PERFORMANCE WORK STATEMENT (PWS)

Delaware Army National Guard (DE ARNG)

Dental Restorative Care, Onsite, 1-2 Aug 2026

1.0 General

1.1 Scope: The contractor shall provide all personnel, equipment, tools, materials, supervision, quality control, and other items and non-personal services necessary, except as specified in Paragraph 3.0 as Government Furnished, to perform and document restorative dental treatment services.

1.1.1 Objective: To improve dental and medical readiness of Delaware Army National Guard Soldiers by treating minor dental issues, onsite at Delaware Army National Guard, so as to improve Soldiers' Dental Readiness Classification (DRC) from DRC 3 to DRC 2 or DRC 1.

1.1.2 All Services (except extensive DRC 3b and 3c Soldiers that require in-clinic treatment or dental reconstruction) must be initiated on site at DE ARNG.

1.1.3 See Appendix A for DRC information.

1.2 Background: Dental Readiness Classification (DRC) is a basic principle of force sustainment for Delaware Army National Guard (DE ARNG) forces.

1.2.1 Policy: The performance work statement includes the components of dental classifications for the Department of Defense (DoD) in order to identify varying degrees of dental health and readiness. This is to cover Dental Readiness Classification (DENCLASS) to include: annual dental exams, digital bitewing radiographs, digital panoramic radiographs, DENCLASS data entry of all radiographs and dental records, identification and treatment of all Class 3 soldiers on alert orders and/or eligible through the Army Selected Reserve Dental Readiness System (ASDRS) Program.

1.2.2 DoD Health Affairs Policy 02-11 mandates dental screening examinations and remediation of service members for any particular dental event. DE ARNG State Surgeon Office conducts an annual dental screening examination to determine and document Soldiers' dental classification (DENCLASS). DENCLASS updates the Army Medical Protection System, MEDPROS. DE ARNG policy is to provide needed dental restorative service for DE ARNG Soldiers (or Soldiers mobilizing with a DE ARNG unit) to enable the highest dental classification and deployability of each Soldier.

1.3 Period of Performance (PoP): The Period of Performance will be from time of contract award through the last day of required services. Actual onsite services are Saturday 1 August and Sunday 2 August 2026.

1.4 General Information:

1.4.1 Place and Performance of Services: The contractor shall provide onsite services between the hours of 0800 – 1700 on dates identified in Section 1.3.

1.4.2 Performance shall be at the Major Joseph R. “Beau” Biden III National Guard / Reserve Center, 1 Vavala Way, New Castle, DE 19720.

1.4.2.1 Telework is not authorized.

1.4.2.2 Unscheduled gate closures may occur causing delays for personnel entering or exiting the installation. Vehicles are subject to search. A violation of any applicable motor vehicle regulation may result in termination of installation driving privileges.

1.4.2.3 Contractor employees must become familiar with and obey installation regulations, including fire, traffic, safety and security. Contractor employees should only enter restricted areas when required to do so and only with prior approval. Contractor employees must carry proper identification. Contractor shall ensure compliance with regulations and orders of the installation. The Government reserves the right to direct the removal of any contractor employee from Government property or revoke access to Government systems for misconduct, security reasons, or any overt evidence of communicable disease. Removal of contractor employees for reasons stated above does not relieve the Contractor from responsibility for total performance of this contract.

1.4.3 Force Majeure: In event of force majeure, such as a Government-declared weather event or emergency, contractor and Government will use good faith to determine a mutually agreeable back-up date, not within a three-day weekend including holidays listed at https://www.opm.gov/policy-data-oversight/pay-leave/federal-holidays/

1.4.4 Reserved.

1.4.5 Quality Assurance (QA): Government will evaluate contractor performance in accordance with its Quality Assurance Surveillance Plan (QASP). This plan is primarily focused on what the Government will do to ensure contractor has performed in accordance with the performance standards. It defines how the performance standards will be applied, the frequency of surveillance, and acceptable quality levels.

1.4.6 Installation Access and Security Requirements: Contractor must comply with applicable installation security policies and procedures, which may be obtained from the Contracting Officer’s Representative (COR). Contractor and all associated sub-contractor employees must provide all information required for background checks to meet installation access requirements. Contractor must ensure compliance with all personal identity verification requirements as directed by Department of Defense (DoD), Department of Army, and National Guard policy. Should the Installation’s Force Protection Condition (FPCON) change, the Government may require changes in contractor security matters or processes.

