

Section C - Statement of Work

C.1 Scope

In accordance with the base IDIQ contract. Specific subtasks and deliverables are specified throughout this task order. The subtasks of this Task Order are summarized in the following table:

Subtask (ST)	Name Description
ST-01	MILSTD 1691 ECRI Alignment (Mapping)
ST-02	MILSTD 1691 Analysis of Update Process
ST-03	NDAA – DoD/VA Collaboration Savings
ST-04	Parking Assessment & Study
ST-05	HCRA – Current Practice Among Services, Best Practices and MHS Process Development
ST-06	Validation Process Development for Capital Planning

C.2 Task Management

In accordance with the base IDIQ contract.

C.3 Contractor Management

In accordance with the base IDIQ contract.

C.4 Specific Tasks

C.4.1 Governmental Review Times

In accordance with the base IDIQ contract.

C.4.2 Service Support to Government Program Managers

In accordance with the base IDIQ contract.

C.4.3 Research with Academia

Not applicable.

C.4.4 Support, Subject Matter Expert (SME), and Technical Expertise

Subtask (ST)	Details
ST-01	<p>SME’s shall have extensive experience and knowledge in the discipline of applied scientific research to relating to medical procedures, devices, drugs, and best practices as it relates to equipment associated with the provision of medical care. SME’s shall have knowledge of evidence-based research.</p> <p>The SME’s shall be from organizations which can demonstrate an intense knowledge of the industry, but also has defined organizational policies to limit any potential conflicts of interest with the medical equipment community manufacturers or products.</p> <p>The SME’s shall have detailed knowledge and understanding of how the industry medical equipment patient safety is collected, relates to equipment and distributed to the industry at large.</p>
ST-02	Refer to ST-01. Same requirements apply.
ST-03	Personnel shall be familiar with the DoD-MHS and VA processes and procedures.
ST-04	Personnel shall have experience with parking or traffic studies.
ST-05	Not applicable.
ST-06	<p>SME familiar with the DoD Capital Planning Process, CIDM, DoD-MHS Space Planning Criteria, UFC 4-510-01, DD1391, MILSTD 1691, and Templates.</p> <p>Assist the DoD-MHS (PPMD-CPB) in developing a validation checklist for the review of projects as defined in section C.4.9 below.</p>

C.4.5 Studies and Analysis

Subtask (ST)	Details
ST-01	Not Applicable

Subtask (ST)	Details
ST-02	<p>In accordance with the base IDIQ contract.</p> <p>Contractor shall review current MILSTD 1691 update process, identify current industry best practices for upkeep/updating of medical equipment planning criteria descriptions, costs, and technical information, and finally assist the DoD-MHS (PPMD) in developing the most effective and sustainable means to ensure the MILSTD 1691 is maintained as a current source of data information.</p> <p>The existing MILSTD 1691 can be found at: http://www.wbdg.org/ccb/browse_org.php?o=24</p> <p>An informational video on the MILSTD 1691 public document can be found at: http://www.tricare.mil/ocfo/ppmd/criteria.cfm#1691</p> <p>The contractor shall provide recommendations to PPMD regarding the potential to capitalize on existing healthcare industry related equipment standards to maximum extent possible, rather than the MILSTD 1691 updates bearing the expense of updating all data as with the current process. The details of process improvement recommendations are detailed in section C.4.9 below.</p> <p>Provide a final report covering efforts, analysis, results, and recommendations. Report shall include the following, but not be limited to:</p> <ul style="list-style-type: none">• Executive Summary• Effort scope and overview• Current Practice – DoD• Industry Best Practices• Alternatives proposed• Recommended path forward• Attachments / Supporting Documents• Meeting Notes
ST-03	Not Applicable.

