PEFORMANCE WORK STATEMENT (PWS)

Healthcare Facility Planning, Evaluation, Research, and Advisory Services

May 19, 2026

1. Background and Introduction

The Indian Health Service (IHS) Office of Environmental Health and Engineering (OEHE) Division of Facilities Planning and Construction (DFPC) requires contractor support to complete a variety of planning activities for the delivery of health care to meet the mission of IHS. The mission of IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaskan Natives (AI/AN) to the highest level. Activities include planning documents for new health care facilities, Health Services and Facility Master Plans (HSFMP), health care service criteria development, advisory review for staff and services for new health facility construction, Resource Requirements Methodology (RRM) development and improvements, and various types of planning reports. The Office of Public Health Support (OPHS), the Office of Clinical and Preventative Services (OCPS) and the Office of Urban Indian Health Programs (OUIHP) may utilize this Performance Work Statement (PWS) to complete tasks that are in pursuit of accomplishing the IHS mission.

Due to the lack of staff and internal resources IHS is in need of support to accomplish its goals as it pertains to the planning, evaluation, research, and advisory services about its Health System Planning. In the next few years DFPC will start the process for accepting consideration for new health care facility projects using its approved Priority System. The need for new health care facilities is vast. To anticipate the need IHS is in the beginning stages of updating the HSFMP for all 12 IHS Areas. Once the master plan is complete additional work is needed to complete the required planning documents for each of the projects of a certain scope to be consider for funding. Due to this heavy workload OPHS, and OCPS may need additional advisory assistance for items that are important for their review process and acceptance. Lastly, Congress requests specific reports that IHS may not have the resources to complete. To satisfy the congressional reporting requirements the level of data acquisition and reporting will require intensive work to complete factually and in timely manner.

In addition, a constant effort is needed to review our current data, algorithms and overall planning practices for planning facilities. Items that are in need of review are utilization rates for all our supported services in our Health Systems Planning (HSP) software, space planning, staffing calculations, staffing budget estimation, initial facility equipment list, review of current criteria in HSP, and projected population growth rate. Also assistance is needed to develop new criteria for services that are approved by law and for services that are most requested by Tribes but not yet have approval for IHS to support.

2. Description of Services/Capabilities:

This PWS is intended to obtain the services of a planning Contractor to complete a various number of planning, evaluation, research, and advisory services.

Listed below are the types of work or services that are representative of the capabilities needed by the Contractor (such contracted services would be accomplished via order to this contract). The numbers below follow the attached Work Breakdown Structure (WBS) diagram. To understand the linkage across tasks please refer to the attached WBS.

The Contractor shall provide Geographic Information System (GIS) planning, mapping, spatial analysis, and geodatabase support services in support of IHS Health Systems Planning (HSP), Health Services and Facility Master Plans (HSFMP), Program Justification Documents (PJD/PJDQ), Program of Requirements (POR), infrastructure planning, facility inventory management, and other DFPC planning activities. GIS services may include integration of planning, facility, infrastructure, utility, demographic, environmental, transportation, and service area data into geospatial platforms to support healthcare facility planning and recommendations to decision-makers.

2.1. Complete Project Planning Documents

2.1.1. Understand how to use the HSP Software
- Read the User Manual
- Review on-demand training videos on YouTube

2.1.2. Review the Program Justification Document (PJD) Template

2.1.3. Review the Program of Requirements (POR) Document Template

2.1.4. Review the Site Selection Evaluation Report Phase I Template

2.1.5. Review the Site Selection Evaluation Report Phase II Template

2.2. Complete The Program Justification Document

2.2.1. Estimate the User population
- Use HSP to find the User population for the planned facility. The Contractor shall confirm the number is correct with the Planner or the Contracting Officer Representative (COR) (A 10 year projection from the current year of planning is recommended)

2.2.2. Estimate Services Workload
- Use HSP to generate a workload for all the qualified services given by the user population. The Contractor is responsible for checking this workload for quality by confirming the data with the existing facility or with IHS data reporting.

