# LIST OF ATTACHMENTS

<table>
<thead>
<tr>
<th>Attachment Label</th>
<th>Attachment Name</th>
<th>Applicable to this TORFP?</th>
<th>Submit with Proposal?* (Submit, Do Not Submit, N/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 1</td>
<td>Price Proposal</td>
<td>Applicable</td>
<td>Submit with TO Financial Proposal</td>
</tr>
<tr>
<td>Attachment 2</td>
<td>Minority Business Enterprise Participation (Attachments D-1 – D-7)</td>
<td>Not Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 3</td>
<td>Task Order Agreement (TO Agreement)</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 4</td>
<td>Conflict of Interest Affidavit and Disclosure</td>
<td>Applicable</td>
<td>Submit with TO Technical Proposal</td>
</tr>
<tr>
<td>Attachment 5</td>
<td>Labor Classification Personnel Resume Summary</td>
<td>Applicable</td>
<td>Submit with TO Technical Proposal</td>
</tr>
<tr>
<td>Attachment 6</td>
<td>Pre-Proposal Conference Directions</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 7</td>
<td>Notice to Proceed (Sample)</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 8</td>
<td>Agency Receipt of Deliverable Form</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 9</td>
<td>Agency Deliverable Product Acceptance Form (DPAF)</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 10</td>
<td>Non-Disclosure Agreement (Offeror)</td>
<td>Not Applicable</td>
<td>N/A</td>
</tr>
<tr>
<td>Attachment 11</td>
<td>Non-Disclosure Agreement (TO Contractor)</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 12</td>
<td>TO Contractor Self-Reporting Checklist</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 13</td>
<td>Living Wage Affidavit of Agreement</td>
<td>Applicable</td>
<td>Submit with TO Technical Proposal</td>
</tr>
<tr>
<td>Attachment 14</td>
<td>Mercury Affidavit</td>
<td>Not Applicable</td>
<td>N/A</td>
</tr>
<tr>
<td>Attachment 15</td>
<td>Veteran Owned Small Business Enterprise Utilization Affidavit</td>
<td>Not Applicable</td>
<td>N/A</td>
</tr>
<tr>
<td>Attachment 16</td>
<td>Certification Regarding Investments in Iran</td>
<td>Applicable</td>
<td>Submit with TO Technical Proposal</td>
</tr>
<tr>
<td>Attachment 17</td>
<td>Sample Work Order</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 18</td>
<td>Performance Evaluation Form</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
<tr>
<td>Attachment 19</td>
<td>Criminal Background Check Affidavit</td>
<td>Not Applicable</td>
<td>N/A</td>
</tr>
<tr>
<td>Attachment 20</td>
<td>State Holidays for the Year 2014</td>
<td>Applicable</td>
<td>Do Not Submit with Proposal</td>
</tr>
</tbody>
</table>

*If not specified in submission instructions, any attachment submitted with response shall be in PDF format and signed.
ATTACHMENT 1 PRICE PROPOSAL

PRICE PROPOSAL (TIME AND MATERIALS) FOR CATS+ TORFP # M00B4400469

The total class hours (Column B) are not to be construed as “guaranteed” hours; the total number of hours is an estimate only for purposes of price proposal evaluation.

A year for this task order shall be calculated as one calendar year from NTP. **Labor Rate Maximums:** The maximum labor rate that may be proposed for any CATS+ Labor Category shall not exceed the maximum for the CATS+ Master Contract year in effect on the TO Proposal due date.

Only complete the price form(s) for the position(s) a candidate has been proposed. Otherwise, mark the form N/A.

