "alarmed or unused exit doors will not be required to be monitored." Please indicate alarmed and unused exit doors for each building and floor for NMC Portsmouth.	Assume that all doors will need to be monitored unless during the site visit the vendor determined it to be alarmed.
81	Exhibit II, para 7.1 and 11.1; Exhibit III, para 7.1 and 11.2	The requirements are identical: "Information assurance requirements apply as stated in the base award." Please clarify the SOFTWARE requirement (para 7.1).	There are no additional software requirements beyond those stated in the base award.
82	Exhibit III, para 5.2	The requirements state "alarmed or unused exit doors will not be required to be monitored." Please indicate alarmed and unused exit doors for each building and floor for NH Beaufort.	Assume that all doors will need to be monitored unless during the site visit the vendor determined it to be alarmed.
83	Site Visits	The Government provided building diagrams and heat-map surveys, however the electronic version of the building and zone diagrams handed out during the site visit were not included in the building drawings distributed on 22 June. In order to adequately understand the zones on each floor and color coding related to the asset tracking resolution will the government distribute these files?	Electronic copies have been distributed. If you did not receive an electronic copy, please email the address listed in the solicitation designated for receiving questions.

84	Attachment VI, Small Site, OCONUS	Does the Government require contractor staff located permanently OCONUS to support OCONUS RTLS installations or will all on-going support be provided by Government OCONUS personnel supplemented by DO-specific TDY?	The Government will not dictate the contractor's support structure for these installations. The government will not provide personnel.
85	General	Are the Navy Medical sites already accredited for WLAN 2.0	No Navy Medicine site is accredited for WLAN 2.0. The MHS WLAN accreditation is for WLAN 1.5 (currently undergoing Navy reciprocity actions).
86	General	Do you plan to follow the wireless architecture and guidelines set forth by WLAN 2.0, which specifically addresses RTLS and VoWifi over the Navy MTF networks?	Once WLAN 2.0 is approved at the MHS and Navy levels, it will be deployed. It is anticipated that WLAN 2.0 will not be available for site surveys and deployment before Sept 2013.
87		May the contractor offer a secure external WAN to provide connectivity between the main hospitals and remote hospitals/clinics?	No, the solutions must use the existing LAN/WLAN/WAN infrastructure provided.
88		Will the contractor be able to use the existing WiFi infrastructure for the Active/Passive RFID solution?	Yes, as long as its use can meet IA requirements for compliance.
89		Will the contractor be required to provide additional WiFi infrastructure for the Active/Passive RFID solution in areas not already covered?	The additional infrastructure needs shall be identified and costed as part of the proposal. Any/all installations must be coordinated with the local site Facilities and IT shops (MID).
90		Does the Navy plan to follow the wireless architecture and guidelines set forth by WLAN 2.0; which specifically addresses RTLS and VoWiFi, on the Navy MTF networks?	Once WLAN 2.0 is approved at the MHS and Navy levels, it will be deployed. It is anticipated that WLAN 2.0 will not be available for site surveys and deployment before Sept 2013.
91		Will detailed floor plans be provided for each building outlining zone areas and level of accuracy for each floor requiring RTLS?	All drawings have been emailed. Use email address provided in solicitation if you need the CAD or PDF files.
92		Will detailed WLAN AP locations and colored RF propagation maps be provided?	This has been provided. Please email the email address in the solicitation if you have not received this.
93		If the WLAN does not meet the requirements to support the RTLS requirements who would be responsible for installing the additional access points, cabling, power or associated WLAN equipment	Assume that the contractor is responsible unless otherwise specified in the DOPR.

94		Will SOFA orders be available for OCONUS workers?	Not guaranteed.
95	CLIN 0001 is an FFP CLIN for Equipment with a quantity of 230, with a notation to see the pricing guide.	The assumption is that CLIN 0001 is to be priced using the configurations for Large Site CONUS, Small Site CONUS and Small Site OCONUS.	
96		1. If that is not correct, please advise how CLIN 0001 is to be priced.	Exhibit I, Pricing guide requires pricing for six (6) sites which represent 25% of the requirement. Actual pricing for CLIN 0001 will be priced on each delivery order. For evaluation purposes, the Pricing Guide will be used for award of the base contract as it takes 6 representative sites, and calculates the estimated total enterprise price. Separate SLINs will not be added for each size site.
97		2. If that is correct, please specify how the quantity of 230 is allocated amongst the three configurations or confirm that the quantities listed for SLINs 0002AA through 0002AL is the allocation for CLIN 0001; OR	See above
98		3. If that is correct, please consider adding SLINs for each configuration under CLIN 0001.	SLINs will not be added
99	CLIN 0001 pricing is largely dependent upon the results of a site survey.	Request that the RFP be modified to allow the Contractor to reprice the site in the delivery order based on the results of the site survey.	Site visits will be completed before proposals are due to allow offerors to price each site appropriately.
100	The description states that installation includes initial onsite training, yet there is no detail on what initial onsite training should address. CLIN 0003 addresses the specifications for Additional Training IAW Section C.4 of the RFP.	Please provide the specifications for initial onsite training or delete the requirement from CLIN 0002 and rely on CLIN 0003 for training.	See Section C, 4 of the solicitation. CLIN 0003 is for additional training after the initial installation.

101	There are sub CLINs (SLINs) for CLIN 0002 (0002AA through 0002AL), and there are pricing specifications for large site CONUS and small site CONUS and OCONUS. But there are no specifications for Large site SLINS OCONUS and no specifications for medium SLINs CONUS and OCONUS to enable us to provide a price.	Please provide the specifications for SLINs 0002AA through 0002AL for Large site SLINS OCONUS and specifications for medium SLINs CONUS and OCONUS so that we may provide accurate pricing for the SLINs. Or confirm that the pricing specifications for large sites CONUS applies to both CONUS and OCONUS large sites and that the small site pricing information also applies to medium site SLINS.	Exhibit I, Pricing guide requires pricing for six (6) sites which represent 25% of the requirement. Actual pricing for CLIN 0001 will be priced on each delivery order. For evaluation purposes, the Pricing Guide will be used for award of the base contract as it takes 6 representative sites, and calculates the estimated total enterprise price.
102	Delivery periods run from March 2013 through March 2018, yet the SF1449 continuation pages listing the Schedule CLINs doesn't specify how the quantities are spread over the 5 year period of performance (POP). And the pricing attachment specifies pricing for two periods one beginning May 2013 and one beginning May 2015.	Pricing will change over the five year POP. For each CLIN, please allocate the quantities over the POP so that we may provide accurate pricing for each year of the POP.	Exhibit I, Pricing guide requires pricing for six (6) sites which represent 25% of the requirement. Actual pricing for CLIN 0001 will be priced on each delivery order. For evaluation purposes, the Pricing Guide will be used for award of the base contract as it takes 6 representative sites, and calculates the estimated total enterprise price. Separate SLINs will not be added for each size site.
103	Files on the CDs shall be in Microsoft Office for Windows format (2007), either .pdf, .doc, .docx, .xls or .xlsx files	May the Offeror submit file in a format compatible with Microsoft Office for Windows format (2007) – for example, using Microsoft Office for Windows 2003?	Yes, older versions may be used.
104	Times New Roman font of not less than ten (10) point font size.	May the Offeror use the industry standards Arial font 9 for table and Arial font 8 for graphics?	Yes, only for tables and graphs.

105	The total number of the pages submitted for Volume III (Past Performance) shall not exceed seven (7) pages, excluding a cover and consent letters. If Volume III contains more than 7 pages, only the first 7 pages will be evaluated.	In order to provide sufficient detail on up to 5 similar contracts, we request the page limit be changed to no more than three (3) pages per referenced contract, for a maximum of 15 pages, excluding a cover and consent letters. Also please clarify the required content of the consent letter.	No. Consent letters may be included to indicate that references have agreed to be contacted however they are not required.
106	Pricing is to be provided for the period beginning May 2013 and the period beginning 2015.	Please confirm that the offeror is responsible for pricing the exhibit for 2013 and 2015, and skipping 2014, 2016, 2017, and 2018.	Exhibit I, Pricing guide requires pricing for six (6) sites which represent 25% of the requirement. Actual pricing for CLIN 0001 will be priced on each delivery order. For evaluation purposes, the Pricing Guide will be used for award of the base contract as it takes 6 representative sites, and calculates the estimated total enterprise price. The offeror shall price submit pricing based on 2013 and 2015 prices.
107	Sec L paragraph 6.7.1 states in part, "The offeror shall describe its past performance on up to five (5) similar contracts it has held within the last three (3) years..."	May the Offeror include the past performance of its subcontractors in the 5 contracts chosen?	Yes
108	In the Continental United States, Wireless spectrum is allocated and is universal.	In all OCONUS countries where the Navy anticipates the use of RTLS; is there existing 802.11 WiFi installations and do we need to complete a DD 1494 if augmentation of the network using 802.11 is required.	There is existing 802.11 a/b/g wireless infrastructure (WLAN 1.5) at OCONUS locations.
109	Outside the United States in countries such as Japan and Korea, wireless spectrums are different and require application to the local government prior to transmission. We understand that a DD1494 "Application for Equipment Frequency Allocation" must be submitted and approved.	Is there other technologies or spectrums that the Navy wishes we look at / review that may allow for quicker implementation thru compliance with local regulations?	All technologies or spectrums can be presented as long as they can meet IA requirements for compliance.

110	Without doing a site survey to obtain 100% validation with respect to the proper amount of 802.11 wireless coverage to support the Navy's requirements for active and passive tag visibility/movement, we speculate that additional access points will be required to close coverage gaps, provide enhanced coverage or meet failover / AP power up requirements.	If an 802.11 solution is proposed, is the awarded contractor required to provide, install, warrantee, manage and maintain the additional access points and all subsequent equipment for management and security for each location?	Yes. The vendor must purchase maintenance support for all hardware purchased and subsequently installed. Once it is installed at the site and turned over to/accepted by the site. The site maintains maintenance and management responsibility for all installed hardware. If MCiS needs to upgrade the vendor installed equipment, MCiS assumes maintenance responsibility from that upgrade point forward. It is recommended, but not required, that the vendors/sites coordinate their equipment and maintenance contract purchases through MCiS to ensure that all equipment installed meets the current LAN/WLAN architecture requirements at time of installation.
111	Para. 6.2.1 requires Sterilizable Passive Tags to be available.	Please define sterilizable, does it require being capable of withstanding autoclave time & temperatures and if so, what are those times and temperatures?	Sterilization techniques will vary based on manufacturer recommendations for sterilization of the equipment. However, at a minimum, the sterilizable tags shall be capable of withstanding temperatures up to 132°C for 30 minutes in a steam autoclave environment. An alternate method of sterilization may be hydrogen gas plasma.
112	Paragraph 11.3 requires technical telephone support for each site.	Please define the period of performance for the telephone support for the sites. Also please state the period of telephone support for NH Beaufort and NMC Portsmouth. Does the period start upon the user's acceptance?	Period of performance starts on user acceptance. Telephone support POP shall be provided until the end of the five year ordering period or POP end date as listed on individual delivery orders.
113	Paragraph 11.4 requires software maintenance and support for the period of the base contract.	Please define the period of performance for the software maintenance and support for the sites. Also please state the period of performance for the software maintenance and support for NH Beaufort and NMC Portsmouth. Does the period start upon the user's acceptance?	POP starts on user acceptance. Maintenance shall be provided until the end of the five year ordering period or POP end date as listed on individual delivery orders.

114	The contractor's software solution shall be installable on a virtual server environment and shall conform to all IT and IT security requirements	Does the Navy anticipate contractor software to be installed on a contractor-provided server or installed on an existing Navy virtualized server. Note; Same issue exists for DOPR for Portsmouth, see paragraph 3.1	It is anticipated that the vendor's proposal could include either/or options identifying cost savings where applicable. NH Beaufort does have virtual server space, NMC Portsmouth has not moved to virtual servers. Site specific requirements will be provided on each DOPR.
115	This section states the contractor shall provide at least 500 active tags but the table directly beneath this number indicates 339 active tags	Does the Navy anticipate the vendor should price 500 active tags or 339 active tags; Note same issue exists for Portsmouth and also for Passive tags.	Price the higher number of tags (i.e. 500 vice 339). This includes extras for additional equipment, replacement, training, etc.
116		How often do tagged assets move within the facilities? How often do tagged assets move between facilities/campuses?	Assets move frequently within the facilities, based on asset type, in response to patient care. Assets rarely move between facilities unless they are being permanently transferred for reuse.
117		What type of database resides in DMLSS? How do users access DMLSS? What type of middleware integrates with DMLSS?	Oracle. DMLSS can be accessed via a DMLSS client installed from a DMLSS server or DMLSS can be interfaced via HTTPS using DISA supplied x509 certificates. DMLSS does not use middleware and is vendor agnostic; ATS applications will communicate with DMLSS via a predefined XML specification via HTTPS using DISA supplied x509 certificates
118		Please provide COTS products that DMLSS is built upon?	The DMLSS/ATS interface relies on x509 certificate-based bi-directional transfers of XML files using HTTPS via port 443 where posts will be to a web-based "multi-part data form" (DMLSS using cURL for outbound and hosts a multi-part data form URL for inbound).

119	“..followed by CONUS MTFs (large to small)...”	Does this statement mean the order of deployment would be large first, small later?	That is a potential order of deployment. However, deployment schedule is not firm and will be based on multiple factors. Subsequent DOPRs will identify site specific requirements.
120	1.2 The goal is to provide real-time location visibility with alerting and reporting of critical or high-value moveable equipment with a resolution to within a 10 foot radius and with room-level resolution where applicable.	Are there fields in DMLSS that indicate critical and high-value equipment?	No.
121	This representative Large Conus site is an acute care medical treatment facility (MTF) and supports 11 off-site clinical activities. The property book has recorded in DMLSS consists of 23,773 line items, of which over 11,000 are maintenance significant.	Is an approximate 50% “maintenance significant” items considered standard for a large OCONUS site as well as Small Site, CONUS and OCONUS?	The approximate number of maintenance significant items is provided in each DOPR. 50% is typical for MTFs but not for the non-MTFs.
122	The software shall have an open application programming interface (API) for potential third party application integration.	Please define “open” API? Does this imply an open source specification?	An open Application Programming Interface (API) refers to a software based mechanism that allows for the integration of various applications to provide a uniform and consistent means of exchanging information. The term "open" does not necessarily refer to the use of Open Source software.
123		Please confirm that the acronym DCM stands for Digital Certificate Manager	DCM - DMLSS Communication Manager

Naval Medical Center (NMC) Portsmouth

The following three (3) questions were asked for the various buildings and floors at NMC Portsmouth. Answers are consistent regardless of buildings and floors.

124. Identify channel schema of AP's on floor?

- **Channels are not static but dynamic, supporting a/b/g.**

125. Identify all entrance/egress on floor where notification is required and if direction of asset/ personal is also required for alerting or notification?

- **Assume all entrance/egress points should be monitored. Directional alerts are not required at this time**

126. Identify all areas on floor where alerting of tags passing a perimeter is required?

- **See colored zone maps.**

Additional questions for NMC Portsmouth:

127. Building 2, 3rd Floor

Biomed Pump Room, is par level management a requirement here to insure count?

- **Par level management is not currently part of the requirement.**

128. Building 3, 9th Floor

Map was not provided, please provide map.

- **All drawings have been emailed. Use email address provided in solicitation if you need the CAD or PDF files.**

129. BLDG 249, 1st Floor: Equipment/Materials Management

If no Wi-Fi in this area is there network drops we can use and if so is it POE?

- **There is no wireless and there are no POE ports available.**

130. If moving AP improve location accuracy, is that possible?

- **Proposal is open to vendor suggestion for relocation of Aps. Any/all installations must be coordinated with the local site Facilities and IT shops (MID).**

Green Mile Hallway

131. No map was given out, please provide map.

- **No map is available at this time.**

132. If no Wi-Fi in this area is there a network drop we can use and if so is it POE?

- **They do not have wireless and they do not have POE ports available.**

Naval Hospital (NH) Beaufort

The following three (3) questions were asked for the various buildings and floors at NH Beaufort as well as Marine Corps Air Station. Answers are consistent regardless of buildings and floors.

133. Identify channel schema of AP's on floor?

- **Channels are not static but dynamic, supporting a/b/g.**

134. Identify all entrance/egress on floor where notification is required and if direction of asset/ personal is also required for alerting or notification?

