Attachment 1 – Initial Staffing Plan (Proposal Deliverable)
Offerors shall complete and certify the table below for the base and each option period

Vendor Name _____ Solicitation/Contract Number _____. Level of Effort (LoE) may be expressed in hours or FTEs, as specified by the solicitation. Mark "CUI//SP-PRVCY."

Line #	Period of Performance	Employer Company	Labor Category	Labor Type (Technical /Non-Technical)	Employee Last Name	Employee First Name	PIV/Employee Unique ID (Provide NLT first Monthly Report) DO NOT PROVIDE SSN	Estimated LoE (Hours or FTEs)	Work Location (On/Offs ite)	Employee Work Email Address	Employee Work Phone Number	Employee Complete Work Address with Zip code
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												