

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE PAGE 1 OF PAGES 1

AMENDMENT/MODIFICATION NO. 02 3. EFFECTIVE DATE May 30, 2003 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (if applicable)

ISSUED BY ACQUISITIONS BRANCH FEDERAL TRADE COMMISSION 600 PENN. AVENUE N.W. ROOM 702 WASHINGTON, D.C. 20580 Eric F. Vogt 202/326-2259 CODE 0617-04 7. ADMINISTERED BY (if other than Item 6) SEE BLOCK 6 CODE

NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and ZIP Code) AT&T Government Solutions, Inc. 1900 Gallows Road Vienna VA 22182 Vendor ID: 00000606 DUNS: 009683442 CAGE: (X) 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. 29-3-L-0010 10B. DATED (SEE ITEM 13) Mar 1, 2003 CODE FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers 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 9 and 15, and returning _____ 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.

2. ACCOUNTING AND APPROPRIATION DATA (if required) No Change US 0.00

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X) 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 SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b). (such as changes in paying office, appropriation date, etc.) C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: X Changes - Fixed Price 52.243-1, Alt II D. OTHER (Specify type of modification and authority)

3. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this modification is to revise the Performance Work Statement and Amended Technical Exhibit Two: Workload Estimates. See attached for details. COTR: David Torok (202) 326-3075. All other terms and conditions remain unchanged.

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) Carol L. Brown Contracts Manager 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print) Eric F. Vogt 202/326-2259 CONTRACT SPECIALIST evogt@ftc.gov 15B. CONTRACTOR/OFFEROR Carol L. Brown (Signature of person authorized to sign) 15C. DATE SIGNED 6/3/03 16B. UNITED STATES OF AMERICA BY Eric F. Vogt (Signature of Contracting Officer) 16C. DATE SIGNED 6/05/03

CONTRACT MODIFICATION
NATIONAL DO NOT CALL REGISTRY
Contract No. 29-3-L-0010
Modification 02

The Performance Work Statement to the above-referenced contract is modified as set forth below (insertions are underlined; deletions are marked with a strikeout):

C.5.1.1. Implementation Schedule. The contractor must not start work under this contract until it receives written notification to do so from the contracting officer ("the notification date"). Thereafter, the contractor must develop the consumer registration component of the PWS (Task One), and be prepared to accept the first consumer registration requests, ~~within four months after the notification date~~ on June 26, 2003. The contractor must develop and implement the remaining components of the PWS (Tasks Two, Three and Four) within six months after the notification date. This schedule does not preclude delivery of a complete system within four months or sooner.

C-5.1.2. The contractor must submit to the FTC the following ~~two~~ status reports on its progress towards meeting the implementation schedule: (1) a report describing the ~~functionality of system development requirements and standards for the consumer registration component of the registry~~ must be provided ~~within two months after the notification date~~ by May 1, 2003; and (2) a report describing the final detailed design of the ~~consumer registration component of the national registry system~~ must be provided ~~within three months after the notification date~~ by June 2, 2003; (3) a report describing the ~~requirements and standards for the telemarketer and law enforcement access components, as well as the consumer complaint component, of the national registry~~ must be provided by July 15, 2003; and (4) a report describing the ~~final detailed design of the telemarketer and law enforcement access components, as well as the consumer complaint component, of the national registry~~ must be provided by August 1, 2003.

C-5.2.1. Sub-Task 1-1: Collect Registration Information From Consumers. The contractor must develop and provide an automated, secure and user-friendly system that will allow United States consumers to contact a ~~single~~, nationwide toll-free telephone number to register their preference not to receive telemarketing calls. (One number will be provided for callers utilizing TTY; another number will be provided for all other callers.) The only information to be obtained from consumer registrants is the consumer's telephone number. The contractor must use a system that will verify, at a minimum, that the consumer is calling from the telephone number he or she is attempting to register, using automatic number identification ("ANI") or a comparable verification system. In the small percentage of calls in which no ANI is available, the contractor's system must attempt to verify, via a national telephone number database, the existence of the telephone number being registered by the consumer. If the number is found in the national telephone number database, the number should be registered. If the telephone number cannot be found, then the number should not be registered. For TTY calls with no ANI, the number can be registered without a lookup in the national database, provided such calls represent 50 percent or less of all TTY calls. The contractor must notify the FTC if the percentage of TTY calls with no ANI exceeds that threshold figure.

C-5.2.1.2. To avoid a huge surge of calls when the proposed registry is initially opened, the FTC anticipates opening the registry to United States consumers in two geographic phases over a period of approximately two weeks. The contractor's system must be capable of handling such a phased opening. The FTC will notify the contractor of the date when a particular region of the country will be opened for telephone registrations at least ten days prior to the opening of that region.

C-5.2.2. Sub-Task 1-2: Integrate State and Possibly Association Consumer Registration Information. The contractor must develop and provide a system that will accept and integrate into the national registry the telephone numbers of consumers who have registered through the States that currently maintain their own do-not-call registries, and possibly the Telephone Preference Service ("TPS") registration list maintained by the Direct Marketing Association ("DMA"). Currently, at least twenty 27 States have do-not-call registries, ~~with two more State registries scheduled to begin operation as of January 1, 2003.~~ These State registries currently include over ~~7.5~~ 18.6 million telephone numbers, while the DMA TPS registry includes over ~~4.5~~ 8 million numbers.

C-5.2.2.2. The number of States that are legally capable of, and interested in, transferring their consumer registration data to the national registry at this time is uncertain. All State and possibly DMA registration information received by the contractor within five months after the notification date must be integrated into the national registry at least ten business days before telemarketers are first provided access to the system. The FTC will communicate this deadline to the States and the DMA. Not all States that have their own do-not-call registries will transfer their data by that deadline, however. As a result, initial registration information received from any State (or the DMA) after this deadline must be integrated into the national registry no later than fifteen days after the date that data is received by the contractor. The national registry will accept from the States and the DMA only the consumers' telephone numbers, and may accept, at the option of the States or the DMA, the date when the registration was accepted by the States or the DMA, and the date, if any, when that registration was renewed.

C-5.2.2.5. As an alternative to the data transfer system with the States described above, the contractor must accept data transferred from a State as a flat file, in ASCII, comma-delimited format. The file will contain records consisting of an area code and telephone number. A State may, but does not have to, include a "State Created Date" for each record. The State must specify in advance the number of records that are being sent in that file, and how it formats its data fields (e.g., whether the telephone number includes only digits or also includes a dash). The State may submit this data on CD-ROM or electronically via FTP. This alternative data transfer system will be accepted only one time from any single State.

C-5.2.6. Sub-Task 1-6: Provide Reports and Access to Data Regarding Registration Information. The contractor must provide periodic reports, sent via email web services in XML Format, to the COTR or any FTC personnel designated by the COTR, concerning the consumer

registration information gathered by the national registry. At a minimum, the reports must include the following:

C-5.2.6.2. Weekly call analysis reports. The contractor must provide, before noon Eastern Standard Time on the first work day of every week, a report indicating the number of telephone calls they received from consumers under this contract during the previous week, the number of calls answered, the number of calls that were unable to be answered transferred from the network to the IVR, the number of calls abandoned before hearing the main menu, the average time callers heard ringing before the call was answered, the time(s) the switch was at capacity, the services and/or information that were accessed during the call, the average length of calls, and the distribution of calls by time of day and day of the week received.

C-5.2.6.7. The contractor must provide the FTC with a weekly monthly copy of the complete historical file of the consumer registration data set, which the contractor can send either via electronic media (CD or DVD) or through an electronic transaction. If via CD or DVD, data must be in an XML formatted form and password protected. If via electronic transaction, the contractor must follow the process steps described below. . . .

C-5.3.6.2. The contractor must provide periodic reports, sent via email web services in XML Format, to the COTR or any FTC personnel designated by the COTR, concerning telemarketer and seller access to the national registry. At a minimum, the reports must include the following:

C-5.3.6.5. The contractor must provide the FTC with a weekly monthly copy of the complete historical file of the telemarketer and seller application data set, which the contractor can send either via electronic media (CD or DVD) or through an electronic transaction. If via CD or DVD, data must be in an XML formatted form. If via electronic transaction, the contractor must follow the process steps described in Section C-5.2.6.7. Telemarketer and seller application information data will be in the format described in Table 2 below. . . .

C-5.3.6.6. The contractor must support the FTC when it changes web services technologies for transmitting law enforcement queries and responses and for electronic delivery of required reports. This technology change will be implemented during July 2003 and be ready prior to September 1, 2003. The contractor must modify its web services to be compatible with the web services that the FTC will use. The contractor must also conduct joint testing with the FTC.

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES), PART TWO, for the Base Period and Option Years One through Three, is hereby amended by adding the following paragraph at the end of that Part:

(3) The fee for each initial import of data from an individual State or the DMA, performed in accordance with paragraph C-5.2.2.5, will be \$1,216.

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES), for the Base Period only, is hereby amended by adding the following Part Five:

PART FIVE: The one-time fee that the contractor will charge for the completion of the tasks set forth in paragraph C-5.3.6.6 is \$4,699.

AWARD / CONTRACT	1 THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 7001)	RATING	PAGE 1	OF PAGES 3
	CONTRACT (Proc. Inst. Ident.) NO 29-3-L-0010	3 EFFECTIVE DATE Feb 24, 2003	4. REQUISITION-PURCHASE REQUEST/PROJECT NO. 29-20600	

ISSUED BY ACQUISITIONS BRANCH FEDERAL TRADE COMMISSION 600 PENN. AVENUE N.W. ROOM 702 WASHINGTON, D.C. 20580 Eric F. Vogt P07 evogt@ftc.gov	CODE 0617-04	202/326-2259	6. ADMINISTERED BY (If other than Item 5): See Item 5	CODE 0617-04
---	--------------	--------------	--	--------------

NAME AND ADDRESS OF CONTRACTOR (No., Street, City, County, State and Zip Code) AT&T Government Solutions, Inc. 1900 Gallows Road Vienna VA 22182	Vendor ID: 00000606	8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input type="checkbox"/> OTHER (See below)
	DUNS: 009683442	9 DISCOUNT FOR PROMPT PAYMENT Net 30
	CEC: Cage Code: TIN: 95-2131929	10. SUBMIT INVOICES (4 copies unless otherwise specified) to THE ADDRESS SHOWN IN: ITEM 0617

CODE	FACILITY CODE	12. PAYMENT WILL BE MADE BY	CODE 0617
1 SHIP TO/MARK FOR MARKETING PRACTICES FEDERAL TRADE COMMISSION 600 PENN AVENUE, NW ROOM 238 WASHINGTON, DC 20580	CODE 1144	FTC PAYMENT UNIT (303) 969-5770 C/O NATIONAL BUSINESS CENTER P.O. BOX 272040 DENVER, CO 80227-2040	

3. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION <input type="checkbox"/> 10 U.S.C 2304(c)) <input type="checkbox"/> 41 U.S.C 253(c))	14. ACCOUNTING AND APPROPRIATION DATA 2003 1143 J14 2552
---	---

15A ITEM NO	15B SUPPLIES/SERVICES	15C QUANTITY	15D UNIT	15E UNIT PRICE	15F AMOUNT
	Pursuant to your Offer dated 9/20/02, Revised Proposal dated 12/10/02 and Final Offer dated 2/19/03 the following are accepted and award is hereby made: Base Year - Date of Contract Award through 9/30/03.				
					ESTIMATED AMT