Subtask (ST)	Details
ST-04	<p data-bbox="418 264 1430 338">Conduct study of parking at existing Medical Treatment Facilities (MTF): The contractor shall conduct parking studies at the following MTF's.</p> <ul data-bbox="467 380 1430 1230" style="list-style-type: none"><li data-bbox="467 380 1430 453">• Brooke Army Medical Center (3851 Roger Brook Drive Fort Sam, Houston, Texas 78234) <i>[Group 2]</i><li data-bbox="467 495 1057 525">• Eglin Hospital (Eglin AFB, FL) <i>[Group 1]</i><li data-bbox="467 567 1430 674">• Martin Army Community Hospital (7950 Martin Loop, Fort Benning, GA) – includes an assessment of the current hospital and the proposed new replacement hospital. <i>[Group 3]</i><li data-bbox="467 716 1430 789">• Michael O'Callaghan Federal Hospital (4700 N. Las Vegas Blvd. Nellis AFB, NV) <i>[Group 2]</i><li data-bbox="467 831 1224 861">• Naval Hospital Bremerton (Bremerton, WA) <i>[Group 3]</i><li data-bbox="467 903 1328 932">• Naval Medical Center Portsmouth (Portsmouth, VA) <i>[Group 2]</i><li data-bbox="467 974 1386 1003">• Naval Medical Center San Diego (San Diego, California) <i>[Group 1]</i><li data-bbox="467 1045 1414 1075">• USAF Elmendorf Regional Hospital (Elmendorf AFB, AK) <i>[Group 3]</i><li data-bbox="467 1117 1430 1224">• William Beaumont Army Medical Center (5005 North Piedras Street, El Paso, TX) – includes an assessment of the current hospital and the proposed new replacement hospital. <i>[Group 1]</i> <p data-bbox="418 1266 1430 1339">The contractor shall conduct the necessary work effort to assess, analyze and report the following in the study for each site:</p> <ol data-bbox="428 1381 1430 1843" style="list-style-type: none"><li data-bbox="428 1381 1430 1455">1. <u>Type</u>: Assess and quantify current parking dedicated to the hospital (breakdown by surface parking, vertical/structure parking)<li data-bbox="428 1497 1430 1604">2. <u>Category</u>: Identify and quantify the number of parking spaces for patients, common, staff, organizational vehicles, and subset special parking (mothers, electric vehicle, ABA, etc.)<li data-bbox="428 1646 1430 1843">3. <u>Patient Travel</u>: Identify facility entrances used by patients. Identify patient travel distance to main facility entrances used by patients. Patient travel shall include the minimum, maximum and average travel distance and times associated with patients who are ambulatory (unimpeded), ambulatory (impeded by injury), and wheel chair bound accessing the

Subtask (ST) Details

facility from the assigned parking areas.

Include a diagram for each site showing facility, patient entrances, parking areas by type and category, and number of spaces for each type and category identified, basic travel path used to calculate travel distance and time.

Provide a matrix of information showing each site assessed and averages for each service and MHS as a total.

4. Area Construction Costs: Identify typical costs for parking by type for the local area. Indicate local cost and adjusted cost normalized to the DC area.
5. Area Facility Life Cycle Management (FLCM) Costs: Identify typical cost of maintenance for the parking types by location. Indicate local cost and adjusted cost normalized to DC area. Provide range (min, max, average) as appropriate.
6. Sustainability Impacts: Identify sustainability impacts (pro's and con's) or considerations for vertical/structured versus surface parking areas across the FLCM.
7. Assess Planning Criteria: Compare the DoD-MHS parking planning criteria methodology to other federal and civilian healthcare systems (e.g. VA and Kaiser Permanente). Provide pro's and con's of each. Recommend best practices, and assist the PPMD in developing an updated parking programming methodology for the DoD-MHS. Assess potential FLCM impacts of the updated parking programming methodology to the DoD.
 - Special attention shall be given to the respective healthcare system travel patient distance or time criteria utilized.
 - Provide clear critical impacts of travel distance and time requirements as it impacts the building of surface versus vertical/structured parking.
 - Provide recommendations to DoD-MHS on how to maximize value (i.e. limit FLCM costs to the DoD) while achieving recommended patient travel distance and time.