2.2.3. Calculate Services Required
- Use HSP to provide a baseline estimation of the services required for the user population selected. The Contractor Shall work with

the local Service Unit (SU), IHS Area, and Tribe/Tribal Organization (T/TO), draw from its own experience in health care planning to identify services that are needed but not generated by HSP.

2.2.4. Calculate Needed Staffing Required

- Use the HSP RRM to calculate the staffing needs for the facility. The Contractor shall confirm this Full Time Employee (FTE) number with the SU, IHS Area, and T/TO. The Contractor shall conduct research including but not limited to staff interviews, local practices, and literature reviews to meet the staffing needs of the new facility. It is expected the Contractor will utilize their own experience as well to estimate the staffing needs of the facility.

2.2.5. Calculate Space Required

- Use HSP to provide a baseline estimate of the amount of space that is needed for the services and staff estimated prior. The Contractor shall work with the local SU, IHS Area, and T/TO to confirm the amount of space that is needed

2.2.6. Apply Deviations to the overall PJD Draft

- After running HSP and completing all the interviews and research to complete the facility health care program the Contractor shall updated the PJD template with accurate information.

2.2.7. Complete the Program Justification Document for Quarters (PJDQ)

- The Contractor shall complete the PJDQ template to estimate the number of staff housing (Quarters) that is needed to house non-local staff. To determine is housing is needed the Contractor shall complete the (2.3.1) Housing Verification Survey Report.

2.3. Complete the Program of Requirements Document

2.3.1. Explain the Concept of Operation

- For each service approved in the PJD the Contractor shall explain how that service will operate in the facility. The POR provides sample template language that should be modified to the specific case of the planned facility.

2.3.2. Provide Adjacency Parameters

- The Contractor shall review the template recommended adjacency language and make adjustments accordingly after consulting with the SU, IHS Area, and T/TO. For optimal operation it is advantageous for some services to be closer to others.

2.3.3. Provide Special Design Considerations

- The Contactor shall review the template language and make changes that are specific to the project.

2.3.4. Site Selection Evaluation Report Phase II (SSER)

- The Contractor shall complete the National Environmental Policy Act (NEPA) process per IHS standards. Also the Contractor shall confirm if any offsite utility/infrastructure upgrades are required for the project. To assist in this task the Contractor shall review the IHS Master Plan for the SU/Area.

2.3.5. Confirm the Space Program

- The Contractor shall review the space plan calculated by HSP. The Contractor shall make adjustments to the space and note special design/architectural considerations for the space.

2.3.6. Project Budget Estimate

- The Contractor will provide IHS the draft PJD and POR to complete a project budget estimate. Once the estimate is complete it will be returned to the Contractor to append to the planning documents.

2.3.7. Equipment Planning and Estimate

- The Contractor shall complete the preliminary equipment planning and estimate. Based upon the space and services estimated in the PJD/POR.

2.3.8. Apply Deviations to the overall POR Draft

- After running HSP and completing all the interviews and research to complete the facility health care program the Contractor shall updated the POR template with accurate information

2.3.9. Submit Planning documents (PJD/POR) for review and approval

- After completion of the draft PJD/POR the Contractor shall submit the planning documents for review and approval.

2.4. Complete Health Services and Facilities Master Plan

2.4.1. Study History of Tribes and Medical Services

- The Contractor shall review the latest IHS Area master plan on file and review the IHE OEHE Technical Handbook chapter for developing master plans.

2.4.2. Define Health Services Delivery Plan

- Health Service Priorities
    - The Contractor shall determine what are the service priorities for the SU and IHS Area. The Contractor shall pull data from all capable sources to determine the services most in need.
- Primary Service Area Delivery Plan
    - The Contractor shall establish the Primary Service Area (PSA) Delivery Plan. The master plan may have many PSAs that are specific to facility in a particular location.
- Existing Location and Health Services Provided

- Visiting Professional Summary Plan
- Area Referral Delivery Plan
    - Some SU operate via hub and spoke model. The Contractor shall plan for cross referrals within the SU/IHS Area that best meets the needs of the patients.
- Purchase Referred Care (PRC) Summary
    - The Contractor shall provide a summary of all the PRC services provided by the SU/ IHS Area and project the need for current and new services.
- Implementation of New Criteria(s)
    - The Contractor shall provide an implementation plan for the new services IHS is authorized to provide.

