



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Cheyenne River Service Unit
PO Box 1012
Eagle Butte, SD 57625
(605) 964-7724

Reference: CRHC-23-39
Amendment #1

March 16, 2023

To Whom It May Concern:

Enclosed is the executed SF-30 document signed and dated by the Contracting Officer in reference to solicitation number CHRC-23-39. Please retain for your own records.

Should you have any question or need information, please contact Stephanie Red Elk, Contracting Officer Representative at (605)964-0507 or via email at Stephanie.RedElk@ihs.gov.

Sincerely,

Danielle D.
Chasing Hawk -S

Digitally signed by Danielle D.
Chasing Hawk -S
Date: 2023.03.16 16:34:53 -06'00'

Danielle Chasing Hawk, Contracting Officer
DHHS/IHS/CRHC

Attachments

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | | 1. CONTRACT ID CODE | | PAGE 1 OF 1 PAGES | |
| 2. AMENDMENT/MODIFICATION NUMBER Amendment #1 | | 3. EFFECTIVE DATE 03/16/2023 | | 4. REQUISITION/PURCHASE REQUISITION NUMBER N/A | | 5. PROJECT NUMBER (If applicable) | |
| 6. ISSUED BY Indian Health Service Cheyenne River Health Center 24276 166th Street Airport Rd Eagle Butte, SD 57625 | | CODE | | 7. ADMINISTERED BY (If other than Item 6) Same | | CODE | |
| 8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) | | | | (X) | | 9A. AMENDMENT OF SOLICITATION NUMBER | |
| | | | | (X) | | CRHC23-39 | |
| | | | | (X) | | 9B. DATED (SEE ITEM 11) 03/01/2023 | |
| CODE | | | | FACILITY CODE | | 10A. MODIFICATION OF CONTRACT/ORDER NUMBER | |
| | | | | | | 10B. DATED (SEE ITEM 13) | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | | | |
| <input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> 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 electronic communication 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 letter or electronic communication, provided each letter or electronic communication 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 NUMBER AS DESCRIBED IN ITEM 14. | | | | | | | |
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NUMBER IN ITEM 10A. | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). | | | | | | |
| <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) | | | | | | |
| E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office. | | | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) | | | | | | | |
| Amendment #1 as follows: | | | | | | | |
| 1) Post Questions and Answer. | | | | | | | |
| 2) Amend RFQ to include FAR 52.217-8 Option To Extend Services, in full text. | | | | | | | |
| There are no other changes made by reason of this amendment. | | | | | | | |
| 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) | | | |
| | | | | Danielle Chasing Hawk, Contracting Officer, IHS/CRHC | | | |
| 15B. CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | | 16B. UNITED STATES OF AMERICA | | 16C. DATE SIGNED | |
| | | | | Danielle D. Chasing Hawk -S <small>Digitally signed by Danielle D. Chasing Hawk -S Date: 2023.03.16 16:36:00 -06'00'</small> | | | |
| (Signature of person authorized to sign) | | | | (Signature of Contracting Officer) | | | |

CRHC23-39
Question/Answers

1) Would it be possible to get the rate for lodging at Cheyenne River Housing?

| CRHC Housing rental rates | | | |
|---------------------------------------|----------|----------|---------|
| Room | Monthly | Biweekly | Daily |
| Permanent 1-Bedroom Duplex | \$287.40 | \$132.64 | \$9.57 |
| Transient 1-Bedroom Duplex | \$693.71 | \$320.15 | \$23.10 |
| Permanent 2-Bedroom House | \$458.20 | \$206.07 | \$15.59 |
| Permanent 2-Bedroom Duplex | \$405.20 | \$187.00 | \$13.49 |
| Dorm Style Transient 2-Bedroom | \$425.50 | \$196.37 | \$14.17 |
| Permanent 3-Bedroom House | \$723.20 | \$333.76 | \$24.08 |
| Permanent 3-Bedroom Duplex | \$679.20 | \$313.45 | \$22.62 |
| Dorm Style Transient 3-Bedroom Duplex | \$398.70 | \$184.00 | \$13.28 |
| Dorm Style Transient 3-Bedroom House | \$449.09 | \$207.26 | \$14.95 |
| Permanent 4-Bedroom House | \$836.20 | \$385.52 | \$28.18 |
| Dorm Style Transient 4-Bedroom | \$382.58 | \$176.56 | \$12.74 |

Dorm Style Transient rate is per tenant.

Pets not allowed in Transient units.