- **Assume all entrance/egress points should be monitored. Directional alerts are not required at this time**

135. Identify all areas on floor where alerting of tags passing a perimeter is required?

- **See colored zone maps.**

136. If so will deployment of RTLS system take place after new network is installed?

- **NH Beaufort is scheduled to have their network upgrade, LAN and WLAN, completed by 28 NOV 2012. At that time they will be at the WLAN 1.5 infrastructures.**

137. Will Naval Hospital at Beaufort work with vendor to optimize wireless for local grade network?

- **The NH Beaufort survey has been completed and is under final review by the site and MCiS. When the upgrade is complete, NH Beaufort will be on the WLAN 1.5 infrastructures. Any additional work required for a vendor's solution should be included in the proposal.**

138. If deploying another Cisco network will they also purchase MSE?

- **NH Beaufort is a Cisco LAN and Cisco/Aruba WLAN site. Cisco 5500 Series Mobility Services Engine (MSE) is part of the deployment package at the site with WLAN 1.5.**

139. Naval Hospital Beaufort, Main Hospital - Was told a new wireless network will be going in in a year or so.

- **NH Beaufort is scheduled to have their network upgrade, LAN and WLAN, completed by 28 NOV 2012. At that time they will be at the WLAN 1.5 infrastructures.**

140. Main Hospital, BNH Basement

If no Wi-Fi in area is there a network drop we can use and if so is it POE?

- **Yes, there is Wi-Fi in the basement**

141. Main Hospital, BNH 1st Floor

Area where VA Clinic is has its own wireless network and is not connected to current network and when they move will take this network with them, will Navy Med install wireless in this area?

- **The VA clinic will not be moving, but is scheduled to expand services within the hospital. This will not have any effect on the wireless network.**

Parris Island

142. PI 670, 2nd Floor

670 maps are different from heat maps. Can we get correct heat maps for PI 670?

- **Heat maps for 670 are not available at this time.**

143. Battalion Aid Stations

Identify each one that needs to be in system with maps (no maps where given).

- **No maps available at this time. Will work with vendor at time of award if maps are required for software.**

144. No Wi-Fi at any of these, is there a network drop we can use and if so is it POE?

- **No Wi-Fi is available. Majority of network drops are already in use by existing devices.**

145. Is present detection ok at these sites because they are small?

- **Passive zone-level location only is required.**

146. Zones for these small stations?

- **Each BAS can be considered a single zone.**

CA Questionnaire

147. Server Software Inventory

Are these prerequisite for the server?

Yes, we require a complete inventory of all software installed on servers. This includes Operating System, Primary Application, and all support application software such as backend solutions and Databases.

Several utilities exist that can produce a complete inventory of software that include Title, version, Service Pack level, Build number. Most Operating Systems and some applications have been validated by the Common Criteria (CC) which can be found at <http://www.commoncriteriaportal.org/>

148. Server Hardware Inventory

You appear to be asking about a server inventory. There are server requirements, but can you clarify what you are specifically looking for here?

We require a complete inventory list of all physical server systems (non-virtual) that will be deployed as part of the solution. This list must include Manufacturer, Model, and Purpose. For example: DELL R710, SQL Database server to store and manage customer accounts. The list must include all systems that provide resources to clients provided that the solution utilizes a client server topology model.

149. Client Hardware Inventory

Please clarify what you are requesting here?

We require a complete inventory list of all physical client systems (non-virtual) that will be deployed as part of the solution. The list must include Asset Identifier, Manufacturer, Model and Purpose. For example: Quality Control workstation-1, DELL, T3500, workstation used for radiology image quality control purposes. The list must include all systems that consume resources provided by servers, or peer-to-peer clients, or standalone systems (not residing on a network)

150. Server Firmware Hardware Inventory

Please clarify what you are requesting here?

We require for each type of server the system uses, the Manufacturer, Version, and typical access control keystroke combination to access the Firmware configuration menu. For example: Application Server-1, Award BIOS, version 1.0.0, SHIFT + F2.

151. Section 7.1

Requirement states that the software shall be server-based with a web-based front end interface deployable at multiple end-user workstations. Can a third party technology such as Citrix XenApp be leveraged as a middleware component to provide a web-based interface for the Tracking application?

Yes, it must be part of the C&A package for the overall solution. Note: Versions 5.06, 6.0 and 6.5 are currently approved for use in DADMS.

The following have been modified:

ATTACHMENT VI - PRICING SPECS

Representative – Large Site, CONUS

Use following specifications to formulate pricing in Exhibit I.

1. GENERAL

1.1. OVERVIEW. This representative Large Conus site is an acute care medical treatment facility (MTF) and supports 11 off-site clinical activities. The property book has recorded in DMLSS consists of 23,773 line items, of which over 11,000 are maintenance significant. The property book includes the equipment located at all off-site clinical activities.

1.2. SCOPE OF WORK. The contractor shall furnish an integrated asset tracking/management system. The system shall provide coverage for the off-site activities. The scope of the work shall include site survey, installation, tag application, setup, on-site training, and technical support services.

2. CONTRACTOR PERSONNEL

2.1. CONTRACTOR REPORT REQUIREMENTS. During normal duty hours, contractor personnel shall check-in with the Biomedical Engineering Division or the Materials Management Division upon arrival at the Government site and again prior to departure. After normal duty hours, if access is required, contractor personnel shall notify the Duty Supply.

3. EQUIPMENT INSTALLATION

3.1. The contractor's software solution shall be installable on a virtual server environment and shall conform to all IT and IA security requirements.

3.2. The contractor shall provide 14 ruggedized, wireless-enabled mobile workstations or mobile computing devices, with docking stations. These mobile devices shall be approved for use on the MHS WLAN and capable of accessing the RTLS software (See "End User Device Specifications" for current approved list). The contractor shall supply 14 handheld scanners capable of reading 1D and 2D barcodes, as well as the RTLS active and passive asset tags. These handheld scanners shall connect to the mobile workstations via a cradle or similar wired means of communication to support data transfer.

4. CUSTOMER TRAINING AND DOCUMENTATION

4.1. The contractor shall provide on-site classroom-based training as stated as specified in Section C of the solicitation. The training shall be scheduled as needed and shall be provided in multiple sessions if required (i.e. there shall be more than one "general user" training session). The facility shall be able to schedule the included training after installation of the system.

4.2. The contractor shall provide training for up to 200 users for "general user" training.

4.3. The contractor shall provide training for up to 20 users for "super-user" training.

4.4. The contractor shall provide training for up to 30 users for "maintenance-level" training.

5. GENERAL SYSTEM CAPABILITIES

5.1. The system shall be capable of tracking 25,000 pieces of equipment, with the capability to expand to 50,000 track able items as future capabilities are implemented.

5.2. The system shall provide coverage on the main campus and the off-site activities.

5.2.1.1. Building 1 (142,000 sq ft – 4 floors) – Hospital Administration

5.2.1.2. 1st Floor: One (1) zone is required for this floor. There are 13 exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are five (5) stairwells and three (3) elevators.

5.2.1.3. 2nd Floor: One (1) zone is required for this floor. There are five (5) stairwells and three (3) elevators.

5.2.1.4. 3rd Floor: One (1) zone is required for this floor. There is one (1) building connector. There are five (5) stairwells and three (3) elevators.

5.2.1.5. 4th Floor: One (1) zone is required for this floor. There are five (5) stairwells and three (3) elevators.

5.2.2. Building 2 (1,100,000 sq ft – 5 floors) – Main Hospital

5.2.2.1. 1st Floor: Six (6) zones are required. There are up to 25 exits to the building, including connectors to other buildings. Alarmed or unused exit doors will not be required to be monitored. There are three (3) banks of four (4) elevators, plus five (5) additional single elevators, and ten (10) stairwells.

- 5.2.2.2. 2nd Floor: 14 zones are required. There is one (1) building connector. There are three (3) banks of four (4) elevators, plus four (4) additional single elevators, and ten (10) stairwells.
- 5.2.2.3. 3rd Floor: Ten (10) zones are required. There are two (2) building connectors. There are three (3) banks of four (4) elevators, plus four (4) additional single elevators, and nine (9) stairwells.
- 5.2.2.4. 4th Floor: Eight (8) zones are required. There are three (3) banks of four (4) elevators, plus four (4) additional single elevators, and eight (8) stairwells.
- 5.2.2.5. 5th Floor: One (1) zone is required for this floor. There are three (3) stair wells, three (3) banks of four (4) elevators each and one (1) additional single elevator.
- 5.2.3. Building 3 (498,000 sq ft – 15 floors) – Hospital Administration/Outpatient Clinics – Of the 15 floors, only the following ten (10) floors are required to have coverage and have equipment regularly on them.
 - 5.2.3.1. 1st Floor: Four (4) zones are required for this floor. There are 13 exit doors to the building as well as the loading dock. Alarmed or unused exit doors will not be required to be monitored. There are seven (7) stairwells and two (2) banks of four (4) elevators each, plus an additional elevator.
 - 5.2.3.2. 2nd Floor: Three (3) zones are required for this floor. There are two (2) connecting corridors to other buildings. There are seven (7) stairwells and two (2) banks of four (4) elevators each, plus an additional elevator.
 - 5.2.3.3. 3rd Floor: One (1) zone is required for this floor. There are four (4) stairwells and two (2) banks of four (4) elevators each.
 - 5.2.3.4. 4th Floor: One (1) zone is required for this floor. There are four (4) stairwells and two (2) banks of four (4) elevators each.
 - 5.2.3.5. 5th Floor: One (1) zone is required for this floor. There are four (4) stairwells and two (2) banks of four (4) elevators each.
 - 5.2.3.6. 6th Floor: Two (2) zones are required for this floor. There are four (4) stairwells and two (2) banks of four (4) elevators each.
 - 5.2.3.7. 7th Floor: Two (2) zones are required for this floor. There are four (4) stairwells and two (2) banks of four (4) elevators each.
 - 5.2.3.8. 8th Floor: One (1) zone is required for this floor. There are four (4) stairwells and two (2) banks of four (4) elevators each.
 - 5.2.3.9. 9th Floor: Two (2) zones are required for this floor. There are four (4) stairwells and two (2) banks of four (4) elevators each.
 - 5.2.3.10. 12th Floor: One (1) zone is required for this floor. There are two (2) stairwells and two (2) banks of four (4) elevators each.
- 5.2.4. Building 249 (33,000 – 1 floor) – Equipment Management/Materials Management
 - 5.2.4.1. Three (3) zones are required for this building. There are 11 exit doors to the building, as well as a loading dock. Alarmed or unused exit doors will not be required to be monitored.
- 5.2.5. Building 250 (61,000 sq ft – 3 floors) – BIOMED/Materials Management
 - 5.2.5.1. 1st Floor: Four (4) zones are required for this floor. There are eight (8) exit doors to the building as well as the loading dock. Alarmed or unused exit doors will not be required to be monitored. There are two (2) stairwells, one (1) elevator and one (1) freight elevator.
 - 5.2.5.2. 2nd Floor: One (1) zone is required for this floor. There are two (2) stairwells, one (1) elevator and one (1) freight elevator.
 - 5.2.5.3. 3rd Floor: No zones are required for this floor. There is one (1) exit to the connector to the main hospital and one exit to the parking garage. There is one (1) freight elevator.
- 5.2.6. Building 271 (25,000 sq ft – 1 floor) – Warehouse
 - 5.2.6.1. One (1) zone is required for this building. There are 14 exit doors to the building. Alarmed or unused exit doors will not be required to be monitored.

6. TAGS

- 6.1. ACTIVE. The contractor shall provide 5,000 active tags in accordance with the requirements of the base contract. The chart below provides initial counts and possible types of equipment to be actively tagged. The types of equipment are not limited to the list below. The contractor shall provide sufficient personnel to complete the tagging of all equipment identified to have active tags. Site personnel will identify the actual pieces of equipment to be tagged by the contractor.

Equipment	Quantity
Infusion pumps	411
Infusion pump modules	1,047
Test equipment	300
Aspirators, emergency	219
Oxygen air proportioner	64
Detector, fetal heart, ultrasonic	123
Vital signs monitors	769
Pulse oximeters	176
Ventilators	117
Pump, enteral feeding	38
Anesthesia Units	46
Electrosurgical Units	163
Beds	271
Humidifier	93
Ultrasounds	142
Emergency Management (CBRNE, Pandemic Flu)	30
Total:	4,009

6.2. PASSIVE. The contractor shall provide up to 20,000 passive RFID tags in accordance with the requirements of the base contract. The form factors of the tags will vary based on type of equipment to be tracked. The contractor shall provide sufficient personnel to complete tagging of 8,000 pieces of equipment with passive tags.

7. SOFTWARE

7.1. Software requirements apply as stated in Section C of the solicitation.

8. FUTURE CAPABILITIES

8.1. EXPANSION. The system shall be capable of expansion to 11 off-site activities.

9. POTENTIAL FUTURE USE CASES

9.1. SUPPLY/STOREROOM TRACKING. The site currently utilizes an installed Hasler “Smart Track” system for supply/storeroom tracking. If possible, the system may interface or integrate to incorporate the installed system’s capabilities. Other potential future use cases apply as stated in Section C of the solicitation.

10. WIRELESS NETWORK

10.1. CURRENT INSTALLATION. If the RTLS is to utilize the WLAN either for location services or for network connectivity, the system shall not interfere with the current MHS WLAN accredited security posture.

11. INFORMATION ASSURANCE REQUIREMENTS

11.1. Information assurance requirements apply as stated in Section C of the solicitation.

12. SUPPORT REQUIREMENTS

12.1. Support requirements apply as stated in Section C of the solicitation.

PERIOD OF PERFORMANCE

Use the above specifications to formulate pricing for the following representative sites:

- Beginning May 2013 for Large Conus Site pricing.
- Beginning May 2015 for Large Conus Site pricing.

Representative – Small Site, CONUS and OCONUS**Use following specifications to formulate pricing in Exhibit I.****1. GENERAL**

- 1.1. OVERVIEW. The representative Small CONUS and OCONUS sites are medical treatment facilities and both support 2 off-site clinical activities. The property book as recorded in DMLSS consists of 5,659 line items, of which over 2,056 is maintenance significant. The property book includes the equipment located at all off-site clinical activities.
- 1.2. SCOPE OF WORK. The contractor shall furnish an integrated asset tracking/management system. The system shall provide coverage for the main hospital and one off site activity; the system shall also provide coverage for the off-site clinical activities. The scope of the work shall include site survey, installation, tag application, setup, on-site training, and technical support services.

2. CONTRACTOR PERSONNEL

- 2.1. CONTRACTOR REPORT REQUIREMENTS. During normal duty hours, contractor personnel shall check-in with the Biomedical Engineering Division or the Materials Management Division upon arrival at the Government site and again prior to departure.

3. EQUIPMENT INSTALLATION

- 3.1. The contractor's software solution shall be installable on a virtual server environment and shall conform to all IT and IA security requirements.
- 3.2. The contractor shall provide 10 ruggedized, wireless-enabled mobile workstations or mobile computing devices, with docking stations. These mobile devices shall be approved for use on the MHS WLAN and capable of accessing the RTLS software (See "End User Device Specifications" for current approved list). The contractor shall supply 10 handheld scanners capable of reading 1D and 2D barcodes, as well as the RTLS active and passive asset tags. These handheld scanners shall connect to the mobile workstations via a cradle or similar wired means of communication to support data transfer.

4. CUSTOMER TRAINING AND DOCUMENTATION

- 4.1. The contractor shall provide on-site classroom-based training as specified in Section C of the solicitation. The training shall be scheduled as needed and shall be provided in multiple sessions if required (i.e. there shall be more than one "general user" training session). The facility shall be able to schedule the included training after installation of the system.
- 4.2. The contractor shall provide training for up to 50 users for "general user" training.
- 4.3. The contractor shall provide training for up to 10 users for "super-user" training.
- 4.4. The contractor shall provide training for up to 8 users for "maintenance-level" training.

5. GENERAL SYSTEM CAPABILITIES

- 5.1. The system shall be capable of tracking 6,000 pieces of equipment, with the capability to expand to 10,000 trackable items as future capabilities are implemented.
- 5.2. The system shall provide coverage on the main campus and the off-site activities.
 - 5.2.1. Main Hospital (280,000 sq ft – 8 floors, including basement)
 - 5.2.1.1. Basement: four (4) zones are required for this floor. There are five (5) stairwells and six (6) elevators.
 - 5.2.1.2. 1st Floor: seven (7) zones are required for this floor. There are 16 exit doors to the building and two (2) loading docks. Alarmed or unused exit doors will not be required to be monitored. There are seven (7) stairwells and six (6) elevators.
 - 5.2.1.3. 2nd Floor: five (5) zones are required for this floor. There are four (4) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are seven (7) stairwells and six (6) elevators.
 - 5.2.1.4. 3rd Floor: five (5) zones are required for this floor. There are two (2) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are seven (7) stairwells and four (4) elevators.
 - 5.2.1.5. 4th Floor: one (1) zone is required for this floor. There are three (3) stairwells and two (2) elevators.

