**Addendum 1 – Cost Share Definitions**

Cost Sharing includes any costs a reasonable person would incur to carry out (necessary to) proposed projects’ statements of work (SOW) not directly paid for by the Government. There are two types of cost sharing: Cash Contribution and In-Kind Contribution. If a proposal includes cost share, then it cannot include fee. Cost Share may be proposed only on cost type agreements. Prior Independent Research and Development (IR&D) funds will not be considered as part of the Consortium Member's cash or In-Kind contributions, except when using the same procedures as those that authorize Pre-Award Costs, nor will fees be considered on a Consortium Member's cost sharing portion.

**Cash Contribution**

Cash Contribution means the Consortium and/or the Research Project Awardee (or Awardees' lower tier subawards) financial resources expended to perform a Research Project. The cash contribution may be derived from the Consortium's or Research Project Awardee (or Awardees' subawards) funds or outside sources or from nonfederal contract or grant revenues or from profit or fee on a federal procurement contract.

An Offeror’s own source of funds may include corporate retained earnings, current or prospective IR&D funds or any other indirect cost pool allocation. New or concurrent IR&D funds may be utilized as a cash contribution provided those funds identified by the Offeror will be spent on performance of the Statement of Work (SOW) of a Research Project or specific tasks identified within the SOW of a Research Project. Prior IR&D funds will not be considered as part of the Offeror's cash.

Cash contributions include the funds the Offeror will spend for labor (including benefits and direct overhead), materials, new equipment (prorated if appropriate), awardees' subaward efforts expended on the SOW of a Research Project, and restocking the parts and material consumed.

**In-Kind Contribution**

In-Kind Contribution means the Offeror’s non-financial resources expended by the Consortium Members to perform a Research Project such as wear-and-tear on in-place capital assets like machinery or the prorated value of space used for performance of the Research Project, and the reasonable fair market value (appropriately prorated) of equipment, materials, IP, and other property used in the performance of the SOW of the Research Project.

**Addendum 2 – Statutory Requirements for the Use of Other Transaction Authority**

A nontraditional defense contractor is a business unit that has not, for a period of **at least one year prior to the issue date of the Request for Project Proposals**, entered into or performed on any contract or subcontract for DoD that is subject to full coverage under the cost accounting standards (CAS) prescribed pursuant to section 26 of the Office of Federal Procurement Policy Act (41 U.S.C. 1502) and the regulations implementing such section. The nontraditional defense contractor can be an individual so long as he/she has a DUNS Number and meets the requirements in the Warranties and Representations.

**Significant Extent Requirements**

All Offerors shall submit Warranties and Representations (See **Addendum 7**) specifying the critical technologies being offered and/or the **significant extent** of participation of the nontraditional defense contractor and/or nonprofit research institution. The significance of the nontraditional defense contractor’s and/or nonprofit research institution’s participation shall be explained in detail in the signed Warranties and Representations. Inadequate detail can cause delay in award.

Per the DoD OT Guide, rationale to justify a *significant extent* includes:  
1. Supplying a new key technology, product or process  
2. Supplying a novel application or approach to an existing technology, product or process

3. Providing a material increase in the performance, efficiency, quality or versatility of a key

technology, product or process  
4. Accomplishing a significant amount of the prototype project  
5. Causing a material reduction in the cost or schedule of the prototype project 6. Providing a material increase in performance of the prototype project

**Conditions for use of Prototype OT Authority**

Proposals that do not include one of the following will not be eligible for award:  
(A) At least one nontraditional defense contractor or nonprofit research institution

participating to a significant extent in the prototype project; or

(B)   All significant participants in the transaction other than the Federal Government are small businesses (including small businesses participating in a program described under section 9 of the Small Business Act (15 U.S.C. 638)) or nontraditional defense contractors; or

(C)   At least one third of the total cost of the prototype project is to be paid out of funds

provided by sources other than the Federal Government.

This requirement is a statutory element of the Other Transaction Authority and will be regarded as a pass/fail criterion during the Compliance Screening in order to ensure compliance with 10 U.S.C. §4022.

**Addendum 3 – Intellectual Property and Data Rights Assertions**

**Definitions**

* **Intellectual Property (IP) Rights** for MTEC Research Project Awards will be defined in the terms of an awardee’s Base Agreement and will flow down to all subawards, unless specifically negotiated in any resultant Research Project Award. MTEC Base Agreements are issued by the MTEC CM to MTEC members receiving a Research Project Award as the prime performer. Base Agreements include the applicable flow down terms and conditions from the Government’s Other Transaction Agreement with MTEC, including the IP terms and conditions.
* **Data Rights:** The Offeror shall comply with the (flow down) terms and conditions contained in the Base Agreement regarding Data Rights, as modified by the specifically-negotiated Data rights terms herein. Refer to Section 2 of this RPP.

**Directions to the Offeror:**

* If applicable, complete the below table for any items to be furnished to the Government with restrictions. An example is provided. If the Offeror does not assert data rights on any items, a negative response is required by checking the applicable box below.
* *Failure to complete this attachment in its entirety (including a failure to provide the required signature) may result in removal from the competition and the proposal determined to be ineligible for award.*
* If the Offeror intends to provide technical data or computer software which existed prior to or was produced outside of the proposed effort, to which the Offeror wishes to maintain additional rights, these rights should be asserted through the completion of the table below.
* ***Note that this assertion is subject to negotiation prior to award.***

If Offeror WILL be asserting data rights for the proposed effort, check this box and complete the table below, adding rows as necessary.

This award or sub-award contains federally-funded SBIR/STTR Data.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Technical Data or Computer Software to be Furnished with**  **Restrictions** | **Basis for Assertion** | **Asserted Rights Category** | **Name of Organization Asserting**  **Restrictions** | **Milestone # Affected** |
| Software XYZ | Previously developed  software funded exclusively at private expense | Restricted | Organization XYZ | Milestones 1, 3,  and 6 |
| Technical Data Description | Previously developed exclusively at  private expense | Limited | Organization XYZ | Milestone 2 |
| Technical Data Description | Previously developed with  mixed funding | Government Purpose Rights | Organization XYZ | Milestone 2 |

If the Offeror will NOT be asserting data rights for the proposed effort, check this box.

Signature of Responsible Party for the Proposing Offeror DATE

**Addendum 4 – Prototype Guidelines**

***The following is a draft benchmark for the training and placement of service dogs with SMs. This draft benchmark is intended to serve as a starting point for the team of Task 1 and Task 2 successful Offerors to evaluate and improve upon.***

**1. GENERAL REQUIREMENT**

All **Task 2** awardees of the Wounded Warrior Service Dog Program (MTEC-23-07-WWSDP) must be able to implement, test, and evaluate the guidelines set forth in this document. This requirement applies to both Service Members or Veterans (henceforth known as “SM”) and service dogs regardless of disability, breed, age, size, or sex. Compliance and evaluation of these guidelines must be documented in selection, health, and training records. Canine records must include signalment (name, breed or cross, age, sex, microchip #, and coat color). Note. This prototype considers service dog intervention as complementary treatment. The term treatment appears in quotes in order to emphasize that service dog intervention is meant to supplement, not replace, other therapeutic interventions.

**2. ASSESSMENT AND SELECTION**

2.1. To be eligible for consideration, all SM must submit the following records prior to selection (failure to provide records or to meet eligibility criteria is disqualifying):

2.1.1. Disability diagnosis (see RPP, section 3.1) issued by a licensed healthcare provider or the Veterans Affairs (VA);

2.1.2. Letter from a healthcare provider attesting that the SM is not currently undergoing inpatient treatment, or is 6-month or more post successful substance abuse, mental health, or suicide ideation treatment;

2.1.3. Letter from a healthcare provider attesting that the SM is capable of caring for a dog and participating in handler training, including required travel, if appropriate;

2.1.4. Written statement attesting that the SM is financially capable of caring for a dog, including but not limited to the provision of annual veterinary care (at minimum), AAFCO-approved dog food, required tags and licensure, breed-specific grooming, and any required medications or medical treatments. For a detailed list see: <https://www.akc.org/expert-advice/lifestyle/know-true-cost-owning-dog/>;

2.1.5. Proof of stable housing for over six consecutive months (e.g., utility bills, house lease). Group housing is not acceptable as proof of stable housing;

2.1.6. Agreement statement from other adult(s) house members to have a dog, if appropriate;

2.1.7 Written testament that SM was not convicted, or found not guilty by reason of insanity, in a civilian or military jurisdiction of any violent or substance abuse-related criminal offenses, and that the SM was never convicted of any felony that resulted in incarceration longer than sixty days. The SM must also consent to undergo a national criminal background check. Rare mitigating circumstances, such as participation in the Health Care for Re-Entry Veterans program, may be considered; and

2.1.8. Certificate of Release or Discharge from Active Duty (DD 214). SM released or discharged for any of the reasons outlined in 38 U.S.C. § 5303 and 38 CFR § 3.12(d) are ineligible.