No guest or family in transient units.

amounts are approximates and can be changed

2) For the IDIQ proposal, do we need to submit personnel profiles? **Yes** If it's an IDIQ, what are these resumes going to be for? **Upon award, a task order will be issued for the individual with a period of performance.** Do they need to be April start dates ready to go? **Yes** How many do you require? **At least 1 up to 2, EMT-Paramedic and at least 1 up to 2, EMT-Basic.**

3) We have a substantial number of contracts with IHS providing Non-personal services. However, we have not done paramedics contracts. We can submit glowing letters of performance from CORs. Does that suffice as past performance? **The requirement ask for at least 2 Past Performance Questionnaire's filled out and submitted.**

4) How many IDIQ awards will there be? **Approximately 2**

5) Is there a limit to the number of employees the contractor can make available? **The company can clear(background clearance) as many contractors as they would like, it would actually be better to have a good pool of potential candidates, so they can rotate if need be.**

6) Is there a dedicated shift schedule and are working days in a row? Or, are the shifts sporadic throughout the week / pay period? **There will be assigned schedules and set days. Potential scheduled attached.**

7) Are contracted employees assigned shifts by CRHC or is the contractor given a schedule of shifts to fill and assign employees to those shifts? **CRHC will communicate shifts to contractor that need to be filled.**

8) Is callback time from on-call shifts payable at the OT rate? No. **The on-call rate is billed separately. The billing is set up to have any hours, over an 80 hour two week work period, to be billed at overtime rate. If a contractor is called back, while on-call, if the hours take them over 80 hours as described above, then it will be billed at overtime rate.**

9) Can an employee be scheduled an on-call shift in the same 24hr period as an assigned 12hr shift? **See potential schedule.**

10) What type of on-call schedule is expected per individual? Is each individual expected to be on-call a specific number of days per week, per month? **See attached potential schedule.**

11) This solicitation is listed as NAICS code 561320, Temporary Help Services, however, the performance measure "turnover rate" listed as no greater than 30% per year is more typical of full-time permanent staff, not indefinite delivery/indefinite quantity, temporary staff. If CRHC utilizes multiple task orders within a year, where different quantities of EMT/Paramedics are requested at different times of the year, and for different periods of performance, how is the annual turnover rate calculated? **The government plans to have the individual work full time during the set period of performance, describe in each individual task order. Task orders will be approximately 3month - 6months in length. Calculation will be per task order. Main objective is not to have a high turnover rate. (i.e. where contractors are replace monthly, causing a high background clearance and retraining time/costs.**

12) Would the same staff be required to start each new task order? **No** If a maximum of 8 EMT/Paramedics were requested at any point during the year, only 2.4 of them would be allowed to turnover for the entire year, regardless of the number of task orders and length of performance of each task order. Would the government be open to requiring a 30% turnover rate per task order? **Yes** Or, another measure that can be used according to ERISA (Employee Retirement Income Security Act), an employee is eligible for retirement benefits when they reach 1,000 hours (i.e., staff that require the employer to include more benefits). Would the government consider a 30% turnover rate for every 1,000 hours of task order? **Yes**

13) Do you have any historical data from 2022 on the number of EMTs and Paramedics requested? **The need fluctuates, thus the reason for and IDIQ contact, so the number of EMT/Paramedic, can go higher or lower, depending on positions being filled through the Office of Personal Management and/or employees leaving employment.**

14) Do you have any historical data on the length of performance for each task order? **No**

15) Do you expect to issue a task order for the entire year, or for short periods of performance? **Task orders will be approximately 3months - 6months in length.**

16)What are the expected lengths of time for task orders? **Task orders will be approximately 3months - 6months in length.**

17)How much lead time will occur between the issuance of a task order and the beginning of performance on that task order? **Fair notice will be given of the governments intent to make a purchase, to the contractor(s), with a response time. If contractor agrees they can meet the requirement, then a task order will be issued.**

18)Under the CLIN sections, the estimated quantity of regular hours is 8,320. Is this the total amount for all 4 expected positions? **Estimated amount for all 4, as with IDIQ contracts, exact quantities of future deliveries are not known at the time of contract award.**

19)Under the same section, On-call Hours are listed as 1,664. Is that the total for all 4 positions, or for one position? **Estimated amount for all 4, as with IDIQ contracts, exact quantities of future deliveries are not known at the time of contract award.**

20)When and how do On-call Hours begin? **As determined by the EMS Department Supervisor, through scheduling. See potential attached schedule.**