Form 1 – SharePoint Developer

<table>
<thead>
<tr>
<th>Job Title from TORFP</th>
<th>CATS+ Labor Category Proposed by Master Contractor</th>
<th>Hourly Labor Rate (A)</th>
<th>Total Class Hours (B)</th>
<th>Total Proposed CATS+ TORFP Price (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SharePoint Developer</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td>Evaluated Price Year 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SharePoint Developer</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td>Evaluated Price Year 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SharePoint Developer</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td>Evaluated Price Year 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SharePoint Developer</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td>Evaluated Price Year 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Year 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SharePoint Developer</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td>Evaluated Price Year 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Evaluated Price (Years 1 – 5)</strong></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

State of Maryland - Department of Health and Mental Hygiene
### Form 2 – Mainframe Programmer Analyst

<table>
<thead>
<tr>
<th>Year 1</th>
<th>CATS+ Labor Category Proposed by Master Contractor</th>
<th>Hourly Labor Rate (A)</th>
<th>Total Class Hours (B)</th>
<th>Total Proposed CATS+ TORFP Price (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainframe Programmer/Analyst</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evaluated Price Year 1 $</td>
</tr>
<tr>
<td>Year 2</td>
<td></td>
<td></td>
<td></td>
<td>Evaluated Price Year 2 $</td>
</tr>
<tr>
<td>Mainframe Programmer/Analyst</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evaluated Price Year 3 $</td>
</tr>
<tr>
<td>Year 3</td>
<td></td>
<td></td>
<td></td>
<td>Evaluated Price Year 4 $</td>
</tr>
<tr>
<td>Mainframe Programmer/Analyst</td>
<td>Insert CATS+ Labor Category</td>
<td>$</td>
<td>2000</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Evaluated Price Year 5 $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total Evaluated Price (Years 1 – 5)</strong> $</td>
</tr>
</tbody>
</table>

Authorized Individual Name

Company Name

Title

Company Tax ID #

Signature

Date

The Hourly Labor Rate is the actual rate the State will pay for services and shall be recorded in dollars and cents. The Hourly Labor Rate cannot exceed the Master Contract Rate but may be lower. Rates shall be fully loaded, all-inclusive, i.e., include all direct and indirect costs and profits for the Master Contractor to perform under the TO Agreement.

State of Maryland - Department of Health and Mental Hygiene
ATTACHMENT 2 MINORITY BUSINESS ENTERPRISE FORMS

THIS ATTACHMENT IS NOT APPLICABLE TO THIS TORFP.
ATTACHMENT 3 TASK ORDER AGREEMENT

CATS+ TORFP# M00B4400469 Number OF MASTER CONTRACT #060B2490023

This Task Order Agreement ("TO Agreement") is made this Day of Month, 20XX by and between (TO Contractor) and the STATE OF MARYLAND, TO Requesting Agency.

IN CONSIDERATION of the mutual premises and the covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Definitions. In this TO Agreement, the following words have the meanings indicated:
   a) "Agency" means the TO Requesting Agency, as identified in the CATS+ TORFP # M00B4400469.
   b) "CATS+ TORFP" means the Task Order Request for Proposals # M00B4400469, dated MONTH DAY, YEAR, including any addenda.
   c) "Master Contract" means the CATS+ Master Contract between the Maryland Department of Information Technology and TO Contractor dated MONTH DAY, YEAR.
   d) "TO Procurement Officer" means TO Procurement Officer. The Agency may change the TO Procurement Officer at any time by written notice to the TO Contractor.
   e) "TO Agreement" means this signed TO Agreement between TO Requesting Agency and TO Contractor.
   f) "TO Contractor" means the CATS+ Master Contractor awarded this TO Agreement, whose principal business address is __________.
   g) "TO Manager" means TO Manager of the Agency. The Agency may change the TO Manager at any time by written notice to the TO Contractor.
   h) "TO Technical Proposal" means the TO Contractor's technical response to the CATS+ TORFP dated date of TO Technical Proposal.
   i) "TO Financial Proposal" means the TO Contractor's financial response to the CATS+ TORFP dated date of TO Financial Proposal.
   j) "TO Proposal" collectively refers to the TO Technical Proposal and TO Financial Proposal.

2. Scope of Work

2.1 This TO Agreement incorporates all of the terms and conditions of the Master Contract and shall not in any way amend, conflict with or supercede the Master Contract.