2.2. To be eligible for consideration, all canines must have the following radiographic testing prior to selection (X-rays/radiographs must not be older than 60 days):

2.2.1. Radiograph hip grade of good or better at 14 or more months (based on Orthopedic Foundation for Animals scoring system (<http://ofa.org/diseases/hip-dysplasia/>), or Penn Hip index value of <0.30 at 16 weeks or older (<https://info.antechimagingservices.com/pennhip/>). Radiographs of the elbows, hips, and spine require anesthesia for proper positioning and imaging;

2.2.2. Radiograph of the elbows of each forelimb, and a statement from a veterinarian radiologist attesting to the absence of:

2.2.2.1. Elbow dysplasia. Includes fragmented medial coronoid (FCP) of the ulna, osteochondritis of the medial humeral condyle, elbow incongruency and ununited anconeal process (UAP);

2.2.2.2. Unhealed fractures or healed fractures with significant bone or joint conformation changes or lameness;

2.2.2.3. Ligament damage, osteoarthritis, etc. of the joints;

2.2.2.4. Transitional vertebrae of the caudal lumbar spine, lumbosacral junction or sacrum; and

2.2.2.5. Asymmetric pelvic attachment.

2.3. To be eligible for consideration, all canines must have a complete medical evaluation prior to selection, including a statement from a licensed veterinarian attesting to the absence of:

2.3.1. Any gait abnormality at walk or run which could adversely impact normal duties;

2.3.2. Chronic skin, ear, and coat abnormalities such as dermatitis, allergies, infections, injuries or external parasite infections;

2.3.3. Overshot or undershot jaws. All four canine teeth must be present and must not be weakened by notching, enamel hypoplasia or abnormal, excessive wear. No more than 1/3 inch of the tip missing or have pulp cavity exposed. No evidence of oral infection or periodontal disease. No broken teeth or excessively worn teeth;

2.3.4. Abnormal cardiovascular and respiratory indications (e.g., murmurs, arrhythmia) at rest and exercise;

2.3.5. Defect in the nervous system, vision, hearing, and olfactory senses;

2.3.6. Abnormal bones, joints, or muscles condition which could adversely impact normal duties;

2.3.7. Current heartworm disease (*dirofilaria immitis*)in heartworm antigen test. A negative heartworm concentration test (filtration or Knott’s) is not sufficient;

2.3.8. Infection with intestinal parasites (roundworms, hookworms, tapeworms, giardia, etc.) based on stool samples;

2.3.9. External parasites such as fleas, ticks, lice, or mange mites;

2.3.10. Congenital or conformational abnormality in reproductive and urinary system;

2.3.11. Immunotherapy or allergy conditions; and

2.3.12. Any other condition that may impact the dog’s working life prior to selection (e.g., dietary restrictions, metabolic diseases, etc.).

2.4. Additional common breed-specific genetic disorders must be screened for prior to selection (see: <http://ofa.org/diseases/>).

2.5. To be eligible for consideration, all canines must have the following required documentation prior to selection:

2.5.1. Parasite prevention/control treatments administered and date of administration;

2.5.2. Laboratory tests with negative results on the vector-borne disease panel and fecal exam, as well as normal-range CBC with Chemistry Panel and complete urine analyses;

2.5.3. Vaccination history within the previous 12 months for rabies, DHLPP (Distemper, Hepatitis, Leptospirosis, Parvo and Para-virus), coronavirus, bordetella (nasal dosage), adenovirus-2, and Lyme Disease (if needed). Records must include canine name and microchip number;

2.5.4. Temperament/personality traits testing results with the absence of problematic behaviors. Tests must be industry-recognized (e.g., ATT, ATTS, Avidog, C-BARQ, Dognition, Volhard Puppy Aptitude Test); and

2.5.5. Pedigree, registration certificates, scorebooks, breed surveys, and other proof of lineage or related paperwork as applicable.

2.6. All canines must have a statement from a licensed veterinarian, clinic receipt, or previous license information with proof of spay/neuter surgery (with the exception of breeders) prior to graduation.

2.7. All canines must be selected prior to their third birthday unless the SM has a prior relationship with the dog, in which case appropriate age determination may be made on a case-by-case basis.

2.8. Conduct an in-depth interview with SM, prior to selection, to assess desired outcome(s) and suitability of service dogs. It should include, at minimum, lifestyle habits, physical traits, and personality characteristics.

2.9. Develop a “treatment” contract with SM prior to selection (see Enclosure below). Each contract must—

2.9.1. be SM-specific;

2.9.2. be developed in a collaborative fashion with the SM;

2.9.3. identify at least one outcome objective that mitigates an impairment. The objective must be a verb, representing an action the SM is currently not able to execute;

2.9.4. focus on the SM, not the canine (canine tasks are merely a means to an end). For example, blocking is not an appropriate objective because it does not represent an action by the SM. On the other hand, going out to the mall, three times per week, is an appropriate objective;

2.9.5. be limited to observable and quantifiable objectives. For the purpose of this contract, objectives are restricted to behaviors (e.g., going to the mall, as opposed to feeling comfortable going to the mall). Psychological objectives are not authorized because such objectives may have validity and reliability issues. However, this should not dissuade awardees from using them above-and-beyond the required objectives;

2.9.6. include performance-based objectives. For infrequent objectives (e.g., going out to movie, walking around block, doing laundry), use discrete behaviors (e.g., once per day/week/month), and for frequent objectives (e.g., accessing a dropped item, opening a drawer), use 90% threshold (e.g., retrieving a dropped item 9 of 10 items on first cue/command per hour/day/week, etc.). The contract must specify objective methods to record behaviors (e.g., mall receipts, bodycam recording of opening drawer, logbook entries by a third-party); and

2.9.7. be modified or revised if the needs/wishes of the SM change, as practicable. Training must continue until performance criteria has been met for each objective.

**3. CANINE DOG CARE**

3.1. Maintain records of adequate grooming practices:

3.1.1. Bathing (depending on coat type, health, and lifestyle; consult veterinarian for frequency);

3.1.2. Brushing coat and providing dematting and deshedding treatments (consult veterinarian for frequency);

3.1.3. Eye cleaning with every bath and with any noticeable discharge;

3.1.4. Ear cleaning every month;

3.1.5. Nail trimming every month;

3.1.6. Hair trimming (consult veterinarian for frequency);

3.1.7. Teeth brushing at least 3-4 times a week; and

3.1.8. Anal sacs inspection (consult veterinarian if noticing scooting, licking, or scratching of anus).

3.2. Maintain canines on standard anti-parasitic medication, and document when the medication was administered.

3.3. Microchip the canine and enroll microchip in the national registry, if appropriate. If history is unknown, scan canine for microchip.

3.4. Maintain records of adequate water and food provisions.

3.5. Maintain separate medical and husbandry records for each dog. Records must denote the dog’s name, microchip #, and date of assessment on each record page or image.

**4. FACILITY**

4.1. Meet minimum kennel physical dimensions requirements per 9 CFR 3.6 and 9 CFR 3.8), if appropriate.

4.2 Provide canines with a safe environment including, but not limited to, lack of harmful substances/items, no sharp points or edges, excessive rust, and outdoor shelter.

4.3. Keep records of target and actual ventilation, temperature, humidity, and sanitation parameters.

**5. TESTS, INSPECTIONS, AND CERTIFICATIONS**

5.1. Train canines to pass obedience and public access tests.

5.2. All SM must pass a public access test prior to graduation, even if the service dog is already proficient.

5.3. All SM must pass an obedience test if the SM and dog train together from day 1. Regardless, it is recommended that SM pass an obedience test prior to the public access test, even if the dog is already proficient.

5.4. Internal, or “in-house”, tests may not be used. Instead, organizations must use external published tests (e.g., AKC CGC, Pet Partners PPST & PPAT, ADI PAT, AKC CGCU, PSDP PAT).

5.5. Test-specific policies and procedures must be adhered to.

5.6. Tests must be administered, graded, and certified by test-specific evaluators (e.g., AKC evaluator, ADI trainer).

5.7. If specific evaluators are not required (e.g., PSDP PAT), organizations must use external NADOI or CCPDT evaluators.

5.8. SM must be provided with official training logs, test results, ID, and certificates (when possible).

5.9. Although not required, it is recommended to provide SM with a video recording of tests (e.g., obedience and public access).

5.10. Conduct a routine veterinarian health screening at least annually until graduation. The screening must include, at minimum, heartworm, parasite, and physical exams. All canines must remain free of medical conditions that could impact their working life prior to graduation.

5.11. Conduct, at least, one home inspection prior to accepting SM into the program. The purpose of this visit it to:

5.11.1. Assess suitability of indoors and outdoors environment;

5.11.2. “Canine-proof” the household for safety (see section 4). Any remedial action must be recorded and addressed by the SM prior to matching;

5.11.3. Identify and evaluate household members (e.g., adults, children under 10). If a child in the home is less than 10 years of age, SM and substitute caregiver (see section 6.1) must be taught dog bite prevention (see AVMA) before matching;

5.11.4. Identify and evaluate pets in the household; and

5.11.5. Identify and evaluate physical environment related to impairment (staircase gradient, drawer dimensions, switches [toggle, rocker, slider, push-button], distance and transportation options to mall).