Subtask (ST)	Details										
	<p>DoD-MHS parking planning criteria can be found in the UFC 4-510-01 (http://www.wbdg.org/ccb/DOD/UFC/ufc_4_510_01.pdf), section “1-11 Parking Facilities.”</p> <p>8. <u>Parking Use Analysis</u>: Identify the parking utilization across a typical period of time for the facilities assessed under this study (e.g. Monday through Friday during normal daytime operating business hours). Compare utilization to typical facility workload data provided by the DoD-MHS across the same typical periods of time.</p> <ul style="list-style-type: none"> • Develop an assessment plan that captures the parking usage by type and category to the maximum extent possible. <p><i>NOTE: Parking use analysis does not apply to the proposed replacement hospital solutions for the William Beaumont Army Medical Center or Martin Army Community Hospital.</i></p>										
<p>ST-05</p>	<p>The contractor shall produce a report which includes the following, but not be limited to:</p> <ul style="list-style-type: none"> • Executive Summary • Effort scope and overview • Current Practice – DoD • Industry Best Practices • Alternatives proposed • Recommended path forward • Attachments / Supporting Documents • Meeting Notes <table border="1" data-bbox="418 1598 1308 1829"> <thead> <tr> <th>Acronyms</th> <th>Definition</th> </tr> </thead> <tbody> <tr> <td>BUMED</td> <td>The Navy Bureau of Medicine and Surgery</td> </tr> <tr> <td>CPB</td> <td>Capital Planning Branch, PPMD</td> </tr> <tr> <td>DCO</td> <td>Defense Connect Online</td> </tr> <tr> <td>DH-CAPE</td> <td>Cost Assessment and Program Evaluation, HA Defense Health [Program]</td> </tr> </tbody> </table>	Acronyms	Definition	BUMED	The Navy Bureau of Medicine and Surgery	CPB	Capital Planning Branch, PPMD	DCO	Defense Connect Online	DH-CAPE	Cost Assessment and Program Evaluation, HA Defense Health [Program]
Acronyms	Definition										
BUMED	The Navy Bureau of Medicine and Surgery										
CPB	Capital Planning Branch, PPMD										
DCO	Defense Connect Online										
DH-CAPE	Cost Assessment and Program Evaluation, HA Defense Health [Program]										

Subtask (ST) Details

DoD	Department of Defense
HA	Health Affairs in the DoD
HA-CAPE	Cost Assessment and Program Evaluation, HA
HA-PPMD	Portfolio Planning & Management Division, HA
PPMD	
HCRA	Healthcare Requirements Analysis
MEDCOM	US Army Medical Command
NCR	National Capital Region
OTSG	Office of the Surgeon General
TMA	Tricare Management Activity
IPR	In Progress Reviews

This effort entails interviewing the respective service personnel, predominately the planning divisions, of the service health facilities divisions/agencies, HA-PPMD and DH-CAPE, to gather/collect related information.

Develop Standard Interview Questions: Prior to interviewing the respective services and TMA/HA sections relative to the HCRA, develop a draft list of questions and review with PPMD-CPB. Upon acceptance of the standardized questions conduct interviews with services, and TMA/HA (PPMD, DH-CAPE).

The report shall, to the maximum extent visually viable, provide and present a matrix comparison of responses from the services and TMA/HA. In many cases the development of the HCRA by the services is through external contract support and therefore interviews with the primary contractors developing the HCRA shall be required. To the maximum extent feasible this interview will be conducted jointly with the service and their respective contracted HCRA support.

Conduct Internal DoD Interviews: All interviews will be local to the NCR or using DCO and telephone. The report shall be based on a study that examines the following information obtained from interviews:

1. Basis for the Individual service (Army MEDCOM/OSTG, Navy BUMED/OSTG, Air Force OTSG) definitions of the HCRA. Ascertain in discussions with these entities specific documents representing an official organizational definition. The study should include copies of the official documents (if they exist) defining the HCRA for the service.