1.4.6.1 Reserved.

1.4.6.2 For contractors that do not require a DoD Common Access Card (CAC), but require access to a DoD facility: Contractor and sub-contractor employees must comply with adjudication standards and procedures using the National Crime Information Center Interstate Identification (NCIC-III) and Terrorist Screening Database (TSDB) (Army Directive 2014-05), and installation, facility and area commander security policies and procedures (provided by a Government representative).

1.4.6.3 Reserved.

1.4.6.4 iWATCH Training: Contractor and subcontractors must brief their employees on the Delaware National Guard iWATCH program (training standards provided by the Delaware National Guard Antiterrorism Officer (ATO)). This locally developed training must be used to inform employees of the types of behavior to watch for and instruct employees to report suspicious activity to COR or Contracting Officer (KO). Complete iWATCH training within 30 calendar days of contract award and prior to arrival onsite. Report on the completion of each contractor and subcontractor employee training to the COR.

1.4.6.5 All communications with DoD organizations are subject to COMSEC review. All telephone communications networks are continually subject to intercept by unfriendly intelligence organizations. DoD has authorized the military departments to conduct COMSEC monitoring and recording of telephone calls originating from, or terminating at, DoD organizations. Any time contractor personnel place or receive a call they are subject to COMSEC procedures. Contractor must ensure wide and frequent dissemination of above information to its employees. Contractor must abide by Government regulations concerning authorized use of the Government's computer network, including restriction against using the network to recruit Government personnel or advertise job openings.

1.4.6.6 Use of Government Information Systems and access to Government networks is a revocable privilege, not a right. Users are the foundation of the DoD strategy, and their actions affect the most vulnerable portion of the Army Enterprise Information Structure. Contractor employees shall have a favorable background investigation or hold a security clearance and access approvals commensurate with the level of information processed or available on the system. Contractor employees shall:

1.4.5.6.1 Comply with the command's Acceptable Use Policy for a Government owned information system and sign an Acceptable Use Policy prior to or upon account activation.

1.4.5.6.2 Complete initial and annual Information Assurance awareness training as required by Army and National Guard policy.

1.4.5.6.3 Mark and safeguard files, output products, and storage media per classification level and disseminate them only to individuals authorized to receive them

with a valid need to know.

1.4.5.6.4 Protect information systems and information system peripherals located in their respective areas in accordance with physical security and data protection requirements.

1.4.5.6.5 Practice safe network and Internet operating principles and take no actions that threaten the integrity of the system or network.

1.4.5.7 Reserved.

1.4.5.8 Reserved.

1.4.5.9 Reserved.

1.4.5.10 Protection of Personally Identifiable Information (PII): Contractor must protect PII in accordance with Defense Federal Acquisition Regulation Supplement DFARS Subpart 224.1 Protection of Individual Privacy. If a PII breach results from contractor violation of the policies indicated in DFARS Subpart 224.1, contractor shall bear all notification costs, call-center support costs, and credit monitoring service costs for individuals whose PII has been compromised. All dentists, dental technicians, dental hygienists, data entry and/or admin assistants on contractor staff must be currently certified and HIPAA trained and compliant.

1.4.6 Physical Security: The contractor must safeguard all Government property provided for contractor use. At the close of each work period, Government facilities, equipment, and materials must be secured.

1.4.7 Special Qualifications: Contractor staff must have a full comprehension of Individual Medical Readiness (IMR), Medical Readiness Classification (MRC), and Dental Readiness Classification (DRC), particularly the requirements of Army Dental Readiness and be proficient with DENCLASS and MEDPROS. Contractor must self-perform input, if any, into Medical Operational Data System (MODS) modules; subcontractor personnel are not authorized access to MODS under this contract. Changes to Contractor key personnel, including their certificates, licenses and qualifications, as listed on Attachment 0003 to the contract must be approved by Contracting Officer.

1.4.7.1 Individual case management and oversight by a dedicated Dental Director (licensed DDS or DMD): The Dental Director on staff is responsible for ensuring all members are certified dental professionals with Delaware licensure. Dental assistants and staff must be trained, competent, and professional with good morals and ethics.