5.12. Conduct, at least, one home inspection between 6 and 12 months after graduation to assess changes in living conditions. Note. Awardees are required to evaluate, but not comply with, this standard.

5.13. At least two home inspections, 6 and 12 months after graduation, if a child in the home is less than 10 years of age. Inspector must look for indicators of canine stress when child is present and instruct family how to monitor canine behavior. Note. Awardees are required to evaluate, but not comply with, this standard.

5.14. Requiring SM to complete annual refreshers to maintain and improve knowledge, skills, and abilities. Refreshers must include a pass/fail performance criteria. Note. Awardees are required to evaluate, but not comply with, this standard.

5.15. Requiring any staff recognized as trainers to hold any industry-recognized training certificate (e.g., ABC, CCPDT, NADOI, IACP). Note. Awardees are required to evaluate, but not comply with, this standard.

5.16. Requiring trainers to complete continuing education credits or annual refreshers with a pass/fail criteria.

5.17. Requiring SM to participate in annual public access test recertifications. Note. Awardees are required to evaluate, but not comply with, this standard.

5.18. Develop, or use existing, empirical tests to verify that SM and canine accomplish learning modules and associated tasks. These tests must be identified prior to training. For example, what is the empirical proof that the canine can reliably turn a light switch on/off or that the SM mastered the legal aspects of service dogs? For the SM, these tests must be included in the “treatment” contract. For the canine tasks, these tests must be recorded in the canine training logs.

**6. TRAINING**

6.1. Identify a substitute caregiver prior to matching. This caregiver must be trained in basic dog care, must be able to routinely monitor the SM and service dog, and assist the SM during the training and aftercare.

6.2. Develop continuing education and refresher training for SM and trainers.

6.3. Keep records of canine socialization to adults and children, other animals, sounds, and a variety of environments. At minimum, record type of socialization, duration, and session outcome.

6.4. Train canine to pass an obedience certification test. If SM and dog train together from day 1, both dog and SM must pass the test.

6.5. Train canine and SM to pass a public access test.

6.6. Train canine and SM to pass elective certifications, as needed (e.g., canine CPR).

6.7. Require SM to successfully complete a classroom phase (see Enclosure below). This “probation” phase permits a more accurate evaluation of training commitment and aptitude. This phase must be offered prior to interacting with canines, unless SM use their own dog.

6.8. Train SM on “treatment” contract outcome objectives until performance criteria is met (see section 2.9).

6.9. Train canine on tasks that enable SM “treatment” contract outcome objectives until performance criteria is met:

6.9.1. Identify canine tasks that enable SM objectives (e.g., blocking to enable going out to mall);

6.9.2. Set observable and quantifiable performance criteria for each canine task. For example, if the objective is waking up to work at 0700, five days a week, the dog must wake up the SM by licking the face in response to an alarm clock 90% of the time over a one-month period. The training logs must specify objective methods to record behaviors (e.g., observer, video recording);

6.9.3. Training logs must connect dog tasks with SM objectives. List enabler task(s) for each objective. Example of enabler tasks for going out to the mall may include: assist with position changes, provide momentum up hill, blocking, carry grocery bag, retrieve dropped items, retrieve item from shelf, find car, and unload grocery items;

6.9.4. Training logs must record the performance criteria for each task;

6.9.5. Training logs must record the date in which each performance criteria was met; and

6.9.6. Note. SM and dog performance criteria are independent from one another. For example, the dog may reliably respond to a blocking command 90% of the time, but the SM is not able to visit the mall three times per week;

6.10. Train canine to perform tasks in a nonintrusive, or damaging, manner to people, other animals, and the physical environment. For example, the dog should not scratch a wall surface in an attempt to turn a light switch on or off.

6.11. Develop a course syllabus for the SM (see Enclosure below for example). At minimum, the syllabus must include:

6.11.1. Required reading material;

6.11.2. Course content;

6.11.3. Outcome objectives and performance criteria. This section must specify the SM impairment(s) to be mitigated, and the conditions that must be met prior to graduation;

6.11.4. Average minimum amount of independent, out-of-class, learning expected per week. This section must specify the in-class and out-of-class time requirement and a table summary of the training phases, duration, and pass/fail requirement for each phase;

6.11.5. Learning modules. This section must list all the planned learning modules. Note. This section must include at least one outcome objective specific to the SM (see 2.9).

6.11.6. Grading. This section must describe all the tests the SM is required to pass;

6.11.7. Important contacts; and

6.11.8. Aftercare and follow-up. This section must describe what is required of the SM after graduation.

6.12. Maintain detailed training logs for both canine and SM. At minimum, record “treatment” contract outcome objective(s) or enabler task(s), performance criteria, duration, and outcome of training.

See Enclosure Next Page

**Enclosure – Course Contract Example**

**[LOGO]**

**[NAME OF ORGANIZATION]**

**2023 Veteran Service Dog Training Contract**

**Point of Contact**

*[Name, Title]*

*[Telephone]*

*[Email]*

**Required Text**

*List required text*

**Course Content**

*List training modules. For example: Assistance dogs laws, canine health, canine grooming, canine body language, bite prevention awareness training, handler voice and body language, canine Cardiopulmonary resuscitation (CPR), canine good manners and obedience, accessing public spaces, disability related performance.*

**Outcome Objectives and Performance Criteria**

*Specify the impairment(s) that you and the SM decided to mitigate prior to training. The is no limit on the number of outcome objectives, so long as the performance criteria is met for each objective prior to graduation (see sections 2 and 6). Example: At the end of this three-week class, \_\_\_\_\_ (Last, First Name) will be able to independently visit the local mall, at least three times per week. The performance criteria (skills test) for this objective is independently visiting a mall, similar to the one [Name] plans to visit, three time per week over a one month period. For each independent visit, a dated purchase receipt must be produced.*

*Note. If your training program lasts three weeks, you will need to conduct the skills test after the SM returns home. The SM may not graduate until the performance criteria is met.*

**Average minimum amount of independent, out-of-class, learning expected per week**

*Specify the in-class and out-of-class time requirement. Include a table summary of training phases, duration, and pass/fail requirement for each phase.*

*Example: This three-week class meets Monday through Friday, for 8 hours per day. A minimum of 120 hours should be spent in the classroom and 32 hours outside the classroom (independent learning).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Phase** | **Duration** | **Instruction** | **Performance Criteria** |
| Classroom | 2 Days (16 hours) | Knowledge modules | 6 multiple-choice tests (70%) |
| Basic | 0 Days (0 hours) | Socialization/Obedience | AKC CGC test |
| Intermediate | 6 Days (48 hours) | Public access | CPR test, ADI PAT test |
| Advanced | 7 Days (56 hours) | Outcome objective(s) | Skills Test (to criteria) |

**Learning Modules**

*Specify the intended outcome of each learning module. Note that items in this section must mirror items in the course content.*

*Example: At the end of this three-week training program, \_\_\_\_\_ (Last, First Name) will be able to:*

*• List laws pertaining to service dogs*

*• Describe and demonstrate appropriate canine health and care*

*• Interpret canine body language*

*• List canine behaviors and body language that predict dog bites*

*• Demonstrate effective voice and body language commands and cues*

*• Perform canine CPR*

*• Discuss canine good manners and obedience*

*• Demonstrate proficiency in accessing public spaces principles and commands*

*• Going out to the mall, three times per week*

**Grading**

*Specify all the tests the SM is required to pass.*

*Example: Grading is based on passing 6 multiple-choice tests (70% or more), canine CPR test, American Kennel Club (AKC) Good Canine Citizen (CGC) test, Assistance Dogs International (ADI) Public Access Test (PAT), and performance to criteria skills test.*

**Important Contacts**

*Specify afterhours, dog care, veterinarian, veterinary clinic, or emergency contracts.*

**Aftercare and Follow-Up**

*Specify SM requirements post-graduation.*

*Example: Veteran is expected to recertify the ADI PAT annually and complete* 10 *hours of annual continuing education units*

**Addendum 5 – Privacy Protocols**

For Information Only

Award recipients must safeguard the privacy of SM under the purview of this contract.

a. SM personal identifiable information shall not be released in any written, verbal, or electronic communication.

b. SM may not be pictured in any electronic or printed media without a written consent.

c. SM may not be used for promotional purposes without written consent.

d. SM Protected Health Information (PHI) and Individual Identifying Information (III) shall be protected from unauthorized disclosure.

e. SM medical records or access to healthcare provider shall not be accessible to the Integrator.

f. Paper records with SM PHI or III must be placed in a secure location under lock and key.

g. Electronic records with SM PHI or III must be stored with adequate security safeguards including unique user ID, strong password, automatic logout features, secure server, and updated virus and malware software.

h. Have a contingency plan for a secure data backup.

i. Do not email SM PHI or III records.

j. Do not transfer SM PHI or III records to other computers or portable data storage devices.

k. SM records must be kept separate from non-SM records.

l. Mobile devices may not be used to store PHI or III records unless they meets the safeguards in the Centers for Medicare & Medicaid Services (CMS) [HIPAA Basics for Providers: Privacy, Security, & Breach Notification Rules](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf) (May, 2021) booklet.

m. SM PHI or III records may only be handled by personnel who have taken the DoD 2023 [Cyber Awareness Challenge](https://public.cyber.mil/training/cyber-awareness-challenge/) course.

n. SM burden must be reasonable and directly associated with service dog training. The Integrator may not add to this burden by interviewing or questioning SM without written permission.