- 5.2.1.6. 5th Floor: one (1) zone is required for this floor. There are three (3) stairwells and two (2) elevators.
- 5.2.1.7. 6th Floor – No requirement – mechanical access only.
- 5.2.1.8. 7th Floor – No requirement – mechanical access only.
- 5.2.2. Building 12 (8,500 sq ft) – Education and Training
- 5.2.2.1. 1st Floor – one (1) zone is required. There are four (4) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored.
- 5.2.3. Building 707 (5,000 sq ft) – MCAS Audiology
- 5.2.3.1. 1st Floor: one (1) zone is required for this floor. There are three (3) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored.
- 5.2.4. Building 598 (less than 40,000 sq ft) – MCAS Medical/Dental
- 5.2.4.1. 1st Floor: two (2) zones are required for this floor. There are 11 exit doors to the building. Alarmed or unused exit doors will not be required to be monitored.
- 5.2.5. Building 670 (80,000 sq ft) – MCRD Parris Island Medical
- 5.2.5.1. 1st Floor: three (3) zones are required for this floor. There are nine (9) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are two (2) stairwells and two (2) elevators.
- 5.2.5.2. 2nd Floor: one (1) zone is required for this floor. There are two (2) stairwells and two (2) elevators.
- 5.2.6. Building 674 (37,500 sq ft) – MCRD Parris Island Dental
- 5.2.6.1. 1st Floor: three (3) zones are required for this floor. There are seven (7) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are four (4) stairwells and one (1) elevator.
- 5.2.6.2. 2nd Floor: three (3) zones are required for this floor. There are four (4) stairwells and one (1) elevator.
- 5.2.7. Battalion Aid Stations (BAS) – passive zone-level location only is required.
- 5.2.7.1. There are six (6) BASs located on MCRD Parris Island. No BAS is larger than 2,000 sq ft; the BASs range from one (1) room within a larger building to a standalone building with ten (10) rooms. No BAS (building or room) has more than 4 exits. Drawings are not available for the BASs.

6. TAGS

- 6.1. ACTIVE. The contractor shall provide 500 active tags in accordance with the requirements of the base contract. The chart below provides initial counts and possible types of equipment to be actively tagged. The types of equipment are not limited to the list below. The contractor shall provide sufficient personnel to complete the tagging of all equipment identified to have active tags. Site personnel will identify the actual pieces of equipment to be tagged by the contractor.

Equipment	Quantity
Infusion pumps	71
Infusion pump modules	0
Test equipment	36
Aspirators, emergency	20
Oxygen air proportioner	0
Detector, fetal heart, ultrasonic	19
Vital signs monitors	122
Pulse oximeters	32
Ventilators	2
Pump, enteral feeding	0
Anesthesia Units	3
Electrosurgical Units	10
Beds	0
Humidifier	0
Ultrasounds	9
Emergency Management (CBRNE, Pandemic Flu)	15

Total:	339
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6.2. **PASSIVE.** The contractor shall provide 5,100 passive RFID tags in accordance with the requirements of the base contract. The form factors of the tags will vary based on type of equipment to be tracked. The command has over 1,100 dental handpieces that should be tagged, which have specific sterilization requirements and are small hand-held devices. Any tags utilized on the handpieces shall have a small form factor, shall not compromise the sterilization of the handpieces, and shall be capable of withstanding sterilization temperatures and steam. The contractor shall provide sufficient personnel to complete tagging of 2,000 pieces of equipment with passive tags.

7. **SOFTWARE**

7.1. Software requirements apply as specified in Section C of the solicitation.

8. **FUTURE CAPABILITIES**

8.1. The contractor shall provide the required tags (two (2) of each type) and software modules for temperature monitoring, patient tracking, staff duress, and any other future capabilities their solution currently supports for DIACAP testing purposes only.

9. **POTENTIAL FUTURE USE CASES**

9.1. Other potential future use cases apply as specified in Section C of the solicitation.

10. **WIRELESS NETWORK**

10.1. **CURRENT INSTALLATION.** If the RTLS is to utilize the WLAN either for location services or for network connectivity, the system shall not interfere with the current MHS WLAN accredited security posture.

11. **INFORMATION ASSURANCE REQUIREMENTS**

11.1. Information assurance requirements apply as specified in Section C of the solicitation.

12. **SUPPORT REQUIREMENTS**

12.1. Support requirements apply as specified in Section C of the solicitation.

PERIOD OF PERFORMANCE

Use the above specifications to formulate pricing for the following representative sites:

- Beginning May 2013 for Small Conus Site pricing.
- Beginning May 2013 for Small OConus Site pricing.
- Beginning May 2015 for Small Conus Site pricing.
- Beginning May 2015 for Small OConus Site pricing.

END USER DEVICE SPECIFICATIONS

The current specifications for end user devices are below. Updates will be provided on the delivery order level if needed. Not all features are required, but if a feature is included in proposed devices, it must meet the specifications below.

Clinical Specifications for Tablets, Laptops, Desktops:

Current Specs 2/15/2012	NAVMED FY 12 Clinical Spec's For Tablets, Laptops, Desktops Laptop/TAA Compliant
Base Unit:	Laptop
Processor:	Intel Core i5-2540M, 2.60GHz, 3MB Cache
Memory:	8.0GB, DDR3-1333MHz SDRAM, 2 DIMM
Keyboard:	Internal Backlit English Keyboard
Keyboard:	Documentation English/French)
Keyboard:	Tech Setup Guide, English
Monitor:	Widescreen, 24in Viewable Image Size, HAS, Dual monitor capability , support HIPAA “private eye” features or filters
Speakers:	AX510 black Sound Bar for UltraSharp Flat Panel Displays
Video Card:	Intel HD Graphics 3000 or most recent upgrade
Hard Drive:	250GB Hard Drive, 7200RPM
Hard Drive Controller:	NO Internal Fingerprint Reader and NO contactless smartcard reader
Floppy Disk Drive	15.6in HD+1600x900) Anti-Glare LED-backlit with Premium Panel Guarantee
Floppy Disk Drive	LCD HD+/FHD Cover
Operating System:	Genuine Windows 7 Professional, 64-bit, with Media, English
Operating System:	Genuine Windows 7 Label
Modem	No Modem
TBU:	90W 3-Pin, AC Adapter
TBU:	US - 3 foot Flat Power Cord
CD-ROM or DVD-ROM Drive:	8X DVD+/-RW
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 9.5.1
CD-ROM or DVD-ROM Drive:	8X DVD+/-RW Bezel
Sound Card:	Optional Web cam and Microphone
Wireless :	Intel WiFi Link 6300 (802.11a/g/n 3X3) 1/2 MiniCard or newest update
Documentation Diskette:	No Intel vPro Technology Advanced Management Features
Bundled Software:	No Productivity Software
Battery :	9-Cell 97WH) Primary Lithium Ion Battery
Carrying Case :	Basic Carrying Case that will hold laptop screen size and dimensions
Mouse :	MS111 USB Optical Mouse
Misc:	Resource DVD with Drivers
Keyboard:	Multimedia Pro Keyboard English
Docking Station :	E/Port Plus, Advanced Port Replicator
Misc:	Energy Star Enabled/E-PEAT/Gold

Misc:	Intel Core i5 Processor
Misc:	CFI,Information,MIAS, Post Burn,Factory Install
Misc:	CFI Titan Code for CFI FIDA orBypass SI
Misc:	CFI Routing SKU
Misc:	CFI,Rollup,Integration ServiceTag or Label,Only - No Other CFI Services
Misc:	CFI,Rollup, Asset Report
Misc:	CFI,B99V01,Information,Label, Large, Factory Install
Misc:	CFI,Information, CSRouting, DIRECT, Factory Install
Misc:	Custom Project Management, Client, Quantity 1
Misc:	Americas Merge Center Service
Misc:	Americas Merge Center, Custom Service, Fulfillment Services
Misc:	CFI Service
Misc:	SI,DLVRY, Custom freight via AMC
Misc:	AMC, Information, EStar, Allowed, Factory Install
Misc:	US - 3-FT, 3-Pin Flat Power Cord
Misc:	ADMC2 NonTAA Contract CLIN Reference 3100
Systems must be complete i.e computer, monitor and soundbar must ship together. For laptops and tablets all accessories must ship with system and monitor i.e laptop, monitor, and all accessories must ship together	
Current Specs	NAVMED FY 12 Clinical Spec's For Tablets, Laptops, Desktops
2/15/2012	TABLET Laptop-Tablet Combo/TAA Compliant
Base Unit:	TABLET Laptop-Tablet Combo (Tablet PC - convertible)
Processor:	Processor: Intel® Core™ i5-2520M Processor (2.5GHz, 3MB L3, 1333MHz FSB)
Operating System:	Windows 7 Professional 64-bit
Display:	MultiTouch 12.5" (317.5mm) HD (1366x768) TFT color, anti-glare, LED backlight, 300 nits, 16:9 aspect ratio, 500:1 contrast atio, IPS, MultiTouch screen supports pen & five-finger gesture
Memory:	8GB (2x4GB PC3-10600 DDR3SDRAM 1333MHzSODIMM Memory)
Graphics:	Intel HD Graphics 3000 or most recent upgrade
Keyboard:	7 row, 89-keys, spill-resistant, multimedia Fn Keys
Monitor:	Widescreen, 24in Viewable Image Size, HAS, Dual monitor capability, support HIPAA "private eye" features or filters
Sound Bar:	Black Sound Bar for Flat Panel Display
TrackPoint	Pointing device, "Press-to-Select," Internet Scroll Bar 13, Magnifying Glass
TouchPad	Buttonless touchpad below keyboard, multi-touch
Hard Drive	320 GB - 7200 rpm
Smart Card reader:	ExpressCard/54: One slot (ExpressCard/34, ExpressCard/54)
Fingerprint reader:	Removed
Integrated Ethernet:	1 Gigabit Ethernet
Environment:	EPEAT™ Gold rating; ENERGY STAR® 5.0-compliant; RoHScompliant
Wireless:	Integrated WiFi wireless LAN adapters: Intel® Centrino Advanced-N + WiMAX 6250 (2x2 AGN)
Integrated wireless WAN adapters:	Integrated Mobile Broadband--Upgradeable
Battery:	Standard 8 cell battery
Country Pack:	Country Pack North America with Line cord & 65W AC adapter
Language Pack:	Language Pack US English
Warranty:	4Yr Onsite with Accidental Damage Protection, Support and Federal Non Return Hard Drive
Docking Station :	Ultrabase, Docking Station or Port Replicator

Display Adapters :	DisplayPort to Single-link DVI-D Cable
DVD Burner :	8X DVD+/-RW Ultraslim DVD Burner if not built into docking station, port replicator or ultrabase
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 9.5.1, Media
CD-ROM or DVD-ROM Drive:	E/Module, External Media Bay
CD-ROM or DVD-ROM Drive:	8X DVD+/-RW Bezel
Carrying Case:	Basic Nylon Carrying Case
Keyboard :	Pref Pro USB Multimedia Keyboard US English
Mouse :	USB Optical Wheel Mouse
AC Adapter :	90W Slim AC/DC Combo Adapter
MISC	Trusted Platform Module (TPM)
MISC	Secure BIOS
WebCam	Integrated 720p HD webcam
Microphone	Built-in microphones
Pen	Tablet Digitizer Pen

EXHIBIT I- PRICING GUIDE

See attached MS Excel spreadsheet for Pricing Guide to be submitted with proposals.

EXHIBIT III - DOPR BEAUFORT

DOPR – Naval Hospital (NH) Beaufort

The Government intends to award a delivery order resulting from this DOPR to the responsible offeror whose proposal represents the best value to the Government. The Government may award to other than the lowest price offer. The Government intends to evaluate offers and award the delivery order without discussion. However, the Government reserves the right to conduct discussions if later determined by the Contracting Officer to be necessary. The Government reserves the right to make no award as a result of this DOPR. Offers for NH Beaufort requirement will be evaluated separately from the evaluations for the base contract for this solicitation. Only vendors receiving a base contract award will be considered for the DOPR.

NH Beaufort Requirements

1. GENERAL

- 1.1. OVERVIEW. NH Beaufort is a medical treatment facility (MTF) located in Beaufort, SC. NH Beaufort also supports 2 off-site clinical activities. As of March 2012, the NH Beaufort property book as recorded in DMLSS consists of 5,659 line items, of which over 2,056 are maintenance significant. The property book includes the equipment located at all off-site clinical activities.
- 1.2. SCOPE OF WORK. The contractor shall furnish an integrated asset tracking/management system for NH Beaufort. The system shall provide coverage for the main hospital and building 12 (Education and Training) at the main campus of NH Beaufort; the system shall also provide coverage for the branch health clinic (BHC) at Marine Corps Air Station (MCAS) and the BHC Marine Corps Recruit Depot (MCRD) Parris Island, as well as 6 battalion aid stations (BAS) located on the base at Parris Island. The scope of the work shall include site survey, installation, tag application, setup, DIACAP testing and documentation, on-site training, and technical support services.

2. CONTRACTOR PERSONNEL

- 2.1. **CONTRACTOR REPORT REQUIREMENTS.** During normal duty hours, contractor personnel shall check-in with the Biomedical Engineering Division or the Materials Management Division upon arrival at the Government site and again prior to departure.
- 2.2. The contractor and its subcontractors shall comply with base security requirements, including, but not limited to, base pass requirements and security clearance requirements. Work under this statement of work is unclassified. The contractor shall comply with all applicable Department of Defense (DoD) security regulations and procedures, during the performance of this statement of work. Contractor shall not disclose and must safeguard procurement sensitive information, computer systems and data, privacy act data, and government personnel work products that are obtained or generated in performance of this statement of work.

3. EQUIPMENT INSTALLATION

- 3.1. The contractor's software solution shall be installable on a virtual server environment and shall conform to all IT and IA security requirements.
- 3.2. Floor plans for the appropriate buildings and floors will be provided as stated in Section L, 2.2.
- 3.3. The contractor shall provide at least 10 ruggedized, wireless-enabled mobile workstations or mobile computing devices, with docking stations. These mobile devices shall be approved for use on the MHS WLAN and capable of accessing the RTLS software (See "End User Device Specifications" for current approved list). The contractor shall supply at least 10 handheld scanners capable of reading 1D and 2D barcodes, as well as the RTLS active and passive asset tags. These handheld scanners shall connect to the mobile workstations via a cradle or similar wired means of communication to support data transfer.

4. CUSTOMER TRAINING AND DOCUMENTATION

- 4.1. The contractor shall provide on-site classroom-based training as stated in the base award. The training shall be scheduled as needed and shall be provided in multiple sessions if required (i.e. there shall be more than one "general user" training session). The facility shall be able to schedule the included training after installation of the system.
- 4.2. The contractor shall provide training for up to 50 users for "general user" training.
- 4.3. The contractor shall provide training for up to 10 users for "super-user" training.
- 4.4. The contractor shall provide training for up to 8 users for "maintenance-level" training.

5. GENERAL SYSTEM CAPABILITIES

- 5.1. The system shall be capable of tracking at least 6,000 pieces of equipment, with the capability to expand to 10,000 trackable items as future capabilities are implemented.
- 5.2. The system shall provide coverage for the main hospital and building 12 (Education and Training) at the main campus of NH Beaufort; the system shall also provide coverage for the branch health clinic (BHC) at Marine Corps Air Station (MCAS) (medical/dental and audiology) and the BHCs Marine Corps Recruit Depot (MCRD) Parris Island (medical and dental), as well as 6 battalion aid stations (BAS) located on the base at Parris Island.
 - 5.2.1. Main Hospital (280,000 sq ft – 8 floors, including basement)
 - 5.2.1.1. Basement: At least four (4) zones are required for this floor. There are five (5) stairwells and six (6) elevators.
 - 5.2.1.2. 1st Floor: At least seven (7) zones are required for this floor. There are up to 16 exit doors to the building and two (2) loading docks. Alarmed or unused exit doors will not be required to be monitored. There are seven (7) stairwells and six (6) elevators.
 - 5.2.1.3. 2nd Floor: At least five (5) zones are required for this floor. There are up to four (4) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are seven (7) stairwells and six (6) elevators.
 - 5.2.1.4. 3rd Floor: At least five (5) zones are required for this floor. There are up to two (2) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are seven (7) stairwells and four (4) elevators.
 - 5.2.1.5. 4th Floor: At least one (1) zone is required for this floor. There are three (3) stairwells and two (2) elevators.