2.4.3. Facilities Master Plan

- IHS Supportable Space
    - The Contractor shall confirm the total amount of estimated Supportable Space. Supportable Space is the maximum amount of space provided by HSP supported services.
- Inventory of Existing Facilities
    - The Contractor shall inventory the current facilities in the SU/IHS Area.

2.4.4. Public Transportation Study

2.4.5. Estimated User Population Growth

2.4.6. Estimated Cost (Staff and Facilities)

- The Contractor shall work with IHS to provide cost estimates to construct and staff each of the facilities identified in the master plan.

2.5. Development of New HSP Criteria and the revision of existing HSP Criteria

2.5.1. An Overview of Service of Service Provided With Background Information

- The Contractor shall review the services which are in need of new development or revision. A heavy emphasis shall be placed on utilization rates for existing services and projected workloads based upon IHS User population.

2.5.2. Determine User Population Thresholds Needed For Service

- For a healthcare facility to be viable it must offer sustainable billable services and provide enough workload maximize clinician use efficiency. The Contractor shall determine the baseline user population to needed for a facility to offer a viable self-sustaining medical service.

2.5.3. Research Current Practices

- Consult with Subject Matter Experts(SME) in the Field
    - SME with Tribal Health experience are preferred
    - Healthcare Private sector SMEs
    - Veterans Affairs SMEs
- Conduct Interviews and Surveys (IHS and Tribal sites)
    - Must get clearance from the IHS Internal Review Board (IRB)
    - Information collected shall provide evidence of the decisions made for the development of the criteria and modules
- Complete literature review
    - The Contractor shall complete a comprehensive literature search and review around the service topic requested for development or revision. The Centers of Medicaid/Medicare Services (CMS) is mandatory to ensure the services are in compliance with accreditation standards.

2.5.4. Determine Staffing Algorithm Based Upon User Population

- The Contractor shall develop a suggested level of staffing needed to provide the requested service at a high level.
- Estimate Support Staff
    - The Contractor shall also estimate the level of support staff needed to provide the service

2.5.5. Standard Explanation of Each Staffing Position

2.5.6. Estimate the Space Needed for Staff

- The Contractor shall use research and experience to suggest the square footage needed to provide the medical service. Space thresholds shall be determined based upon the user population data.

2.5.7. Forecast Needed Equipment

- The Contractor shall focus on medical equipment only that is needed to deliver the service. A rough estimate of the cost of the equipment shall be included.

2.5.8. Accreditation Considerations

- The Contractor shall take into account accreditation at various facility sizes and types (i.e. inpatient and outpatient)

2.5.9. Final Report

- The Contractor shall draft a final report detailing all of the task, findings, and decisions that were made in the development of the criteria. If the owner is ever challenged/audited about the decisions that were made for the suggested staff and space the final report shall contain those answers.

2.5.10. IHS Approvals

- The Contractor shall work with the COR to ensure the criteria is approved by IHS.

2.5.11. Develop Service Specific Modules

- The Contractor shall draw from the criteria (the master document) any specific modules that are needed under the overall service umbrella. For example for the Long Term Care criteria the modules might break out into Skilled Nursing Facility and an Adult Day Care. Both of these services are Long Term Care but approach the delivery in specific ways to meet the needs of the population.
- Update the RRM Spreadsheet
- Update the PJD/POR Template
- Provide Sample Room Layouts and Templates
- Provide Equipment List
- Update the HSP Software*
    - This will require an active programming task order that is internal to IHS. The Contractor will work with the COR to implement this task.
- Complete HSP test run with new module
    - The Contractor shall use HSP to demonstrate how to plan the new/revised modules in HSP.
- Complete training on the new module.
    - At the request of the COR this demonstration can be recorded and used for on-demand training on the IHS YouTube channel.
- Detailed Notes to the Planner
    - A short condensed version of the modules/criteria to assist planners in making decisions about the level of service needed for their particular project.
- Release to Public (IHS Supported)
    - Task complete and ready to be used by IHS planners, tribes, contractors.