1.4.8 Post Award Conference/Periodic Progress Meetings: Contractor agrees to attend any post award conference convened virtually by the Contracting Officer (KO) or Contracting Officer's Representative (COR). KO, COR, and other Government personnel may meet periodically with contractor to review performance. At these meetings, the

Government will apprise the contractor of how the Government views the contractor's performance and the contractor must apprise the Government of problems, if any. Contractor must resolve issues raised by the Government. Contractor meeting attendance is at no additional cost to the Government.

1.4.9 Contract Manager (CM): Contractor must designate a CM who shall ensure performance under this contract. The name of this person, and an alternate who shall act for the contractor when the CM is absent, shall be designated in writing to the KO. The CM or alternate shall have full authority to act for the contractor on all contract matters relating to daily operation of this contract. The CM shall work through the COR to resolve issues, receive technical instructions, and ensure adequate performance of services. The CM shall ensure that contractor employees do not perform any services outside the scope of the contract without an official modification issued by the KO. The CM shall ensure contractor employees understand that services performed outside the scope of the contract are performed wholly at the expense of the contractor.

1.4.10 Reserved.

1.4.11 Combating Trafficking in Persons: The United States Government has adopted a zero-tolerance policy regarding trafficking in persons. Contractors and contractor employees shall not engage in severe forms of trafficking in persons during the period of performance of the contract; procure commercial sex acts during the period of performance of the contract; or use forced labor in the performance of the contract. The Contractor shall notify its employees of the United States Government's zero tolerance policy, the actions that will be taken against employees for violations of this policy. The contractor shall take appropriate action, up to and including termination, against employees or subcontractors that violate the US Government policy as described at Federal Acquisition Regulation (FAR) Subpart 22.17.

1.4.12 Reserved.

1.4.13 Data Rights: Government has unlimited rights to documents and materials produced under this contract. Documents and materials, to include the source codes of any software, produced under this contract shall be Government owned and are the property of the Government with all rights and privileges of ownership/copyright belonging exclusively to the Government. These documents and materials may not be used or sold by the contractor without written permission from the KO. All materials supplied to the Government are the sole property of the Government and may not be used for any other purpose. This right does not abrogate any other Government rights.

1.4.14 Organizational and Consultant Conflicts of Interest (OCI): Contractor and subcontractor personnel may receive, have access to, or participate in the development of proprietary or source selection information (such as cost or pricing information, budget information or analyses, specifications or work statements) or perform evaluation services which may create a current or subsequent OCI, as defined in FAR Subpart 9.5. Contractor must notify KO immediately whenever it becomes aware

that such access or participation may result in any actual or potential OCI and shall promptly submit a plan to the KO to avoid or mitigate any such OCI. Contractor's mitigation plan will be determined to be acceptable solely at discretion of KO. In the event the KO unilaterally determines any such OCI cannot be satisfactorily avoided or mitigated, KO may impose other remedies, including prohibiting contractor from participation in subsequent contracted requirements which may be affected by the OCI.

2.0 Definitions and Acronyms

2.1 Definitions:

2.1.1 Chair-side dental classification: Examinations and culminating classification (and entry into DENCLASS "real-time") that occurs at the Soldier's (patient) chair-side; occurring at actual time of examination or treatment.

2.1.2 Contractor: A supplier or vendor awarded a contract to provide specific supplies or services to the Government. The term used in this contract refers to the prime.

2.1.3 Defective Service: A service output that does not meet the standard of performance associated with the PWS.

2.1.4 Deliverable: Anything that can be physically or electronically delivered and includes non-manufactured things such as meeting minutes or reports.

2.1.5 DENCLASS: An approved ARNG web-based module designed to standardize the court of dental classifications, eliminate duplicate data system entry, facilitate the dental exam workflow, standardize the documentation of the health history and record of dental exam and integrate dental readiness within the Medical Operational Data Systems (MODS) architecture. The DENCLASS module has been designed to document the dental readiness requirements of all ARNG Soldiers. Components of DENCLASS include an automated health history, an automated SF603A, an automated letter outlining the dental treatment plan, a repository for dental radiographs, a library of dental readiness policy and statistical reporting of all components of DENCLASS.

2.1.6 Individual Medical Readiness: being free of health-related conditions that limit a Soldier's ability to actively fulfill his/her assigned mission, including dental readiness, immunization status, Periodic Health Assessment (PHA), no deployment limiting conditions, medical laboratory tests, and Individual Medical Equipment.