- 5.2.1.6. 5th Floor: At least one (1) zone is required for this floor. There are three (3) stairwells and two (2) elevators.
- 5.2.1.7. 6th Floor – No requirement – mechanical access only.
- 5.2.1.8. 7th Floor – No requirement – mechanical access only.
- 5.2.2. Building 12 (8,500 sq ft) – Education and Training
- 5.2.2.1. 1st Floor – At least one (1) zone is required. There are up to four (4) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored.
- 5.2.3. Building 707 (5,000 sq ft) – MCAS Audiology
- 5.2.3.1. 1st Floor: At least one (1) zone is required for this floor. There are up to three (3) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored.
- 5.2.4. Building 598 (less than 40,000 sq ft) – MCAS Medical/Dental
- 5.2.4.1. 1st Floor: At least two (2) zones are required for this floor. There are up 11 exit doors to the building. Alarmed or unused exit doors will not be required to be monitored.
- 5.2.5. Building 670 (80,000 sq ft) – MCRD Parris Island Medical
- 5.2.5.1. 1st Floor: At least three (3) zones are required for this floor. There are up to nine (9) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are two (2) stairwells and two (2) elevators.
- 5.2.5.2. 2nd Floor: At least one (1) zone is required for this floor. There are two (2) stairwells and two (2) elevators.
- 5.2.6. Building 674 (37,500 sq ft) – MCRD Parris Island Dental
- 5.2.6.1. 1st Floor: At least three (3) zones are required for this floor. There are up to seven (7) exit doors to the building. Alarmed or unused exit doors will not be required to be monitored. There are four (4) stairwells and one (1) elevator.
- 5.2.6.2. 2nd Floor: At least three (3) zones are required for this floor. There are four (4) stairwells and one (1) elevator.
- 5.2.7. Battalion Aid Stations (BAS) – passive zone-level location only is required.
- 5.2.7.1. There are six (6) BASs located on MCRD Parris Island. No BAS is larger than 2,000 sq ft; the BASs range from one (1) room within a larger building to a standalone building with up to ten (10) rooms. No BAS (building or room) has more than 4 exits. Drawings are not available for the BASs.

6. TAGS

- 6.1. ACTIVE. The contractor shall provide at least 500 active tags in accordance with the requirements of the base contract. The chart below provides initial counts and possible types of equipment to be actively tagged. The types of equipment are not limited to the list below. The contractor shall provide sufficient personnel to complete the tagging of all equipment identified to have active tags. NH Beaufort personnel will identify the actual pieces of equipment to be tagged by the contractor.

Equipment	Quantity
Infusion pumps	71
Infusion pump modules	0
Test equipment	36
Aspirators, emergency	20
Oxygen air proportioner	0
Detector, fetal heart, ultrasonic	19
Vital signs monitors	122
Pulse oximeters	32
Ventilators	2
Pump, enteral feeding	0
Anesthesia Units	3
Electrosurgical Units	10
Beds	0
Humidifier	0
Ultrasounds	9

Emergency Management (CBRNE, Pandemic Flu)	15
Total:	339

6.2. PASSIVE. The contractor shall provide up to 5,100 passive RFID tags in accordance with the requirements of the base contract. The form factors of the tags will vary based on type of equipment to be tracked. The command has over 1,100 dental handpieces that should be tagged, which have specific sterilization requirements and are small hand-held devices. Any tags utilized on the handpieces shall have a small form factor, shall not compromise the sterilization of the handpieces, and shall be capable of withstanding sterilization temperatures and steam. The contractor shall provide sufficient personnel to complete tagging of 2,000 pieces of equipment with passive tags.

7. SOFTWARE

7.1. Software requirements apply as stated in the base award.

8. FUTURE CAPABILITIES

8.1. The contractor shall provide the required tags (at least two (2) of each type) and software modules for temperature monitoring, patient tracking, staff duress, and any other future capabilities their solution currently supports for DIACAP testing purposes only.

9. POTENTIAL FUTURE USE CASES

9.1. Other potential future use cases apply as stated in the base award.

10. WIRELESS NETWORK

10.1. CURRENT INSTALLATION. The currently installed wireless network configuration, including signal strength maps and site survey data, will be distributed at the site visit. If the RTLS is to utilize the WLAN either for location services or for network connectivity, the system shall not interfere with the current MHS WLAN accredited security posture.

11. INFORMATION ASSURANCE REQUIREMENTS

11.1. Information assurance requirements apply as stated in the base award.

12. SUPPORT REQUIREMENTS

12.1. Support requirements apply as stated in the base award.

PERIOD OF PERFORMANCE

The estimated period of performance shall begin no later than 30 days after notification of DOPR award.

INSTRUCTIONS

For this DOPR proposals shall contain the following:

- a. Completed Pricing Sheet (See Exhibit VI – NH Beaufort Pricing). Pricing shall include pricing for all components as well as a total and complete price for the delivery order. Offerors shall ensure that the totals are rounded to no more than two decimal places and that the total submitted matches the total calculated value from all components.
- b. Sufficient documentation to allow for the evaluation factors as stated in the section titled “Evaluation Factors”

Offers shall submit the proposal for NMC Portsmouth in addition to all volumes as required by Section L of the solicitation by the closing time stated in block 8 on the SF 1449.

There is no page limit for this DOPR proposal.

EVALUATION FACTORS

The technical approach is significantly more important than price.

Technical

- a. Design Quality and Capability – The vendor’s ability to meet the requirements of the specifications.
- b. IA readiness – Ability and time required to obtain DIACAP certification.
- c. Additional Capabilities – The scalability of the proposed system to determine how well that system meets or will meet the intended future capabilities. The government will evaluate how the proposed system incorporates any existing systems at the command.

Price

The Proposed Price of the Delivery Order – Price will be evaluated for both completeness and reasonableness.

Past performance will not be an evaluation factor for this DOPR as acceptable past performance is required for award of a base contract.

EXHIBIT IV - C&A QUESTIONNAIRE

Certification and Accreditation (C&A) Process Initial Technical Questionnaire DIACAP/Platform Information Technology Risk Assessment (PIT/PRA)

The updated questionnaire can be found at the following link:

[http://www.nmlc.med.navy.mil/Public_Docs/Solicitations/RFP/Certification%20%20Accreditation%20\(CA\)%20Technical%20Questionnaire%20\(4\).docx](http://www.nmlc.med.navy.mil/Public_Docs/Solicitations/RFP/Certification%20%20Accreditation%20(CA)%20Technical%20Questionnaire%20(4).docx)

In case the link above cannot be accessed, the C&A Questionnaire can be found at the Naval Medical Logistics Command (NMLC) web site below. Once on the home page, click the Requests for Proposals (RFPs) link and scroll to the bottom of the page where the questionnaire information is located.

<http://www.nmlc.med.navy.mil/>

SECTION C

SPECIFICATIONS

ASSET TRACKING/MANAGEMENT SOLUTION / REAL TIME LOCATION SYSTEM

1. GENERAL:

- 1.1 **OBJECTIVES.** Navy Medicine is seeking to acquire the ability of a real time location system (RTLS) for asset tracking/management to supplement the automated information logistics system, Defense Medical Logistics Standard Support (DMLSS). Initial RTLS requirements will focus on asset tracking to facilitate preventive maintenance and inventory management. The ability to access and track assets through facilities is vital to ensure timely scheduled preventive maintenance, accurate inventory capture, and efficient allocation of assets for patient care.
- 1.2. **SCOPE OF WORK.** The contractor shall furnish an integrated asset tracking/management system for Navy Medicine Facilities. Individual delivery orders (DO) will be issued for individual Navy Medicine Facilities (commands). A single command system may consist of a parent medical treatment facility (MTF) and up to 14 branch health clinics (BHC) located in disparate physical locations including up to 50,000 DMLSS asset records. Total number of assets across the enterprise is estimated to be 300,000. The goal is to provide real-time location visibility with alerting and reporting of critical or high-value moveable equipment with a resolution to within a 10 foot radius and with room-level resolution where applicable. The system shall also integrate passive location services for other assets. The government is currently focused on RTLS for asset tracking/management; however, the technology available lends itself to additional use cases which will likely be implemented in the future. Future capabilities will include temperature monitoring and staff/patient duress. Additional potential future use cases may include infant security, or integration with an installed system, instrument/tray tracking, bed-level resolution and tracking for asset/staff/patient associations, and supply tracking.

2. CONTRACTOR PERSONNEL:

- 2.1. Contractor employees shall comply with all safety procedures and practices associated with the command. Contractor personnel shall be required to abide by applicable Joint Commission, Occupational Safety and Health Administration (OSHA), and National Fire Protection Agency (NFPA) 99: Health Care Facilities Code regulations. Additional site-specific requirements shall be stated in each DO. Contractor employees shall identify themselves as contractor personnel by introducing

- themselves or being introduced as contractor personnel and displaying distinguishing badges or other visible identification for meetings with Government personnel. In addition, contractors shall identify themselves as contractor employees in telephone conversations and in formal and informal written correspondence.
- 2.2. The services rendered by the contractor are rendered in the capacity of an independent Contractor. The Government will evaluate the quality of services for purposes of contract inspection and acceptance. The Contractor shall be solely responsible for any and all liability caused by the acts or omissions of its agents or employees. The Contractor shall not in any manner represent or infer that it is an instrumentality or agent of the United States Government. The Contractor shall recognize that the Commander maintains administrative and operational responsibility for all activities within the Command and may take such actions as necessary to preserve and maintain the integrity of the Command, subject to the limitations prescribed by law and U.S. Navy Regulations.
- 2.3. The contractor shall obtain all necessary licenses and/or permits required to perform this work. He/she shall take all reasonable precautions necessary to protect persons and property from injury or damage during the performance of this contract. He/she shall be responsible for any injury to himself/herself, his/her employees, as well as for any damage to personal or public property that occurs during the performance of this contract that is caused by his/her employees fault or negligence, and shall maintain personal liability and property damage insurance having coverage for a limit as required by the laws of the State of in which the work is being conducted. Further, it is agreed that any negligence of the Government, its officers, agents, servants and employees, shall not be the responsibility of the contractor hereunder with the regard to any claims, loss, damage, injury, and liability resulting there from.
- 3. EQUIPMENT INSTALLATION:**
- 3.1. The contractor shall conduct the following pre-deployment/ pre-delivery system configuration requirements for each DO:
- 3.1.1. The contractor shall conduct a complete site survey at each site to determine recommended equipment types and quantities necessary to implement the system at that site and to make any recommendations regarding the need for additional infrastructure upgrades including additional access points and network and power drops. The contractor shall be responsible for these upgrades unless otherwise specified in the DO. All work shall be coordinated through the appropriate departments at each site (including at least Information Technology (IT) and Facilities).
- 3.1.2. The contractor shall import Navy Medicine provided maps (floor plans) and delimited equipment import file into the required RTLS for each DO.
- 3.1.3. The contractor shall create zones per DO requirement and configure hardware for the required resolution. Levels of resolution will vary in certain areas of each command and will be DO specific Adjustments to take advantage of facility architecture or system technology are acceptable. Additional subdivision of zones may also be acceptable. The contractor shall configure hardware (as necessary) for entrance/egress reporting and tracking. Entrance/egress tracking requirements will also vary by DO.
- 3.1.4. The contractor shall complete facility mapping for each DO to define the coverage area and signal strength, as needed, while escorted by Navy Medicine representatives.
- 3.1.5. The contractor should have alternative installation methods available, including mounting solutions for both wall and ceiling if mounting is required.
- 3.1.6. The contractor shall provide sufficient personnel to complete the tagging of all identified equipment to receive active tags as identified in the DO and to complete the tagging of the equipment inventory at the site. Site personnel will identify equipment to be tagged. Delivery orders may specify specific percentages or number of equipment to be tagged by the vendor.

4. CUSTOMER TRAINING AND DOCUMENTATION:

- 4.1 The Contractor shall provide at least two (2) user manuals and two (2) operator manuals per command for all hardware and software components, regardless of original equipment manufacturer (OEM). The

- Contractor shall provide updated documentation for all system components throughout the lifecycle of the system.
- 4.2 The contractor shall provide three levels of initial on-site classroom-based training, to include all necessary student training materials, to the government at least at each parent command (See Facilities List, Section C, 13) on the installed RTLS prior to system acceptance. Total number of users to be trained at each level of training will vary by DO.
 - 4.2.1 The contractor shall provide on-site classroom-based “general user” training, and shall include at least the following knowledge areas: end-user software client operation to include launching the application, application navigation, step-by-step procedures for how to perform queries, application capabilities, and application functions. A knowledge check shall be conducted at the conclusion of the training to ensure knowledge retention.
 - 4.2.2 The contractor shall provide additional on-site classroom-based “super user” training to the government at least at each parent command. This “super-user” training shall include at least the following knowledge areas of concentration: Application and database set-up, application and database configuration, user account setup, operation and maintenance of RTLS active and passive tags to include detailed, step-by-step procedures for tag activation, tag programming, naming conventions, mounting and removal, and periodic maintenance, such as battery replacement, detailed, step-by-step trouble-shooting procedures for resolving programmable tag issues and other maintenance issues, data import, rules set-up, report and query generation, and data export. A knowledge check shall be conducted at the conclusion of the training to ensure knowledge retention.
 - 4.2.3 The contractor shall provide site classroom-based “maintenance-level” training to the government’s Navy biomedical engineering technicians at least at each parent command. This “maintenance level” training shall include at least the following knowledge areas of concentration: Detailed, step-by-step procedures for all service tools, diagnostic software, and technical documentation necessary to service the RTLS. A knowledge check shall be conducted at the conclusion of the training to ensure knowledge retention.
 - 4.3. After initial on-site classroom-based training is completed, the contractor shall provide unlimited access to web or media-based training for the life of the system.
 - 4.4. The contractor shall provide follow-on on-site classroom-based training at the request of the command.
 - 4.5. The contractor will provide to all personnel a “Certificate of Training” at the completion of each level of training, web, media- based or classroom.

5. GENERAL SYSTEM CAPABILITIES:

- 5.1. The system shall be capable of tracking both active and passive tags and be able to show last known location and historical locations for any given tagged asset.
- 5.2. The system shall be capable of monitoring at least 50,000 individual assets with a focus on maintenance significant (based on risk-level assigned in DMLSS) and patient-care essential moveable equipment at a single facility. Total number of assets across the enterprise is estimated at 300,000.
- 5.3. Fixed equipment may be monitored via passive tags and portal detectors or other non-active tracking means.
- 5.4. The system shall be capable of providing the following levels of resolution based on the intended function of the area. Specific area requirements for specific resolutions will be defined in the DO.
 - 5.4.1 The system shall be capable of providing location data to within a specified zone for both active and passive tags.
 - 5.4.2. The system shall be capable of providing location data to within at least a 10 foot radius for active tags.
 - 5.4.3. The system shall be capable of providing room-level accuracy with at least 90% precision (or confidence) in covered areas for active tags.
- 5.5. The system shall be capable of providing zone tracking, such as when a tag passes a system defined boundary or through an egress point. The system shall be capable of generating an alert if a tag passes the defined perimeter.
- 5.6. The system shall be capable of providing historical location data for at least a 12 month period.
- 5.7. The system shall be capable of providing 98% uptime calculated monthly. If the system requires servers to be installed at the command, uninterruptible power supplies shall be supplied.

- 5.8. The system shall be capable of covering disparate physical locations (such as outlying buildings or branch health clinics associated with a parent MTF). The remote locations may be in different countries and at a distance of hundreds of miles. The system shall allow for centralized monitoring of all locations associated with the parent facility. A single building may be up to 2 million square feet. The MTF or clinics may span multiple buildings. The system shall also be capable of filtering based on location, building, department, and floor, room or zone.
- 5.9. The system shall be capable of capturing and managing business requirements, such as equipment location and equipment status (i.e. in use/not in use), to facilitate inventory management and asset tracking.
- 5.10. The system shall have the capability to manually locate passive tags (e.g. a handheld scanner) and shall be capable of capturing the system location of the passive tags (e.g. zone, room, etc.).
- 5.11. The contractor shall ensure that products provided under this contract, to include hardware, software, firmware, and middleware, whether acting alone or combined as a system, are year 2000 compliant as defined at FAR Part 39.
- 5.12. The Contractor shall comply with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d). Specifically, the procurement, development, maintenance, or integration of electronic and information technology (EIT) under this contract must comply with the applicable accessibility standards issued by the Architectural and Transportation Barriers Compliance Board at CFR part 1194.

6. TAGS:

- 6.1. Active tags.
 - 6.1.1 Active tags shall be capable of beaconing at least once per minute.
 - 6.1.2 Active tags shall have a battery life of at least two (2) years assuming a beaconing frequency of once per minute. A longer battery life is preferred. A commercial off-the-shelf (COTS) battery is preferred as long as it meets the battery life requirement.
 - 6.1.3 Active tags shall include programmable buttons and indicator lights and may include other advanced capabilities.
 - 6.1.4 Active tags shall be programmable remotely to change beaconing frequency or otherwise configure the tags.
 - 6.1.5 Sample types of equipment that will require active tags include: infusion pumps, electrocardiographs, ventilators, mobile radiographic units, beds, wheelchairs.
- 6.2. Passive tags.
 - 6.2.1. Sterilizable tags shall be available.
 - 6.2.2. There shall be at least one type of passive tag that is no larger than 1 inch x 3 inches in length by width. The tag shall have a read range of at least 6 feet.
- 6.3. Active and Passive tags.
 - 6.3.1. There shall be options available for permanent and temporary mounting of both active and passive tags.
 - 6.3.2. The tags shall be able to be cleaned via typical equipment infection control methods (i.e. wiped down with disinfectant).
 - 6.3.3. Tags shall be capable of being mounted on multiple types of materials used in the construction of medical equipment, including plastic and metal.