Subtask (ST)	Details
	<ol style="list-style-type: none"><li data-bbox="428 264 1417 426">2. HA-PPMD and DH-CAPE definitions of the HCRA. Ascertain in discussions with these entities specific documents representing an official organizational definition. The study should include copies of the official documents (if they exist) defining the HCRA for the service.<li data-bbox="428 464 1406 625">3. The key outcomes derived from the HCRA as identified by interviews with individual service planning sections/divisions/branches, HA-PPMD and DH-CAPE. Identify the granularity of detail achieved by each approach.<li data-bbox="428 657 1133 690">4. Key input variables required to develop the HCRA.<li data-bbox="428 724 1062 758">5. The basic process used to develop the HCRA. Identify areas in the process where a given approach might lead to compounding of assumptions that potentially create compounded errors (e.g. propagation of rounding through the process), and the potential scale of the overall error impacts (increased or decreased requirements developed due to a compounding process).<li data-bbox="428 1031 1406 1192">6. Identify the pro's and con's for each HCRA approach utilized. This will be a combination of feedback from the various interviewees and observations based on professional knowledge of the AEC industry processes.<li data-bbox="428 1224 1318 1302">7. Identify the impacts of the various processes that potentially yield different outcomes given common inputs. For example if service X has a common input variable to service Y and use the same space planning criteria, the expected outcome would be equal; however due to different HCRA approaches the outcomes may significantly vary.<li data-bbox="428 1528 1433 1774">8. Identify the basic extent to which the DoD-MHS space planning criteria (SPC) is utilized, where it is not, and the fundamental justification for why it is not used. (e.g. SPC does not cover a certain area, or SPC is incorrect in a given functional area). While this is not meant to be an exhaustive independent analysis it should be readily determined via feedback in the interview process. <p data-bbox="428 1808 1411 1841"><u>Conduct External Interviews:</u> Conduct interviews of two external healthcare</p>

Subtask (ST)	Details
	<p>systems (VA and Kaiser Permanente) planning divisions utilizing the same set of questions as described in the</p> <p><u>Associated Travel (Anticipated)</u>: This work effort will require travel to Oakland, CA for the Kaiser interviews. VA interviews will be in the NCR. DoD internal interviews will be in the NCR.</p> <p><u>Best Practices</u>: Identify best practices used by all organizations interviewed. Compile the best practices to facilitate assisting the DoD-MHS in developing a common definition of the HCRA and process.</p> <p><u>DoD-MHS HCRA Standardization</u>: Assist PPMD in developing a proposed policy for the DoD-MHS to standardize the HCRA definition, process, inputs and outputs. This effort will consist of multiple IPR's (3 anticipate) to review progress and coordinate feedback and assist the PPMD develop the final proposed solution.</p> <p>This effort culminates in a recommended path forward. This recommendation includes the proposed policy for a standard DoD-MHS HCRA.</p> <p><u>Objective</u>: The proposed DoD-MHS HCRA standard must:</p> <ul style="list-style-type: none">• Provide a common basis of understanding relative to common attributes expected in a DoD-MHS HCRA.• Provide a uniform approach supportive of tracing key decisions within the development for auditability and accountability purposes.• Allow the various planners to accommodate the wide array of facilities types in the MHS inventory as well the variability associated with specific projects. <p><u>Rubric</u>: As part of the efforts to identify common attributes of a DoD-MHS HCRA, develop a rubric to assess submitted HCRA's. This rubric provides a means for assessing the completeness of the HCRA relative to the common attributes for validation. More importantly it establishes a common basis for all parties involved to understand the expectations and criteria by which the HCRA will be validated.</p>
ST-06	Not applicable.