15G. TOTAL AMOUNT OF CONTRACT US\$ 3,500,000.00

(X)	SEC	DESCRIPTION	PAGE (S)	(X)	SEC	DESCRIPTION	PAGE (S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1-1		I	CONTRACT CLAUSES	
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2-3	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS	
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD	
	H	SPECIAL CONTRACT REQUIREMENTS					

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)		18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____ including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.	
19A. NAME AND TITLE OF SIGNER (Type or Print) Peter Drenbeck Sr. Contracts Administrator		20A. NAME OF CONTRACTING OFFICER JEAN D. SEFCHICK 202/326-2258 jsefchick@ftc.gov	
19B. NAME OF CONTRACTOR BY Peter Drenbeck (Signature of person authorized to sign)		20B. UNITED STATES OF AMERICA BY Jean D. Sefchick (Signature of Contracting Officer)	
19C. DATE SIGNED 2-24-03		20C. DATE SIGNED 2-24-2003	

SUPPLIES OR SERVICES AND PRICES/COSTS

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY	UI	UNIT PRICE	AMOUNT
	<p>Terms and Conditions of GS-35F-4507G are incorporated by reference.</p> <p>See Technical Exhibit One, Performance Requirements Summary for Summary of Standards Applicable to Award Term Scope-of-Work Requirements and Technical Exhibit Two, Workload Estimates for contract pricing.</p> <p>The obligated funds is an estimated amount and shall not be exceeded without the written approval of the Contracting Officer.</p> <p>Estimated funds for Option Years One through Four and Award Terms One through Five will be provide at exercise of option periods. See 52.217-9, Option to Extend the Term of the Contract.</p> <p>Base Period: Date of contract award through September 30, 2003</p>				
0001	The Contractor shall provide services to develop, implement and operate a national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry.	1	LO	3,500,000.00	3,500,000.00
	<p>Option Year One: October 1, 2003 through September 30, 2004</p>				
1001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry.	1	LO	0.00	0.00
	<p>Option Year Two: October 1, 2004 through September 30, 2005</p>				
2001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry.	1	LO	0.00	0.00
	<p>Option Year Three: October 1, 2005 through September 30, 2006</p>				

SUPPLIES OR SERVICES AND PRICES/COSTS

ITEM NO.	SUPPLIES OR SERVICES	QUANTITY	UI	UNIT PRICE	AMOUNT
3001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry. Option Year Four: October 1, 2006 through September 30, 2007	1	LO	0.00	0.00
4001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry. Award Term One: October 1, 2007 through September 30, 2008	1	LO	0.00	0.00
5001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry. Award Term Two: October 1, 2008 through September 30, 2009	1	LO	0.00	0.00
6001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry. Award Term Three: October 1, 2009 through September 30, 2010	1	LO	0.00	0.00
7001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry. Award Term Four: October 1, 2010 through September 30, 2011	1	LO	0.00	0.00
8001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry. Award Term Five: October 1, 2011 through September 30, 2012	1	LO	0.00	0.00
9001	Operation of the national do-not-call registry as defined in the attached Performance Work Statement For a National Do-Not-Call Registry.	1	LO	0.00	0.00

29-3-L-0010

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE 1 OF PAGES
AMENDMENT/MODIFICATION NO. 0005	3. EFFECTIVE DATE Jan 9, 2003	4. REQUISITION/PURCHASE REQ. NO. 29-20808	5. PROJECT NO. (If applicable)	
ISSUED BY ACQUISITIONS BRANCH FEDERAL TRADE COMMISSION 600 PENN. AVENUE N.W. ROOM 702 WASHINGTON, D.C. 20580	CODE 0617-04	7. ADMINISTERED BY (If other than Item 6) CODE SEE BLOCK 6		

NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and ZIP Code) AT&T Government Solutions, Inc. 1900 Gallows Road VIENNA VA 22182 (FAIRFAX COUNTY)	<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. 29-2-Q-0026
	<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 11) Aug 2, 2002
		10A. MODIFICATION OF CONTRACT/ORDER NO.
		10B. DATED (SEE ITEM 13)
DE	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.

Offers 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:

By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter 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.

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.

<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b) (such as changes in paying office, appropriation data, etc.)
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)

IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this Amendment is to revise Section C-1.5 of the Performance Work Statement for a National Do-Not-Call Registry.

See Attachment I hereto for revisions to Section C-1.5 Physical/Computer Security.

All other terms and conditions remain unchanged.

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.

9A. NAME AND TITLE OF SIGNER (Type or Print) JEFFREY L. GRANT CONTRACTS DIRECTOR	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print)
9B. CONTRACTOR/OFFEROR <i>Jeffrey L. Grant</i> (Signature of person authorized to sign)	15C. DATE SIGNED 2/19/03
16B. UNITED STATES OF AMERICA BY _____ (Signature of Contracting Officer)	16C. DATE SIGNED

Amendment 0005
RFQ 29-2-Q-0026
Attachment I

**AMENDMENT TO THE FTC'S
PERFORMANCE WORK STATEMENT FOR A
NATIONAL DO-NOT-CALL REGISTRY
(Solicitation Number 29-2-Q-0026)**

The title for Section C-1.5 is changed to the following:

C-1.5. Physical/Computer Security

The following paragraph is added to Section C-1.5:

- The contractor must provide a risk analysis and a System Security Plan following the guidelines provided in NIST 800-18, "Guide for Developing Security Plans for Information Technology Systems," in order to satisfy requirements of OMB Circular A-130 and the E-Government Act of 2002, Title III, Information Security. The submitted Risk Analysis and System Security Plan must be of sufficient quality to enable acceptance of residual risk by obtaining at least an Interim Accreditation under the FTC's Certification and Accreditation of General Support Systems and Major Applications Policies. The FTC Certification and Accreditation Policy follows NIST 800-37, "Guidelines for the Security Certification and Accreditation of Federal Information Technology Systems, October 2002." For purposes of this policy, the national do-not call registry is considered to be a Major Application.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE _____ PAGE 1 OF 1 PAGES

2. AMENDMENT/MODIFICATION NO. 0004 3. EFFECTIVE DATE Dec 5, 2002 4. REQUISITION/PURCHASE REQ. NO. 29-20808 5. PROJECT NO. (if applicable) _____

ISSUED BY ACQUISITIONS BRANCH FEDERAL TRADE COMMISSION 600 PENN. AVENUE N.W. ROOM 702 WASHINGTON, D.C. 20580 CODE 0617-04 7. ADMINISTERED BY (if other than item 6) _____ CODE SEE BLOCK 6

8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and ZIP Code)
AT+T
Attn: James Flynn
1900 Gallows Rd.
Vienna, VA 22182

(X) 9A. AMENDMENT OF SOLICITATION NO. 29-2-Q-0026
 9B. DATED (SEE ITEM 11) Aug 2, 2002
 10A. MODIFICATION OF CONTRACT/ORDER NO. _____
 10B. DATED (SEE ITEM 13) _____

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended.
 Offerors 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 1 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.

(X) 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 SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b) (such as changes in paying office, appropriation date, etc.)
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)

IMPORTANT: Contractor is not, 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 purpose of this Amendment is to extend the due date for receipt of Revised Proposals.
 THE DUE DATE FOR RECEIPT OF REVISED PROPOSALS IS HEREBY EXTENDED TO 5:00 PM DECEMBER 10, 2002.
 All other terms and conditions remain unchanged.

Receipt 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.

9A. NAME AND TITLE OF SIGNER (Type or Print) James A. Flynn Contracts V.P. 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print) _____

9B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) 15C. DATE SIGNED 12/10/02 16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer) 16C. DATE SIGNED

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE PAGE OF PAGES
1

2. AMENDMENT/MODIFICATION NO. 0003
 3. EFFECTIVE DATE Nov 25, 2002
 4. REQUISITION/PURCHASE REQ. NO. 29-20808
 5. PROJECT NO. (if applicable)

6. ISSUED BY
 CODE 0617-04
 ACQUISITIONS BRANCH
 FEDERAL TRADE COMMISSION
 400 PENN. AVENUE N.W. ROOM 702
 WASHINGTON, D.C. 20580

7. ADMINISTERED BY (if other than Item 6) CODE SEE BLOCK 6

8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and ZIP Code)
 FACILITY CODE

9A. AMENDMENT OF SOLICITATION NO. 29-2-Q-0026
 9B. DATED (SEE ITEM 11) Aug 2, 2002
 10A. MODIFICATION OF CONTRACT/ORDER NO.
 10B. DATED (SEE ITEM 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.
 You 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 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate lettergram 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 SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b). (such as changes in paying office, appropriation date, etc.)
- C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
- D. OTHER (Specify type of modification and authority)

IMPORTANT: Contractor is not, 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 purpose of this Amendment is to revise the Performance Work Statement and to revise Technical Exhibit One and Technical Exhibit Two. See attached Content of Proposals for instructions on submitting revised proposals.

Note: a Compare Summary of the Performance Work Statement marked with deletions and insertions is provided for your information.

REVISED PROPOSALS ARE DUE 5:00 PM DECEMBER 9, 2002. PROPOSALS SHALL BE VALID THROUGH MARCH 1, 2003.

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.

1. NAME AND TITLE OF SIGNER (Type or Print) James A. Flynn
 Contracts V.P.

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print)

3. CONTRACTOR/OFFEROR (Signature of person authorized to sign)

15C. DATE SIGNED 12/10/02

16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)

16C. DATE SIGNED

**AMENDMENT TWO TO THE FTC'S
PERFORMANCE WORK STATEMENT FOR A
NATIONAL DO-NOT-CALL REGISTRY
(Solicitation Number 29-2-Q-0026)**

SECTION C-1. GENERAL INFORMATION

The Federal Trade Commission ("FTC") through its Bureau of Consumer Protection ("BCP") is responsible for promulgating and enforcing the Telemarketing Sales Rule, 16 C.F.R. Part 310 ("TSR"). As part of its ongoing Rule review process, the FTC published a Notice of Proposed Rulemaking to amend the TSR in numerous respects and to request public comment on the proposed changes. 67 Fed. Reg. 4492 (Jan. 30, 2002) ("the Rule NPR"). Among other provisions, the Rule NPR proposed to establish a national "do-not-call" registry, maintained by the FTC. The proposal, if adopted, would permit consumers who prefer not to receive telemarketing calls to contact one centralized registry to effectuate this preference. Telemarketers subject to the FTC's jurisdiction would be required to refrain from calling consumers who have placed their telephone numbers on this registry.

The Commission has not made a final determination regarding whether to establish a do-not-call registry or on the parameters of any such registry. In addition, the project start is also dependent on the availability of funds. Funding has been requested of Congress for this project in the President's budget, but has not yet been appropriated.

C-1.1. Scope of Work. Except as specified in Section C-3 as government-furnished property and services, the contractor must provide all personnel, equipment, tools, materials, supervision and other items and services necessary to develop, implement and operate a national do-not-call registry as defined in this Performance Work Statement ("PWS"). The contractor must perform to the standards set forth in this contract. (See Second Amended Technical Exhibit One, Performance Requirements Summary.) The estimated quantities of work are listed in Second Amended Technical Exhibit 2, Workload Estimates.