**Addendum 6 – TASK 1 ONLY: Statement of Work and Milestone Payment Schedule**

The SOW developed by the Lead MTEC member organization and included in the proposal (also submitted as a separate document) is intended to be incorporated into a binding agreement if the proposal is selected for award. If no SOW is submitted with the proposal, there may be no award. The proposed SOW shall contain a summary description of the technical methodology as well as the task description, but not in so much detail as to make the contract inflexible. DO NOT INCLUDE ANY PROPRIETARY INFORMATION OR COMPANY-SENSITIVE INFORMATION IN THE SOW TEXT. The following is the required format for the SOW.

**Statement of Work**

**Proposal Number:** (RPP Number)

**Organization:**

**Title:** (Proposed Project Title)

**ACURO and/or HRPO approval needed:** (If you’re conducting any animal or human testing, you will need to submit for the appropriate Army Approvals)

**Introduction/Background** (*To be provided initially by the Offeror at the time of proposal submission. Submitted information is subject to change through negotiation if the Government selects the proposal for funding.)*

**Scope/Project Objective** (*To be provided initially by the Offeror at the time of proposal submission. Submitted information is subject to change through negotiation if the Government selects the proposal for funding.)*

This section includes a statement of what the project covers. This should include the technology area to be investigated, the objectives/goals, and major milestones for the effort.

**Requirements** (*To be provided initially by the Offeror at the time of proposal submission to be finalized by the Government based on negotiation of Scope/Project Objective).*

State the technology objective in the first paragraph and follow with delineated tasks required to meet the overall project goals. The work effort should be segregated into major phases, then tasks and identified in separately numbered paragraphs (similar to the numbered breakdown of these paragraphs). Early phases in which the performance definition is known shall be detailed by subtask with defined work to be performed. Planned incrementally funded phases will require broader, more flexible tasks that are priced up front, and adjusted as required during execution and/or requested by the Government to obtain a technical solution. Tasks will need to track with established adjustable cost or fixed price milestones for payment schedule. Each major task included in the SOW should be priced separately in the cost proposal. Subtasks need not be priced separately in the cost proposal.

**Deliverables** (*To be provided initially by the Offeror at the time of proposal submission. Submitted information is subject to change through negotiation if the Government selects the proposal for funding.)* Results of the technical effort are contractually binding and shall be identified herein. Offerors are advised to read the Base Agreement carefully. Any and all hardware/software to be provided to the Government as a result of this project shall be identified. Deliverables should be submitted in PDF or MS Office format.

It must be clear what information will be included in a deliverable either through a descriptive title or elaborating text.

**Site Locations** (Provide a list of site locations identifying where all project work is to be conducted. Site locations should be inclusive of the Prime Organization, Sub Contractors, Contract Research Organizations, Military Labs and/or Units. Only add information for an additional site if that site is receiving funding to conduct research as outline in the SOW. Delete “Site 2” header if not used.)

|  |  |  |  |
| --- | --- | --- | --- |
| Site 1: | Institution Name | Site 2\*: | Institution Name |
|  | Address for primary site |  | Address for Org #2 |
|  | PI: John Doe |  | Partnering/Site PI/POC: Jane Smith |

**Milestone Payment Schedule** (*To be provided initially by the Offeror at the time of proposal submission. Submitted information is subject to change through negotiation if the Government selects the proposal for funding. The milestone schedule included should be in editable format (i.e., not a picture)****)***

The Milestone Payment Schedule should include all milestone deliverables that are intended to be delivered as part of the project, a planned submission date, the monetary value for that deliverable and any cost share, if applicable. For fixed price agreements, when each milestone is submitted, the MTEC member will submit an invoice for the exact amount listed on the milestone payment schedule. For cost reimbursable agreements, the MTEC member is required to assign a monetary value to each milestone. In this case, however, invoice totals are based on cost incurred and will not have to match exactly to the amounts listed on the milestone payment schedule.

The milestones and associated deliverables proposed should, in general:

* + be commensurate in number to the size and duration of the project (i.e., a $5M multi-year project may have 20, while a $1M shorter term project may have only 6);
  + not be structured such that multiple deliverables that might be submitted separately are included under a single milestone;
  + be of sufficient monetary value to warrant generation of a deliverable and any associated invoices;
  + include, at a minimum, Quarterly Reports which include both Technical Reports and Business Status Reports (due the 25th of Apr, Jul, Oct, Jan), Annual Reports, Final Technical Report, and Final Business Status Report.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MTEC Milestone Payment Schedule Example** | | | | | | |
| **MTEC**  **Milestone Number** | **Task Number** | **Significant Event/ Accomplishments** | **Due Date** | **Government Funds** | **Cost Share** | **Total Funding** |
| 1 | N/A | Project Kickoff | 12/1/2019 | $20,000 |  | $20,000 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2 | N/A | Quarterly Report 1 (October  - December, Technical and  Business Reports) | 1/25/2020 | $ - |  | $ - |
| 3 | 1 | Protocol Synopsis | 2/28/2020 | $21,075 |  | $21,075 |
| 4 | 2 | Submission for HRPO Approval | 2/28/2020 | $21,075 |  | $21,075 |
| 5 | 3 | Submission of Investigational New Drug application to the  US FDA | 4/30/2020 | $210,757 | $187,457 | $398,214 |
| 6 | N/A | Quarterly Reports 2 (January  - March, Technical and Business Reports) | 4/25/2020 | $ - |  | $ - |
| 7 | N/A | Quarterly Report 3 (April - June, Technical and Business  Reports) | 7/25/2020 | $ - |  | $ - |
| 8 | 4 | Toxicity Studies | 10/1/2020 | $63,227 |  | $63,227 |
| 9 | N/A | Annual Report 1 | 10/25/2020 | $ - |  | $ - |
| 10 | 5 | FDA authorization trial | 11/30/2020 | $84,303 |  | $84,303 |
| 11 | 6 | Research staff trained | 11/30/2020 | $ - |  | $ - |
| 12 | 7 | Data Management system completed | 11/30/2020 | $ - |  | $ - |
| 13 | 8 | 1st subject screened, randomized and enrolled in  study | 1/1/2021 | $150,000 | $187,457 | $337,457 |
| 14 | N/A | Quarterly Report 4 (October  - December, Technical and Business Reports) | 1/25/2021 | $ - |  | $ - |
| 15 | 9 | Completion of dip molding  apparatus | 3/1/2021 | $157,829 | $187,457 | $345,286 |
| 16 | N/A | Quarterly Reports 5 (January  - March, Technical and Business Reports) | 4/25/2021 | $ - |  | $ - |
| 17 | 10 | Assess potential toxicology | 6/1/2021 | $157,829 |  | $157,829 |
| 18 | N/A | Quarterly Report 6 (April - June, Technical and Business  Reports) | 7/25/2021 | $ - |  | $ - |
| 19 | 11 | Complete 50% patient enrollment | 10/1/2021 | $350,000 | $187,457 | $537,457 |
| 20 | N/A | Annual Report 2 | 10/25/2021 | $ - |  | $ - |
| 21 | N/A | Quarterly Report 7 (October  - December, Technical and Business Reports) | 1/25/2022 | $ - |  | $ - |
| 22 | 12 | Electronic Report Forms  Developed | 3/1/2022 | $315,658 | $187,457 | $503,115 |
| 23 | N/A | Quarterly Reports 8 (January  - March, Technical and Business Reports) | 4/25/2022 | $ - |  | $ - |
| 24 | N/A | Quarterly Report 9 (April - June, Technical and Business  Reports) | 7/25/2022 | $ - |  | $ - |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 25 | 13 | Complete 100% patient enrollment | 8/1/2022 | $315,658 | $187,457 | $503,115 |
| 26 | N/A | Annual Report 3 | 10/25/2022 | $ - |  | $ - |
| 27 | 14 | Report results from data  analysis | 11/1/2022 | $157,829 |  | $157,829 |
| 28 | N/A | Final Reports **(Prior to the POP End**) – Final reports must have a milestone dollar  amount. | 11/30/2022 | $50,000 |  | $50,000 |
|  |  |  | **Total** | **$2,075,240** | **$1,124,742** | **$3,199,982** |

**Please Note:**

1. Firm Fixed Price Contracts – Milestone must be complete before invoicing for fixed priced contracts.
2. Cost Reimbursable Contracts – You may invoice for costs incurred against a milestone. Invoicing should be monthly.
3. Quarterly and Annual Reports include BOTH Technical Reports and Business Status Reports (separate).
4. Final Report due date must be prior to POP end noted in Research Project Award and have an associated milestone dollar amount.
5. MTEC Milestone Numbers are used for administrative purposes and should be sequential.
6. Task Numbers are used to reference the statement of work if they are different from the MTEC Milestone Number.