7. SOFTWARE:

- 7.1. The software shall be server-based with a web-based front end interface deployable at multiple end-user workstations.
- 7.2. The software interface shall have the capability of map-based display of the facility.
- 7.3. The software shall allow for equipment location query, search, and display. Assets shall be locatable by class (device nomenclature), serial number, and ECN, as well as by floor, zone, or room.
- 7.4. The software shall be capable of bi-directional interface with DMLSS or an interface shall be developed prior to system ATO testing and system activation. See Attachment II for interface specifications.
- 7.5. The software shall have an open application programming interface (API) for potential third party application integration.
- 7.6. The software shall support roles-based administration and asset management to allow for various levels of software access, including at least view-only access, edit access, and administrator access.
- 7.7. The software shall support at least 100 concurrent users at each command.

- 7.8. The software shall support creation of reports in XML, HTML, Excel and Adobe PDF formats. These reports shall be configurable at the command level.
- 7.9. The software shall allow for administrator updates to facility mapping/coverage area at the command level.
- 7.10. The software/interface shall be capable of using at least the following naming conventions when displaying tag detail information. For facility related identification, use room, hallway, department, ward, wing, floor, and building with it associated alphanumeric reference (e.g. Ward 4F). For equipment related item identification, use ECN, item unique identification (IUID), nomenclature, serial number, manufacturer, and model. For remote temperature monitoring use temperature (available in both °C and °F) and shall display if the temperature is out of range. For staff duress, displayed information shall include location of alert. For patient/staff tracking, a unique identifier will be displayed.

8. FUTURE CAPABILITIES:

- 8.1. The system shall be capable of the following for possible future implementation:
- 8.2. Temperature monitoring (or integration with an installed system)
 - 8.2.1. The system shall be capable of utilizing tags that can remotely monitor temperature of rooms, refrigerators, freezers and ultra-low freezers used to store laboratory specimens, blood products, medications, and patient food.
 - 8.2.2. Wireless temperature monitoring tags shall be capable of monitoring within -85°C to 60°C in increments of no greater than 0.5°C.
 - 8.2.3. The system shall be capable of sending an alert via e-mail and pager when a monitored temperature is out of range. Additional capabilities are preferred.
 - 8.2.4. The system shall be capable of tracking historical temperatures of each unit for a minimum of a 12 month period.
- 8.3. Staff duress and patient/staff tracking
 - 8.3.1. The system shall be capable of tracking patients or staff as they move through the facility.
 - 8.3.2. The system shall have a means of allowing a staff member to indicate duress (e.g. a button, pull-cord, or panic switch).
 - 8.3.3. The system shall be capable of interfacing with a phone, pager, or other alert system to alert appropriate staff and shall be capable of displaying a map to indicate where the alert originated. The location resolution shall be within 30 feet and the alert notification must take place within 10 seconds of activation.

9. WIRELESS NETWORK:

- 9.1. 802.11 is currently the only approved wireless standard for wireless local area networks (WLAN) for use on the MHS LAN and is installed at all Navy MTFs. Additional details, including site specific signal strength maps and site survey data (equipment type, quantity, etc.) will be included within the solicitation for all DOPR's.
- 9.2. Most of the Government sites delineated in the Facilities List are equipped with a WLAN and offerors may include use of such in their proposals. If the RTLS is to utilize the WLAN either for location services or for network connectivity, the system shall not interfere with the current MHS WLAN accredited security posture.

10. INFORMATION ASSURANCE (IA) REQUIREMENTS:

- 10.1. General Security Requirements. The Contractor shall establish appropriate administrative, technical, and physical safeguards to protect any and all Government data, to ensure the confidentiality, integrity, and availability of government data. As a minimum, this shall include provisions for personnel security, electronic security and physical security as listed in the sections that follow.
 - 10.1.1. Health Insurance Portability and Accountability Act (HIPAA). The contractor shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191) requirements, specifically the administrative simplification provisions of the law and the associated rules and regulations published by the Secretary, Health and Human Services (HHS). This includes the Standards for Electronic Transactions, the Standards for Privacy of Individually Identifiable Health Information and the Security Standards. It is expected that the contractor shall comply with all HIPAA-related rules and regulations as they are published.

10.1.2. Personnel Security

10.1.2.1. The contractor shall comply with DoD Directive 8500.1, "Information Assurance (IA)," DoD Instruction 8500.2, "Information Assurance (IA) Implementation," DoD Directive 5400.11, "DoD Privacy Program," DoD 6025.18-R, "DoD Health Information Privacy Regulation," and DoD 5200.2-R, "Personnel Security Program Requirements."

10.1.2.2. Contractor responsibilities for ensuring personnel security include, but are not limited to, meeting the following requirements:

- Follow the DoD guidelines for submittal of Automated Data Processor/Information Technology (ADP/IT) security clearances and ensure all contractor personnel are designated as ADP/IT-I, ADP/IT-II, or ADP/IT-III where their duties meet the criteria of the position sensitivity designations.
- Initiate, maintain, and document personnel security investigations appropriate to the individual's responsibilities and required access.
- Immediately report to the DON Privacy Office and deny access to any automated information system (AIS), or network if a contractor employee filling a sensitive position receives an unfavorable adjudication, if information that would result in an unfavorable adjudication becomes available, or if directed to do so by the appropriate government representative for security reasons.
- Ensure that all contractor personnel receive information assurance (IA) training before being granted access to DoD AISs/networks, and/or MHS SI information. Contractor personnel shall provide the certificate of completion to the COR before commencing work. Non-DoD personnel IA training is located at http://iase.disa.mil/eta/iss_icv5/launchpage.htm.

10.1.3. Electronic Security

10.1.3.1. Contractor Information Systems (IS)/networks that are involved in the operation of systems in support of the System shall operate in accordance with controlling laws, regulations, and DoD policy.

10.1.3.2. Certification & Accreditation (C&A) requirements apply to all DoD and contractor's IS/networks that receive, process, display, store or transmit DoD information. The contractor shall comply with the C&A process for safeguarding sensitive information. Certification is the determination of the appropriate level of protection required for IS/networks. Certification also includes a comprehensive evaluation of the technical and non-technical security features and countermeasures required for each system/network.

10.1.3.3. Accreditation is the formal approval by the government to operate the contractor's IS/networks in a particular security mode using a prescribed set of safeguards at an acceptable level of risk. In addition, accreditation allows IS/networks to operate within the given operational environment with stated interconnections; and with appropriate level of protection for the specified period.

10.1.3.4. The contractor shall comply with C&A requirements, as specified by the government that meet appropriate DoD Information Assurance requirements. The C&A requirements shall be met before the contractor's system is authorized to access DoD data or interconnect with any DoD IS/network that receives, processes, stores, displays or transmits DoD data. The contractor shall initiate the C&A process by providing the Contracting Officer, within 60 days following contract award, the required documentation necessary to receive an Approval to Operate (ATO). The contractor shall make their IS/networks available for testing, and initiate the C&A testing four months (120 days) in advance of accessing DoD data or interconnecting with DoD IS/networks. The contractor shall ensure the proper contractor support staff is available to participate in all phases of the C&A process. They include, but are not limited to:

- Attending and supporting C&A meetings with the government
- Supporting/conducting the vulnerability mitigation process
- Supporting the C&A Team during system security testing

10.1.3.5. Contractors must confirm that their IS/networks are locked down prior to initiating testing.

10.1.3.5.1. Confirmation of system lock down shall be agreed upon during the definition of the C&A boundary and be signed and documented as part of the DIACAP Implementation Plan (DIP).

- 10.1.3.5.2. Locking down the system means that there shall be no changes made to the configuration of the system (within the C&A boundary) during the C&A process.
- 10.1.3.6. Any re-configuration or change in the system during the C&A testing process will require a re-baselining of the system and documentation of system changes.
- 10.1.3.7. Vulnerabilities that have been identified by the government as "must-fix" issues during C&A process must be mitigated according to the timeline identified by the Government Representative. C&A Checklists is provided as Exhibit IV for complying with DoD C&A requirements.
- 10.1.3.8. A request for an Interim Authorization to Test (IATT) may be submitted to the Navy Office of the Designated Approving Authority (ODAA) via the NAVMISSA Enterprise Information Assurance team. An IATT is for testing purposes only (i.e., the system will not be used for operational purposes during the IATT period). The minimum required documents for IATT consideration are: System Identification Profile, IA Validation Plan and Procedures, Test Plan, Draft DIP/C&A Plan, Raw test results, and the Plan of Action & Milestone.
- 10.1.3.9. Information Assurance Vulnerability Management (IAVM). The contractor shall implement an information assurance vulnerability management program. The DoD IAVM program provides electronic security protections against known threats and vulnerabilities. The IAVM program requires the registration of AIS system assets, which then allows for the timely dissemination of critical vulnerability information. It also assists in the documentation and tracking of compliance, providing increased electronic security to Navy Medicine systems. As part of the program, the contractor shall provide a primary and secondary point of contact in the Vulnerability Management System (VMS) and to the Information Assurance Vulnerability Alert (IAVA) Monitor. The point of contact shall provide, upon receipt of a vulnerability message, an acknowledgment of receipt via the VMS. The contractor shall thoroughly test all mitigations for the vulnerability, and upon applying the mitigation to the system, report compliance in the VMS. Receipt and compliance messages to the government shall occur within the stipulated time window, as stated in the vulnerability message or in the VMS.
- 10.1.3.10. The contractor shall ensure AIS assets that are under development are registered in the VMS and have all applicable electronic patches installed for the system (1) when the system is delivered to the Government, or (2) if the AIS assets are used to store or process Government data prior to delivery (such as when being used in testing and development).
- 10.1.3.11. Guidance regarding the requirement for IAVM is contained in the DoD Information Assurance Vulnerability Alert (IAVA) December 30, 1999 memorandum and Chairman of the Joint Chiefs of Staff Manual (CJCSM) 6510.01 (Appendix A to Enclosure B) provides additional reference information. Implementation is addressed in the Defense Information Systems Agency (DISA) IAVA Process Handbook, Version 2.1, June 11, 2002. An asset is defined as any hardware device, such as a router, firewall, server, or an operating system image accessed by more than one user. Primary servers and the workstations that they support are assets that must be registered in the VMS. The DISA VMS web enabled application is used to disseminate IAVAs, Information Assurance Vulnerability Bulletins (IAVBs), and Information Assurance Technical Advisories down to the System Administrator (SA) and applicable personnel throughout the chain of command.
- 10.1.3.12. The contractor shall maintain any development environments in accordance with the DON DIACAP Handbook. During product development for the government, the contractor shall ensure that all IA mitigation strategies have been applied to the development environment prior to any Government data being loaded onto any assets or software for testing or delivery.
- 10.1.3.13. IA mitigation strategies include security updates, service packs, and changes to operating procedures as physical and cyber vulnerabilities are detected. Operating system, routers, servers, development platforms and the application being delivered to the government shall be in compliance with all known applicable Department of Defense Computer Emergency Response Team (DoD-CERT) Alert, Bulletin, and Technical Advisory Notices published during the past 36 months.
- 10.1.3.14. Disposing of Electronic Media. Vendors shall follow the DoD standards, procedures, and use approved products to dispose of unclassified hard drives and other electronic media, as

- appropriate, in accordance with DoD Memorandum "Disposition of Unclassified Computer Hard Drives," June 4, 2001. Vendors are required to also follow DoD guidance on sanitization of other internal and external media components in DODI 8500.2 "Information Assurance (IA) Implementation," 6 Feb 2003 (see PECS-1 in enclosure 4 Attachment 5) and DoD 5220.22-M "Industrial Security Program Operating Manual (NISPOM)," (Chapter 8).
- 10.1.3.15. Ports Protocols and Services. Vendors shall follow all current DoD and Defense Information Systems Agency (DISA) standards and requirements for acceptable Ports, Protocols, and Services. Any requests for exception to using the current DISA Ports, Protocols, and Services standards requires a request for exception sent through the Program Manager to the DAA.
- 10.1.3.16. Public Key Infrastructure and Encryption. Vendors shall follow the DoD standards, policies, and procedures related to the use of Public Key Infrastructure (PKI) certificates and biometrics for positive authentication. Where interoperable PKI is required for the exchange of unclassified information between DoD and its vendors and contractors, industry partners shall obtain all necessary certificates. Vendors must turn over to the Government all encryption keys for deployed systems, backdoor algorithms, and procedures for their use in remote support. The Vendor must provide a written report detailing all of the above, prior to task order expiration, regardless of modifications or extensions.
- 10.2. Information Systems (IS)/Networks Physical Security. The contractor shall employ physical security safeguards for IS/Networks involved in processing or storage of Government Data to prevent the unauthorized access, disclosure, modification, destruction, use, etc., and to otherwise protect the confidentiality and ensure use conforms with DoD regulations. In addition, the contractor will support a Physical Security Audit performed by the Government of the contractor's internal information management infrastructure. The contractor shall correct any deficiencies identified by the Government of the contractor's physical security posture.

11. SUPPORT REQUIREMENTS:

- 11.1. The Contractor shall provide installation, testing, calibration, and validation of the hardware components and software of the requested integrated asset tracking/management solution with supporting documentation.
- 11.2. The contractor shall provide at least a one year warranty on the hardware, software, and necessary infrastructure components.
- 11.3. The Contractor shall be capable of providing technical phone support for each of the Navy Medicine RTLS sites at least during normal business hours (0800-1700 local time for each site).
- 11.4. The contractor shall be capable of provide software maintenance and support for the period of the base contract.

12. DEFINITIONS/ABBREVIATIONS:

Active	An identification system in which tags have their own internal power source, which is used to power the integrated circuits and to broadcast the identifying signal
ADP	Automated Data Processor
AIS	Automated Information System
API	Application Programming Interface
ATO	Authority to Operate
BDA	Branch Dental Annex
BDC	Branch Dental Clinci
BHC	Branch Health Clinic
BMC	Branch Medical Clinic
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CONUS/OCONUS	Continental United States/Outside the continental United States

DAA	Designated Approving Authority
DISA	Defense Information Systems Agency
DIACAP	Defense Information Assurance Certification and Accreditation Process
DMLSS	Defense Medical Logistics Standard Support
DO	Delivery Order
DOPR	Delivery Order Proposal Request
ECN	Equipment Control Number
Floor	A single level within a building
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
IA	Information Assurance
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletins
IAVM	Information Assurance Vulnerability Management
IS	Information System
IT	Information Technology
Joint Commission	An independent organization which accredits and certifies healthcare organizations in terms of quality and patient safety
MHS	Military Health System
MTF	Medical Treatment Facility – a facility providing medical and/or dental care to eligible individuals
NBHC	Naval Branch Health Clinic
NH	Naval Hospital
NISPOM	National Industrial Security Program Operating Manual
Passive	an identification system in which tags do not have an internal power source, which its integrated circuits are powered by an external ‘reader’ to broadcast the identifying signal
PKI	Public Key Infrastructure
RTLS	Real-Time Location System - a combination of wireless hardware, real-time location software, and services that is used to continuously determine and provide the real time position of assets and resources equipped with devices designed to operate with the system
SA	System Administrator
SSAA	System Security Authorization Agreement
Uptime	The time when, during the site’s normal business hours, the system is available for its designed use without restrictions on the quality of results and without safety hazards to patients, operators, staff, visitors, or others
VMS	Vulnerability Management System
WLAN - Wireless Local Area Network	A wireless network based on the IEEE (Institute of Electrical and Electronics Engineers) 802.11 standards
Zone-level	A defined area which may encompass multiple spaces (i.e. – a grouping of rooms, a department)

13. Facilities List

Parent commands are listed in bold and associated branch clinics/commands are listed immediately beneath. This list represents current possible facilities for system deployment; likely deployment plan would be NMC Portsmouth, and NH Beaufort with associated clinics, followed by CONUS MTFs (large to small), OCONUS MTFs (large to small), non-MTFs (large to small). Additional sites may be added and will be specified in delivery orders.