C-1.2. Contractor Personnel.

C-1.2.1. Contract Manager. The contractor must provide a contract manager who shall be responsible for the performance of the work. The name of this person, and an alternate or alternates who shall act for the contractor when the contract manager is absent, shall be designated in writing to the contracting officer.

C-1.2.1.1. The contract manager or alternate(s) shall have full authority to act for the contractor on all contract matters relating to the daily operation of this contract.

C-1.2.1.2. The contract manager or alternate(s) shall be available Monday through Friday, except Federal holidays, between 9:00 am and 5:00 pm, within 60 minutes of notification to meet or talk with government personnel designated by the Contracting Officer Technical Representative ("COTR") to discuss problem areas. Outside of those hours, the contract manager or alternate(s) shall be available within four hours.

C-1.2.1.3. The contract manager and alternate(s) must be able to read, write, speak, and understand English.

C-1.2.2. Contractor Employees. The contractor shall not employ any person who is an employee of the U.S. Government if employing that person would create a conflict of interest. Additionally, the contractor shall not employ any person who is an employee of the FTC, unless such person receives FTC approval for such employment.

C-1.2.2.1. The contractor shall not employ persons to work on this contract if such applicant is a potential threat to the health, safety, security, general well being of other persons, or the operational mission of the FTC.

C-1.2.3. Clearance Requirements for Contractor Personnel.

C-1.2.3.1. Authority. Because contractor personnel shall have access under this contract to sensitive agency data subject to strict security controls, the clearance procedures set forth in this section are necessary and shall be used to determine the suitability of such individuals for such purposes, under the following authorities: the Computer Security Act of 1987, Pub. L. No. 100-235, which requires agencies to develop security plans for the operation of Federal computer systems that contain sensitive information; NIST Publication SP 800-4 (1992) (Computer Security Considerations in Federal Procurements); the Privacy Act, 5 U.S.C. 552a, which requires agencies to establish procedures and safeguards to protect agency systems of records pertaining to individuals; and Office of Personnel Management regulations relating to background investigations of contractor personnel, 5 C.F.R. Part 736.

C-1.2.3.2. Applicability. The clearance requirements in this section apply to all individuals who have access, in any manner, to any of the data or payment information gathered or maintained by the contractor as part of this contract.

C-1.2.3.3. Forms submission. Each individual employed or otherwise retained by the contractor to fulfill the contract positions or duties designated in section C-1.2.3.2 above must complete a confidentiality agreement form, set forth in Attachment A, and submit such completed form to the COTR at least five working days before that individual may begin work or be given access to any agency records, data or information in connection with this contract.

C-1.2.3.4. Each individual employed or otherwise retained by the contractor to fulfill the contract positions or duties designated in section C-1.2.3.2 above also must complete Form FD-258 ("Fingerprinting Chart") and Optional Form ("OF") 306 ("Declaration for Federal Employment," included as Attachment B, answering Questions 1, 7-12, 15, and 16a only). To prevent tampering or falsification, the Form FD-258 must be completed and submitted in person at locations and under conditions determined and designated by the FTC. The contractor shall be responsible for all costs associated with completing the forms specified in this section. Completed forms shall be submitted to the COTR, without alteration or changes to said forms, at

least ten working days before the individual may begin work or be given access to any agency records, data or information in connection with this contract.

C.1.2.3.5. In addition to the above forms, individuals employed or retained by the contractor to fulfill contract positions or duties for 180 days or more, and any individual designated to fulfill certain sensitive contract positions or duties as determined by the FTC's Security Officer, shall be required to submit to the COTR one SF85 (Attachment C) or SF85P (Attachment D), and any additional investigative forms, based on a risk determination by the FTC Security Officer that shall take into account the sensitivity level of the contract position or duties assigned to the individual, the individual's access, if any, to nonpublic or confidential information, and any other relevant considerations. The individual must submit these additional forms to the COTR at least five working days before such individual is scheduled to start work or to obtain access to agency records, data or information under the contract.

C-1.2.3.6. Background investigations. The FTC Security Officer shall screen all forms for any adverse or derogatory information, as denoted, for example, by a "yes" to questions 8-12, by additional information in Block 15 on the OF 306, or by information on any additional forms that may be required, as discussed above. If the individual has any adverse or derogatory information, the FTC shall conduct a background investigation before the individual is permitted to begin work or be given access to agency records, data, or information under this contract. The background investigation may be conducted in cooperation with or with the assistance of other relevant government agencies or entities, including, but not limited to, OPM, including referral to appropriate law enforcement authorities in the event of material falsification or other evidence of unlawful conduct. To the extent agency records pertaining to these background investigations are subject to the Privacy Act, such records shall be maintained and used in accordance with the applicable Privacy Act system notice(s) pertaining to the agency's personnel background investigations. (Note: Neither the maintenance of such records in the above-described system(s), nor the fact that this contract requires individuals to complete certain forms or submit to background investigations that may also apply to FTC employees, shall be deemed to render such an individual a Government or FTC employee in any manner.)

If, as a result of a background investigation, significant adverse or derogatory information is found that may result in an unsuitability determination, the FTC Security Officer shall notify the COTR and the relevant individual. The individual shall be notified in writing (Statement of Reasons) of the derogatory information and shall have 30 days to respond or dispute the results of the investigation. If the FTC Security Officer, after receiving the individual's response, still determines that the individual is unsuitable to fulfill the contract position or duties in question, the individual shall be notified in writing of that final determination and disqualification.

The government shall have and exercise full and complete control over these suitability determinations. The government may, as it deems appropriate, authorize and grant temporary access and/or interim clearance to employees of the contractor. However, the granting of temporary access and/or interim clearance to any such individual shall not be considered as

assurance that a fully favorable suitability determination shall follow as a result or condition thereof, and the granting of either temporary access and/or interim clearance shall in no way prevent, preclude or bar the withdrawal or termination of any such access or clearance by the government. Failure of an individual to follow the required procedures by this contract may result in suspension/termination of such individual's FTC clearance/access.

C-1.2.3.7. Replacement contractor personnel. The contractor must provide qualified replacements to the extent necessary to maintain performance under the contract. For example, pending resolution of any suitability issues, contractor personnel may be removed from contract duties; if such an individual is so removed, the contractor shall provide a qualified temporary replacement pending resolution of the suitability issue. The procedures set forth in this section shall apply to all individuals serving as replacement contractor personnel, who shall be required to submit all required forms within the time period(s) specified by these procedures, and must agree to any resulting background investigations, before starting work or obtaining access to agency records, data or information under the contract. Where appropriate, the FTC Security Officer may, in his/her discretion, waive these procedures in whole or part (see below, "Successor contractors").

C-1.2.3.8. Successor contractors. If the contractor is subsequently replaced under this contract by another contractor, through assignment of the contract or otherwise, all individuals employed, carried over, or otherwise retained by the successor contractor to fulfill the contract positions or duties designated in section C-1.2.3.2 above shall be required to apply for and obtain suitability approval under the security procedures set forth in this section, regardless whether such individual(s) may have already obtained such approval when employed or otherwise retained by the previous contractor to fulfill the same or other contract position or duties. The FTC Security Officer, at his/her discretion, may waive this requirement, in whole or part, for any individual carried over from a previous contractor if the individual was determined suitable by the FTC within the last three years, or if the Security Officer otherwise determines that it is unnecessary for the individual to obtain a new suitability determination under these procedures.

C-1.2.3.9. All individuals required to obtain a suitability determination under this contract must obtain a new FTC suitability determination every five years; this requirement shall not be waived except in extraordinary circumstances, as determined by the FTC. Each such individual must inform the FTC of changes in any information or documentation that was previously submitted by or on behalf of such individual to obtain clearance under this section C-1.2.3. Failure to do so may result in immediate removal or disqualification of the individual from contract duties.

C-1.2.3.10. FTC Identification Card/Building Pass. For contracts anticipated to exceed 30 days that require employees of the contractor to be present on a regular basis in any FTC building, the contractor shall, through coordination with the COTR, ensure that all such contractor personnel are issued FTC Contractor Identification Cards/Badges before they enter duty or have access to any agency records, data or information. The contractor shall ensure that its employees display their FTC Contractor Identification Cards/Badges at all times; and that all such Cards/Badges are

C-5.2.1.5. The consumer's registration in the national registry will expire after five years. The contractor's system must maintain the expiration date for each consumer registration, must provide only current consumer registrations to telemarketers and sellers, and must provide expiration information to law enforcement personnel. Consumers will be required to re-register at the end of their registration period, if they wish their telephone number(s) to remain in the national registry.

C-5.2.1.6. The contractor's telephone registration system must greet consumers calling the national registry with a brief, introductory message that varies based upon the State where the consumer is calling from. For example, consumers calling the national registry from Missouri would be greeted with a message such as, "Welcome to the national do-not-call registry, brought to you by the Attorney General for the State of Missouri and the Federal Trade Commission."

C-5.2.1.7. The contractor's telephone registration system must allow for a brief consumer education message, not to exceed twenty seconds, to be played to consumers following the successful completion of their registration request. The FTC will develop this educational message in coordination with the contractor. This message could change up to four times per year. In addition, the contractor's website registration system must provide for the capability to link to, or to post, consumer education materials that will be provided by the FTC.

C-5.2.1.8. The contractor must obtain the FTC's approval of the design, content and functionality of any consumer registration system developed by the contractor under Sub-Task 1-1 prior to deployment.

C-5.2.2. Sub-Task 1-2: Integrate State and Possibly Association Consumer Registration Information. The contractor must develop and provide a system that will accept and integrate into the national registry the telephone numbers of consumers who have registered through the States that currently maintain their own do-not-call registries, and possibly the Telephone Preference Service ("TPS") registration list maintained by the Direct Marketing Association ("DMA"). Currently, at least twenty States have do-not-call registries, with two more State registries scheduled to begin operation as of January 1, 2003. These State registries currently include over 7.5 million telephone numbers, while the DMA TPS registry includes over 4.5 million numbers.

C-5.2.2.1. The files transferred from the States will be formatted according to Extensible Markup Language ("XML"), a language that is commonly used in data exchange interfaces. The file format for the XML transaction with the Header information will be supplied to the selected vendor upon award. The Document Type Definition ("DTD") or XML schema for the batch process will also be supplied at that time. Data definitions for the data elements are in the table below.

Name	Attribute	Comments
created_date	DATE NOT NULL	The date that this record was created.
state_code	VARCHAR2(5)	A code which uniquely identifies a State such as VA.
home_area_code	VARCHAR2(5)	The consumer's telephone number area code.
home_exchange	VARCHAR2(7)	The consumer's telephone number exchange.
home_phone_number	VARCHAR2(8)	The last four digits of the consumer's telephone number.
updated_date	DATE	The last date that this record was updated.

Table 1. Consumer Registration Data Definition

C-5.2.2.2. The number of States that are legally capable of, and interested in, transferring their consumer registration data to the national registry at this time is uncertain. All State and possibly DMA registration information received by the contractor within five months after the notification date must be integrated into the national registry at least ten business days before telemarketers are first provided access to the system. The FTC will communicate this deadline to the States and the DMA. Not all States that have their own do-not-call registries will transfer their data by that deadline, however. As a result, initial registration information received from any State (or the DMA) after this deadline must be integrated into the national registry no later than fifteen days after the date that data is received by the contractor. The national registry will accept from the States and the DMA only the consumers' telephone numbers.