C.4.6 Feasibility Studies, Analysis

Subtask (ST)	Details
ST-01	Not Applicable
ST-02	Not Applicable
ST-03	<p>In accordance with the base IDIQ contract.</p> <p>Provide a feasibility study that assesses the cost-efficiency of joint DoD/VA medical facilities from a Facility Lifecycle Management (FLCM) perspective.</p> <p>Joint DoD/VA medical facilities are defined as medical facilities that can serve both active duty service members, their families and Veterans.</p> <p>The study shall focus on FLCM cost-efficiencies across a defined life cycle using the target recapitalization period and aggregated O&M expenses. If sustainability impacts are assessed they will be calculated using monetized return on investment (ROI) methodologies for all variables assessed.</p> <p>The FLCM cost-efficiencies shall identify any initial (capital) and long-term (operational) savings achieved through reductions of redundancies, reductions in facility management (FM) personnel or contracts performing FM roles & responsibilities, energy savings due to efficiencies achieved through reduced GSF for avoided redundancies, etc.</p> <ul style="list-style-type: none">• Assessing clinical operational benefits is not part of the scope of this feasibility study.• The study shall take a holistic generalized look at potentials for FLCM efficiency at joint DoD/VA facilities.• In addition the study shall assess two specific existing sites. This part of the study shall identify anticipated efficiencies that were anticipated and assess the extent to which they were achieved or are currently tracking to achieve the expected benefits. If the anticipated efficiencies were not achieved or were achieved to a lesser degree than expected, identify the potential root causes. The two sites that shall be evaluated are Fort Benning Hospital (Martin Army Community Hospital) and Joint Federal Facility (Formerly Fort Ord Hospital).

ST-04	Not Applicable
ST-05	Not Applicable
ST-06	Not Applicable

C.4.7 Market Analysis, Investigation & Coordination of Joint Planning Studies

Not Applicable.

C.4.8 Economic Analysis

Not Applicable.

C.4.9 Business Process Improvement

Subtask (ST)	Details
ST-01	Not Applicable
ST-02	<p>In accordance with the base IDIQ contract.</p> <p>Assist DoD MHS' PPMD in assessing and developing the best practice for maintaining the MILSTD 1691 data set. This may include but is not limited to:</p> <ul style="list-style-type: none"> • Meetings with PPMD MILSTD 1691 lead and other identified MHS personnel to determine current uses of the MILSTD 1691. • Identifying industry practices outside of the DoD for maintaining medical equipment planning data. Identify how the DoD can leverage current industry practice to potentially reduce upkeep burden and cost to the MHS. • Facilitating multiple in progress reviews (IPR) planning sessions to assist in the development of a best practice path forward for the MHS. <p>Provide a report as described in section C.4.5 above, ST-02.</p>
ST-03	Not Applicable
ST-04	Not Applicable

ST-05	Not Applicable
ST-06	<p>In accordance with the base IDIQ contract.</p> <p>Provide support to PPMD and assist in developing and finalizing a validation checklist to be used by the PPMD Capital Planning Branch (CPB) to assess projects through CIDM, Design Authorization (DA) issuance and applicable design submittals.</p> <p>The end result shall be a rubric for PPMD’s CPB. The rubric identifies an explicit set of criteria used for assessing projects compliance with relevant defining attributes ensuring the projects planning is in compliance with relevant laws, policies and guidelines and is aligned with the requirements the project claims to fulfill.</p> <p>The rubric identifies both the element being assessed, and the set of criteria by which it is being evaluated.</p> <p>The objective result of the rubric is to:</p> <ol style="list-style-type: none">1. Establish a common set of expectations for all entities involved in the facility lifecycle management (FLCM) evaluation process for each stage of review/validation regardless of personnel performing a validation for the CPB.2. Provide a uniform audit trail for capital planning validation.3. Expedite the validation process while ensuring required validation and proposed projects reflect solutions to justifying requirements.

C.4.10 Functional Validation and Verification Analysis & Recommendations

Not Applicable.

C.4.11 Commissioning (Cx)

Not Applicable.

C.4.12 Records Management

Not Applicable.

C.4.13 Information Management

Not Applicable.