NDC CAMP PENDLETON

1ST DENTAL CO DET LAS FLORES
1ST DENTAL CO DET LAS PULGAS
1ST DENTAL CO DET MARGARITA
1ST DENTAL CO DET SAN MATEO
BDC TWENTYNINE PALMS
BDC NAS MIRAMAR
BDC CAMP SAN ONOFRE MCB
BDC CHAPPO MCB
BDC DELMAR-CAMP PENDLETON
BDC EDSON RANGE ANNEX MCB
BDA HORNO
BDC MCAS YUMA

NDC CAMP LEJEUNE

22nd DENTAL COMPANY FRENCH CREEK
2nd DENTAL BN B 460
BDC 2ND BN CAMP LEJEUNE
BDA CAMP LEJEUNE
BDC COURTHOUSE BAY MCB
BDC MCAS H NEW RIVER
BDC CAMP GEIGER MCB
BDC CAMP JOHNSON MCB
BDC MCAS CHERRY POINT

NDC OKINAWA

BDC KANEOHE BAY
BDC MCAS IWAKUNI
BDC NAF KADENA
BDC CAMP SCHWAB
BDC CAMP COURTNEY
BDC CAMP FUTENMA
BDC CAMP HANSEN
BDC CAMP KINSER

NAVAL HEALTH CLINIC CHARLESTON**NAVAL HEALTH CLINIC NEW ENGLAND**

NBHC SARATOGA SPRINGS
NBHC GROTON
NBHC PORTSMOUTH

NH BEAUFORT

NBHC MCRD PARRIS ISLAND
NBHC MCAS BEAUFORT

NH BREMERTON

NBHC PUGET SOUND
NBHC SUBASE BANGOR
NHCL EVERETT

NH CAMP LEJEUNE

BMC CORFAC MCB CAMP LEJEUNE
BMC CAMP GEIGER MCB
BMC CAMP JOHNSON MCB
BMC COURTHOUSE BAY MCB

BMC FRENCH CREEK MCB
BMC MCAS NEW RIVER
BMC BLDG 15 MCB CAMP LEJEUNE
NH CAMP PENDLETON
TRICARE OUTPATIENT-OCEANSIDE
NBHC NAS POINT MUGU
NBHC PORT HUENEME
BDC BARSTOW
BMC SAN ONOFRE MCB
BMC SEAL BEACH
BMC CORCEN MCB
BMC EDSON RANGE ANNEX
BMC BARSTOW
BMC MCB CAMP PENDLETON
BMC CAMP DELMAR MCB
BMC YUMA
NH GUAM
BMC NAVSTA GUAM
NH GUANTANAMO BAY
NH JACKSONVILLE
NBHC ALBANY
NBHC KEY WEST
NBHC KINGS BAY
NBHC NAS JACKSONVILLE
NBHC MAYPORT
NH LEMOORE
NBHC FALLON
BDC NAVPGSCOL MONTEREY
FLIGHT LINE CLINIC LEMOORE
NH NAPLES
BMC CAPODICHINO
NH OAK HARBOR
NH OKINAWA
BMC MCAS TORII STATION
BMC WHITE BEACH
BMC CAMP KINSER
BMC CAMP SCHWAB
BMC CAMP HANSEN
BMC EVANS-CAMP FOSTER
BMC MCAS FUTENMA
BMC CAMP BUSH/COURTNEY
BMC CAMP LESTER
NH PENSACOLA
NBHC WPNSCEN CRANE
NBHC MERIDIAN
NBHC MILTON WHITING FIELD
NBHC NAS BELLE CHASE
NBHC GULFPORT
NBHC NSA MID-SOUTH MILLINGTON
NBHC NATTC PENSACOLA
NBHC NAVCOASTSYSC PANAMA CITY
NBHC NAS PENSACOLA
NBHC CORRY STATION
NH ROTA
NH SIGONELLA

NBHC BAHRAIN
BMC SOUDA BAY
FLIGHT LINE CLINIC NAS II
NH TWENTYNINE PALMS
NBHC CHINA LAKE
BMC BRIDGEPORT
NH YOKOSUKA
NBHC DIEGO GARCIA
NBHC ATSUGI
NBHC SASEBO
BMC IWAKUNI
BMC CHINHA
BHA HARIO SASEBO
BHC NEGISHI
NHC ANNAPOLIS
NBHC BANCROFT HALL
BMC LAKEHURST
BMC EARLE
NBMC PHILADELPHIA NAVAL BUSINESS CENTER
BMC MECHANICSBURG
NHC CHERRY POINT
NHC CORPUS CHRISTI
NBHC FORT WORTH
NBHC KINGSVILLE
NHC HAWAII
NBHC NAVCAMS EASTPAC
BMA BARKING SANDS
NBHC MCB CAMP H.M. SMITH
BMC MCAS KANEOHE BAY
NHC PATUXENT RIVER
NBHC ANDREWS AFB
NBHC DAHLGREN
NBHC INDIAN HEAD
NHC QUANTICO
NBHC WASHINGTON NAVY YARD
NBHC THE BASIC SCHOOL
BMC OCS BROWN FIELD
BMC SUGAR GROVE
NMC PORTSMOUTH
NBHC OCEANA
NBHC NSY NORFOLK
NBHC NAVSTA SEWELLS
NBDC NORFOLK NAVSTA
NORTHWEST BHC
NBHC YORKTOWN
BHC BOONE PRIMARY CARE
NBHC DAM NECK
TRICARE OUTPATIENT CHESAPEAKE
TRICARE OUTPATIENT CLINIC VA BEACH
TRICARE OUTPATIENT CLINIC NORTHWEST
NMC SAN DIEGO
NBDC SAN DIEGO NAVSTA
NBHC MCRD SAN DIEGO
NBHC NTC SAN DIEGO
NBHC CORONADO

TRICARE OUTPATIENT-CHULA VISTA
TRICARE OUTPATIENT-CLAIREMONT
NBHC NAS NORTH ISLAND
NBHC NAVSTA SAN DIEGO
NBHC EL CENTRO
BDC SUBASE SAN DIEGO
SAN DIEGO EAST COUNTY PRIMARY CARE CLINIC
BMC MCAS MIRAMAR
BMA NALF SAN CLEMENTE
BUREAU OF MEDICINE AND SURGERY
NAVY MEDICINE PROFESSIONAL DEVELOPMENT CENTER
NAVY MEDICINE TRAINING SUPPORT CENTER
NAVY MEDICINE OPERATIONAL TRAINING CENTER
NAVAL UNDERSEA MEDICAL INSTITUTE
SURFACE WARFARE MEDICINE INSTITUTE
NAVAL AEROSPACE MEDICAL INSTITUTE
NAVAL SURVIVAL TRAINING INSTITUTE
NAVY & MARINE CORPS PUBLIC HEALTH CENTER
NAVY ENTOMOLOGY CENTER OF EXCELLENCE
NAVAL DOSIMETRY CENTER
NAVAL DRUG LAB SAN DIEGO
NAVY DRUG LAB GREAT LAKES
NAVY DRUG LAB JACKSONVILLE
NEPMU #2 NORFOLK
NEPMU #5 SAN DIEGO
NEPMU #6 PEARL HARBOR
NAVAL MEDICAL RESEARCH CENTER
NAVAL HEALTH RESEARCH CENTER
NAVAL MEDICAL RESEARCH UNIT-2
NAVAL MEDICAL RESEARCH UNIT-3
NAVAL MEDICAL RESEARCH UNIT-6
NAVAL MEDICAL RESEARCH UNIT – SAN ANTONIO
NAVAL MEDICAL RESEARCH UNIT - DAYTON
NAVSUBMED RESEARCH LAB
NAVAL MEDICAL LOGISTICS COMMAND
NAVY MEDICINE INFORMATION SYSTEMS SUPPORT ACTIVITY (NAVMISSA)
NAVY MEDICINE EAST
NAVY MEDICINE NATIONAL CAPITAL AREA
NAVY MEDICINE SUPPORT COMMAND
NAVY MEDICINE WEST
WALTER REED NATIONAL MILITARY MEDICAL CENTER
BMC CARDEROCK
NAVAL OPHTHALMIC SUPPORT/TRAINING ACTIVITY
NAVAL EXPEDITIONARY MEDICAL TRAINING INSTITUTE
NAVY EXPEDITIONARY MEDICAL SUPPORT COMMAND

SECTION H

1. DELIVERY ORDER CONTRACT

1.1. The Government intends to award multiple indefinite delivery indefinite quantity (ID/IQ) contracts. Requirements will be procured via the award of delivery orders issued against the basic contract(s). The guaranteed minimum for each awardee is \$25,000.00. The maximum value of all delivery orders issued as result of this solicitation is \$49,900,000.00

2. INITIAL DELIVERY ORDERS TO BE AWARDED

2.1. Exhibits II and III are the initial Delivery Order Proposal Requests (DOPRs) for Naval Medical Center (NMC) Portsmouth and Naval Hospital (NH) Beaufort and will be awarded immediately after the base contract is awarded. Proposals for NMC Portsmouth and NH Beaufort are due at the same time as the closing date as specified in Block 8 of this solicitation.

3. SUSBEQUENT DELIVERY ORDER PROCEDURES

3.1. Fair Opportunity For Consideration.

3.1.1. One or more delivery orders will be issued during the performance period of the contract. The Government will provide all awardees a fair opportunity for consideration. In accordance with FAR 16.505(b), the Contracting Officer will give each awardee a "fair opportunity" to be considered for each order in excess of \$3,000.00 unless one of the conditions in paragraph 3.1.2 below applies.

3.1.2. Exceptions to Fair Opportunity for Consideration. Awardees may not be given a fair opportunity to be considered for delivery orders which are expected to exceed \$3,000.00 when the Contracting Officer determines one of the following conditions apply:

3.1.2.1. The agency need is of such urgency that providing such an opportunity would result in unacceptable delays;

3.1.2.2. Only one awardee is capable of providing the supplies or services required at the level of quality required because the supplies or services ordered are unique or highly specialized;

3.1.2.3. The order should be issued on a sole-source basis in the interest of economy and efficiency as a logical follow-on to a delivery order already issued under the contract, provided that all awardees were given fair opportunity to be considered for the original order. For the purposes of this contract the Contracting Officer may negotiate a sole source logical follow-on delivery order with the current contractor providing previously competed services for additional work at the same site or its affiliated clinics.

3.1.2.4. It is necessary to place an order to satisfy a minimum guarantee. All successful contract awardees are guaranteed a minimum award of a delivery order(s) totaling \$25,000.

3.2. The Contracting Officer has broad discretion in determining which awardees should receive a delivery order. Each delivery order award decision may consider the factors in Section 3.2. Evaluation factors for each delivery order will be described in the delivery order proposal request. At a minimum, each delivery order shall consider price and the technical abilities of the proposal to meet the requirements of the Government.

3.2.1. The price of the delivery order. The proposed price for each delivery order shall include the required RTLS system solution inclusive of the system and any required modifications to the room or space in which the system will be installed. The price of any options will included in the evaluated price. The factors to be considered in evaluating prices proposed are:

3.2.1.1. Completeness. All price information required by the delivery order proposal request has been submitted and any provided pricing worksheets have been completed.

3.2.1.2. Reasonableness. The degree to which the proposed prices compare to the prices a reasonable prudent person would expect to incur for the same or similar services.

3.2.2. Technical Factors

3.2.2.1 Design Quality and Capability – Ability of the proposed solution to meet the requirement.

3.2.2.2 Maintainability – The maintainability of the proposed system hardware and software.

3.2.3. The past performance of the awardee in previous delivery orders and delivery order proposals under the contract may be evaluated. Performance within the past 5 years on other similar contracts may also be considered. This past performance evaluation may include a review of all aspects of contract performance, both positive and negative, including but not limited to timeliness of delivery, compliance of the delivered product with the requirements of the contract but also include continuing support for any product delivered, the training provided on the product if applicable, and the responsiveness of support and sales personnel.

3.2.4. Project completion time.

3.2.5. IA Compatibility / Readiness

3.2.6. Installation Requirements

3.2.7. Timeliness of submission of delivery order proposal. Delivery order proposals which are submitted late may not be considered for award

3.2.8. Compatibility with current currently installed systems, hardware and software.

3.2.9. The scalability of the proposed system to determine how well that system meets or will meet the intended future capabilities. The Government will evaluate how the proposed system incorporates any existing systems at the command.

3.2.10 Potential impact placed on other orders placed with the contractor.

3.3. When placing orders, the Contracting Officer is not required to prepare formal evaluation plans, score offers, post notice on the Federal Business Opportunities (FedBizOpps) web site (unless a Justification for the Exception for Fair Opportunity is approved at the required levels), or hold discussions or negotiations with each awardee. Even though the Contracting Officer does not have to comply with the competition rules in Part 6 of the Federal Acquisition Regulation and does not have to conduct discussions before issuing an order, there will be an internal record of why a particular offeror provided the best value based on the particular requirements of each delivery order.

3.4. Issues arising from the placement of orders cannot be protested to the Government Accountability Office unless the protest alleges that the order exceeded the value, scope, or period of the contract or in the case where a single delivery order exceeds \$10 million.

3.5. DOPR proposal Submission, and delivery order award. The process for requesting delivery order proposals, evaluating the proposals, selecting an awardee for each delivery order, issuing the delivery order, and the commencement of services under each delivery order is shown below.

3.5.1. The Contracting Officer will issue a written DOPR and will forward it to all awardees unless one of the exceptions to the fair opportunity for consideration listed above in 3.1 applies.

3.5.2. Specific DOPRs may require site visits for facilities/locations identified in the DOPR.

3.5.3. The DOPR will include as a minimum the following information:

- The due date for proposal submission (generally between 3 to 8 weeks following the issue date of the DOPR).

- A description of the requirement.

- Evaluation Factors

- The place of delivery.

- Any additional instructions for proposal submission not contained in this section.

- Any other information deemed appropriate by the Contracting Officer.

3.6. Proposal Submission.

3.6.1. If an awardee is unable to submit a proposal, they must notify the Contracting Officer in writing as soon as practicable. A brief written statement as to why the awardee is unable to submit a proposal is required. Failure to submit a delivery order proposal without sufficient justification may be considered as negative past performance information which may jeopardize the award of future delivery orders.

3.6.2. The contractor's delivery order proposal shall always be required to contain a price section and may be required to include a past performance or technical section. Certified cost or pricing data is not required for individual delivery orders. The proposal shall be forwarded to the Naval Medical Logistics Command.

3.7. Delivery Order Award.

3.7.1. Upon completion of the evaluation of the past performance, technical and/or price sections, the Contracting Officer will issue a delivery order to the contractor whose proposal is most advantageous to the Government considering the evaluation factors stated in the delivery order proposal request.

3.7.2. In the event issues pertaining to a proposed delivery order cannot be resolved to the satisfaction of the Contracting Officer, the Contracting Officer reserves the right to withdraw or cancel the proposed delivery order. In such event, the contractor will be notified, via letter or email, of the Contracting Officer's decision and this decision shall be final and conclusive and shall not be subject to the "Disputes" clause or the "Contract Disputes Act".

3.8. Commencement of Performance.

Upon award, a delivery order will be transmitted to the contractor on a DD Form 1449. The required delivery date will be specified in the delivery order.

4. OMBUDSMAN.

4.1. The Ombudsman will review complaints from contractors regarding the award of delivery orders and ensure that all contractors are afforded a fair opportunity to be considered, consistent with the procedures in the contract. The delivery order contract Ombudsman for the contract is the Navy Competition Advocate. Contractors are encouraged to settle their complaints through the Competition Advocate chain of command, seeking review by the Command Competition Advocate at the NMLC before taking their complaints to the Navy Competition Advocate General. The NMLCs Competition Advocate can be reached at (301) 619-3095 or at the following address:

Naval Medical Logistics Command
ATTN: Competition Advocate
693 Neiman St.
Fort Detrick, MD 21702-9203

5. PRIOR WRITTEN PERMISSION REQUIRED FOR SUBCONTRACTS.

5.1. None of the requirements required by the contract shall be subcontracted to or performed by persons other than the contractor or the contractor's employees without the prior written consent of the Contracting Officer.

6. RESTRICTION ON THE USE OF GOVERNMENT-AFFILIATED PERSONNEL.

6.1. Except in very limited cases, the federal criminal statutes at 18 USC 203 and 18 USC 205 bar Government personnel, both active duty and civil service, from working as a contractor employee in a Government workplace, including a medical treatment facility, either as a second job ("moonlighting") or while on terminal leave. The contractor agrees that, before making an employment offer to an active duty member or a civil servant, it shall inform the individual of the potential applicability of these statutes and further agrees to encourage that individual to seek an advisory opinion from his/her local ethics counsel before accepting an employment offer.

7. BACKGROUND INVESTIGATION REQUIREMENTS.

7.1 PERSONAL IDENTITY VERIFICATION OF CONTRACTOR PERSONNEL.

7.1.1 The Homeland Security Presidential Directive dated 27 August 2004 requires a mandatory Government-wide standard for secure and reliable forms of identification for Federal employees, contractors and HCWs who access federally controlled facilities or have access to Federally controlled IT systems.

7.1.2. Personnel background investigations must be initiated and an advance fingerprint and NAC results received by the MTF prior to a Common Access Card (CAC) being issued if required.