C-5.2.2.3. After accepting an initial transfer of data from any State or the DMA, the contractor must accept from those States and possibly from the DMA, on at most a quarterly basis, smaller files of consumer telephone numbers of consumers who sign up with the States and the DMA in the future. See Section C-5.2.2.1 for data transfer description. The number of such quarterly transfers of updated data is uncertain, although that number will decline over time and end after, at most, three years.

C-5.2.2.4. The contractor must develop a system to export to those States that request the information, on at most a quarterly basis, the State-specific portion of the national registry, so that data may be included in State registries. Data will be transferred in the same format and with the same definitions as described in Section C-5.2.2.1. The number of such exports that will need to be performed is uncertain, and may be very low.

C-5.2.3. Sub-Task 1-3: Maintain Registration Information in a Database. The contractor must develop and provide a secure database that includes the telephone numbers collected from consumers during the registration process (or accepted from the State and possibly DMA registries), the date of the registration, and the date of expiration of the registration. For records

imported from the States or the DMA pursuant to Sub-Task 1-2, the date of registration will be the date the record was transferred to the national registry. The contractor must ensure that information in the database is capable of being sorted, at a minimum, by area code, by telephone number prefix and by full telephone number. Finally, the contractor must maintain all information collected for a period of either two years from the date the information was collected or altered in any manner, or two years after the expiration of the consumer's registration, whichever is later.

C-5.2.4. Sub-Task 1-4: Permit Consumer Confirmation or Alteration of Registration Information. The automated registration systems developed by the contractor must be capable of permitting consumers to confirm if and when their telephone numbers were registered in the system, and when their registrations will expire. The system must also be capable of permitting consumers to remove their telephone numbers from the registry or to re-register their telephone numbers.

C-5.2.4.1. The consumer confirmation and alteration options set forth in paragraph C-5.2.4 must be performed over both the automated telephone registration system and website registration system described in Sub-Task 1-1. Any confirmation or alteration procedure used by the contractor must have at least the same level of verification of the consumer's identity as the original registration process. See paragraphs C-5.2.1, C-5.2.1.3 and C-5.2.1.4.

C-5.2.5. Sub-Task 1-5: Update Consumer Registration Information. The contractor must, on a periodic basis, remove from the national registry the telephone numbers of those consumers who have either moved to a new residence or whose telephone numbers have been disconnected.

C-5.2.5.1. The contractor must maintain for FTC and law enforcement review, in the law enforcement access website developed pursuant to Task Three, the consumer registration information that had been removed from the national registry under Sub-Task 1-5, as well as the date when the information was removed, for a period of two years from the date the information was removed.

C-5.2.6. Sub-Task 1-6: Provide Reports and Access to Data Regarding Registration Information. The contractor must provide periodic reports, sent via email in XML Format, to the COTR or any FTC personnel designated by the COTR, concerning the consumer registration information gathered by the national registry. At a minimum, the reports must include the following:

C-5.2.6.1. Weekly registration status reports. The contractor must provide, before noon Eastern Standard Time on the first work day of every week, a report indicating, both in total and within

- The batch interface requires three-core functionality support between the FTC and the national registry. The three high-level functions are: (1) generating and sending of XML files; (2) receiving XML files and validation of results; and (3) parsing and processing XML files. The batch interface relies on XML technologies to carry out its back-end operations. All data transmitted through the system adhere to XML specifications.
- The back-end system configuration consists of Oracle 8.1.7 (UTF-8 enabled, XDK loaded) running of Sun servers with Solaris as the operating system. Verisign certificates are used for authentication. SSL is used for encryption during the data transfer. UTF-8 is an ASCII-compatible multi-byte Unicode and UCS encoding format. XDK is the Oracle XML Developer's Kit.
- The vender operated system performs the data transfer by converting data into XML format and initiating a connection through HTTPS (HyperText Transfer Protocol Secure). When the FTC receives the file, it is validated. Once it passes the validation stage, the file is parsed using an XML parser and undergoes further validation before the data is copied into the FTC database.
- The communication between the FTC and the national registry relies on digital certificates to encrypt data using SSL technology. The SSL security protocol is the industry standard method for protecting web communications and provides data encryption, server authentication, file integrity, and client authentication.
- The file format for the XML transaction with the Header information will be supplied to the selected vendor upon award. The Document Type Definition (DTD) or XML schema for the batch process will also be supplied at that time. Data definitions for the data elements are defined in C-5.2.2.1 (Table 1) and C-5.3.6.5 (Table 2).

C-5.3. Task Two: Telemarketer and Seller Access to Registry. The contractor must develop and provide a system that: (1) allows telemarketers and sellers to access consumer telephone numbers included in the national registry; (2) obtains telemarketer and seller application and fee payment information; (3) provides for the collection and deposit of such fees; (4) provides assistance to telemarketers and sellers that experience problems with the system; and (5) provides to the FTC reports and access to the data regarding telemarketer and seller access and payment.

C-5.3.1. Sub-Task 2-1: Develop Website to Provide Telemarketer and Seller Access. The contractor must develop and provide a secure, user-friendly Internet website that will allow telemarketers, on their own behalf or on behalf of their clients, and sellers to request and download selected consumer telephone numbers included in the registry. In addition, the contractor must be able to accomplish all of the tasks involving any interaction with telemarketers and sellers, as required by Task Two of this PWS, through this Internet website.

C-5.3.1.1. The FTC cannot predict the number of telemarketers and sellers that may need to access this website. Most of the States that have developed similar do-not-call registries have

fewer than 1,000 telemarketing firms requesting access to their registries. Some States have fewer than 100 firms requesting access. The most telemarketing firms that currently access any individual State registry is approximately 3,000. It is possible that the national registry may experience a significantly increased volume of telemarketer and seller access to the registry. In addition, telemarketers will need to access the national registry on their own behalf and on behalf of their clients. One telemarketer may have hundreds of clients. Moreover, the FTC is likely to allow sellers to access the registry directly, rather than or in addition to obtaining consumer registration information through their telemarketers. The contractor's system must have the flexibility to handle significantly more than the potential volume of telemarketer and seller access to the website cited above.

C-5.3.1.2. The amended TSR may require telemarketers and sellers to access the national registry on at least a quarterly basis. The contractor's system must have the flexibility to handle at least that potential frequency of telemarketer and seller access to the website.

C-5.3.1.3. The contractor must obtain the FTC's approval of the design, content and functionality of the telemarketer access website developed under Sub-Task 2-1.

C-5.3.2. Sub-Task 2-2: Obtain Telemarketer and Seller Application Information. The contractor must obtain limited identifying information from telemarketers or sellers on their first visit to the website and before permitting access to any registration data. Such information is to include company name and address, company contact person, that person's telephone number and email address, and the company's electronic payment information. If the telemarketer is accessing the database on behalf of clients, the contractor must obtain similar identifying information about each of its clients. The contractor must also obtain, prior to permitting telemarketer or seller access to any registration data, a certification from the telemarketer or seller that it is accessing the registry solely to comply with the TSR or otherwise to prevent telephone calls to telephone numbers in the national registry, and/or its clients are using the information gathered on their behalf solely for the same purposes. The FTC will provide the contractor with the appropriate language for the certification prior to the implementation of this task.

C-5.3.2.1. The contractor must obtain from the telemarketer or seller information regarding the portion of the database, by area code, that the telemarketer or seller wishes to access on its own behalf and/or on behalf of any clients.

C-5.3.2.2. The contractor must calculate the appropriate fee to charge to the telemarketer or seller for the requested level of registry access, based upon the fee regulations ultimately established by the FTC. Proposed user fee requirements were set forth in the Notice of Proposed Rulemaking to add a new section 310.9 to the TSR, published in the Federal Register at 67 Fed.

Reg. 37362 (May 29, 2002) ("the User Fee NPR"). This proposal may also be found at www.ftc.gov/os/2002/05/16cfrpart310.htm. These proposed fees are subject to change, after FTC review of the comments submitted in response to the User Fee NPR.

C-5.3.2.3. Telemarketers and sellers must pay the fee on an annual basis. Each telemarketer and seller that pays the fee will be provided access to selected area codes in the national registry for a period of twelve months from the month in which it pays the fee (the telemarketer's "annual period"). Thus, the contractor must collect the appropriate fee from each telemarketer and seller each year, and maintain a record of each telemarketer's and seller's annual period, as well as the area codes of data for which the telemarketer and seller has paid for access.

C-5.3.2.4. The User Fee NPR discusses, at 67 Fed. Reg. 37364, the procedures to follow if a telemarketer needs to access registration data from more area codes than those initially selected, either for itself or on behalf of its clients. If such procedures are adopted, a telemarketer or seller must pay the appropriate additional fee for the additional area codes. For purposes of these additional payments, the telemarketer's and seller's annual period is divided into two semi-annual periods of six months each. The amount of the fee for the additional area codes varies depending on during which semi-annual period the additional area codes are requested. Thus, the contractor must maintain a record of these additional requests for data, and collect the appropriate fee for any supplemental access requests.

C-5.3.2.5. The contractor must establish a procedure to permit direct access to the database by telemarketers or sellers on subsequent visits. For example, a telemarketer or seller may be provided a unique account number and/or password that would allow it to download immediately the registered consumers' telephone numbers from the list of area codes requested and paid for by the telemarketer (including any clients) or seller during its first visit (or requested and paid for in any subsequent visit). However, the contractor must restrict the telemarketer's or seller's access to any other area codes of data. The contractor must also ensure, on each subsequent visit by the telemarketer or seller to the website, that the telemarketer's or seller's fees are current.

C-5.3.3. Sub-Task 2-3: Provide for the Collection and Deposit of Fee Payments. The contractor must collect and deposit fees for the FTC according to federal statute and regulation. For examples, *see* 31 U.S.C. 3302 and 31 C.F.R. Part 206. In addition, all fee transactions and deposits must comply with and use established United States Treasury ("Treasury") cash management policies and systems.

C-5.3.3.1. The contractor must protect fees from fraud and abuse, and deposit all fees without delay or deduction into a depository designated by the Treasury. The Treasury maintains a variety of deposit systems for fee deposits of public monies, *e.g.*, Plastic Card Network, Pay.gov, Remittance Express, *et al.* Attachment E contains technical data describing Pay.gov. The

contractor must use one or more of these Treasury systems to transact all fees. Telemarketers must not be permitted to download consumer registration data until a proper fee has been collected and the deposit has been confirmed. Advance payments are not permitted.

C-5.3.3.2. The contractor must keep an accurate and timely record of each fee transaction and deposit, and record the user's identification as part of the transaction record. The contractor must also maintain daily reconciliations of individual fee transactions to daily deposits. All records of fee transactions and deposits must strictly comply with generally accepted accounting principles and standards. The contractor must keep records to verify that the fee paid is consistent with the fee schedule established by the Commission. Proper controls must be established to prevent the creation of duplicate transactions.