2.2 The TO Contractor shall, in full satisfaction of the specific requirements of this TO Agreement, provide the services set forth in Section 2 of the CATS+ TORFP. These services shall be provided in accordance with the Master Contract, this TO Agreement, and the following Exhibits, which are attached and incorporated herein by reference. If there is any conflict among the Master Contract, this TO Agreement, and these Exhibits, the terms of the Master Contract shall govern. If there is any conflict between this TO Agreement and any of these Exhibits, the following order of precedence shall determine the prevailing provision:

   a) The TO Agreement.
b) Exhibit A – CATS+ TORFP

c) Exhibit B – TO Technical Proposal

d) Exhibit C – TO Financial Proposal

2.3 The TO Procurement Officer may, at any time, by written order, make changes in the work within the general scope of the TO Agreement. No other order, statement or conduct of the TO Procurement Officer or any other person shall be treated as a change or entitle the TO Contractor to an equitable adjustment under this Section. Except as otherwise provided in this TO Agreement, if any change under this Section causes an increase or decrease in the TO Contractor’s cost of, or the time required for, the performance of any part of the work, whether or not changed by the order, an equitable adjustment in the TO Agreement price shall be made and the TO Agreement modified in writing accordingly. The TO Contractor must assert in writing its right to an adjustment under this Section within thirty (30) days of receipt of written change order and shall include a written statement setting forth the nature and cost of such claim. No claim by the TO Contractor shall be allowed if asserted after final payment under this TO Agreement. Failure to agree to an adjustment under this Section shall be a dispute under the Disputes clause of the Master Contract. Nothing in this Section shall excuse the TO Contractor from proceeding with the TO Agreement as changed.

3. Time for Performance

Unless terminated earlier as provided in the Master Contract, the TO Contractor shall provide the services described in the TO Proposal and in accordance with the CATS+ TORFP on receipt of a Notice to Proceed from the TO Manager. The term of this TO Agreement is for a period of ________________, commencing on the date of Notice to Proceed and terminating on Month Day, Year.

4. Consideration and Payment

4.1 The consideration to be paid the TO Contractor shall be done so in accordance with the CATS+ TORFP and shall not exceed $______________. Any work performed by the TO Contractor in excess of the not-to-exceed ceiling amount of the TO Agreement without the prior written approval of the TO Manager is at the TO Contractor’s risk of non-payment.

4.2 Payments to the TO Contractor shall be made as outlined Section 2 of the CATS+ TORFP, but no later than thirty (30) days after the Agency’s receipt of a proper invoice for services provided by the TO Contractor, acceptance by the Agency of services provided by the TO Contractor, and pursuant to the conditions outlined in Section 4 of this Agreement.

4.3 Each invoice for services rendered must include the TO Contractor’s Federal Tax Identification Number which is _______________. Charges for late payment of invoices other than as prescribed by Title 15, Subtitle 1, of the State Finance and Procurement Article, Annotated Code of Maryland, as from time-to-time amended, are prohibited. Invoices must be submitted to the Agency TO Manager unless otherwise specified herein.

4.4 In addition to any other available remedies, if, in the opinion of the TO Procurement Officer, the TO Contractor fails to perform in a satisfactory and timely manner, the TO Procurement Officer may refuse or limit approval of any invoice for payment, and may cause payments to the TO Contractor to be reduced or withheld until such time as the TO Contractor meets performance standards as established by the TO Procurement Officer.
IN WITNESS THEREOF, the parties have executed this TO Agreement as of the date hereinabove set forth.

TO Contractor Name

By: Type or Print TO Contractor POC

Witness: _______________________

Date

STATE OF MARYLAND, DHMH

By: Insert name, TO Procurement Officer

Witness: _______________________

Date
ATTACHMENT 4 CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

A) "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the State, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B) "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a bidder, offeror, contractor, consultant, or subcontractor or sub-consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a bid or offer is made.