2.6. Professional Review, Consultation and Recommendation of Submitted Planning Documents

2.6.1. Receive Planning Document (PJD/POR)

- The Contractor shall receive the planning document(s) from the COR in need of consult.

2.6.2. Review IHS Request for Services and Staff

- The Contractor shall consult with the HSP recommendation for services. Depending on the request this may be supplied by the

COR or the Contractor shall create an HSP from the project information.

- Confirm with IHS the Staff and Services in need of consultation.
    - The Contractor shall work with the COR to finalize the IHS Request for Services and Staff

2.6.3. Understand IHS Service Delivery Criteria Related to Review

- The Contactor shall knowledge about IHS delivers care in respect of the service and staff in need of consult.
- Review all available IHS resources
    - The Contractor shall consider the following resources
    - The Indian Health Manual
    - The Resource Requirement Methodology
    - Utilization Rates

2.6.4. Make a Recommendation on Service

- The Contractor shall review the materials and using their experience make a recommendation to IHS on if the service shall allowed on the project.
- Consult with Subject Matter Experts
- Utilize health care planning experience
    - The Contractor is expected to use their experience when making a recommendation to IHS.

2.6.5. Make a Recommendation on Staff

- The Contractor shall review all the staffing information and make a recommendation to IHS. The Contractor shall draw from the references listed in 6.3.1 to assist in their decision. Once a recommendation is made the Contractor shall provide an explanation why they recommend this staffing solution.

2.6.6. Submit to IHS for Review and Approval

- The Contractor shall submit the recommendation to the COR. The COR will work with IHS internally for approval.

2.7. Resource Requirement Methodology Development and Improvements

2.7.1. Review or Implement The Service Criteria

- Understand the Staffing Logic
    - The Contractor shall review the RRM spreadsheet and the Notes to the Planner to have an understanding of the RRM staffing logic
- Understand Population Drivers
    - User Population
    - Service Population

2.7.2. Review and Understand the RRM Spreadsheet

2.7.3. Implement New Criteria into RRM

- Update RRM Spreadsheet Staff logic
- Update RRM Spreadsheet User Population Drivers
- Update RRM Spreadsheet Special Considerations
    - The Contractor shall be aware not every single staff person can be generated by an equation. Sometimes special qualifiers will determine if a staff position is needed. The Contractor shall take these qualifiers into consideration.

2.7.4. Special RRM Projects

- Special RRM Task requested by IHS
    - The Contractor shall rely on the task order PWS, SOO, RFP, SOW for specifics.

2.7.5. RRM Staffing Budget Estimates

- The Contractor shall use HSP RRM estimate tool to complete an estimate of the staffing and operation and maintenance cost for the planned facility.

2.7.6. Submit RRM Spreadsheet for Review

- The Contractor shall work with the COR to ensure the proper IHS offices review the proposed changes to the RRM.

2.7.7. Final IHS Approval

- The Contractor shall work with the COR to get all the required approvals to finish this task.

2.8. Planning Reports (Research Evaluation Recommendations)

2.8.1. For these types of reports the Contractor shall review the task order documents carefully. The reports below are some examples of the reports that were completed by IHS in the past. Additional information (i.e. Sample Report) about each report is available upon request.