7.1.3. See FAR 52.204-9 for additional information.

8. LIABILITY INSURANCE.

8.1. Before commencing work under a contract, the contractor shall certify to the Contracting Officer in writing that the required insurance has been obtained. The following insurance as referenced in FAR 28.307 is the minimum insurance required:

8.1.1. General liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence.

8.1.2. Automobile liability - Automobile liability insurance written on the comprehensive form of policy. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing the contract. Policies covering automobiles operated in the United States shall provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The amount of liability coverage on other policies shall be commensurate with any legal requirements of the locality and sufficient to meet normal and customary claims.

8.1.3. Workers' compensation and employer's liability - Contractors are required to comply with applicable Federal and State workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when contract operations are so commingled with a contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 shall be required, except in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

9. AUTHORIZED CHANGES ONLY BY THE CONTRACTING OFFICER

(a) Except as specified in paragraph (b) below, no order, statement, or conduct of Government personnel who visit the contractor's facilities or in any other manner communicates with contractor personnel during the performance of this contract shall constitute a change under the "Changes" clause of this contract.

(b) The contractor shall not comply with any order, direction or request of Government personnel unless it is issued in writing and signed by the Contracting Officer, or is pursuant to specific authority otherwise included as a part of this contract.

(c) The Contracting Officer is the only person authorized to approve changes in any of the requirements of this contract and notwithstanding provisions contained elsewhere in this contract, the said authority remains solely the Contracting Officer's. In the event the contractor effects any change at the direction of any person other than the Contracting Officer, the change will be considered to have been made without authority and no adjustment will be made in the contract price to cover any increase in charges incurred as a result thereof.

10. REVIEW OF PRESS RELEASES

The contractor agrees to accurately and factually represent the work conducted under the contract in all press releases. Misrepresenting contract results or releasing information that is injurious to the integrity of the Government may be construed as improper conduct. Press releases shall be considered to include the public release of information to any medium, excluding peer-reviewed scientific publications. The contractor shall ensure that the Contracting Officer has received an advance copy of any press release related to the contract for review and

comments at least five (5) working days prior to proposed issuance. After receipt of the Government's comments, the contractor shall provide a copy to the Contracting Officer prior to issuance of the press release.

11. STATION/BASE REGULATIONS

The Contractor and its employees and subcontractors shall become familiar with and obey station regulations, including fire, traffic, and security regulations. Personnel employed on the station shall keep within the limits of the work (and avenues of ingress and egress), and shall not enter restricted areas unless required to do so and are cleared for such entry. Any Contractor's equipment shall be marked for identification.

12. NOTICE TO CONTRACTOR OF CERTAIN DRUG DETECTION PROCEDURES

Pursuant to Navy policy applicable to both Government and Contractor personnel, measures will be taken to prevent the introduction and utilization of illegal drugs and related paraphernalia into Government Work areas.

In furtherance of the Navy's drug control program, unannounced periodic inspections of the following nature may be conducted by installation security authorities:

- Routing inspection of contractor occupied work spaces.
- Random inspection of vehicles on entry or exit, with drug detection dog teams as available, to eliminate them as a safe haven for storage of or trafficking in illegal drugs.
- Random inspections of personal possessions on entry or exit from the installation.

When there is a probable cause to believe that a Contractor employee on board a naval installation has been engaged in use, possession or trafficking of drugs, the installation authorities may detain said employee until the employee can be removed from the installation, or can be released to the local authorities having jurisdiction.

Trafficking in illegal drug and drug paraphernalia by contract employee while on a military vessel/installation may lead to possible withdrawal or downgrading of security clearance, and/or referral for prosecution by appropriate law enforcement authorities.

The Contractor is responsible for the conduct of employees performing work under this contract and is, therefore, responsible to assure that employees are notified of these provisions prior to assignment.

The removal of Contractor personnel from a Government vessel or installation as a result of the drug offenses shall not be a cause for excusable delay, nor shall such action be deemed a basis for an equitable adjustment to price, delivery or other provisions of this contract.

13. OCCUPATIONAL SAFETY AND HEALTH REQUIREMENTS

If performance of any work under this contract is required at any Medical Treatment Facility or any other Government facility, the Contractor shall contact the appropriate office and code with cognizance over safety and environmental requirement prior to performance of any work under this contract.

Contractors are responsible for following all safety and health related State and Federal statutes and corresponding State, Federal and/or Navy regulations (i.e. NOSCINST 5100.5C, Occupational Safety and Health Manual) protecting the environment, contractor employees, and persons who live and work in and around contractor and/or federal facilities.

Contractors shall monitor its employees and ensure that they are following safety regulations particular to the work areas. Contractors shall ensure that its employees:

- Wear appropriate safety equipment and clothing;
- Familiar with all relevant emergency procedures should an accident occur, and
- Have access to a telephone and telephone numbers for the Government facility where the work is performed.

14. FAR Clause 52.217-8, Option to Extend Services, is incorporated into this contract by reference. This clause shall be included in full text in delivery order proposal requests (DOPRs) and resulting delivery order awards issued under this contract when the Government determines inclusion of the option is appropriate. In accordance with FAR 17.206(a), prices for this extension period shall be evaluated prior to award of any delivery order that includes the

clause. The period of performance specified in any delivery order including this clause may be extended for up to six months pursuant to the terms of the clause.

15. **START UP.** The Contractor(s) may be required to attend a post award start up meeting at a Government facility to be determined at contract award. In addition the contractor may be required to participate in a project kick-off meeting after award or at the start of each awarded delivery order.

16. All Department of the Navy (DON) information systems as defined in Department of Defense Directive (DoDD) 8500.1 shall be certified and accredited (C&A) for operation. C&A is attained via the Defense Information Assurance Certification and Accreditation Process (DIACAP) and is applicable to all DON-owned or controlled information systems that receive, process, store, display or transmit Department of Defense (DoD) information, regardless of Mission Assurance Category (MAC) classification or sensitivity, *except*, per DoDD 8500.1 Paragraph 2.3; IT that is considered Platform Information Technology (PIT). Regardless of whether the system or device is considered PIT or whether it is determined that it requires a full accreditation, the following DIACAP artifacts shall be included with your proposal; System Identification Profile (SIP), DIACAP Implementation Profile (DIP), and Plan of Actions and Milestones (POA&M). A template has been included with this solicitation as Exhibit IV, C&A Questionnaire. Completion of this form in its entirety will satisfy the requirement for the SIP, DIP and POA&M.

The contractor shall establish appropriate administrative, technical, and physical safeguards to protect all government data, to ensure the confidentiality, integrity, and availability of government data under their control. At a minimum, this shall include provisions for personnel, electronic, and physical security.

Navy Business to Business (B2B) Gateway

Secure point-to-point connectivity for the purpose of remote technical support and/or maintenance shall be accomplished utilizing the Defense Information Systems Agency (DISA) managed Military Health System (MHS) B2B Gateway. All remote contractor systems that will communicate with Navy Medicine systems will connect through this B2B gateway. For all Web applications, contractors will connect to the DISA-established Web DMZ.

- Contractors will connect to the B2B gateway via a contractor procured Internet Service Provider (ISP) connection and assume all responsibilities for establishing and maintaining their connectivity to the B2B gateway. This will include acquiring and maintaining the circuit to the B2B gateway and acquiring a FIPS-140-2 Virtual Private Network (VPN)/Firewall device compatible with the MHS VPN device. Maintenance and repair of contractor procured VPN equipment shall be the responsibility of the contractor.
- Contractors shall configure their network to support access to government systems (e.g., configure ports and protocols for access).
- Contractors shall provide full time connections to a TIER 1 or TIER 2 ISP. Dial-up ISP connections are not authorized.
- Contractors will comply with DoD guidance regarding allowable ports, protocols and services.

Prior to accessing DoD networks, all contractors will be required to complete a DISA Form 2875 System Authorization Access Request form (SAAR) and submit it to NMLC, Code 03, Imaging Informatics Division for processing. The contractor will be required to complete applicable DoD IA training.

IPv6

The proposed system shall be Internet Protocol version 6 (IPv6) capable or the contractor must provide a detailed project, migration or planning documentation to show when the proposed system shall be IPv6 capable.

Minimum IPv6 capabilities include:

- Conformance with the IPv6 standards profile contained in the DoD IT Standards Registry (DISR);
- Maintaining interoperability in heterogeneous environments with IPv4;
- Commitment to upgrade as the IPv6 standard evolves;
- Availability of contractor IPv6 technical support.

The contractor must be able to demonstrate or provide documentation to prove that their product is IPv6 capable. IPv6 'capable' is defined as having the capability of receiving, processing and forwarding IPv6 packets and/or interfacing with other IPv6 capable systems/devices and in a manner similar to IPv4. In order to demonstrate IPv6 compliance, the contractor should submit the following documentation:

- Provide a diagram showing IPv6 core configuration, to include IPv6 addressing, internal network connectivity and topology, external network connectivity, and IPv6 traffic flow;
- Submit a list of core components to include contractor/manufacture IPv6 compliance;
- Submit a report that illustrates testing of IPv6 compliance, to include test scripting, logs and results.

Manuals

The contractor shall provide two paper copies or an electronic copy, with the right to duplicate in support of the system to be installed at the requesting site, of both the operator and service manuals. The service manual shall be equal to or greater in detail than the service manuals provided to contractor's own service technicians.

Personnel Security and User Access Control

Because of the unique circumstances presented by DoD and DON networks, personnel security requirements shall be followed to ensure appropriate precautions are taken prior to allowing contractor personnel access to the network. Any contractor personnel that will be accessing the medical device/system while installed on the hospital network will be required to have a National Agency Check (NAC) completed. Typically, this requires an investigation to support a "Public Trust Position" and requires the person(s) to complete and submit a Standard Form 85P (SF85P), Questionnaire for Public Trust Positions, via the Electronic Personnel Security Questionnaire (EPSQ). Questions relating to SF85Ps and the EPSQ process may be directed to 1-888-282-7682 or online at <http://www.dss.mil/index.htm>. Contractor personnel accessing equipment connected to the hospital network will be required to complete a System Authorization Access Request-Navy (SAAR-N) (form OPNAV 5239/14). Copies of this form can be obtained from NMLC, Code 03, Imaging Informatics Division. Additionally, contractor personnel are required to complete the annual DoD IA training requirements.

The Commander, Joint Task Force-Global Network Operations (JTF-GNO) has mandated the implementation of Public Key Infrastructure (PKI) across the DoD on all unclassified servers. These servers must be configured to only trust DoD authorized Certificate Authorities. PKI-enabled systems may be configured to accept External Certificate Authorities (ECA), but only in cases where the Information Assurance Manager (IAM) has coordinated with the Bureau of Medicine and Surgery (BUMED) Chief Information Officer (CIO). The trusting of ECA certificates and associated access control techniques must be documented. This requirement is applicable to medical devices that are installed on DoD networks. Contractors must indicate their willingness and ability to meet this requirement. The DoD has also mandated two factor authentication for access to information systems. This is most commonly accomplished by using a DoD issued CAC.

Access to the medical devices will be limited to authorized users as determined by local policy. Contractors whose systems do not yet meet the requirement for CAC authentication must indicate their willingness to do so, and offer a timeline for compliance.

Complete administrative system rights shall be provided to the local Biomedical Repair and Information Management Departments for the purpose of conducting device vulnerability scans as needed. Generic or default passwords for administrative access are not authorized and must be changed prior to connecting to the hospital network. All passwords are required to meet DoD password complexity requirements.

Host Based Security System (HBSS)

The HBSS baseline is a flexible, commercial off-the-shelf (COTS) based application that can detect and counter, in real time, against known cyber-threats to the DoD enterprise. HBSS shall be attached to each host server (server, desktop, and laptop) in DoD. The system provides network administrators and security personnel with mechanisms to prevent, detect, track, report and remediate malicious computer-related activities and incidents across all DoD networks and information systems.

The contractor shall provide technical specifications that clearly demonstrate whether the proposed solution can integrate and support, either fully or partially the operation without performance degradation of the medical device or system. In cases where the operation of the host based security system is not technically achievable, the

contractor shall provide detailed justification and a POA&M describing steps towards compliance with this requirement.

Data at Rest (DAR)

Protecting DAR has become increasingly critical given information technology's trend towards utilizing highly mobile computing devices and removable storage media. DoD mandates that systems capable of storing Personally Identifiable Information (PII), Protected Health Information (PHI), as well as information deemed not publicly releasable shall be treated as sensitive data and encrypted in accordance with DoD DAR encryption policy. DoD Policy Memorandum "Encryption of Sensitive Unclassified Data at Rest on Mobile Computing Devices and Removable Storage Media", establishes the technical requirements for the use of full disk encryption on DoD and DON systems which applies to both network and standalone operations.

The contractor shall provide detailed technical specifications addressing DAR and to which extent FIPS 140-2 full disk encryption is supported. At this time, the use of encryption such as those readily available through commercial operating systems, for example; Microsoft Encrypting File System (EFS) and Windows BitLocker are not accepted solutions as they have not been validated by the National Institute of Standards and Technology.

In cases where the use of FIPS 140-2 DAR encryption is not technically achievable, the contractor shall provide detailed justification and a POA&M describing steps towards compliance with this requirement.

Business Associate Agreement

In accordance with DoD 6025.18-R "Department of Defense Health Information Privacy Regulation" the Contractor meets the definition of Business Associate. Therefore, a Business Associate Agreement is required to comply with both the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security regulations. This clause serves as that agreement whereby the Contractor agrees to abide by all applicable HIPAA Privacy and Security requirements regarding health information as defined in this clause, and DoD 6025.18-R and DoD 8580.02-R, as amended. Additional requirements will be addressed when implemented.

(a) *Definitions.* As used in this clause generally refer to the Code of Federal Regulations (CFR) definition unless a more specific provision exists in DODI 6025.18-R.

Individual has the same meaning as the term "individual" in 45 CFR 164.501 and 164.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

Protected Health Information has the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by The Contractor from or on behalf of The Government.

Electronic Protected Health Information has the same meaning as the term "electronic protected health information" in 45 CFR 160.103.

Required by Law has the same meaning as the term "required by law" in 45 CFR 164.501 and 164.103.

Secretary means the Secretary of the Department of Health and Human Services or his/her designee.

Security Rule means the Health Insurance Reform: Security Standards at 45 CFR part 160, 162 and part 164, subpart C.

Terms used, but not otherwise defined, in this Clause shall have the same meaning as those terms in 45 CFR 160.103, 164.501 and 164.304.

(b) The Contractor shall not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.

- (c) The Contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.
- (d) The Contractor shall use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits in the execution of this Contract.
- (e) The Contractor shall mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of Protected Health Information by the Contractor in violation of the requirements of this Contract.
- (f) The Contractor shall report to the Government any security incident involving protected health information of which it becomes aware.
- (g) The Contractor shall report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract of which the Contractor becomes aware of.
- (h) The Contractor shall ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Contractor on behalf of the Government agrees to the same restrictions and conditions that apply through this Contract to the Contractor with respect to such information.
- (i) The Contractor shall ensure that any agent, including a subcontractor, to whom it provides electronic Protected Health Information, agrees to implement reasonable and appropriate safeguards to protect it.
- (j) The Contractor shall provide access, at the request of the Government, and in the time and manner designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.
- (k) The Contractor shall make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government or an Individual, and in the time and manner designated by the Government.
- (l) The Contractor shall make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of, the Government, available to the Government, or at the request of the Government to the Secretary, in a time and manner designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.
- (m) The Contractor shall document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
- (n) The Contractor shall provide to the Government or an Individual, in time and manner designated by the Government, information collected in accordance with this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

General Use and Disclosure Provisions

Except as otherwise limited in this Clause, the Contractor may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for treatment, payment, or healthcare operations purposes, in accordance with the specific use and disclosure provisions below, if such use or disclosure of Protected Health Information would not violate the Privacy Rule, the Security Rule, DoD 6025.18-R or DoD 8580.02-R if done by the Government.

Specific Use and Disclosure Provisions

- (a) Except as otherwise limited in this Clause, the Contractor may use Protected Health Information for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.
- (b) Except as otherwise limited in this Clause, the Contractor may disclose Protected Health Information for the proper management and administration of the Contractor, provided that disclosures are required by law, or the Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware in which the confidentiality of the information has been breached.
- (c) Except as otherwise limited in this Clause, the Contractor may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).
- (d) Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

Obligations of the Government

Provisions for the Government to Inform the Contractor of Privacy Practices and Restrictions

- (a) Upon request the Government shall provide the Contractor with the notice of privacy practices that the Government produces in accordance with 45 CFR 164.520, as well as any changes to such notice.
- (b) The Government shall provide the Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Contractor's permitted or required uses and disclosures.
- (c) The Government shall notify the Contractor of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to in accordance with 45 CFR 164.522.

Permissible Requests by the Government

The Government shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of the Contractor as otherwise permitted by this clause.

Termination

- (a) Termination. A breach by the Contractor of this clause, may subject the Contractor to termination under any applicable default or termination provision of this Contract.
- (b) Effect of Termination.