C) The bidder or offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D) The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):

E) The bidder or offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the bidder or offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the bidder or offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the Contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: ____________________________  By: ____________________________ (Authorized Representative and Affiant)
ATTACHMENT 5 LABOR CLASSIFICATION PERSONNEL RESUME SUMMARY (INSTRUCTIONS)

1) For this solicitation,
   a) Master Contractors shall propose a specific resource for one or both job titles listed below. If allowed by the solicitation, one resource may be proposed to fill more than one job title. Failure to propose a resource for one or both job titles identified as part of the TO Proposal will result in the TO Technical Proposal being deemed not susceptible for award.
   b) Master Contractors shall propose the CATS+ Labor Category that best fits each proposed resource. Master Contractors shall comply with all personnel requirements under the Master Contract RFP 060B2490023.
   c) Master Contractors shall propose a maximum of 1 resource per job title listed below.
   d) Failure of any proposed resource to meet minimum requirements as listed in this TORFP and in the CATS+ Master Contract will result in the entire TO Technical Proposal being deemed not susceptible for award.

2) Job Titles
   a) SharePoint Developer
   b) Mainframe Programmer/Analyst

3) For one or both job titles above, the Master Contractor shall complete one Attachment 5 form and one Attachment 5A form using the templates provided. Alternate worksheets are not allowed. The Attachment 5A – Form TM1- is a separate form labeled Attachment 5A Form TM1 - Requirements Qualification Traceability Matrix.xls.

4) Form Completion
   a) Complete one Personnel Resume Summary (Attachment 5 Form LC1) per proposed person to present each proposed person’s resume in a standard format.
   b) Additional information may be attached to each Personnel Resume Summary that may assist a full and complete understanding of the individual being proposed.
   c) Instructions for Attachment 5A – Form TM1 - Requirements Qualification Traceability Matrix. Complete the following parts:
      Part A) CATS+ Minimum Qualifications: For one or both job titles above, the Master Contractor shall insert each specific minimum qualification requirement from the CATS+ Master Contract for the proposed labor category. Each minimum requirement shall be followed by one or more examples that demonstrate how the proposed resource meets the minimum requirement. Account for all minimum qualifications, including any experience, education, or professional certifications.
      (1) Where there is a time requirement such as three months’ experience, you shall provide the dates from and to showing an amount of time that equals or exceeds the
mandatory time requirement. Enter multiple examples if necessary to show the required time is met using multiple experiences.

(2) Include the data to support the example within the table. Cross-referencing other cells within the matrix or other portions of the TO Technical Proposal shall only be allowed when referencing proof of certification provided elsewhere in the TO Technical Proposal. For example, proof of current Oracle Certified Professional status may be cross referenced from the matrix if a copy of the certification is submitted as part of the TO Technical Proposal.

Part B) Other TORFP Minimum Qualifications: For one or both job titles above, the Master Contractor shall insert each specific minimum qualification requirement listed in the solicitation. Each minimum requirement shall be followed by one or more examples that demonstrate how the proposed resource meets the minimum requirement. Account for all minimum qualifications, including any experience, education, or professional certifications.

Part C) Other Personnel Requirements: After all minimum qualification requirements, the Master Contractor shall insert any other personnel requirements listed within this TORFP and describe how the proposed resource meets those requirements.
ATTACHMENT 5 FORM LC1 - LABOR CLASSIFICATION PERSONNEL RESUME SUMMARY

CATS+ TORFP # M00B4400469

Instructions: Submit one resume form for each resource proposed in the TO Proposal. Do not submit other resume formats. Fill out each box as instructed. Do not enter “see resume” in this form. Failure to follow the instructions on the instructions tab and in TORFP may result in the TO Proposal being considered not susceptible for award.