2.8.2. Facilities Needs Assessment Reports

2.8.3. Infrastructure Studies

2.8.4. Population and Data Statistics

2.8.5. Congressional Requested Studies

2.8.6. IHS Requested Reports

- Overall Report Objectives include but not limited to:
    - Study of Existing Facilities
    - Cost of Expansion of Services, Staff and Space
    - Current and Projected User and Service Populations
    - Overall Unmet Needs
    - Cost of Repairs
    - Forecasting needs of pending criteria(s)
- Dialysis
- Inpatient Behavioral Health
- Specialty Care Referral Center

- Urban Health
- Long Term Care
    - Cost of Renovation
    - Cost of New Construction
    - Life Cycle Costs
    - Cost of Planning and Design
    - Cost of Operation
    - Equipment Needs Cost

2.9. Medical Equipment, Furnishings, and Fixtures (FF&E) Planning

2.9.1. Contractors shall complete the entire logistical work for completing FF&E planning for a proposed health care facility. The contractor shall consider the following when planning equipment for proposed IHS facilities:

- Using Software as a Service (SaaS) to plan the FF&E
- Using SaaS inventory software to install the FF&E into the newly constructed facility
- Take inventory of the existing equipment (for replacement facilities only)
- Archive and provide IHS a template list after the project is complete
- Serve as a liaison for IHS when in meetings with design A/E firms and the prime construction contractor
- Support the IHS Area with the transition from installation to operation and maintenance
- Assist IHS with the procurement and installation of FF&E (as needed per project)
- Expect to travel on site

2.10. Facilities Management Services (On-site)

2.10.1. Contractor shall complete the following services to meet the requirements of operating and maintaining a health care facility. In times of new construction, the contractor shall provide services to meet the requirements of the task order. Services may include the following:

- Construction inspection services
- LIDAR Scans of existing facilities
- AutoCad and Revit drafting services
    - Updating existing facility drawings
    - Adding expansions and renovation updates to as-builts
    - Completing LIDAR scans
- Building commissioning services

- Assist with GIS Indoors implementation
- Equipment Inventory Services for facilities and medical equipment
    - For Nuvolo
    - And other applicable equipment inventory SaaS platforms.
- Land survey services
- Interior space configuration planning
- Commissioning activities, including retro-commissioning
    - Including direct digital controls/building automation systems
- Commissioning activities, including retro-commissioning
    - Including direct digital controls/building automation systems
- Water management services/water management plan development:
    - Conducting inventories
    - Risk assessments
    - Creating Process Flow diagrams
    - Verification and Validation services
- Training (on site and on demand if available):
    - Water Operator
    - Boiler
    - Pipe Fitter
    - Electrical
    - Chiller/General Mechanical

2.10.2. For certain task orders the contractor will be required to get D1 Intranet IHS network access. This will require contractor staff to get a government PIV card which is subject to completing background and security checks.

2.10.3. Non-supervisory oversight of service unit facilities maintenance program

- Development or review of maintenance schedules and documentation for both accreditation specific requirements and non-accreditation facility needs regarding
    - Life Safety systems
    - Fire detection, alarm, and suppression systems
    - Electrical systems
    - Mechanical Systems
    - Plumbing systems
    - Structural systems
    - Pavement and concrete components of parking area
    - Landscaping and other grounds needs
    - Water Management Program
- Provide guidance for facility maintenance and clinical engineering staff

    - Identify training shortfalls and request training to meet gaps
    - Schedule or adjust current preventive maintenance schedules (PMS) to best meet staffing and service unit needs
    - Other guidance as appropriate
    - Provide training to appropriate staff in areas in which Contractor is SME
- Infection Control
    - Perform and report infection control risk assessment (ICRA) and pre-construction risk assessments (PCRA) for work performed within the facility
    - Monitor and ensure construction is in compliance with ICRA.
- Provide onsite technical point of contact services for construction and service contracts developed for the facility
- Use CAD or Bluebeam/Revu (or similar to update facility drawings and create space and planning maps
- On-site coordination with service unit departmental leadership as requested

2.10.4. GIS Support

- Geographic Information System (GIS) services
- GIS geodatabase development and maintenance
- Utility and infrastructure mapping
- GIS support for facility inventory management
- GIS integration with CAD, BIM, Revit, and LiDAR systems
- GIS spatial analysis and visualization
- GIS support for master planning and site selection
- GIS dashboard and story map development

2.11. GIS Planning and Geospatial Analysis

2.11.1. The Contractor shall provide GIS planning and geospatial analysis services to support IHS facility planning and infrastructure decision-making.