C-5.3.3.3. The contractor must maintain daily fee reconciliation records at the transaction and deposit level sufficient to provide audit trails and support research activities. Audit trails must trace transactions from their initial source through all stages of system processing. The initial source may be source documents, transactions initiating from other systems, or internal system-generated transactions. These records will support daily accounting transactions in the FTC's core financial accounting system. The contractor must provide reconciled transaction data with the FTC's Financial Management Office on a daily basis. The contractor must permit the audit of fee transaction and deposit data by FTC and other appropriate federal employees or contractors. All reports of fee transactions and deposits must be provided as an electronic spreadsheet. All transaction records must be maintained for not less than 6.5 years from the date of the transaction.

C-5.3.3.4. The contractor must make every effort to minimize any loss caused by the dishonest or fraudulent acts of its full and/or part-time employees. At a minimum, the contractor must obtain an employee dishonesty bond that provides sufficient coverage and protection in an amount which equals at least one-hundred percent of the principal amount of annual user fees anticipated to be collected under this contract. The surety on the bond must represent and warrant that it holds a Federal Certificate of Authority as Accepted Surety On Federal Bond and Reinsuring under, and in full compliance with, 31 U.S.C. 9304 and 9308 and Treasury Circular 570. The bond must apply to all employees performing services related to this contract. The bond must cover errors and omissions, as well as employee dishonesty.

C-5.3.4. Sub-Task 2-4: Provide Telemarketers and Sellers Access to Appropriate Data.
After ensuring that the telemarketer or seller has paid the appropriate fee for access to the national registry data, the contractor must allow the telemarketer or seller to access and download only the telephone numbers of registered consumers from those areas of the country for which the telemarketer or seller has paid, either for itself or on behalf of any clients, the appropriate fee to gain access.

C-5.3.4.1. After their first visit to the website, the contractor must allow telemarketers and sellers to access and download, at their request, either all of the registered telephone numbers for their requested areas of the country, or only those changes to the registered telephone numbers (through either additions or deletions) that have been made to that portion of the database since the previous time the telemarketer or seller accessed the registry.

C-5.3.4.2. The contractor must never allow telemarketers or sellers to gain access to any other information in the national registry, other than the telephone numbers of registered consumers in those areas of the country for which the telemarketer or seller has requested information and paid the appropriate fee.

C-5.3.4.3. The contractor must allow telemarketers and sellers, after providing proper application and payment information, to query the website, for their requested areas of the country, with one single telephone number or with a small group of telephone numbers (less than ten) at a time. The contractor may limit the total number of such single queries to 100 or fewer during any individual website session.

C-5.3.5. Sub-Task 2-5: Provide Assistance to Telemarketers and Sellers. The contractor must ensure that it resolves, in a timely manner, any problems telemarketers or sellers experience in accessing or downloading the national registry data, or in paying the appropriate fee for such access. The contractor may resolve such problems through email correspondence clearly offered in the website created by the contractor to provide telemarketers and sellers access to the national registry data.

C-5.3.5.1. The contractor must maintain, for a period of two years from the date created, a record of all such requests for assistance, the date and time they were received, the response provided by the contractor, and the date and time of the response.

C-5.3.6. Sub-Task 2-6: Maintain Information and Provide Reports and Access to Telemarketer and Seller Information. The contractor must maintain and report on all information obtained from telemarketers and sellers who gain access to the national registry.

C-5.3.6.1. The contractor must maintain, in a searchable format, for a period of five years from the date it was obtained, all application and payment information obtained from telemarketers and sellers, as well as the date, time and amount of information (i.e., area codes of data) obtained during each telemarketer or seller visit to the national registry website.

C-5.3.6.2. The contractor must provide periodic reports, sent via email in XML Format, to the COTR or any FTC personnel designated by the COTR, concerning telemarketer and seller access to the national registry. At a minimum, the reports must include the following:

C-5.3.6.3. Weekly access status reports. The contractor must provide, before noon Eastern Standard Time on the first work day of every week, a report indicating the following: (1) the total number of telemarketers and sellers who accessed the national registry for the first time, and obtained a certification, during the previous week; (2) the total number of telemarketers and sellers who accessed the national registry for the first time, and obtained a certification, since the initiation of the registry; (3) the total number of telemarketers and sellers that already had a certification (obtained at any time) who made a subsequent visit to the registry the previous week; and (4) the total number of telemarketers and sellers that already had a certification (obtained at any time) who made a subsequent visit to the registry since the initiation of the registry. This weekly access status report must also include the average number of area codes of data to which the telemarketers and sellers have been provided access, the total amount of fees paid in the previous week and previous year, and the average fee paid by each telemarketer and seller, during both the previous week, the previous year, and since the initiation of the registry. Finally, the weekly access status report must include the number of telemarketers and sellers that requested assistance in accessing or downloading the national registry data, or in paying the appropriate fee for such access, during the previous week.

C-5.3.6.4. Other reports. The contractor must provide, at the COTR's request, other reports concerning telemarketer and seller access to the national registry and the payment of fees, as well as the contractor's performance of the requirements of this contract.

C-5.3.6.5. The contractor must provide the FTC with a weekly copy of the telemarketer and seller application data set, which the contractor can send either via electronic media (CD) or through an electronic transaction. If via CD, data must be in an XML formatted form. If via electronic transaction, the contractor must follow the process steps described in Section C-5.2.6.7. Telemarketer and seller application information data will be in the format described in Table 2 below.

Name	Attribute	Comments
created_date	DATE NOT NULL	The date that this record was created.
state_code	VARCHAR2(5)	A code which uniquely identifies a State such as VA.
country_code	VARCHAR2(3)	A code which uniquely identifies a country such as USA.
lname	VARCHAR2(25)	The company's contact last name.
fname	VARCHAR2(20)	The company's contact first name.
org_name	VARCHAR2(60)	The name of the company.
address_1	VARCHAR2(35)	The first line of the company address.
address_2	VARCHAR2(35)	The second line of the company address.
city	VARCHAR2(30)	The city portion of the address.
zip	VARCHAR2(10)	The zip code.
work_phone_entrtry_code	VARCHAR2(5)	The country code of company's telephone number.
business_area_code	VARCHAR2(5)	The company's telephone number area code.
business_exchange	VARCHAR2(7)	The company's telephone number exchange.
business_phone_number	VARCHAR2(8)	The last four digits of the company's telephone number.
business_extension	VARCHAR2(4)	The company's telephone number extension.
area_code_utilized	VARCHAR2(5)	Area code(s) of area marketed by company or for client.
email	VARCHAR2(240)	The email address of the company.
updated_date	DATE	The last date that this record was updated.

Table 2. Telemarketer Application Data Definition

C-5.4. Task Three: Law Enforcement Access to the Registry. The contractor must develop and provide a system that allows appropriate FTC, State, and other law enforcement personnel access to appropriate consumer registration and telemarketer/seller access information maintained in the national registry. The contractor must accept credentials from the FTC authorization server to allow approved users of FTC's internal systems to gain access to such information. Each transaction must be recorded and the data made available for audit purposes.

C-5.4.1. Sub-Task 3-1: Develop System to Provide Law Enforcement Access. The contractor must develop and provide a secure, user-friendly system dedicated solely to the purpose of allowing appropriate FTC, State, and other law enforcement personnel access to both the consumer registration information and telemarketer/seller access information included in the

registry. Access will occur only after authentication at the FTC's Consumer Sentinel® website. DNS binding or an equivalent method will be utilized to mimic Consumer Sentinel interactions.

C-5.4.1.1. The FTC currently operates a secure Internet website called Consumer Sentinel®, which provides law enforcement personnel access to a large consumer complaint database, as well as a host of other information. Access to the Consumer Sentinel® site is limited to law enforcement personnel who have applied to the FTC and have been provided a user ID and password. The communication between the FTC and registered law enforcement users relies on digital certificates to encrypt data using SSL technology. The SSL security protocol is the industry standard method for protecting web communications and provides data encryption, server authentication, file integrity, and client authentication.

C-5.4.1.2. The FTC anticipates that, to gain access to the system developed by the contractor under this PWS, law enforcement personnel will first have to pass through the Consumer Sentinel® firewall. Thus, the contractor need not develop its own screening mechanism to allow law enforcement access to this website. The contractor must, however, ensure that no other unauthorized access to the system is permitted.

C-5.4.2. Sub-Task 3-2: Provide Law Enforcement Access to Appropriate Data. The contractor must develop and provide an interactive system that allows law enforcement personnel to query and obtain appropriate registry information that includes the following:

C-5.4.2.1. Law enforcement personnel must be able to determine if and when a particular telephone number has been registered by a consumer (and the period of time when the registration was valid).

C-5.4.2.2. Law enforcement personnel must also be able to determine if and when a particular telemarketer or seller had accessed the registry, as well as the scope of the data that the telemarketer or seller accessed. The system must allow law enforcement queries to the telemarketer/seller access information based on the telemarketer's or seller's name, address, city and or State. In addition, the system must allow law enforcement personnel to determine all of the telemarketers or sellers who have obtained access to the telephone numbers in the registry for any particular area code or range of area codes, and when such access was exercised.

C-5.4.2.3. The contractor must obtain the FTC's approval of the design, content and functionality of the system developed under Task Three prior to deployment.

C-5.5. Task Four: Consumer Complaint Processing. The contractor must provide a system to gather consumer complaint information concerning alleged do-not-call violations automatically over the telephone and over the Internet, and to transfer that information to the FTC.

C-5.5.1. Sub-Task 4-1: Gather Consumer Complaint Information. The contractor must develop a system, as part of its consumer telephone and Internet registration systems, that accepts consumer complaints concerning alleged do-not-call violations.

C-5.5.1.1. While the consumer is submitting his or her complaint, the contractor's system must determine three factors: (1) the consumer had properly registered his or her telephone number; (2) the telephone number had been registered for the appropriate period of time for the alleged complaint to be valid; and (3) the consumer knows the name and/or telephone number of the company that called him or her. If any of these three factors is negative, the complaint is considered invalid. For all such invalid complaints, the system must explain to the consumer the reasons why the complaint is invalid, and not accept the complaint. (However, the contractor must keep information on the number of such invalid complaints received, and the reasons why the complaint was deemed invalid, and provide that information to the FTC upon request.) At the same time, if it is determined that the consumer's telephone number is not registered, the system must offer the consumer the opportunity to register.

C-5.5.1.2. For all valid complaints, the system would be required to obtain the following information from the consumer, and nothing more: (1) the consumer's name, address and telephone number (which can be obtained from a national database lookup, or directly from the consumer, depending on which method is most cost effective); (2) the name and/or telephone number of the company that called the consumer (whichever the consumer can remember); and (3) the date and time of the call (if the consumer can remember). In collecting this complaint information, the system must also provide consumers with a privacy notice and/or other disclosures prescribed by the FTC before the system collects the complaint information from consumers. This information should be gathered from the consumer automatically, without a live operator involvement.

C-5.5.1.3. Given the limited amount of information that is to be collected during a consumer complaint call, the FTC anticipates that such calls can be processed in a short period of time; at most, the calls should be processed in less than three minutes. No verification of consumer information is necessary for either telephone or Internet complaints.

C-5.5.1.4. The FTC cannot predict the number of consumer complaints it may receive concerning alleged do-not-call violations. Some States report receiving very few consumer complaints, while another State reported receiving complaints from approximately two percent of

all consumers in that State's registry. The contractor's system must have the flexibility to handle at least that potential volume of consumer complaints.