**Reporting** (*The following information, if applicable to the negotiated SOW, will be provided to the Government based on negotiation)*

|  |  |
| --- | --- |
| **Report Months** | **Due Date** |
| January – March | 25 April |
| April - June | 25 July |
| July - September | 25 October |
| October - December | 25 January |

* + Quarterly Reports – The MTEC research project awardee shall prepare a Quarterly Report which will include both a Technical Report and Business Status Report in accordance with the terms and conditions of the Base Agreement. (Required)
  + Annual Reports – The project awardee shall prepare an Annual Report which will include both a Technical Report and Business Status Report for projects whose periods of performances are greater than one year in accordance with the terms and conditions of the Base Agreement. (Required)
  + Final Technical Report – At the completion of the Research Project Award, the awardee will submit a Final Technical Report, which will provide a comprehensive, cumulative, and substantive summary of the progress and significant accomplishments achieved during the total period of the Project effort in accordance with the terms and conditions of the Base Agreement. As part of the Final Technical Report, the awardee must submit a DD Form 882, Report of Inventions and Subcontracts. (Required)

Final Business Status Report – At the completion of the Research Project Award, the awardee will submit a Final Business Status Report, which will provide summarized details of the resource status of the Research Project Award, in accordance with the terms and conditions of the Base Agreement. (Required)

**Addendum 7 – Warranties and Representations Template**

**Warranties and Representations**

**Authority to Use Other Transaction Agreement**

Section 815 of the National Defense Authorization Act (NDAA) for Fiscal Year 2018, authorizes Department of Defense organizations to carry out prototype projects that are directly relevant to enhancing the mission effectiveness of military personnel and the supporting platforms, systems, components, or materials proposed to be acquired or developed by the Department of Defense, or to improvement of platforms, systems, components, or materials in use by the armed forces. The law also requires one of the following conditions to be met:

1. There is at least one nontraditional defense contractor or nonprofit research institution participating to a significant extent in the prototype project.
2. All significant participants in the transaction other than the Federal Government are small businesses (including small businesses participating in a program described under section 9 of the Small Business Act (15 U.S.C. 638)) or nontraditional defense contractors.
3. At least one third of the total cost of the prototype project is to be paid out of funds provided by sources other than the Federal Government.
4. **Prime Contractor:** The prime contractor must complete the following table.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Legal Name:** |  | **2. UEI:** |  |
| **3. Point of Contact: Name, Title, Phone #, Email** |  | | |
| **4. Prime Contractor is a nontraditional (Y/N)?** | | |  |
| **5. Prime Contractor is a nonprofit research institution (Y/N)?** | | |  |
| **6. Prime Contractor will provide at least one third of the total cost of the prototype project out of funds provided by sources other than the Federal Government (Y/N)?** | | |  |
| **7. Prime Contractor is a small business (Y/N)?** | | |  |

**If the prime contractor has answered “Y” to question 4, 5, or 6, skip Section B and proceed to Section C.**

1. **Subcontractor(s)/Vendor(s):** If the prime contractor is a **traditional** defense contractor and proposes the use of one or more nontraditional defense contractors or nonprofit research institutions, the following information is required **for each** participating nontraditional defense contractor or nonprofit research institution.

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Legal Name:** |  | **9. UEI:** |  |
| **10. Dollar Value to be Awarded:** |  | | |
| **11. Point of Contact:**  **(Name, Title, Phone #, Email)** |  | **12. Task/Phase:** |  |
| **13. Subcontractor/Vendor is a nontraditional (Y/N)?** | | |  |
| **14. Subcontractor/Vendor is a nonprofit research institution (Y/N)?** | | |  |
| **15. Subcontractor/Vendor is a small business (Y/N)?** | | |  |
| **16. Significant Contribution:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **A - The significant contribution involves developing, demonstrating or providing a key technology.** *Please describe what the key technology is; why it is key to the medical technology community, and what makes it key.* |  |
|  |  | **B - The significant contribution involves developing, demonstrating or providing a new technology that is not readily available.** *Please describe what the new part or material is and why it is not readily available.* |  |
|  |  | **C - The significant contribution involves use of skilled personnel (such as modeling & simulation experience, medical technology design experience, etc.), facilities and/or equipment that are within the capabilities of the designated nontraditional and required to successfully complete the program.** *Please describe the personnel, facilities and/or equipment involved in the proposed program and why they are required to successfully complete the program.* |  |
|  |  | **D - The use of this designated subcontractor/vendor will cause a material reduction in the cost or schedule.** *Please describe the specific cost or schedule impact to be realized* |  |
|  |  | **E - The use of this designated subcontractor/vendor will increase medical technology performance.** *Please describe what the performance increase will be attained by the use of this designated nontraditional defense contractor* |  |
|  | **1 In addition to the above please provide the following information:** | |  |
|  | **Q1** | **What additional capability beyond those described in A through E above does this**  **subcontractor/vendor have that is necessary for this specific effort?** |  |
|  | A1 |  |  |
|  | **Q2** | **In which task/phase(s) of the effort will the subcontractor/vendor be used?** |  |
|  | A2 |  |  |
|  | **Q3** | **What is the total estimated cost associated with the subcontractor/vendor included in the proposal?** *Note: While cost is an indicator for the level of nontraditional defense contractor*  *participation, there is no particular cost threshold required.* |  |
|  | A3 |  |  |

1. Signature

Signature of authorized representative of proposing Prime Contractor Date

**Warranties and Representations Instructions**

Section A must be completed for the Prime Contractor.

* 1. Insert prime contractor’s legal name.
  2. Insert prime contractor’s UEI #.
  3. Insert the Point of Contact (Name, Title, Phone #, Email) for the prime contractor.
  4. Indicate Yes (Y) or No (N) if the prime contractor is a nontraditional defense contractor (Note: A nontraditional defense contractor means an entity that is not currently performing and has not performed, for at least the one-year period preceding the issue date of the solicitation, any contract or subcontract for the Department of Defense that is subject to full coverage under the cost accounting standards prescribed pursuant to Section 1502 of Title 41 and the regulations implementing such section.).
  5. Indicate Yes (Y) or No (N) if the prime contractor is a nonprofit research institution.
  6. Indicate Yes (Y) or No (N) if the prime contractor will provide at least one third of the total cost of the prototype project out of funds provided by sources other than the Federal Government (i.e., will the project contain at least 1/3 cost share).
  7. Indicate Yes (Y) or No (N) if the prime contractor is a small business (including small businesses participating in a program described under section 9 of the Small Business Act (15 U.S.C. 638)).

Section B must be completed if the Prime Contractor is **traditional** and has proposed nontraditional defense contractors, nonprofit research institutions, or small businesses. Copy, paste, and complete the table found in Section B **for each** participating nontraditional defense contractor, nonprofit research institutions, or small business.

* 1. Insert subcontractor/vendor’s legal name.
  2. Insert subcontractor/vendor’s UEI #.
  3. Insert the dollar value (cost and fee) to be awarded to the subcontractor/vendor.
  4. Insert the Point of Contact (Name, Title, Phone #, Email) for the subcontractor/vendor.
  5. Indicate in which specific task/phase(s) of the effort will the subcontractor/vendor be used.
  6. Indicate Yes (Y) or No (N) if the subcontractor/vendor is a nontraditional defense contractor (Note: A nontraditional defense contractor means an entity that is not currently performing and has not performed, for at least the one-year period preceding the issue date of the solicitation, any contract or subcontract for the Department of Defense that is subject to full coverage under the cost accounting standards prescribed pursuant to Section 1502 of Title 41 and the regulations implementing such section.).
  7. Indicate Yes (Y) or No (N) if the subcontractor/vendor is a nonprofit research institution.
  8. Indicate Yes (Y) or No (N) if the subcontractor/vendor is a small business (including small businesses participating in a program described under section 9 of the Small Business Act (15

U.S.C. 638)).

* 1. Explain the subcontractor/vendor’s Significant Contribution to the project by answering the questions below.

A - The significant contribution involves developing, demonstrating or providing a key technology. ***Please describe what the key technology is; why it is key to the medical technology community, and what makes it key***.