2.1.7 Key Personnel: Contractor personnel that are evaluated in a source selection process and that may be required to be used in the performance of a contract by the PWS. When key personnel are used as an evaluation factor in best value procurement, an offer can be rejected if it does not have a firm commitment from the persons that are listed in the proposal.

2.1.8 Medical Readiness Classification: All categories of medical readiness including Dental Class.

2.1.9 Medical Protection System (MEDPROS): The Medical Protection System was developed by the Army Medical Detachment to track immunizations, medical readiness and deployability data for Active and Reserve components of the Army.

2.1.10 Medical Operational Data System (MODS): The Medical Operational Data Systems is an objective system that provides the Army Medical Department with an integrated automation that supports all phases of the Human Resource Life-Cycle Management in both peacetime and mobilization. MODS currently maintains sixty system interfaces which are updated on a daily, weekly, monthly or semi-annual basis.

2.1.11 Organic staff: Staff who work for the contractor as primary staff, that is, not subcontracted staff.

2.1.12 Physical Security: Actions that prevent the loss or damage of Government property.

2.1.13 Quality Assurance: The Government procedures to verify that services being performed by the Contractor are performed according to acceptable standards.

2.1.14 Quality Assurance Surveillance Plan (QASP): An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance.

2.1.15 Quality Control: All necessary measures taken by the Contractor to ensure that the quality of an end product or service shall meet contract requirements.

2.1.16 Subcontractor: One that enters into a contract with a prime contractor. The Government does not have privity of contract with the subcontractor.

2.2 Acronyms:

ADA	American Dental Association
AR	Army Regulation
AT/OPSEC	Antiterrorism/Operational Security
AUP	Acceptable Use Policy
BI	Background Investigation
CM	Contract Manager
COR	Contracting Officer Representative
DA	Department of the Army
DFARS	Defense Federal Acquisition Regulation Supplement
DoD/DoW	Department of Defense / Department of War
FAR	Federal Acquisition Regulation
GFP/M/E/S	Government Furnished Property/Material/Equipment/Services

HA	DoD Health Affairs
HQDA	Headquarters, Department of the Army
HSPD	Homeland Security Presidential Directive
IA	Information Assurance
IMR	Individual Medical Readiness
KO	Contracting Officer
MRC	Medical Readiness Classification
NGB	National Guard Bureau
OCI	Organizational Conflict of Interest
OIC	Officer in Charge
OSHA	Occupational Safety and Health Association
PII	Personally Identifiable Information
POC	Point of Contact
PRS	Performance Requirements Summary
PWS	Performance Work Statement
QA	Quality Assurance
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
RFO	Revolutionary FAR Overhaul
TE	Technical Exhibit

3.0 Government Furnished Property, Material, Equipment and Services (GFP): Government will provide the property, material, equipment, and services listed below solely for the purpose of performance under this contract:

3.1 Property: Government will furnish parking for contractor-furnished mobile dental office. Government will furnish small work area inside its building to coordinate movement of Soldiers to contractor mobile office.

3.2 Materials: None.

3.3 Equipment: None.

3.4 Services: None

3.5 Information: Individual Soldiers' SF 603 Dental Record.

3.6 Utilities: Utilities in the facility, including restrooms, will be reasonably available for contractor's use in performance of this contract.

4.0 Contractor Furnished Property, Materials, and Equipment (CFP)

4.1 General: Except for those items specifically stated to be government furnished in Paragraph 3.0, the contractor must furnish everything required to perform services under this contract.

5.0 Requirements: The contractor shall:

5.1 Treat the anticipated number of Soldiers on site DE ARNG, up to 25 Soldiers on Saturday 2 May and up to 25 Soldiers on Sunday 3 May 2026.

5.2 Exams: DEAR NG dentists will provide individual Soldier SF 603 or equivalent document to Contractor to identify required dental treatment plan.

5.3 Treatment: Treatment must be administered in accordance with prescribed direction as indicated on SF 603/603A. Contractor must consult onsite DE ARNG Dental Officer in Charge (OIC) to clarify any conflicting information or discrepancies prior to any changes in prescribed treatment.

5.4 Documentation: Submit documentation of treatment and all functional files maintained by the Contractor to the Dental OIC.