(1) If this contract has records management requirements, the records subject to the Clause should be handled in accordance with the records management requirements. If this contract does not have records management requirements, the records should be handled in accordance with paragraphs (2) and (3) below

(2) If this contract does not have records management requirements, except as provided in paragraph (3) of this section, upon termination of this Contract, for any reason, the Contractor shall return or destroy all Protected Health Information received from the Government, or created or received by the Contractor on behalf of the Government. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. The Contractor shall retain no copies of the Protected Health Information.

(3) If this contract does not have records management provisions and the Contractor determines that returning or destroying the Protected Health Information is infeasible, the Contractor shall provide to the Government

notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Government and the Contractor that return or destruction of Protected Health Information is infeasible, the Contractor shall extend the protections of this Contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such Protected Health Information.

Miscellaneous

(a) Regulatory References. A reference in this Clause to a section in DoD 6025.18-R, DoD 8580.02-R, Privacy Rule or Security Rule means the section as in effect or as amended, and for which compliance is required.

(b) Survival. The respective rights and obligations of Business Associate under the "Effect of Termination" provision of this Clause shall survive the termination of this Contract.

(c) Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with DoD 6025.18-R, DoD 8580.02-R, Privacy Rule or Security Rule.

SECTION L

INSTRUCTIONS TO OFFERORS:

1. CONTRACT SPECIALIST

1.1. The Contract Specialist (CS) is the point of contact for this acquisition. Any questions or concerns regarding this acquisition shall be submitted electronically via e-mail to:

acquisitions@med.navy.mil

Subject: 023M

(It is important that all emails have 023M in the subject line.)

No phone calls will be accepted.

1.2. Period for Acceptance of Offers

The period for acceptance of offers is two hundred forty (240) days after the closing date of the solicitation.

2. PRE CONTRACT COSTS

2.1. The Contractor will not be reimbursed for any costs incurred prior to the effective date of the contract.

2.2. The Government will be providing industry the opportunity for site visits to NMC Portsmouth and NH Beaufort. Site visits will be during the week of June 18-22, 2012. Vendors will have the opportunity to visit each facility. An amendment will be released with detailed information for each site visit. Drawings and wireless information for each site will be provided during the site visits.

3. AWARD ON INITIAL OFFER

3.1. The Government intends to evaluate proposals and award a contract without discussions with offerors (except clarifications as described in FAR 15.306(a)). Therefore, the offerors initial proposal should contain the offeror's best terms. The Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary. Award may be made to other than the lowest price offeror(s).

4. SEQUENCE OF EVENTS

4.1. The Government will employ source selection techniques to evaluate proposals, conduct negotiations if necessary and determine the successful offeror(s) in this acquisition. "Offer," for the purposes of this solicitation, shall be defined as a response to the solicitation that, if accepted, would bind the offeror to perform the resultant contract. If the Government deems discussions necessary, a competitive range determination will be made.

4.2. The following describes the sequence of events that offerors can expect during proposal evaluation and negotiation:

- The offeror's proposal shall be submitted in accordance with Section L, Instructions to Offerors.

- In accordance with FAR 15.306, the Government may conduct exchanges with offerors after receipt of proposals leading to the establishment of the competitive range and any subsequent competitive range determination that may be made.
- The Government may conduct exchanges with offerors prior to establishment of the competitive range that may be made in order to enhance the Government's understanding of proposals; allow reasonable interpretation of the proposal; or facilitate the Government's evaluation process. Such communications shall not be used to cure proposal deficiencies or material omissions, materially alter the technical or cost elements of the proposal, and/or otherwise revise the proposal. Such communications may be considered in rating proposals for the purpose of establishing the competitive range. Furthermore, such communications do not and will not permit offerors to modify, revise, or otherwise change any element of their proposal.
- Offerors shall be prepared to enter into discussions and/or negotiations and, if authorized by the Contracting Officer, may be allowed to revise or modify their proposals. For those Offerors in the initial competitive range, the Government will submit Discussion Items, which will require a response per instructions that will be provided at that time.
- The Government will incorporate into the resultant contract any and/or all commitments made in the offeror's proposal.

5. SUBMISSION OF COST OR PRICING DATA

5.1. It is expected that this contract will be awarded based upon a determination that there is adequate price competition; therefore, the offeror is not required to submit certified cost or pricing data with its proposal.

5.2. If, after receipt of the proposals, the Contracting Officer determines that adequate price competition does not exist in accordance with FAR 15.403-3, the offeror shall provide other information requested to be submitted to determine fairness and reasonableness of price, or other than certified cost or pricing data as requested by the Contracting Officer.

6. PROPOSAL CONTENT AND INSTRUCTIONS FOR PREPARATION OF PROPOSALS

6.1. Introduction and Purpose - This section specifies the format and content that offerors shall use in this Request for Proposal (RFP). The intent is not to restrict the offeror's in the manner in which they will perform their work but rather to ensure a certain degree of uniformity in the format of the responses for evaluation purposes. Offerors shall submit a proposal that is legible and comprehensive enough to provide the basis for a sound evaluation by the Government. Information provided should be precise, factual, and complete. Legibility, clarity, completeness, and responsiveness are of the utmost importance. Proposals shall be in the form prescribed by, and shall contain a response to, each of the areas identified in this section. Any proposal which does not provide, as a minimum, that which is required in this solicitation may be determined to be substantially incomplete and not warrant any further consideration.

6.2. The proposal shall be submitted in seven separate volumes:

- Volume I Technical Approach
- Volume II Management Approach
- Volume III Past Performance
- Volume IV Price
- Volume V Small Business Subcontracting/Participation Plan
- Volume VI NMC Portsmouth Proposal
- Volume VII NH Beaufort Proposal

6.3. Volumes I thru VII shall be submitted by the closing date as specified in Block 8 of this solicitation. If any one proposal volume is received past the stated closing date specified in this solicitation, the entire proposal will be

considered late. No further consideration will be given to any offeror who submits any of these volumes late IAW FAR 15.208(b).

6.4. All volumes shall have a cover page labeled with the following information and shall be submitted in accordance with the following chart:

- Volume # and Title
- Complete Company Name
- Company Address
- Fax number
- Email Address
- Phone Number
- Tax Identification Number (TIN)
- Cage Code
- DUNS number
- Is your company a large, small, small woman owned, disadvantaged, hubzone, or 8(a) business?

CD	Volumes Included	Number of Copies
CD #1	Volume I, Technical Approach Volume II, Management Approach Volume III, Past Performance	2
CD #2	Volume V, Small Business Subcontracting/Participation Plan	2
CD #3	Volume IV, Price	2
CD #4	Volume VI, NMC Portsmouth Proposal Volume VII, NH Beaufort Proposal	2

In addition, each CD shall be marked with the offeror's name and shall be submitted as specified in Block 8 of the SF 1449. BOTH COPIES OF EACH CD SHALL BE IDENTICAL. CDs should be mailed to the following address:

Naval Medical Logistics Command (NMLC)
Code 02-023M
693 Neiman Street
Frederick, MD 21702
Solicitation #: N62645-12-R-0023

Offerors shall submit proposals in the following format. Files on the CDs shall be in Microsoft Office for Windows format (2007), either, .doc, .docx, .xls, .xlsx or Adobe Acrobat (.pdf) files with 1 inch margins all around, Times New Roman font of not less than ten (10) point font size. Arial font 9 for tables and Arial font 8 for graphics are acceptable. The offeror is responsible for ensuring that submitted CD-ROMs include all complete files and are not physically damaged nor contain corrupted files such that they are not readable by the Government. Use of hyperlinks or embedded attachments in proposals is prohibited. All proprietary information shall be clearly marked.

6.5. Volume I: Technical Approach (Design Quality and Capability; Maintainability and Information Assurance).

6.5.1. In accordance with file submission requirements given in this section, the offeror shall submit the following:
Technical Approach

- Design Quality and Capability – The contractor shall submit sufficient documentation to allow for an evaluation of the design quality and capabilities of the proposed system to determine how well that system manages and tracks assets to augment patient care, reduce unable-to-locate (UTL) equipment, and reduce time spent locating equipment as well as the scalability of the system to be able to meet the future capabilities as defined in the SOW. Contractor shall clearly demonstrate the software capabilities of the proposed system, including the capability to implement a DMLSS interface.
- Maintainability – The contractor shall submit sufficient documentation to allow for an evaluation of the maintainability of the proposed system’s tags, hardware, software and other components. The contractor shall submit details regarding the estimated battery life for the tags, the requirements for when and how to replace tags; and a description of what is required to maintain a fully functional system.
- Information Assurance – The contractor shall complete the C&A Questionnaire as contained within Exhibit IV.

6.5.2. Volume II: Management approach

- The offeror shall address how its proposed management approach will be beneficial to the Government and how it reduces the risk of unsuccessful contract performance. The offeror shall describe its ability to effectively and efficiently manage the requirements of the contract to include a discussion of managing the possibility of simultaneous delivery orders in disparate locations. The offeror shall describe that procedures are in place to ensure overall contract performance is achieved at an acceptable quality level. The offeror shall describe its ability to meet the challenges of managing this requirement.

6.6. The total number of the pages, excluding a cover letter, submitted for Volumes I and II are as follows:

- Volume I Technical Approach = 200 pages
- Volume II Management Approach = 50 pages

If either Volumes I and II contain more than the mandated page count then only the first 200 and 50 pages respectively will be evaluated.

6.7. Volume III: Past Performance. In accordance with file submission requirements given in this section, the offeror shall submit the following:

6.7.1. The offeror shall describe its past performance on up to five (5) similar contracts it has held within the last three (3) years that are for the same or similar equipment to that which is detailed in this solicitation or affirmatively state the offeror possesses no relevant past performance directly related to or similar past performance. Offerors who present similar contracts shall provide a detailed explanation demonstrating the relevance of the contracts to the requirements of the solicitation. Offerors shall demonstrate (1) the functional performance of the proposed or similar RTLS that the offeror has delivered to previous customers, and (2) the quality and timeliness of the technical assistance, hardware and software updates/upgrades that the vendor has supplied to its customers following the initial fielding of those systems. The offeror may include contracts that demonstrate the prior experience of subcontractors/teaming partners who will be performing in support of the contract resulting from this solicitation. Such contracts shall be clearly identified to show the relationship of the past performance entry to the offeror.

6.7.2. The total number of the pages submitted for Volume III (Past Performance) shall not exceed seven (7) pages, excluding a cover and consent letters. If Volume III contains more than 7 pages, only the first 7 pages will be evaluated.

6.7.3. The Government reserves the right to contact any references. The government reserves the right to consider other past performance information at its disposal, in addition to any information obtained from the references provided above.

6.7.4. The offeror shall provide the following information regarding its past performance:

- Contract number(s), award date and dates of performance.
- Name, phone number, and e-mail address of a validated point of contact at the federal, state, local government or commercial entity for which the contract was performed. Contractor shall verify the validity of the contact information provided.
- Dollar value of the contract.
Description of the equipment provided under the contract.
- The number, type and severity of any quality or delivery problems in performing the contract, the corrective action taken and the effectiveness of the corrective action (if applicable).
- Any other relevant information.
- Answer "Has the POC agreed to be to be contacted as a reference?"
- Offerors shall describe the oldest system that is still installed and operational and the oldest system still installed in a healthcare or medical environment.

6.8. Volume IV: Price. Adequate price competition is expected for this acquisition. Offerors shall complete Exhibit I, Pricing Guide. Price will be evaluated with consideration to the following factors:

6.8.1. REASONABLENESS. The offeror's Price proposal will be examined to determine the degree to which the proposed prices compare to the prices a reasonable prudent person would expect to incur for the same or similar systems. Since awards will be made on a best value basis, the Contracting Officer reserves the right to award a premium providing the total prices are determined to be reasonable.

6.8.2. COMPLETENESS. Offerors shall complete all of the following:

6.8.2.1. Pricing- Offerors shall complete Exhibit I, Pricing Guide. Offerors shall use Attachment VI, Pricing Specs, to formulate representative pricing for all six (6) representative sites. Offerors will provide site and delivery order specific pricing with the submission of each site specific proposal. These six (6) representative sites equate to approximately 25% of the overall requirement. Therefore, the offeror's total base contract price shall be equal to four times the total representative pricing.

6.8.2.2. Standard Form (SF) 1449. Blocks 17a, 17b, 30a, 30b and 30c on Page one of the SF 1449 shall be completed. It shall be appropriately completed, inclusive of the offeror's name, address, and required Commercial and Government Entity (CAGE) codes, and signed. The offeror's identity will be determined by the name submitted on the SF 1449. It is not necessary to submit the entire solicitation.

6.8.2.3. Amendments. Each amendment shall be acknowledged through instructions in Block 11 of the SF 30. Signed copies of the cover page are acceptable. It is not necessary to submit the entire amendment.

6.8.2.4. Offeror's Information on their cover page shall be complete according to Section L, 6.4. The offeror shall include all information as stated for it to be considered complete. (Please note that failure to submit completed information may result in rejection of the offeror's entire proposal).

6.8.2.5. Completed DFARS 252.209-7999, DFARS 252.209-7998 and 252.246-7005 provisions.

6.8.2.6 Completed ORCA certification (FAR 52.212-3) and verification of current CCR registration IAW FAR 52.204-7. Section K - Representations, Certifications and Other Statements of Offerors of this Solicitation. The offeror shall complete the annual representations and certifications electronically through the Online Representations and Certifications Application (ORCA) at <http://orca.bpn.gov>. The offeror shall verify their ORCA is current, accurate, complete and applicable to this solicitation as of the date of this offer and are incorporated in this offer by reference, except for any applicable changes identified in Section K, FAR Clause 52.204-8 and DFARS

252.204-7007. The applicable NAICS code for this solicitation is 334119. In addition to submission to ORCA the offeror shall complete the ORCA Certification Sheet.

6.8.2.7. Completed Attachments III, Warranty and IV Warranty Tracking.

6.9. Volume V: Small Business Contracting/Participation Plan

6.9.1 All offerors are required to submit a small business participation plan. If applicable (for large business concern offerors under the assigned NAICS code herein), the offeror shall submit a subcontracting plan in accordance with FAR Clause 52.219-9 and DFARS Clause 252.219-7003 (for reference see FAR 19.704 and DFARS 219-704). The negotiation of a subcontracting plan shall not be considered discussions or a reopening of Solicitation N62645-12-R-0023. The subcontracting plan requirement is not applicable to small business concerns qualified as such under the NAICS code assigned to this solicitation. Master subcontracting plans can be included as an appendix to the subcontracting plan and will not count towards the page count. Offerors shall include the name of any proposed subcontractors and any applicable references.

6.9.2. Offerors shall demonstrate a Small Business participation of at least 10%. The small business plan shall demonstrate the following: (1) The extent to which such firms are specifically identified in proposals; (2) The extent of commitment to use such firms (for example, enforceable commitments are to be weighted more heavily than non-enforceable ones); (3) The complexity and variety of the work small firms are to perform.

6.10. Volume VI: NMC Portsmouth

Offerors shall submit a proposal for NMC Portsmouth in accordance with the requirements of Exhibit II.

6.11. Volume VII: NH Beaufort

Offerors shall submit a proposal for NH Beaufort in accordance with the requirements of Exhibit III.

7. PROPOSAL EVALUATION

7.1. Information in one volume will not be considered for the purposes of another volume, (i.e., Past Performance information in the Technical Approach that fails to address the same information in Past Performance).

7.2. Contract awards will be based on evaluation of Technical Approach, Management Approach, Past Performance, Price and Small Business participation. Once the awardees of the base contract are decided, two delivery orders will be awarded in accordance with Section H. All Delivery Orders will be awarded via a DOPR after contract award, within the guidelines stated in Section H. All successful contract awardees will receive, at a minimum, a Delivery Order award for \$25,000.

8. QUESTIONS

8.1. Offerors shall submit all questions concerning this solicitation in writing to the Contract Specialist listed in Section L, 1.1. The Contract Specialist will answer questions in an amendment to the solicitation. The Contract Specialist will not disclose the source of the questions.

8.2. Questions from offerors will need to be submitted by June 28, 2012 by 1:00pm Eastern Time (ET).

8.3. In the event multiple questions address the same issue, the Government reserves the right to answer a representative question that best exemplifies the issue. Please submit only one set of questions per company.

8.4. If you send your question via e-mail and do not receive acknowledgment of receipt by NAVMEDLOGCOM within 72 hours, you are requested to resend your question.

9. The reviewing authority for the Contracting Officer is the Director of Acquisition Management, NAVMEDLOGCOM, Code 02, 693 Neiman Street, Fort Detrick, MD 21702-9203. Agency procurement protests should clearly identify the initial adjudicating official, i.e., the, "Contracting Officer" or the, "Reviewing Official".

9.1. Offerors should note this review of the Contracting Officer's decision will not extend GAO's timeliness requirements. Therefore, any subsequent protest to GAO must be filed within 10 days of knowledge of initial adverse agency action.

(End of Summary of Changes)