B - The significant contribution involves developing, demonstrating or providing a new technology that is not readily available. ***Please describe what the new part or material is and why it is not readily available.***

C - The significant contribution involves use of skilled personnel (such as modeling & simulation experience, medical technology design experience, etc.), facilities and/or equipment that are within the capabilities of the designated nontraditional and required to successfully complete the program. ***Please describe the personnel, facilities and/or equipment involved in the proposed program and why they are required to successfully complete the program.***

D - The use of this designated subcontractor/vendor will cause a material reduction in the cost or schedule. ***Please describe the specific cost or schedule impact to be realized.***

E - The use of this designated subcontractor/vendor will increase medical technology performance. ***Please describe what the performance increase will be attained by the use of this designated nontraditional defense contractor****.*

Q1 - What additional capability beyond those described in A through E above does this subcontractor/vendor have that is necessary for this specific effort?

Q2 - In which task/phase(s) of the effort will the subcontractor/vendor be used?

Q3 - What is the total estimated cost associated with the subcontractor/vendor included in the proposal? Note: While cost is an indicator for the level of nontraditional defense contractor participation, there is no particular cost threshold required.

Section C must be signed by an authorized representative of the prime contractor.

**General Guidance**

* Nontraditional defense contractors can be at the prime level, team members, subcontractors, lower tier vendors, or "intra-company" business units, provided that the business unit makes a significant contribution to the prototype project.
* All nontraditional defense contractors must have a UEI number.
* A foreign business can be considered a nontraditional if it has a UEI number and can comply with the terms and conditions of the MTEC Base Agreement.

**Addendum 8 – TASK 2 ONLY: Task 2 Application Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WWSDP application form** | | | | | *See* ***page 66 of the RPP*** *for instructions and Privacy Act Statement* | | | | |
| **SECTION i – applicant INFORMATION** | | | | | | | | | |
| **1. name of organization** *(As it appears in SAM.gov)* | | | | | | **2. UEI** | | | |
| **ORGANIZATION STRUCTURE:** *(please indicate one of the following)*  \_\_\_ Nontraditional Defense Contractor  \_\_\_ Traditional Defense Contractor  \_\_\_ Nonprofit Research Institution  ***\*Refer to Addendum 2 for additional guidance\**** | | | | | | | | | |
| **3. OFFICE ADDRESS** *(Street, City, State, Zip Code)* | | | | | | | | | |
| Street | city | | state | zip | | | time zone | | |
| **4. point of contact** | | | | | | | | | |
| **name** *(Last, First, Middle Initial)* | | **TELEPHONE NUMBER** | | | | **EMAIL** | | | |
| **SECTION iI – Experience and expertise** | | | | | | | | | |
|  | | | | | | | | *Enter number* | |
| **5. SERVICE DOGS TRAINED IN THE LAST 36 MONTHS** | | | | | | | |  | |
| **6. SERVICE DOGS GRADUATED IN THE LAST 36 MONTHS** | | | | | | | |  | |
| **7. SM TRAINED IN THE LAST 36 MONTHS** | | | | | | | |  | |
| **8. SM GRADUATED IN THE LAST 36 MONTHS** | | | | | | | |  | |
| **9. SM currently in training** | | | | | | | |  | |
| **10. sm waitlist** | | | | | | | |  | |
| **11. laws that govern service animals** *(Continue in Section VII if needed)* | | | | | | | | | |
| **12. laws that govern indoor and outdoor housing of animals** *(Continue in Section VII if needed)* | | | | | | | | | |
| **13. other service dog industry laws** *(Continue in Section VII if needed)* | | | | | | | | | |
| **SECTION iII – program** | | | | | | | | | |
| **14. facility units** *(Select all that apply. Use Section VII for details)* | | | | | | | | | |
|  | | | | | | | **Yes** | | **No** |
| ONE MULTIPURPOSE AREA | | | | | | |  | |  |
| break room/recreational room | | | | | | |  | |  |
| DEDICATED CLASSROOM | | | | | | |  | |  |
| DEDICATED TRAINING FLOOR | | | | | | |  | |  |
| DORMATORIES *(Detail number and amenities)* | | | | | | |  | |  |
| GROOMING ROOM | | | | | | |  | |  |
| KENNEL ROOM *(Detail room size and number of kennels)* | | | | | | |  | |  |
| LAUNDRY ROOM | | | | | | |  | |  |
| OFFICES *(Detail number and type)* | | | | | | |  | |  |
| OUTDOORS EXERCISE/RUN AREA *(Indicate size):* | | | | | | |  | |  |
| VETERINARIAN CLINIC/HOSPITAL *(Detail medical equipment/services)* | | | | | | |  | |  |
| **15. ACCREDITATIONS/ MEMBERSHIPS/ CERTIFICATIONS** *(Select all that apply)* | | | | | | | | | |
|  | | | | | | | **YES** | | **No** |
| ADI | | | | | | |  | |  |
| AKC | | | | | | |  | |  |
| ASDPMV | | | | | | |  | |  |
| IAADP | | | | | | |  | |  |
| IGDF | | | | | | |  | |  |
| IHDI | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| **16. ACCREDITED TRAINERS** *(Enter the number of trainers per accreditation)* | | | | | | | | | |
| **accreditation** *(Write name of accreditation, e.g., CCPDT)* | | | | | | | | | **No.** |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
|  | | | | | | | | |  |
| **17. curriculA** *(See instructions* ***beginning******on page 66 of the RPP****)* | | | | | | | **YES** | | **NO** |
| published dog training curriculum | | | | | | |  | |  |
| published sm training curriculum | | | | | | |  | |  |
| required external training | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| **18. PERSONNEL** *(Continue in Section VII if needed)* | | | | | | | | | |
| **POSITION** *(Enter number of full-and part-time staff)* | | | | | | | **full** | | **part** |
| CONTRACTING | | | | | | |  | |  |
| FINANCIAL | | | | | | |  | |  |
| MARKETING | | | | | | |  | |  |
| MENTAL HEALTH | | | | | | |  | |  |
| PUPPY RAISER | | | | | | |  | |  |
| TRAINER | | | | | | |  | |  |
| VETERINARIAN | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| **SECTION IV – SERVICE DOGS** | | | | | | | | | |
| **19. PREFERRED DOG BREED** *(Select all that apply)* | | | | | | | | | |
|  | | | | | | | **YES** | | **NO** |
| GOLDEN RETRIEVER | | | | | | |  | |  |
| LABRADOR RETRIEVER | | | | | | |  | |  |
| LAB-GOLD CROSS | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| **20. PREFERRED DOG SOURCE** *(Indicate the source of at least 66% of your dogs)* | | | | | | | | | |
|  | | | | | | | **YEs** | | **No** |
| BREEDER-OWN | | | | | | |  | |  |
| BREEDER-OTHER | | | | | | |  | |  |
| DONATION | | | | | | |  | |  |
| SHELTER/RESCUE | | | | | | |  | |  |
| VET OWNED/PET | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| **21. LOCATION OF TRAINING PRIOR TO MATCHING** *(Indicate the location of training, at least 66% of the time)* | | | | | | | | | |
| FACILITY | | | | | | |  | |  |
| PRISON | | | | | | |  | |  |
| HOME (PUPPY RAISER) | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| N/A *(Dog/SA matched on day 1):* | | | | | | | | | |
| **22. LENGTH OF DOG TRAINING** *(From selection to graduation)* | | | | | | |  | | MONTHS |
| **SECTION V – SERVICE MEMBER/VETERAN (SM)** | | | | | | | | | |
| **23. MOST COMMON DISABILITY** *(Indicate the disability that at least 66% of your SM present with)* | | | | | | | | | |
|  | | | | | | | **YES** | | **NO** |
| AUDITORY | | | | | | |  | |  |
| MEDICAL *(indicate type):* | | | | | | |  | |  |
| PHYCHIATRIC *(indicate type):* | | | | | | |  | |  |
| PHYSICAL | | | | | | |  | |  |
| VISUAL | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| **24. LENGTH OF SM TRAINING** *(From entry to graduation. Select either days or mo.)* | | | | | | |  | | DAY/MO |
| **25. LOCATION OF TRAINING WITH DOG** *(At least 66% of time. Not including public access)* | | | | | | | | | |
|  | | | | | | | **YES** | | **NO** |
| FACILITY | | | | | | |  | |  |
| PRISON | | | | | | |  | |  |
| HOME | | | | | | |  | |  |
| OTHER *(Specify)*: | | | | | | |  | |  |
| **SECTION VI – PROTOTYPE NARRATIVE PLAN** | | | | | | | | | |
| **26. CURRENT IMPLEMENTATION OF PROTOTYPE GUIDELINES *(See instructions beginning on page 66 of the RPP****)* | | | | | | | | | |
| **GUIDELINE** | | | | | | | **YES** | | **NO** |
| 2.1.1 | | | | | | |  | |  |
| 2.1.2 | | | | | | |  | |  |
| 2.1.3 | | | | | | |  | |  |
| 2.1.4 | | | | | | |  | |  |
| 2.1.5 | | | | | | |  | |  |
| 2.1.6 | | | | | | |  | |  |
| 2.1.7 | | | | | | |  | |  |
| 2.1.8 | | | | | | |  | |  |
| 2.2.1 | | | | | | |  | |  |
| 2.2.2 | | | | | | |  | |  |
| 2.3.1 | | | | | | |  | |  |
| 2.3.2 | | | | | | |  | |  |
| 2.3.3 | | | | | | |  | |  |
| 2.3.4 | | | | | | |  | |  |
| 2.3.5 | | | | | | |  | |  |
| 2.3.6 | | | | | | |  | |  |
| 2.3.7 | | | | | | |  | |  |
| 2.3.8 | | | | | | |  | |  |
| 2.3.9 | | | | | | |  | |  |
| 2.3.10 | | | | | | |  | |  |
| 2.3.11 | | | | | | |  | |  |
| 2.3.12 (*as applicable*) | | | | | | |  | |  |
| 2.4 | | | | | | |  | |  |
| 2.5.1 | | | | | | |  | |  |
| 2.5.2 | | | | | | |  | |  |
| 2.5.3 | | | | | | |  | |  |
| 2.5.4 | | | | | | |  | |  |
| 2.5.5 | | | | | | |  | |  |
| 2.6 | | | | | | |  | |  |
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| 3.3 | | | | | | |  | |  |
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| 3.5 | | | | | | |  | |  |
| 4.1 *(Enter N/A in YES if not relevant)* | | | | | | |  | |  |
| 4.2 | | | | | | |  | |  |
| 4.3 | | | | | | |  | |  |
| 5.1 | | | | | | |  | |  |
| 5.2 | | | | | | |  | |  |
| 5.3 *(Enter N/A in YES if not relevant)* | | | | | | |  | |  |
| 5.4 | | | | | | |  | |  |
| 5.5 | | | | | | |  | |  |
| 5.6 | | | | | | |  | |  |
| 5.7 | | | | | | |  | |  |
| 5.8 | | | | | | |  | |  |
| 5.9 | | | | | | | N/A | | N/A |
| 5.10 | | | | | | |  | |  |
| 5.11 | | | | | | |  | |  |
| 5.12 – 5.15 | | | | | | | N/A | | N/A |
| 5.16 | | | | | | |  | |  |
| 5.17 | | | | | | | N/A | | N/A |
| 5.18 | | | | | | |  | |  |
| 6.1 | | | | | | |  | |  |
| 6.2 | | | | | | |  | |  |
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| 6.5 | | | | | | |  | |  |
| 6.6 *(Enter N/A in YES if not relevant)* | | | | | | |  | |  |
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| 6.11 | | | | | | |  | |  |
| 6.12 | | | | | | |  | |  |
| **SECTION VII – ADDITIONAL COMMENTS**  *(Prior to making a comments, note the section and block you are addressing, for example Section VI, block 23. See* ***page 66 of the RPP*** *instructions)*  *Offerors are encouraged to address factors that protect the safety of the service dogs, SM, and the public. Offerors should also demonstrate their aptitude to engage in a robust academic debate related to the benchmark guidelines.* | | | | | | | | | |