Services may include but are not limited to:

- Development and maintenance of GIS geodatabases
  • Integration of HSP, facility, infrastructure, utility, demographic, and environmental datasets
  • Spatial analysis to support Health Services and Facility Master Plans
  • Mapping and visualization of service areas, referral patterns, and

healthcare access
• Development of GIS-based planning tools and dashboards
• Support for infrastructure planning and utility mapping
• Development of geospatial planning exhibits and reports
• Integration of LiDAR, CAD, Revit, BIM, and facility datasets into GIS platforms
• GIS support for site selection, transportation analysis, and infrastructure assessments
• Support for GIS Indoors implementation
• Geospatial support for quarters planning and facility inventory analysis
• GIS support for emergency preparedness and resiliency planning
• GIS data quality review and validation

2.11.2. GIS Data Management

- The Contractor shall organize, maintain, and update geospatial datasets and metadata to support planning activities.

2.11.3. GIS Visualization and Reporting

- The Contractor shall prepare GIS maps, dashboards, story maps, and visual exhibits to support planning reports and presentations.

2.11.4. GIS Integration with Planning Systems

- The Contractor shall support integration of GIS information with HSP, CAD, BIM, Revit, LiDAR, and other facility planning systems used by DFPC.

3. Summary of Key Deliverables Expected

For each of the eight items listed under item number two the Contractor shall provide the following four key deliverables:

Proposed Timeline
A 50% draft
A 90% draft
Final Draft

Additional deliverables may be required for a task order and will specified in the individual order's Statement of Work.

4. Place and Period of Performance

The Contractor and the COR shall coordinate on locations where any work products or meetings (as necessary) shall take place, allowing full agency observation, with the COR to

be the final decision maker on meeting location. The task order shall specify the amount of time allowed for the Contractor to conduct the work required.

Unless the Government approves an extension by task order modification, if a task (schedule) is overdue, the contract shall accelerate another task to remain on schedule.

5. Task Order Technical and Price Proposal Requirements

The proposal shall include the following as appropriate to the task order:

- Statement of the task to be performed, and the Contractor will also list its assumptions about the tasks(s) to be performed.
- Labor category.
- Hourly price.
- Number of hours.
- Total Firm-Fixed-Price/Cost.
- Schedule including start, interim deliverable, and end (delivery) dates, as determined by the Government.
- Other direct costs including travel, meeting space, transcription services, postage, etc., with basis of estimate explanation and support.
- Other pertinent information, if any (i.e. specialized expertise).

Contractor price proposals will be required to be adequately supported. Tests for reasonableness of price will be based upon price analysis that may require information other than pricing data. Prices and costs will be subject to Federal Acquisition Regulation tests of allowability, allocability, and reasonableness. Proposals prepared and submitted in response to any request under this contract shall be at no cost to the Government, and the Government will be issuing Requests for Proposal for Firm-Fixed-Price task orders.

The Government will provide the following information in its Requests for Proposal to assist the Contractor in its preparation of proposals:

- Statement of Work describing the work to be undertaken.
- Description of methods, protocols and/or scientific standards to be used, if prescribed methods are necessary to the specific task.
- Description of analyses to be performed, if specific analyses are required.
- Determination on whether the preparation of an official administrative record is needed.
- Information sources needed for performance of task order, if specifically required for the completion of the work (e.g., websites, electronic files, references, etc.).
- Description of deliverables, including metrics, performance-based measures, and performance-based outcomes.
- Schedules and deadlines for interim reports (if required) and/or final outcome/product.

Selection of contractors for task orders will be based on the comparable strengths of contractors as measured by Price. The IHS may determine that there is an exception to fair opportunity if the new task order is a logical extension of existing work.

6. Government Furnished Equipment/Information

The COR will provide guidance, policy documents, reference manuals, and access to current information and data, as required to support the review in each task order. No Government equipment will be furnished to the Contractor. The Contractor shall furnish all labor, furniture, fixtures, equipment (FF&E), materials, supplies, travel, and services to perform the requirements of this contract.