<table>
<thead>
<tr>
<th>Candidate Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Contractor:</td>
</tr>
<tr>
<td>&lt;insert Master Contractor name&gt;</td>
</tr>
<tr>
<td>Proposed CATS+ Labor Category:</td>
</tr>
<tr>
<td>&lt;proposed by Master Contractor&gt;</td>
</tr>
<tr>
<td>Job Title (As listed in TORFP):</td>
</tr>
<tr>
<td>&lt;as described in this TORFP&gt;</td>
</tr>
</tbody>
</table>

**Education / Training (start with latest degree / certificate)**

<table>
<thead>
<tr>
<th>Institution Name / City / State</th>
<th>Degree / Certification</th>
<th>Year Completed</th>
<th>Field Of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<add lines as needed>

**Relevant Work Experience**

Describe work experience relevant to the Duties / Responsibilities and Minimum Qualifications described in Section 2 of the TORFP. Start with the most recent experience first; do not include experience not relevant to the scope of this TORFP; use Employment History below for full employment history. Enter dates as MM/YY – MM/YY. Add lines as needed.

[Organization] Description of Work...
[Title / Role]
[Period of Employment / Work] (MM/YY – MM/YY)
[Location]
[Contact Person (Optional if current employer)]

[Organization] Description of Work...
[Title / Role]
[Period of Employment / Work]
[Location]
[Contact Person]

**Employment History**

List employment history, starting with the most recent employment first. Enter dates as MM/YY – MM/YY. Add lines as needed.

<table>
<thead>
<tr>
<th>Start and End Dates</th>
<th>Job Title or Position</th>
<th>Organization Name</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/YY – MM/YY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State of Maryland - Department of Health and Mental Hygiene

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ATTACHMENT 5 FORM LC1 - LABOR CLASSIFICATION PERSONNEL RESUME SUMMARY (CONTINUED)

*Fill out each box. Do not enter “see resume” as a response.

A) References for Proposed Resource (if requested in the TORFP)
List persons the State may contact as employment references. Add lines as needed.

<table>
<thead>
<tr>
<th>Reference Number:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date From:</td>
<td>&lt;mm/yy&gt;</td>
</tr>
<tr>
<td>Date To:</td>
<td>&lt;mm/yy&gt;</td>
</tr>
<tr>
<td>Organization Name:</td>
<td>&lt;insert organization name&gt;</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>&lt;insert contact&gt;</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>&lt;insert phone&gt;</td>
</tr>
<tr>
<td>Contact email:</td>
<td>&lt;insert email&gt;</td>
</tr>
<tr>
<td>Details:</td>
<td>&lt;insert details&gt;</td>
</tr>
</tbody>
</table>

B) Requirements Qualification Traceability Matrix
Complete the matrix (Attachment 5A - Separate Document) for each requirement listed for the position in either the CATS+ Master Contract and/or this TORFP.

The information provided on this form for this resource is true and correct to the best of my knowledge:

Master Contractor Representative:

_________________________   _________________________   __________________
Print Name                  Signature                  Date

Proposed Individual:

_________________________   _________________________
Signature                  Date

State of Maryland - Department of Health and Mental Hygiene
ATTACHMENT 5 SUMMARY

Form TM1 – Labor Classification Personnel Resume Summary is a Microsoft Excel Spreadsheet provided separately.
ATTACHMENT 6 PRE-PROPOSAL CONFERENCE DIRECTIONS

Directions to 201 W. Preston Street, Baltimore, Maryland 21201

From the North or South on I-95
Take the exit for Route I-395 (Downtown Baltimore), staying in the right lane. Continue going straight using the Martin Luther King, Jr. Blvd. off-ramp. Go approximately two miles and turn left at Eutaw Street. Make the next right onto Preston Street. Continue on Preston Street for ½ block. The entrance to the pay parking lot is on the left.

From the North on I-83
Follow I-83 to the North Avenue exit. Make a left onto North Avenue. Immediately after crossing the bridge, make a right onto Howard Street. Proceed on Howard Street, crossing another bridge, for about ½ mile and make a right on Preston Street (Maryland National Guard Armory on corner). Pay parking is just past the armory on the right.