|  |  |
| --- | --- |
| **PRIVACY STATEMENT** | |
| **AUTHORITY:** 10 U.S.C. 2113(g)(1)(A).  **PRINCIPAL PURPOSE:** Used by nonprofit 501(c)(3) organizations to apply for the MTEC WWSDP contract.  **ROUTINE USES:** Information provided by Offerors is used to:  a. Verify eligibility for WWSDP contract.  b. Assist the technical review team in determining competitiveness for the WWSDP contract.  **DISCLOSURE:** Voluntary, however, failure to disclose information may result in delay or rejection of application. | |
| **INSTRUCTIONS** | |
| **SECTION i – APPLICANT INFORMATION**  **1. name of organization**. Write the name of the organization as it appears in SAM.gov. Also indicate the entity type as it relates to the Other Transaction authority (i.e., nontraditional defense contractors, nonprofit research institution, etc.). Applicants may indicate more than one type, as appropriate.  **2. UEI.** Write the 12-character alphanumeric Unique Entity ID (UEI) assigned to you by SAM.gov. Note. DUNS is no longer a valid identifier.  **3. OFFICE ADDRESS.** Write the organization’s office address(Street, City, State, Zip). In the case of multiple locations, enter the address of any future site visit. Also, select the appropriate time zone (Eastern, Central, Mountain, Pacific).  **4. name of point of contact.** Write the name (last, first, middle initial), telephone number (including area code), and email of the point-of-contact for this contract.  **SECTION Ii – EXPERIENCE AND EXPERTISE**  **5. SERVICE DOGS TRAINED IN THE LAST 36 MONTHS**. Enter the total number of service dogs you trained in the last 36 months. This total may include dogs matched, but not graduated. It is not restricted to service dogs intended for veterans only, but must not include facility or companion dogs.  .  **10. SM WAITLIST.** Enter the total number of service members or veterans (SM) that are currently waiting to start training. This total should not include any SM currently in training regardless of matched status.  **11. knowledge of laws that govern service animals**. List all the animal control, safety, or public health regulations or statutes you use to guarantee the safety of your dogs, SM, public, and staff. If not applicable, write NONE. Note. Use bulleted format.  **12. knowledge of laws that govern indoor and outdoor housing of animals**.  List all the regulations or statutes you use to govern the housing of your service animals. If not applicable, write NONE. Note. Use bulleted format.  **13. knowledge of other service dog industry laws**. List all other published laws, regulations, or statues (not mentioned in section 11 or 12) that govern your interaction with your service dogs or SM.  **SECTION III – PROGRAM**  **14. facility units**. List facility rooms used to support training and canine care. If you have one large space, select ONE MULTIPURPOSE AREA and explain what services are provided in this area in Section VII. Otherwise, each selection must represent a separate room(s) with distinct functions. Use Section VII to provide specific details, as required, for each category.  **15. ACCREDITATIONS/ MEMBERSHIPS/ CERTIFICATIONS.** Indicate if your organization has active accreditations, memberships, or certifications with:  Assistance Dogs International (ADI);  American Kennel Club (AKC);  Association of Service Dog Providers for Military Veterans (ASDPMV);  International Association of Assistance Dog Partners (IAADP);  one category and enter an explanation in Section VII. Enter additional categories in OTHER and continue in Section VII if needed.  **19. PREFERRED DOG BREED**. Select preference for service dog breed. If none, leave blank. If Other, select OTHER and specify breed.  **20. PREFERRED DOG SOURCE**. Select or enter method to obtain at least 66% of your service dogs. If no one source accounts for 66%, note main sources (e.g., 40% shelter, 30% donations) in Section VII.  **21. LOCATION OF TRAINING PRIOR TO MATCHING**. Select or enter location used to train dogs prior to matching at least 66% of the time. If dogs and SM train together from day 1, select N/A.  **22. LENGTH OF DOG TRAINING.** Enter average length of dog training (in months) from selection of dog to graduation of dog-SM team.  **SECTION V – SERVICE MEMBER/VETERAN (SM)**  **23. MOST COMMON DISABILITY**. Select or enter the primary reason SM seek your services at least 66% of the time. Secondary, or associated, symptoms should not be noted. For example, presenting with PTSD should be noted as PHYCHIATRIC, not MOBILITY. If the reason fails to meet 66%, note reasons and distribution (e.g., 50% and 50% or 33%, 33%, and 33%) in Section VII. For PHYCHIATRIC and MEDICAL, enter the specific disability (e.g., PTSD or diabetic alert).  **24. LENGTH OF SM TRAINING**. Enter average length of SM training, in days or months, from SM selection to SM graduation. If dog and SM train together from Day 1, this block and block 22 must be identical.  **25. LOCATION OF TRAINING**. Write the location of SM raining after matching, at least 66% of the time. Do not include public access training locations. | **6. SERVICE DOGS GRADUATED IN THE LAST 36 MONTHS**. Enter the total number of service dogs that your organization graduated in the last 36 months. Restrict total to teams that completed all required training and certifications. Dogs in training should be excluded regardless of matched status. This total is not restricted to service dogs intended for veterans only, but must not include facility or companion dogs.  **7. SM TRAINED IN THE LAST 36 MONTHS**. Enter the total number of service members or veterans (SM) that you trained in the last 36 months. This total should include SM currently in training, regardless of matched status.  .  **8. SM GRADUATED IN THE LAST 36 MONTHS**. Enter the total number of service members or veterans (SM) that you graduated in the last 36 months. Restrict total to SM that completed all required training and certifications. SM that graduated with facility or companion dogs must be excluded.  **9. SM CURRENTLY IN TRAINING.** Enter the total number of service members or veterans (SM) currently that you are currently training. This total should include all SM currently in training, regardless of matched status. This total is restricted to SM currently in training for a service dog, facility or companion dogs must be excluded.  International Guide Dog Federation (IGDF); or  International Hearing Dog, Inc (IHDI).  If not listed, select OTHER and write the name. If in candidate status, leave blank but enter a comment in Section VII (Additional Comments). If None, leave blank.  **16. ACCREDITED TRAINERS.** Enter the number of trainers per accreditation. For example: “Accreditation: CCPDT. No. 2.” You may include any industry-recognized dog training certification (see examples below) and all part- and full-time trainers employed by your organization.  Animal Behavior College Dog Trainer (ABCDT)  Clothier Animal Response Assessment Tool (CARAT)  Certification Council for Professional Dog Trainers® (CCPDT)  International Association of Canine Professionals (IACP)  National Association of Dog Obedience Instructors (NADOI)  **17. CURRICULA**. Indicated Yes (Y) or No (N) for each of the following questions and provide details.  PUBLISHED DOG TRAINING CURRICULUM. Do you use an external published curricula to train your dogs? If yes, provide citation.  PUBLISHED SM TRAINING CURRICULA. Do you use an external published curricula to train your veterans or service members (SM)? If yes, provide citation.  REQUIRED EXTERNAL TRAINING. Do you require your SM to take external training (e.g., college course, pet first aid/CPR certification, etc.)?  If you use other curricula, select OTHER and specify.  **SECTION VI – PROTOTYPE NARRATIVE PLAN**  **18. PERSONNEL**. Enter the number of full- or part-time staff supporting your organization. Do not include the same person in multiple categories (e.g., Contracting and Financial). Instead, select  **26. CURRENT IMPLEMENTATION OF PROTOTYPE GUIDELINES**. Indicate if you are currently implementing (YES) or not implementing (NO) the entirety of each listed prototype guideline (Addendum 4, MTEC-23-07-WWSDP, Number W81XWH-15-9-0001). For each NO answer, provide a plan to implement, test, and evaluate the guideline in Section VII. Be brief, but provide enough specificity to integrate, test, evaluate your plan.  **SECTION VII – ADDITIONAL COMMENTS**  Use this block to enter remarks in bulleted format. Precede each remark with section and block number (e.g., Section V, block 23. 50% mobility, 50% hearing). Add as many pages as needed using a 12-point font, single-spaced, single-sided, 8.5 inches x 11 inches page with 1 inch margins on all sides (top, bottom, left, and right). Attach these pages to this form by converting all pages into a single pdf document. |