C-5.5.2. Sub-Task 4-2: Transfer Consumer Complaint Information to the FTC. The contractor must develop a system that transfers all valid processed consumer complaints to the FTC in a format that is compatible with the FTC's Consumer Sentinel® system. *See* Sections C-5.2.6.7 and C-5.3.6.5.

C-5.5.2.1. All valid processed consumer complaints must be transferred to the FTC no later than five business days following the date that the complaint is received. Consumer complaints should be transferred to the FTC on a daily basis using the XML transaction processes described in C-5.2.6.7 and C-5.3.6.5. Data definitions will be analogous to those in Sections C-5.2.2.1 and C-5.3.6.5.

C-5.5.2.2. The contractor must obtain the FTC's approval of the design, content and functionality of the consumer complaint system developed under Task 4 prior to deployment.

**SECOND AMENDED TECHNICAL EXHIBIT ONE:
PERFORMANCE REQUIREMENTS SUMMARY**

Summary of Standards Applicable to Award Term Scope-of-Work Requirements

Required Task	Performance Standard	Performance Requirement ("PR")	Surveillance Method	Maximum Payment Percentage for Meeting the PR
Respond to consumer registration telephone calls in a timely manner. (Sub-task 1-1)	Answer incoming calls without busy signals and within twenty seconds of the call being placed.	97%	Random sample of calls placed during normal business hours; consumer complaints.	70% of the payment in Part One of Technical Exhibit Two.
Maintain accurate consumer registration information. (Sub-task 1-3)	The consumer registration database may not contain incorrect information.	97%	Random sample of database entries; consumer complaints.	30% of the payment in Part One of Technical Exhibit Two.
Respond to telemarketer access requests in a timely manner. (Sub-tasks 2-1 to 2-4)	Provide immediate response to telemarketer access requests.	97%	Random sample; telemarketer complaints.	30% of the payment in Part Three of Technical Exhibit Two.
Respond to telemarketer access requests correctly. (Sub-task 2-4)	Provide correct information in response to telemarketer access requests.	97%	Telemarketer complaints.	30% of the payment in Part Three of Technical Exhibit Two.

Required Task	Performance Standard	Performance Requirement ("PR")	Surveillance Method	Maximum Payment Percentage for Meeting the PR
Provide timely assistance to telemarketers that experience problems accessing the national registry or paying the user fee. (Sub-task 2-5)	Resolve telemarketer assistance requests within two hours of receipt, for requests received during normal business hours, or for all others, within two hours after the start of normal business hours.	95%	Random sample of records of requests for assistance; telemarketer complaints.	5% of the payment in Part Three of Technical Exhibit Two.
Respond to law enforcement access requests in a timely manner. (Sub-tasks 3-1 and 3-2)	Provide immediate response to law enforcement access requests.	97%	Random sample; law enforcement complaints.	15% of the payment in Part Three of Technical Exhibit Two.
Respond to law enforcement access requests correctly. (Sub-task 3-2)	Provide correct information in response to law enforcement access requests.	97%	Law enforcement complaints.	15% of the payment in Part Three of Technical Exhibit Two.
Provide FTC with timely, accurate reports. (Sub-tasks 1-6 and 2-6)	Provide accurate reports to the FTC in a timely manner.	95%	Review reports and contact logs.	5% of the payment in Part Three of Technical Exhibit Two.

Required Task	Performance Standard	Performance Requirement ("PR")	Surveillance Method	Maximum Payment Percentage for Meeting the PR
Respond to consumer complaint telephone calls in a timely manner. (Sub-Task 4-1)	Answer incoming complaint calls without busy signals and within twenty seconds of the call being placed.	97%	Random sample of calls placed during normal business hours; consumer complaints.	45% of the payment in Part Four of Technical Exhibit Two.
Gather accurate consumer complaint information over both the telephone and Internet. (Sub-Task 4-1)	"Valid processed consumer complaints" may not contain incorrect information; the determination that a complaint is "invalid" must be correct.	97%	Random sample of consumer complaint information gathered by the contractor.	45% of the payment in Part Four of Technical Exhibit Two.
Transfer consumer complaint information gathered over both the telephone and the Internet to the FTC in a timely manner. (Sub-Task 4-2)	All "valid processed consumer complaints" must be transferred to the FTC no later than five business days following the date the complaint is received.	95%	Random sample of consumer complaint information gathered by the contractor; review of transfer logs.	10% of the payment in Part Four of Technical Exhibit Two.

GOVERNMENT QUALITY ASSURANCE: Contractor performance will be monitored to determine if it meets the contract standards as set forth above. A variety of methods may be used, including the following: (1) statistical random sampling of recurring service outputs using a statistically based sampling procedure; (2) one-hundred percent inspection of the outcome; (3) periodic inspection of the processes or output; and (4) customer complaints.

PERFORMANCE EVALUATION: Performance of a service will be evaluated to determine whether or not it meets the performance requirements of the contract, as follows:

Satisfactory performance is defined as meeting the Performance Requirements for the tasks set forth above. If the contractor maintains a satisfactory performance in each of the tasks set forth above in a specific month, the FTC will pay the contractor 100 percent of the monthly contract maximum payment percentage for meeting the Performance Requirement for that particular service.

Excellent performance is defined as exceeding the Performance Requirements for the tasks set forth above. If the contractor maintains excellent performance in each of the tasks set forth above for eight months of the contract year, the COTR shall recommend extension of the contract for an additional year.

Unsatisfactory performance is defined as failing to meet the Performance Requirements for the tasks set forth above. If the contractor engages in unsatisfactory performance in any of the tasks set forth above in any calendar month, a deduction shall be made from the contract payment for that month. The deduction shall be computed as follows: The appropriate contract payment for that month, based on workload, is multiplied by the maximum payment percentage for the specific service to determine the maximum payment for satisfactory performance. This payment is multiplied by the percentage of the sample found satisfactory to determine the percentage of the contract price that the contractor will be paid for the specific service.

When a performance requirement is not met, the contracting officer will issue a Contract Discrepancy Report ("CDR") to the contractor. Upon evaluation of the contractor's response to a CDR for tasks surveilled by random sampling or 100 percent inspection, the contractor's payment for the month in which the performance in question occurred will be calculated as stated above. The contractor must respond to the CDR and return it to the contracting officer within five (5) business days of receipt. Any deductions from payment shall be taken from the payment for the month in which the contracting officer makes the determination that the deduction is appropriate, regardless of the period in which the performance occurred.



GSA CONTRACT NO: GS-35F-4507G
 Do-Not-Call Registry System - BAFO
 AT&T Pricing No. FY2002-0705 / BDIS No. S92-29
 Period of Performance: 04/01/2003 - 04/01/2012

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES)

Base Period: Date of contract award through September 30, 2003

PART ONE:

The "mandatory tasks for completing registration requests" include all of Task One (¶¶ C-5.2 through C-5.2.6.7), except for Sub-Task 1-2 (¶¶ C-5.2.2 through C-5.2.2.4), which is to be priced separately below.

The contractor must price each task listed below as a rate for each "completed registration request" received within each workload unit. The contractor must submit monthly invoices, and will be paid on a monthly basis for the total number of "completed registration requests" processed in the given month during the Base Period either via the telephone or via the Internet, multiplied by the appropriate per call rate quoted below.

	Up to 10 million "completed registration requests" during Base Period	10 to 30 million "completed registration requests" during Base Period	30 to 50 million "completed registration requests" during Base Period	Over 50 million "completed registration requests" during Base Period
Mandatory tasks for completing registration requests, using a toll-free telephone number	\$0.1172	\$0.0645	\$0.0587	\$0.0411
Mandatory tasks for completing registration requests, using the Internet	\$0.0700	\$0.0105	\$0.0088	\$0.0035



GSA CONTRACT NO: GS-35F-4507G
Do-Not-Call Registry System - BAFO
AT&T Pricing No. FY2002-0705 / BDIS No. S92-29
Period of Performance: 04/01/2003 - 04/01/2012

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES)

PART TWO:

The contractor must submit two separate price quotations for completing the mandatory tasks of integrating State and possibly DMA consumer registration data into the national do-not-call registry, as set forth in Sub-Task 1-2 (¶¶C-5.2.2 through C-5.2.2.4). The contractor must price these tasks as two separate flat transactional fees

- (1) The fee for each initial import of data from an individual State or the DMA: Offered Free of Charge
- (2) The fee for each subsequent import or export of data from or to an individual State or the DMA, after the initial import of data from that State or the DMA is completed: Offered Free of Charge

PART THREE:

The contractor must submit a price for completing the following mandatory tasks of providing telemarketer and law enforcement access to the national registry: all of task Two (¶¶ C-5.3 through C-5.3.6.5) and all of Task Three (¶¶ C-5.4 through C-5.4.2.3). The contractor must price these tasks as a flat monthly fee to be paid each month during the Base Period. (During the Base Period, this fee will be paid after the first month during which telemarketers have access to the national registry.)

Monthly fee for performing these tasks: \$195,859



GSA CONTRACT NO: GS-35F-4507G
 Do-Not-Call Registry System - BAFO
 AT&T Pricing No. FY2002-0705 / BDIS No. S92-29
 Period of Performance: 04/01/2003 - 04/01/2012

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES)

PART FOUR:

The contractor must price the task listed below as a rate for each "valid processed consumer complaint" within each workload unit, processed according to the requirements of Task Four (¶¶ C-5.5 through C-5.5.2.2). The contractor will be paid on a monthly basis for the total number of "valid processed consumer complaints," processed either over the telephone or the Internet in the given month, multiplied by the appropriate per complaint rate quoted below

	1 to 25,000 "valid processed consumer complaints" during Base Period	25,001 to 50,000 "valid processed consumer complaints" during Base Period	50,001 to 200,000 "valid processed consumer complaints" during Base Period	200,001 to 500,000 "valid processed consumer complaints" during Base Period	Over 500,000 "valid processed consumer complaints" during Base Period
Price per valid complaint processed over the telephone	\$3.9107	\$1.8340	\$1.2946	\$0.5394	\$0.4720
Price per valid complaint processed over the Internet	\$2.2475	\$0.8990	\$0.1124	\$0.0468	\$0.0100



GSA CONTRACT NO: GS-35F-4507G
 Do-Not-Call Registry System - BAFO
 AT&T Pricing No. FY2002-0705 / BDIS No. S92-29
 Period of Performance: 04/01/2003 - 04/01/2012

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES)

Option Year One: October 1, 2003 through September 30, 2004

PART ONE:

The "mandatory tasks for completing registration requests" include all of Task One (¶¶ C-5.2 through C-5.2.6.7), except for Sub-Task 1-2 (¶¶ C-5.2.2 through C-5.2.2.4), which is to be priced separately below.

The contractor must price each task listed below as a rate for each "completed registration request" received within each workload unit. The contractor must submit monthly invoices, and will be paid on a monthly basis for the total number of "completed registration requests" processed in the given month during Option Year One either via the telephone or via the Internet, multiplied by the appropriate per call rate quoted below.