5.4.1 “Chair-side” dental classification entry by organic staff entered “real-time” (assuming internet connectivity; within 5 workdays of last day of event if no connectivity) into the DENCLASS reporting system. Complete the SF 603/603A Dental Record to reflect resolution of visit and updated dental classification or status of Soldier.

5.4.2 Submit a detailed list of services performed upon completion of last day onsite.

5.5 Provide “real-time” pharmacy prescriptions for each restorative event to any Soldier requiring post-event medication.

5.6 Provide a dedicated and organic emergency 24/7 call line for DE ARNG Soldiers should dental emergencies emerge upon completion of dental work. Provide this phone number to the Dental OIC, COR, and to each individual Soldier receiving treatment.

5.7 Ensure operational availability of necessary equipment.

6.0 Applicable Publications and Forms

6.1 Applicable Publications:

Publication (Chapter/Page)	Date of Publication	Mandatory or Advisory	Website
AR 40-35 Preventive Dentistry and Dental Readiness	21 Jul 2016	Advisory	https://armypubs.army.mil/ProductMaps/PubForm/AR.aspx
AR 40-502 Medical Readiness	27 Jun 2019	Advisory	https://armypubs.army.mil/ProductMaps/PubForm/AR.aspx
ATP 4-02.19 Dental Services	14 Aug 2020	Advisory	https://armypubs.army.mil/ProductMaps/PubForm/ATP.aspx
FAR / DFARS (Deviations)	16 Mar 2026	Advisory	https://acquisition.gov/far-overhaul/far-part-deviation-guide

6.2 Applicable Forms:

Form	Date	Website
SF 603 Health Record, Dental	Oct 1975	https://www.gsa.gov/forms-library
SF 603A Medical Record - Dental - Continuation)	Nov 2022	https://www.gsa.gov/forms-library

TECHNICAL EXHIBIT 1

Performance Requirements Summary (PRS)

This PRS includes performance objectives the Government will use to determine contractor performance and will compare contractor performance to the Acceptable Quality Levels (AQL).

Performance Objective	**Performance Standard**	**Acceptable Quality Levels (AQL)**	**Surveillance Method / By Whom**
1.1.1 Dental Readiness	Improve DE ARNG Soldiers to DRC 2	95% to DRC 2	Inspection and monitoring by COR / OIC
5.1 Number of Soldiers	Treat the anticipated number of Soldiers	100% of Soldiers sent to Contractor, up to 25 Soldiers per day	Onsite inspection and monitoring by COR / OIC
5.3 Treatment	As prescribed in SF 603	100% compliance	Onsite inspection and monitoring by COR / OIC
5.4 Documentation	Timely input in DENCLASS	100%	Inspection and monitoring by COR / OIC
5.5 Pharmacy prescriptions	Prescribe pharmaceuticals as needed	Where needed: 100%	Monitoring by OIC and feedback from patients
5.6 Call Line 24/7	Emergency 24/7 call line for dental emergencies	100%	Monitoring by COR and feedback from patients

APPENDIX A - Definitions of Dental Classifications:

Class 1: Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

Class 2: Patients with current dental examination, which require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

(1) Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

(2) Interim restorations or prosthesis that can be maintained for a 12 month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

(3) Edentulous areas require prosthesis but not on an immediate basis.

(4) Periodontium that

(a) requires oral prophylaxis
(b) requires maintenance therapy
(c) requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis.

(5) Unerupted, partially erupted or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

(6) Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployment for up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

(7) Temporomandibular disorder patients in remission. The provider anticipates the patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

Class 3: Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

(1) Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12-month period.

(3) Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

(a) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.
(b) Active progressive moderate or advanced periodontitis
(c) Periodontal abscesses
(d) Progressive mucogingival condition
(e) Periodontal manifestations of systemic disease or hormonal disturbances
(f) Heavy subgingival calculus

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication or communication or acceptable esthetics.

(5) Unerupted, partially erupted or malposed teeth with historical, clinical or radiographic signs or symptoms of pathosis that are recommended for removal.

(6) Chronic oral infections or other pathologic lesions including:

(a) Pulpal, periapical or resorptive pathology requires treatment.
(b) Lesions require biopsy or awaiting biopsy report.

(7) Emergency situations require therapy to relieve pain, treat trauma, treat acute oral infections or provide timely follow-up care (for example, drain or suture removal until resolved.)

(8) Acute temporomandibular disorders require active treatment that may interfere with duties.

Class 4: Patients who require periodontic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.