7. Availability Performance Work Statement

Normal duty hours are Monday through Friday 7:30 a.m. − 4:00 p.m. in whichever time zone the Contractor is conducting the work. Non-duty hours include week nights, weekends, and Government holidays (for example, New Year's Day, Memorial Day, President's Day, Fourth of July, Thanksgiving, Columbus Day, and Christmas; a complete list of Federal holidays will be provided).

Key personnel from both the Government and the Contractor are expected to be available for communications and meetings during normal duty hours. The Contractor shall provide emergency contact information, in case the need for such should arise.

8. Contracting Officer's Representative

The COR will provide the overall technical coordination for this contract. COR duties include:

- Providing assistance to the Contracting Officer when work described in a task order must be determined to be either within the scope of the contract or not.
- Designating a SME for each specific task order that is executed. The SME will provide pre approval to the COR for any tasks important to payment and overall task delivery.
- Providing assistance to potential users of the contract as they develop a Statement of Work.
- Informing IHS and offices within of the availability of the contract and how to use it.
- Resolving technical issues between the COR and the Contractors.

A person from the appropriate IHS office initiating the task order will be appointed as COR, and will be the Contractor's point of contact on matters related to interpreting and implementing this contract for a specific task order. COR duties include:

- Providing technical direction to the Contractor.
- Providing necessary Government furnished information/data.

- Reviewing Contractor billing statements/invoices.
- Acting as the Contractor's point of contact with the IHS.

To ensure that the reviews or task orders are conducted in a quality and timely manner, it is critical that coordination and feedback between the Contractor and COR occur regularly and begin at the outset of the execution of the task order. The COR is also responsible for seeking guidance from IHS management to ensure that the reviews or task orders are being conducted in a manner that provides information that is useful and timely for the IHS decision maker. The COR is responsible for appropriately incorporating the IHS management guidance into the task order, and, with the Contractor, into the execution of the task order. The name and contact information for the COR will be furnished at the time the task order is awarded.

The COR is not authorized to make changes to the agreement, contract or related orders. See clause DIAR 2010-18, Authorities and Delegations.

9. Contract Services Summary (SS)

The Government will work with the Contractor to ensure communication concerning performance under this Performance Work Statement. The purpose of performance communication is to improve performance over the duration of this contract. Factors of evaluation will include, but are not limited to, quality, schedule, management, and cost.

The performance thresholds established for each of the performance objectives (goals) are the number of defects permitted. Defects at or below the threshold is considered "Satisfactory" performance.

The contract provider is responsible for meeting contract standards. The objective is measured against a performance threshold. When assessed, the SS conveys to whether or not the primary elements of the agreement objectives are succeeding, meeting the performance thresholds (Satisfactory), not meeting the performance thresholds (Unsatisfactory) or exceeding the performance thresholds (Very Good or Exceptional). There are also many other items which are required by the contract. Although not listed they are assessed and enforceable.

Performance Objective Standard	PWS Reference	Performance Threshold
Deliverables are of a high quality; and consistent with established guidelines and IHS methods/standards.	2 (1.0) (2.0) (3.0) (4.0) (5.0) (8.0) (10.0)	-Reports follow IHS templates -Complete with no more than 2 contract modifications