	Up to 10 million "completed registration requests" during Option Year 1	10 to 30 million "completed registration requests" during Option Year 1	30 to 50 million "completed registration requests" during Option Year 1	Over 50 million "completed registration requests" during Option Year 1
Mandatory tasks for completing registration requests, using a toll-free telephone number	\$0.1055	\$0.0645	\$0.0587	\$0.0411
Mandatory tasks for completing registration requests, using the Internet	\$0.0646	\$0.0097	\$0.0081	\$0.0032



GSA CONTRACT NO: GS-35F-4507G
Do-Not-Call Registry System - BAFO
AT&T Pricing No. FY2002-0705 / BDIS No. S92-29
Period of Performance: 04/01/2003 - 04/01/2012

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES)

PART TWO:

The contractor must submit two separate price quotations for completing the mandatory tasks of integrating State and possibly DMA consumer registration data into the national do-not-call registry, as set forth in Sub-Task 1-2 (¶¶ C-5.2.2 through C-5.2.2.4). The contractor must price these tasks as two separate **flat transactional fees**

- (1) The fee for each initial import of data from an individual State or the DMA: Offered Free of Charge
- (2) The fee for each subsequent import or export of data from or to an individual State or the DMA, after the initial import of data from that State or the DMA is completed: Offered Free of Charge

PART THREE:

The contractor must submit a price for completing the following mandatory tasks of providing telemarketer and law enforcement access to the national registry: all of task Two (¶¶ C-5.3 through C-5.3.6.5) and all of Task Three (¶¶ C-5.4 through C-5.4.2.3). The contractor must price these tasks as a **flat monthly fee** to be paid each month during the Base Period. (During the Base Period, this fee will be paid after the first month during which telemarketers have access to the national registry.)

Monthly fee for performing these tasks: \$154,703



GSA CONTRACT NO: GS-35F-4507G
 Do-Not-Call Registry System - BAFO
 AT&T Pricing No. FY2002-0705 / BDIS No. S92-29
 Period of Performance: 04/01/2003 - 04/01/2012

AMENDED TECHNICAL EXHIBIT TWO: WORKLOAD ESTIMATES (UNIT PRICE QUOTES)

PART FOUR:

The contractor must price the task listed below as a rate for each "valid processed consumer complaint" within each workload unit, processed according to the requirements of Task Four (¶¶ C-5.5 through C-5.5.2.2). The contractor will be paid on a monthly basis for the total number of "valid processed consumer complaints," processed either over the telephone or the Internet in the given month, multiplied by the appropriate per complaint rate quoted below.

	1 to 25,000 "valid processed consumer complaints" during Option Year 1	25,001 to 50,000 "valid processed consumer complaints" during Option Year 1	50,001 to 200,000 "valid processed consumer complaints" during Option Year 1	200,001 to 500,000 "valid processed consumer complaints" during Option Year 1	Over 500,000 "valid processed consumer complaints" during Option Year 1
Price per valid complaint processed over the telephone	\$2.6147	\$1.8340	\$1.2946	\$0.5394	\$0.4720
Price per valid complaint processed over the Internet	\$1.3835	\$0.5534	\$0.0692	\$0.0288	\$0.0062

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE 1 OF PAGES

AMENDMENT/MODIFICATION NO.
0002

3. EFFECTIVE DATE
Sep 13, 2002

4. REQUISITION/PURCHASE REQ. NO.
29-20808

5. PROJECT NO. (If applicable)

ISSUED BY CODE 0617-04

7. ADMINISTERED BY (If other than Item 6) CODE SEE BLOCK 6

ACQUISITIONS BRANCH
FEDERAL TRADE COMMISSION
600 PENN. AVENUE N.W. ROOM 702
WASHINGTON, D.C. 20580

NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and ZIP Code)

9A. AMENDMENT OF SOLICITATION NO.

29-2-Q-0026

9B. DATED (SEE ITEM 11)

Aug 2, 2002

10A. MODIFICATION OF CONTRACT/ORDER NO.

10B. DATED (SEE ITEM 13)

CODE FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended.

Parties 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 6 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter 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.

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 SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b). (such as changes in paying office, appropriation date, etc.)

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)

IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by LCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this amendment is to add the clause "Minimum Acceptance Period of Proposals" to the RFP.

(SEE NEXT PAGE)

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.

A. NAME AND TITLE OF SIGNER (Type or Print)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print)

James A. Flynn
Contracts V.P.

B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

12/10/02

BY

(Signature of Contracting Officer)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE
PAGE 1 OF PAGES

AMENDMENT/MODIFICATION NO. 0001
3. EFFECTIVE DATE Aug 23, 2002
4. REQUISITION/PURCHASE REQ. NO. 29-20808
5. PROJECT NO. (if applicable)

ISSUED BY CODE 0617-04
7. ADMINISTERED BY (if other than Item 6) CODE SEE BLOCK 6
ACQUISITIONS BRANCH
FEDERAL TRADE COMMISSION
600 PENN. AVENUE N.W. ROOM 702
WASHINGTON, D.C. 20580

NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and ZIP Code)
9A. AMENDMENT OF SOLICITATION NO. 29-2-Q-0026
9B. DATED (SEE ITEM 11) Aug 2, 2002
10A. MODIFICATION OF CONTRACT/ORDER NO.
10B. DATED (SEE ITEM 11)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.
You 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 1 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.

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 SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b). (such as changes in paying office, appropriation date, etc.)
- C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
- D. OTHER (Specify type of modification and authority)

IMPORTANT: Contractor is not, 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 purpose of this amendment is to provide answers to vendor inquiries, extend the hour and date for receipt of Offers, revise the Performance Work Statement, amend Technical Exhibits One & Two and incorporate various FAR clauses by reference.

(SEE NEXT PAGE)

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.

NAME AND TITLE OF SIGNER (Type or Print) James A. Flynn
Contracts V.P.
16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print)

CONTRACTOR/OFFEROR
15C. DATE SIGNED 12/10/02
16B. UNITED STATES OF AMERICA
BY
16C. DATE SIGNED

1. 52.227-14 RIGHTS IN DATA--GENERAL (JUN 1987)
(Reference 27.409)

2. 52.227-17 RIGHTS IN DATA--SPECIAL WORKS (JUN 1987)
(Reference 27.409)

3. 52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 days

(End of clause)

4. 52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within 30 days provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 60 days days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 10 years

(End of clause)



UNITED STATES OF AMERICA
FEDERAL TRADE COMMISSION
WASHINGTON, D.C. 20580

Purchase Order/
Contract Number _____

NON-DISCLOSURE AGREEMENT

I, _____ do solemnly swear that I will not divulge Federal Trade Commission (FTC) data to any unauthorized person for any purpose. Neither will I directly or indirectly use, or allow the use of, FTC data for any purpose other than that directly associated with my officially assigned duties.

Further, I will not, either by direct action or by counsel, discussion, recommendation, or suggestion to any unauthorized person,* reveal the nature or content of any FTC data. At the conclusion of my work under this contract, I will return to the Commission (or destroy, at the Commission's request) all FTC data, including copies and materials based on such data.

I am aware that unauthorized use of information is a violation of the Federal Criminal Code, and is punishable by a fine up to \$10,000, imprisonment of up to ten years, or both.

Signature _____ Date _____

Firm
or Affiliation _____

* Other than contractor personnel and representatives, an unauthorized person shall mean any person not assigned to a project requiring access to the data or not in the line of management over the project requiring access to the data.

Declaration for Federal Employment

GENERAL INFORMATION

1 FULL NAME	2 SOCIAL SECURITY NUMBER
3 PLACE OF BIRTH <i>(Include City and State or Country)</i>	4 DATE OF BIRTH <i>(MM/DD/YY)</i>
5 OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc.)</i>	6 PHONE NUMBERS <i>(Include Area Codes)</i> DAY NIGHT

MILITARY SERVICE

Have you served in the United States Military Service? If your only active duty was training in the Reserves or Nation Guard, answer "NO".

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

	BRANCH	FROM	TO	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For all question 8,9, and 10, your answers should include convictions resulting from a pleas of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

		YES	NO
8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) <i>If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Are you now under charges for any violation of law? <i>If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? <i>If "Yes", use item 15 to provide the date, and explanation of the problem and reason for leaving, and the employer's name and address.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL

		YES	NO
13 Do you or your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister. <i>If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS

15 Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATION / ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a Applicant's Signature (Sign in Ink)

Date

16b Appointee's Signature (Sign in Ink)

Date

APPOINTING OFFICER: Enter Date of Appointment or Conversation

17 **Appointee Only (Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job?

17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type or optional insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled.

Date (MM/DD/YY)		
Yes	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard Form 85
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

OMB No. 3206-0005
NSN 7540-00-634-4035
85-111

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 5 and the release on Page 6. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, and 736 of Title 5, Code of Federal Regulations.

Your Social Security Number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer all

questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2908.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

**QUESTIONNAIRE FOR
 NON-SENSITIVE POSITIONS**

OPM USE ONLY	Codes	Case Number
--------------------	-------	-------------

Agency Use Only (Complete items A through K using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Nature of Action Code	D Date of Action	Month	Day	Year
E Geographic Location	F Position Title		G SON	H SOI		
I OPAC-ALC Number	J Accounting Data and/or Agency Case Number					
K Requesting Official	Name and Title		Signature		Telephone Number	Date

Persons completing this form should begin with the questions below.

1 FULL NAME - If you have only initials in your name, use them and state (IO). - If you have no middle name, enter "NMN". Last Name First Name Middle Name Jr., II, etc.	2 DATE OF BIRTH Month Day Year
---	--

3 PLACE OF BIRTH - Use the two letter code for the State. City County State Country (if not in the United States)	4 SOCIAL SECURITY
---	--------------------------

5 OTHER NAMES USED
 Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.

Name #1	Month/Yr To	Month/Yr	Name #3	Month/Yr To	Month/Yr
Name #2	Month/Yr To	Month/Yr	Name #4	Month/Yr To	Month/Yr

6 SEX (Mark one box) Female Male

7 CITIZENSHIP a Mark the box at the right that reflects your current citizenship status, and follow its instructions. <input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d) <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c, and d) <input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)	b Your Mother's maiden Name
--	-----------------------------

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)
 Court | City | State | Certificate Number | Month/Day/Year Issued

Citizenship Certificate (Where was the certificate issued?)
 City | State | Certificate Number | Month/Day/Year Issued

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States
 Give the date the form was prepared and give an explanation if needed | Date | Explanation

U.S. Passport
 This may be either a current or previous U.S. Passport. | Passport Number | Month/Day/Year Issued

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. | Country

e ALIEN If you are an alien, provide the following information:

Place you entered the United States:	City	State	Date you entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship
--------------------------------------	------	-------	---	---------------------------	-----------------------------

8 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code

9 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 5 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School 2 - College/University/Military College 3 - Vocational/Technical/Trade School

- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code

Enter your Social Security Number before going to the next page



10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.


• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |


• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.