C.4.14 Building Information Modeling (BIM)

Subtask (ST)	Details
ST-01	<p><u>Map DoD Joint Service Codes (JSN) to Universal Medical Device Nomenclature System (UMDNS):</u> The contractor shall map the JSN data set to the UMDNS.</p> <p><i>Mapping</i></p> <p>Use nomenclature and technical experts to establish matches between the JSN and UMDNS vocabularies by performing the following tasks:</p> <ol style="list-style-type: none"> 1. Distinguishing between medical device and furniture JSN terms. Non-medical device terms shall be identified. This list, to be accepted by the government, will be excluded from the mapping project. 2. Matching JSN medical device terms to the most appropriate UMDNS term. 3. Performing a technical expert review of the initial mappings to ensure the most appropriate match. 4. Reviewing the mappings with Department of Defense and VA representatives via a web conference meeting using the DCO methods described in Attachment 2 of the base IDIQ contract. 5. Finalizing the mapping based on the Department of Defense and VA review.
ST-02	Not Applicable
ST-03	Not Applicable
ST-04	Not Applicable
ST-05	Not Applicable
ST-06	Not Applicable

C.4.15 Logistical Support

Not Applicable.

C.5 Contractor Employees

In accordance with base IDIQ contract.

Section D - Packing and Marking

In accordance with the base IDIQ contract.

Section E - Inspection and Acceptance

In accordance with the base IDIQ

Section F - Deliveries or Performance

F.1 Period of Performance

In accordance with the base IDIQ contract.

F.2 52.252-2 Clauses Incorporated by Reference (Feb 1998)

In accordance with the base IDIQ contract.

F.3 52.242-15 Stop-Work Order (Aug 1989)

In accordance with the base IDIQ contract.

F.4 52.247-34 F.o.b. Destination. (NOV 1991)

In accordance with the base IDIQ contract.

F.5 Deliverables

F.5.1 Delivery Address

COR Address:

Currently	Anticipated change approximately April 2012
MHS – PPMD (Attn: R. Manning) 5111 Leesburg Pike, Suite 407 Falls Church, VA 22041	MHS – PPMD (Attn: R. Manning) 7700 Arlington Blvd Falls Church, VA 22042

F.5.2 Delivery Schedule Abbreviations

The following abbreviations are used in the delivery/deliverable schedule:

Abbreviation	Definition
AM	Acquisition Manager

COR	Contracting Officer's Representative
CS	Contract Specialist
DA	Days after
DACA	Days after contract award
DAEOM	Days after end of month
DATOA	Days after task order award
Days	Calendar Days unless otherwise specified
E	Electronic Copy
H	Hard Copy
KO	Contracting Officer
NLT	No Later Than
POP	Period of Performance
SOW	Statement of Work
ST	Subtask (e.g. ST-01 is Subtask 01)

F.5.3 Deliverable/Delivery Schedule

A summary of deliverables follows. Copies are to be provided to the Government officials as specified by the notes and matrix of deliverables below. The matrix below lists the item, applicable reference, and notes defining details of the deliverables by task/subtasks.

Item	Reference	ST-01	ST-02	ST-03	ST-04	ST-05	ST-06
Deliverable 1 (Non-Disclosure Agreement)	Attachment 1 of base IDIQ	3	3	3	3	3	3
Deliverable 2 (TOWBS)	CDRL R020	4	4	4	4	4	4
Deliverable 3 (TOWBS Dictionary)	CDRL R030	4	4	4	4	4	4
Deliverable 4 (Task Initiation Plan)	CDRL R040	7	7	7	7	7	7
Deliverable 5 (Task Completion Plan)	CDRL R050	6	6	6	6	6	6
Deliverable 6 (Management Plan)	CDRL R060	2	2	2	2	2	2
Deliverable 7 (Quality Control Plan)	CDRL R070	2	2	2	2	2	2
Deliverable 8 (Commissioning Plan)	CDRL R080	1	1	1	1	1	1
Deliverable 9 (Task Progress Reports)	CDRL M090	2	2	2	2	2	2

Item	Reference	ST-01	ST-02	ST-03	ST-04	ST-05	ST-06
Deliverable 10 (Meeting Minutes)	CDRL R100	2	2	2	2	2	2
Deliverable 11 (Report/Study)	Note 8	8	8	8	8	8	8
Deliverable 12 (Electronic JSN Mapping)	Note 9	9	1	1	1	1	1

Notes (apply to table / matrix of deliverables above):

1. Not applicable.
2. In accordance with base IDIQ contract.
3. The following applies to Sub-Task deliverables from the above deliverable table.