21)FAR 52.217-8 is incorporated by reference. What is the period of time within which the Contracting Officer may exercise the option? **30 days. Ill incorporate in full text by amendment to solicitation.**

22)Turnover rate states that it must be less than 30% per year. Do people rotating on a monthly basis violate this policy? **If the POP of the task order is 3 months, then yes.**

23) The OFI 86C JUN 2022 form indicates that the largest section is for Agency Use Only. What information is required to be filled out by contractors? **In the whole form, anything that pertains to the applicant needs to be filled out to the best of their abilities. If a section does not pertain to them, it can be left blank.**

For example: I do not have any military service, so I will skip the section(s) regarding any military information. I am also a US citizen, so I will skip the section for non-US citizens or naturalize citizenship.

There is some personal information only the contractor or very few other people know, such as my mothers maiden name, my fathers name, etc. This needs to be filled out. I would also fill out any addresses lived at as requested in the form.

24) The solicitation states that completed background clearance forms must be attached to the bid. Are contractor fingerprint cards required for bid submission?

No, not at this stage.

25) On page 19 under Mandatory Health Records Requirements, it states the contractors must have a "Fit Test within the last year to a mask that CRHC carries." What masks does CRHC carry? 3M1860 & 1860S, Moldex M/L, Halyard Duckbill Regular or Small Duckbill, subject to change.

26) What do we need to submit to be acceptable candidates? Per the solicitation

Quotes shall also include the following to be **considered acceptable**.

1. Signed SF1449.
2. Price/Cost Scheduled.
3. At least 2 Past Performance Questionnaire's filled out and submitted.
4. Proof of Malpractice Insurance Coverage.
5. Certify they understand and can meet all requirements listed in this Solicitation, Performance Work Statement and Attachments.
6. **Candidate information, to include:**
 - Resume,
 - current/up-to-date licenses & certifications as requested in the PWS,
 - completed Background clearance forms attached to this solicitation,
 - proof of Mandatory Employee Health Records Requirements, as spelled out in the PWS, and
 - guarantee report date.

Per this amendment, FAR 52.217-8 Option to Extend Services, is incorporated by full text.

52.217-8 Option to Extend Services.

As prescribed in [17.208](#)(f), insert a clause substantially the same as the following:

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 of pop end date.

(End of clause)

Cheyenne River Health Center - EMS Schedule

14 day work period, 3 Shifts

Shift A: 7:00am - 7:30pm(1/2 hour lunch) Shift B: 3:00pm - 3:30am (1/2 hour lunch) Shift C: 11:00pm - 11:30am (1/2 hour lunch)

Yellow Highlights are days On-Call

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| A -Shift | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 | AMBULANCE 1 |
| 0700-1930 | Contract EMT 1 | Contract EMT 2 | Contract EMT 2 | Contract EMT 2 | Contract EMT 2 | Contract EMT 2 | Contract EMT 2 | Contract EMT 2 | Contract EMT 1 | Contract EMT 1 | Contract EMT 1 | Contract EMT 1 | Contract EMT 1 | Contract EMT 1 |
| | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 | AMBULANCE 2 |
| | Contract Medic 1 | Contract Medic2 | Contract Medic 2 | Contract Medic2 | Contract Medic2 | Contract Medic2 | Contract Medic2 | Contract Medic2 | Contract Medic 1 | Contract Medic 1 | Contract Medic 1 | Contract Medic 1 | Contract Medic 1 | Contract Medic 1 |
| B-Shift 1500-0330 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 | AMBULANCE 3 |
| | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 | AMBULANCE 4 |
| | Contract EMT 4 | Contract Medic 3 | Contract Medic 3 | Contract Medic 3 | Contract Medic 3 | Contract Medic 3 | Contract Medic 3 | Contract Medic 3 | Contract EMT 4 | Contract EMT 4 | Contract EMT 4 | Contract EMT 4 | Contract EMT 4 | Contract EMT 4 |
| C-Shift 2300-1130 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 | AMBULANCE 5 |
| | Contract Medic 4 | | | | | | | | Contract Medic 4 | Contract Medic 4 | Contract Medic 4 | Contract Medic 4 | Contract Medic 4 | Contract Medic 4 |
| | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 | AMBULANCE 6 |
| | | Contract EMT 3 | Contract EMT 3 | Contract EMT 3 | Contract EMT 3 | Contract EMT 3 | Contract EMT 3 | Contract EMT 3 | Contract EMT 3 | | | | | |