Month/Year #1	Month/Year To Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

Month/Year #2	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

Month/Year #3	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
	To			

Enter your Social Security Number before going to the next page



YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's / Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (If different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF EMPLOYMENT	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#5	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's / Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (If different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF EMPLOYMENT	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#6	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's / Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (If different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF EMPLOYMENT	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

11 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known	Month/Year	Month/Year	Telephone Number
			To		<input type="checkbox"/> Day <input type="checkbox"/> Night ()
	Home or Work Address			City (Country)	State ZIP Code
#2	Name	Dates Known	Month/Year	Month/Year	Telephone Number
			To		<input type="checkbox"/> Day <input type="checkbox"/> Night ()
	Home or Work Address			City (Country)	State ZIP Code
#3	Name	Dates Known	Month/Year	Month/Year	Telephone Number
			To		<input type="checkbox"/> Day <input type="checkbox"/> Night ()
	Home or Work Address			City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page →

12 YOUR SELECTIVE SERVICE RECORD

- a** Are you a male born after December 31, 1959? In "No," go to 13. If "Yes," go to b.
- b** Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No, show the reason for your legal exemption below.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Registration Number _____ Legal Exemption Explanation _____

13 YOUR MILITARY HISTORY

- a** Have you served in the United States military?
- b** Have you served in the United States Merchant Marine?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

List all of our military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

O/E. Mark "O" block for Officer or "E" block for Enlisted.

Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status						Country
				O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	
To				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
To				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

14 ILLEGAL DRUGS

In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Type of Substance	Explanation
To			
To			
To			

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 8, 9, and 10. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security number. Before each answer, identify the number of the item.

After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 6.

Certification that My Answers Are True

My Statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on the form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink) _____ Date _____

Enter your Social Security Number before going to the next page →

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (<i>Sign in ink</i>)		Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number	
Current Address (<i>Street, City</i>)		State	Zip Code	Home Telephone Number (<i>Include Area Code</i>) ()

Standard Form 85P
 Revised September 1995
 U.S. Office of Personnel Management
 5 CFR Parts 731, 732, and 736

OMB No. 3206-0191
 NSN 7540-01-317-7372
 86-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, mis-representation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer all

questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

**QUESTIONNAIRE FOR
 PUBLIC TRUST POSITIONS**

OPM USE ONLY

Codes Case Number

Agency Use Only (Complete items A through P using instructions provided by USOPM).

A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Compu/ADP	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder <input type="checkbox"/> None <input type="checkbox"/> NPRC <input type="checkbox"/> At SON	Other Address				ZIP Code		
L SOI	M Location of Security Folder <input type="checkbox"/> None <input type="checkbox"/> At SOI <input type="checkbox"/> NPI	Other Address				ZIP Code		
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME -If you have only initials in your name, use them and state (IO). - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name. **2 DATE OF BIRTH**

-If you have no middle name, enter "NMN".

Last Name First Name Middle Name Jr., II, etc. Month Day Year

3 PLACE OF BIRTH - Use the two letter code for the State. **4 SOCIAL SECURITY**

City County State Country (if not in the United States)

5 OTHER NAMES USED

Name #1	Month/Year To	Name #3	Month/Year To
Name #2	Month/Year To	Name #4	Month/Year To

6 OTHER IDENTIFYING INFORMATION

Height (feet and inches) Weight (pounds) Hair Color Eye Color Sex (Mark one box)

Female Male

7 TELEPHONE NUMBERS

Work (Include Area Code and extension) Home (Include Area Code)

Day () Night () Day () Night ()

8 CITIZENSHIP

I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer items b and d

I am a U.S. citizen, but I was NOT born in the U.S. → Answer items b, c, and d

I am not a U.S. citizen. → Answer items b and e

b Your Mother's Maiden Name

9 UNITED STATES

a Mark the box at the right that reflects your current citizenship status, and follow its instructions.

c1 Naturalization Certificate (Where were you naturalized?)

Court City State Certificate Number Month/Day/Year Issued

c2 Citizenship Certificate (Where was the certificate issued?)

City State Certificate Number Month/Day/Year Issued

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed Date Explanation

U.S. Passport

This may be either a current or previous U.S. Passport. Passport Number Month/Day/Year Issued

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country

e ALIEN If you are an alien, provide the following information:

Place you entered the United States: City State Date you entered U.S. Alien Registration Number Country(ies) of Citizenship

Month Day Year

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

#1	Month/Year To Present	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

● Use one of the following codes in the "Code" block:

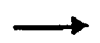
1 - High School 2 - College/University/Military College 3 - Vocational/Technical/Trade School

● For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

● For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						State ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						State ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School						State ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code Telephone Number ()

Enter your Social Security Number before going to the next page



11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 18th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment.

- 1 - Active military duty stations
- 2 - National Guard/Reserve
- 3 - U.S.P.H.S. Commissioned Corps
- 4 - Other Federal employment
- 5 - State Government (Non-Federal employment)
- 6 - Self-employment (Include business name and/or name of person who can verify)
- 7 - Unemployment (Include name of person who can verify)
- 8 - Federal Contractor (List Contractor, not Federal agency)
- 9 - Other

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1	Month/Year To Present	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#2	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#3	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Enter your Social Security Number before going to the next page



YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year #4	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (If different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year #5	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (If different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year #6	Month/Year To	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (If different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

12 YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Use the following codes and explain the reason your employment was ended.

- 1 - Fired from a job
- 2 - Quit a job after being told you'd be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances

Month/Year	Code	Specify Reason	Employer's Name and Address (Include City/Country if outside U.S.)	State

Enter your Social Security Number before going to the next page →

13 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year To Month/Year	Telephone Number Day () Night ()
Home or Work Address	City (Country)	State ZIP Code
Name #2	Dates Known Month/Year To Month/Year	Telephone Number Day () Night ()
Home or Work Address	City (Country)	State ZIP Code
Name #3	Dates Known Month/Year To Month/Year	Telephone Number Day () Night ()
Home or Work Address	City (Country)	State ZIP Code

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- 1 - Never married (go to question 15)
 3 - Separated
 5 - Divorced
 2 - Married
 4 - Legally Separated
 6 - Widowed

Current Spouse. Complete the following about your current spouse.

Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city and country if outside the U.S.)			State

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

1 - Mother	3 - Stepmother	5 - Foster parent	7 - Stepchild			
Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street address and City (country) of Living Relatives	State
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Enter your Social Security Number before going to the next page



16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
b Have you served in the United States Merchant Marine?	<input type="checkbox"/>	<input type="checkbox"/>

List all of our military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- Code. Use one of the codes listed below to identify your branch of service:
1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard
- O/E. Mark "O" block for Officer or "E" block for Enlisted.
- Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.
- Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status				Country		
				O	E	Active	Active Reserve		Inactive Reserve	National Guard (State)..
To				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.	<input type="checkbox"/>	<input type="checkbox"/>
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.	<input type="checkbox"/>	<input type="checkbox"/>

Registration Number	Legal Exemption Explanation
---------------------	-----------------------------

18 YOUR INVESTIGATIONS RECORD	Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes" use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.	<input type="checkbox"/>	<input type="checkbox"/>

Codes for Investigating Agency. 1 - Defense Department 4 - FBI 2 - State Department 5 - Treasury Department 3 - Office of Personnel Management 6 - Other (Specify)	Codes for Security Clearance Received 0 - Not Required 3 - Top Secret 6 - L 1 - Confidential 4 - Sensitive Compartmented Information 7 - Other 2 - Secret 5 - Q
--	---

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No
---	-----	----

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

19 FOREIGN PLACES YOU HAVE VISITED	Yes	No
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)	<input type="checkbox"/>	<input type="checkbox"/>

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other
- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD (Do not include anything that happened before your 16th birthday.)

In the last 7 years, have you been arrested for, charged with or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)

If you answered "Yes," explain your answer(s) in the space provided.

Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and County/Country if outside the U.S.)	State	Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>

21 ILLEGAL DRUGS

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a** In the last year, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbituates, methaqualone, tranquilizers, etc.) hallucinogenics (LSD, PCP, etc.), or prescription drugs?
- b** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			
To			

22 YOUR FINANCIAL RECORD

- a** In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgement rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.

Month/Year	Type of Action	Name Action Occured Under	Name/Address of Court or Agency Handling Case	State	Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>

- b** Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.

If you answered "Yes," provide the information requested below:

Month/Year	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink) _____ Date _____

Enter your Social Security Number before going to the next page →

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)		Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used				Social Security Number
Current Address (<i>Street, City</i>)		State	Zip Code	Home Telephone Number (<i>Include Area Code</i>) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government as a(n)

(Investigator instructed to write in position title.)

As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability?

If so, please describe the nature of the condition and the duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon the termination of my affiliation with the Federal Government, whichever is

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)	Date Signed
Other Names Used	Social Security Number	
Current Address (<i>Street, City</i>)	State	Zip Code
		Home Telephone Number (<i>Include Area Code</i>) ()

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code _____ Page 1 of Pages 2

2. Amendment/Modification No. 04
 3. Effective Date Oct 1, 2003
 4. Requisition/Purchase Req. No. _____
 5. Project No. (if applicable) _____

6. Issued By ACQUISITIONS BRANCH
 FEDERAL TRADE COMMISSION
 600 PENN. AVENUE N.W. ROOM 702
 WASHINGTON, D.C. 20580
 Eric F. Vogt 202/326-2259
 Code 0617-04
 7. Administered By (if other than Item 6) SEE BLOCK 6
 Code _____

8. Name and Address of Contractor (No., Street, County, and Zip Code)
 AT&T Government Solutions, Inc.
 1900 Gallows Road
 Vienna VA 22182
 Vendor ID: 0000606
 DUNS: 009683442
 CAGE: _____
 (X) 9A. Amendment of Solicitation No. _____
 9B. Date (See Item 11) _____
 X 10A. Modification of Contract/Order No. 29-3-L-0010
 10B. Date (See Item 13) Mar 1, 2003

Code _____ Facility Code _____

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended is not extended. Offers 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 _____ 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)
 \$ US 0.00

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) 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 item 14, pursuant to the authority of FAR 43.103 (b)
 X C. This supplemental agreement is entered into pursuant to authority of:
 Changes 52.243-1
 D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to exercise Option Year One of the Contract with a suspension of services.

Option Year One for the period October 1, 2003 through September 30, 2004 is hereby exercised subject to the availability of funds. Funds to be provided upon agreement to an equitable adjustment applicable to the suspension of services period.

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) Eric F. Vogt 202/326-2259
 CONTRACT SPECIALIST
 evogt@ftc.gov
 15B. Contractor/Offeror _____
 15C. Date Signed _____
 16B. United States of America
 16C. Date Signed _____
 (Signature of person authorized to sign) _____ (Signature of Contracting Officer) _____

Due to the recent court actions regarding the National Do Not Call Registry, the FTC is suspending operations for an indefinite period, effective October 1, 2003. The Contractor shall suspend implementation and operation of its services applicable to the following paragraphs:

C-1.6 Hours of Operation - Automated access to the national do-not-call registry by consumers, telemarketers and law enforcement agents 24 hours per day, seven days per week, 52 weeks per year shall be suspended until further notice.

C-5.2 Task One - Consumer Registration.

C-5.3 Task Two - Telemarketer and Seller Access to Registry.

C-5.4. Task Three. Law Enforcement Access to the Registry.

C-5.4.2. Sub-Task 3-2: Provide Law Enforcement Access to Appropriate Data.

C-5.4.2.1 (entire paragraph)

C-5.4.2.2 (entire paragraph)

C-5.5 Task Four: Consumer Complaint Processing.

C-5.5.1 sub-Task 4-1 Gather Consumer Complaint Information.

C-5.5.2 Sub Task 4-2 Transfer Consumer Complaint Information to the FTC.

Implementation and operation of these services shall be suspended until notification to proceed is received, in writing, from the Contracting Officer.