**Addendum 9 – TASK 2 ONLY: Budget Narrative**

*Use of this template is mandatory for all Task 2 Offerors. Applications not meeting the format or content requirements prescribed in the RPP and this document may be deemed nonresponsive and removed from consideration.*

**The Budget Narrative must address all of the elements listed in this template as applicable. All proposed costs (both direct and indirect) must be:**

* associated with integrating and evaluating the draft benchmark during the award period of performance,
* described and justified in detail,
* include enough detail to show how the estimates were calculated or determined, and
* listed in whole US dollars.

**All budget/cost information provided in the Budget Narrative must be consistent with the information provided in the Application Form and MTEC Cost Formats (Addendum 8).**

**This document must be submitted in one Word or PDF document.**

**Budget Narrative**

|  |  |  |
| --- | --- | --- |
| **Applicant Organization** |  | |
| **Total Proposed Budget** | **Total Direct Costs** | **Total Indirect Costs** |
| $ | $ | $ |

**Costs by Category**

Provide details and cost estimates for each of the following Object Class Categories (i.e., budget categories), as applicable. As applicable for each category, provide (1) total, direct, and indirect costs, (2) brief narrative describing the rationale for each expense in the category. This rationale must describe how funds will be used to integrate, test, and evaluate the prototype guidelines (for example, new 3 kennels are required to comply with 9 CFR 3.6 and 9 CFR 3.8 requirements). *Note: construction costs are not applicable for this funding opportunity and should not be included.* Enter N/A if a budget category does not apply.

* 1. **Labor**

List the labor costs for each individual working on the project and include the percentage of effort for each.

* 1. **Fringe Benefits**

Provide the rate and the budget categories to which it is applied.

* 1. **Travel**

Provide estimated costs and details for each trip including number of travelers, number of days, costs for lodging, transportation, per diem, purpose of trip, etc. Specifically, please include an estimate for one team member to travel to Bethesda to attend a 2 day focus group towards the end of the period of performance.

* 1. **Material/Equipment/Supplies**

List items, quantity, and estimated costs (for example, canine food, kennels, canine acquisitions, or training equipment)

* 1. **Contractual**

Provide estimated costs for subcontracts, consultants, etc.

* 1. **Other Direct Cost**

Costs in this category may include items such as trainer education, related purchases not already included, veterinary expenses, housing, etc. Applicants that have never received a WWSDP grant must provide estimated costs (if any) that may be required if the applicant is selected for a site visit. For estimating purposes, assume a 1-day site visit by 1 USU official.

* 1. **Indirect Rate**

Provide either the applicant’s Federally-approved indirect cost rate. If using an approved rate, the application must include a copy of the certified rate agreement and contact information for the cognizant Government audit agency. If the Offeror does not have approved rates, provide detailed supporting data to include (1) indirect rates and all pricing factors that were used; (2) methodology used for determining the rates (e.g., current experience in the Offeror’s organization or the history base used); and, (3) all escalation, by year, applied to derive the proposed rates. If computer usage is determined by a rate, identify the basis and rational used to derive the rate.

* 1. **Cost Share**

If cost share is proposed, the following must be provided:

* A description of each cost share item proposed;
* Proposed Dollar Value of each cost share item proposed; and
* The Valuation Technique used to derive the cost share amounts (e.g., vendor quote, historical cost, labor hours and labor rates, number of trips, etc.).

**Addendum 10 – TASK 2 ONLY: Cost Proposal Format**

THIS PAGE IS INTENTIONALLY LEFT BLANK. PLEASE SEE ATTACHEMENT 1 – TASK 2 MTEC COSTS FORMATS

**Addendum 11 – Stage 2 Evaluation Criteria**

For Information Only - Stage 2 Requirement (subject to change)

**Stage 2**

The MTEC Consortium Manager (CM) will evaluate the cost proposed together with all supporting information for realism (as applicable, dependent upon contract type, i.e., Firm Fixed Price, Cost Reimbursement), reasonableness, and completeness as outlined below. The MTEC CM will then provide a formal assessment to the Government at which time the Government will make the final determination that the negotiated project cost is fair and reasonable.

a) **Realism**. Proposals will be evaluated to determine if Costs are realistic for the work to be performed, reflect a clear understanding of the requirements, and are consistent with the various elements of the Offeror's technical approach and Statement of Work.

Estimates are “realistic” when they are neither excessive nor insufficient for the effort to be accomplished. Estimates must also be realistic for each task of the proposed project when compared to the total proposed cost. For more information on cost realism, please refer to the MTEC PPG.

The MTEC CM will make a determination by directly comparing proposed costs with comparable current and historical data, evaluator experience, available estimates, etc. Proposed estimates will be compared with the corresponding technical proposals (Enhanced White Papers) for consistency.

b) **Reasonableness**. The Offeror’s cost proposal will be evaluated to determine if it is reasonable. For a price to be reasonable, it must, in its nature and amount, represent a price to the Government that a prudent person would pay in the conduct of competitive business. Normally, price reasonableness is established through cost and price analysis.

To be considered reasonable, the Offeror’s cost estimate should be based upon verifiable techniques such as estimates developed from applicable and relevant historic cost data. The Offeror should show that sound, rational judgment was used in deriving and applying cost methodologies. Appropriate narrative explanation and justification should be provided for critical cost elements. The overall estimate should be presented in a coherent, organized and systematic manner.

Costs provided shall be clearly attributable to activities or materials as described by the Offeror. Costs should be broken down using the Cost Proposal Formats that are located on the Members-Only MTEC website. If the MTEC template is not used, the Offeror should submit a format providing for a similar level of detail.

c) **Completeness**. The MTEC CM will evaluate whether the proposal clearly and thoroughly documents the rationale supporting the proposed cost and is compliant with the requirements of the solicitation.

The proposal should clearly and thoroughly document the cost/price information supporting the proposed cost in sufficient detail and depth. The MTEC CM will evaluate whether the Offeror’s cost proposal is complete with respect to the work proposed. The MTEC CM will consider substantiation of proposed cost (i.e., supporting data and estimating rationale) for all elements.

Rate and pricing information is required to properly perform the cost analysis of the proposal. If the Offeror is unwilling to provide this information in a timely manner, its proposal will be lacking information that is required to properly evaluate the proposal and the proposal cannot be selected for award.

**Government Access to Information**

After receipt of the cost proposal and after the CM’s completion of the cost analysis summarized above, the government may perform a supplemental cost and/or price analysis of the submitted cost proposal. For purposes of this analysis, the Agreement Officer and/or a representative of the Agreement Officer (e.g., DCAA, DCMA, etc.) shall have the right to examine the supporting records and/or request additional information, as needed.

**Best Value**

The overall award decision will be based upon the Government’s Best Value determination and the final award selection(s) will be made to the most advantageous offer(s) by considering and comparing factors in addition to cost or price. The Government anticipates entering into negotiations with all Offerors recommended for funding with the MTEC CM acting on the Government’s behalf and/or serving as a liaison. The Government reserves the right to negotiate and request changes to any or all parts of the proposal, to include the SOW.