Deliverables are completed within the required, mutually agreed schedule.	2	No more than 2 overdue occurrences of more than a 2 working days without prior communication per task order performance period. Less than 5% of all deliverable for each agreement 12-month period, and zero delays resulting task order expiration or extension (modification) resulting in a negative impact to the Government.
Management: Contractor shall take immediate corrective action if there are problems/issues with the key personnel related to their qualifications or their ability to work well with the Government staff.	2 (All)	Corrective action is initiated within 3 working days of the discovery of the problem or issue; and an acceptable corrective action is completed within 10 working days unless coordinated with the Government for a later date.
Deliverables will be of a high quality and thorough, reflecting a complete picture, and in consideration of major/current scientific information, data.	2(All)	95% of all deliverables, and zero resulting in significant faulty data or miss understanding of requirements which requires re-consideration/re-performance, resulting in a delay or resulting in a negative impact to the Government.
Contractor shall ensure quality services. Services must consist of unbiased assessments through proper management and enforcement of scientific integrity standards, to include conflicts of interests.	2 (All)	Zero incidents where the Contractor did not exercise due diligence, such as vetting personnel (to include reviewers), providing and documenting instructions, signed agreements, documented interviews where subject matter questions were asked or other actions that may be deemed appropriate (by the Government).
Contractor shall ensure protection against unauthorized disclosure of information to include individual assessment and determination prior to Government public release.	2 (All)	Zero incidents where the Contractor did not exercise due diligence, such as signed non-disclosures or other actions that may be deemed appropriate (by the Government).

10. Quality Control Plan (QCP)

The Contractor is solely responsible for the inspection and quality of services provided under this agreement. Upon request, the Contractor will provide the Contracting Officer with a written quality contract plan within 5 workdays from the date of request. The Contractor's plan, upon acceptance by the Government, will be used in conjunction with Government's Performance Plan.

The Contractor's QCP will complement the Government's Performance Plan. The Contractor's QCP will describe the inspection system for the services required. The contractor shall develop and implement procedures to identify, prevent and ensure non-recurrence of unacceptable services. The contractor shall update the plan as changes occur and changes shall be submitted for review and acceptance by the Contracting

Officer/Contract Specialist. The Contractor's QCP shall contain, as a minimum, the following items:

At a minimum the Contractor shall establish and maintain a QCP that addresses quality, schedule, business relations and management of key personnel:

- Quality of Product or Service. Conformance to the agreement's and order requirements, specifications and standards of good workmanship/services (e.g., commonly accepted technical, professional, environmental, or safety and health standards).
- Schedule. The timeliness of the contractor against the completion of the contract, task orders, milestones, delivery schedules, and administrative requirements (e.g., efforts that contribute to or affect the schedule variance).
- Business Relations: The integration and coordination of all activity needed to execute the contract, specifically the timeliness, completeness and quality of problem identification, corrective action plans, proposal submittals, the contractor's history of reasonable and cooperative behavior (to include timely identification of issues in controversy), customer satisfaction, timely award and management of subcontractors, as applicable.
- Management of Key Personnel: The Contractor's performance in selecting, retaining, supporting, and replacing, when necessary, key personnel.

Quality Assurance. The Government will periodically evaluate the contractor's performance in accordance with the Government's Performance Plan. The Contractor and/or Contractor's employee shall meet with the Government as requested, to review and discuss various items to include project progress, compliance with PWS and deliverables, project activities scheduled for the following month, and identification of issues that could impact (positively or negatively) the project deliverables or schedule, as applicable.

Government Remedies. The Contracting Officer will follow FAR 52.212-4, Contract Terms and Conditions-Commercial Items, for contractor's failure to perform satisfactory services or failure to correct non-conforming services.

11.Invoices

In accordance with, and in addition to the contract payment and invoice clause(s), the contractor shall comply with the terms as stated herein.

The Government obligation for performance of this agreement and resultant order beyond agreed price is contingent upon the availability of funds from which payment for contract purposes can be made.

No legal liability on the part of the Government for any payment may arise for performance under this agreement beyond the amount that has been authorized through the issuance of funded written call orders. The funded amount is stated as the "Total Funding".

In addition to the agreement and order number, and details specified in the Contract Clause, invoices shall identify the period of performance covered by the invoice.

Requests for progress payment may be made monthly for conforming services in accordance with the Contract Clauses. Invoices more frequent than monthly must be justified and approved by the Contracting Officer.

The Contracting Officer may request additional information to substantiate the progression and conformance of services when an invoice is submitted that does not coincide with a deliverable.

12.Travel

A task order may require the contractor to travel to complete the requirements of the task order. Travel shall be estimated in accordance of federal regulations. The government shall expect the travel estimate in one lump sum amount.