Distribution	E	H	Initial	Subsequent
KO	1	0	NLT 15 DATOA for each employee assigned, and <i>prior</i> to any	
COR	1	0	performing <i>ANY</i> work on orders	

4. The following applies to Sub-Task deliverables from the above deliverable table. One consolidated TOWBS for entire Task Order. Any subtasks shall be grouped within the TOWBS. Formatted to print on paper size no larger than 11"x17".

Distribution	E	H	Initial	Subsequent
KO	0	0	NLT 45 DATOA	Update as required.
COR	1	0		

5. Not used in this task order.
6. The following applies to Sub-Task deliverables from the above deliverable table. In accordance with base IDIQ contract, one consolidated submittal for all associated subtasks. For applicable subtasks, only address elements of CDRL R050 that apply. It is highly encouraged that this plan is addressed in an initial meeting and submitted as part of the associated meeting minutes (refer to CDRL M090 for meeting minute requirements).

Distribution	E	H	Initial	Subsequent
KO	0	0	NLT 45 days prior to end date	Update only as needed to address
COR	1	0	of the first subtask.	unforeseen changes.

7. The following applies to Sub-Task deliverables from the above deliverable table. In accordance with base IDIQ contract, one consolidated submittal for all associated subtasks. For applicable subtasks, only address elements of CDRL R040 that apply. As an example for tasks/subtasks with software license or subscription plan for transfer, and coordinating for

any ID/access cards, etc. It is highly encouraged that this plan is addressed in an initial meeting and submitted as part of the associated meeting minutes (refer to CDRL M090 for meeting minute requirements).

Distribution	E	H	Initial	Subsequent
KO	0	0	NLT 30 DATOA	Update only as needed to address unforeseen changes.
COR	1	0		

8. Refer to the individual subtasks for individual report/study contents requirements. Each subtask indicated in section C.4.5 above shall require a separate report/study. Each report/study will include at least one draft and final submittal.

Distribution	E	H	Initial	Subsequent
KO	0	0		<i>Final</i>
COR	1	2	<i>Draft</i> ST-01, ST-02, ST-04, ST-05, ST-06: Report/Study as coordinated in the accepted TOWBS ST-03: NLT 90 DATOA	ST-01: NLT the end of the POP for this task order. ST-02: NLT the end of the POP for this task order. ST-03: NLT 180 DATOA. ST-04: NLT the end of the POP for this task order. ST-05: NLT the end of the POP for this task order. ST-06: 180 DATOA.

9. Deliverables will consist of Microsoft Excel spreadsheets containing matches of each JSN medical device term to the associated UMDNS term. Electronic deliverables shall be in accordance with section F.6 of the base IDIQ contract.

Distribution	E	H	Initial	Subsequent
KO	0	0	<i>Draft</i> as coordinated in the	<i>Final</i> as coordinated in the
COR	1	0	accepted TOWBS	accepted TOWBS

F.5.4 DD Form 1423 Coordinated Tasks (CDRL's)

In accordance with base IDIQ contract.

F.6 Method of Delivery

In accordance with base IDIQ contract.

Section G - Contract Administration Data

In accordance with the base IDIQ. Travel as required for execution of subtasks.

Section H - Special Contract Requirements

In accordance with the base IDIQ

Section I - Contract Causes

In accordance with the base IDIQ

Section J - List of Document, Exhibits and Other Attachments

In accordance with the base IDIQ

Section K - List of Document, Exhibits and Other Attachments

In accordance with the base IDIQ