From the West on I-70
Take I-70 East to I-695 South toward Glen Burnie. Follow I-695 to I-95 North and take I-95 to the exit for I-395 (Downtown Baltimore), staying in the right lane. Continue going straight using the Martin Luther King, Jr. Blvd. off-ramp. Go approximately two miles and turn left at Eutaw Street. Make the next right onto Preston Street. Continue on Preston Street for ½ block. The entrance to the pay parking lot is on the left.

From Annapolis and Vicinity on I-97
Follow I-97 North toward Baltimore. Exit at I-695 West toward Towson. Take I-695 to I-95 North. From I-95, take the exit for I-395 (Downtown Baltimore), staying in the right lane. Continue going straight using the Martin Luther King, Jr. Blvd. off-ramp. Go approximately two miles and turn left at Eutaw Street. Make the next right onto Preston Street. Continue on Preston Street for ½ block. The entrance to the pay parking lot is on the left.

Baltimore Metro and Light Rail
Take the Baltimore Metro to the State Center station. Take the escalator or elevator to Preston Street. 201 W. Preston will be across the street.
Take the light rail to the Cultural Center stop. Cross Howard Street to Preston Street. The Maryland National Guard Armory will be on the right and 201 W. Preston Street will be on the left.
ATTACHMENT 7 NOTICE TO PROCEED (sample)

Month Day, Year

TO Contractor Name
TO Contractor Mailing Address

Re: CATS+ TO Project Number (TORFP #): M00B4400469

Dear TO Contractor Contact:
This letter is your official Notice to Proceed as of Month Day, Year, for the above-referenced Task Order Agreement. Mr. / Ms. ______________ of ______________ (Agency Name) will serve as the TO Manager and your contact person on this Task Order. He / She can be reached at telephone ______________.

Enclosed is an original, fully executed Task Order Agreement and purchase order.

Sincerely,

TO Procurement Officer
Task Order Procurement Officer
Enclosures (2)
cc: TO Manager
Procurement Liaison Office, Department of Information Technology
Project Oversight Office, Department of Information Technology
ATTACHMENT 8 AGENCY RECEIPT OF DELIVERABLE FORM

THIS ATTACHMENT IS NOT APPLICABLE TO THIS TORFP.
ATTACHMENT 9 AGENCY DELIVERABLE PRODUCT ACCEPTANCE FORM

Agency Name: TO Requesting Agency
TORFP Title: TORFP Project Name
TO Manager: TO Manager and Phone Number

To:
The following deliverable, as required by TO Project Number (TORFP #): M00B4400469, has been received and reviewed in accordance with the TORFP.

Title of deliverable:
TORFP Contract Reference Number: Section #
Deliverable Reference ID #
This deliverable:

☐ Is accepted as delivered.

☐ Is rejected for the reason(s) indicated below.

REASON(S) FOR REJECTING DELIVERABLE:

OTHER COMMENTS:

TO Manager Signature

Date Signed

State of Maryland - Department of Health and Mental Hygiene
ATTACHMENT 10 NON-DISCLOSURE AGREEMENT (OFFEROR)

This Non-Disclosure Agreement (the "Agreement") is made this ______ day of ______ 20__, by and between __________ (hereinafter referred to as "the OFFEROR") and the State of Maryland (hereinafter referred to as "the State").

OFFEROR warrants and represents that it intends to submit a TO Proposal in response to CATS+ TORFP # [M00B44000469] for TORFP TITLE. In order for the OFFEROR to submit a TO Proposal, it will be necessary for the State to provide the OFFEROR with access to certain confidential information including, but not limited to __________. All such information provided by the State shall be considered Confidential Information regardless of the form, format, or media upon which or in which such information is contained or provided, regardless of whether it is oral, written, electronic, or any other form, and regardless of whether the information is marked as "Confidential Information". As a condition for its receipt and access to the Confidential Information described above, the OFFEROR agrees as follows:

1. OFFEROR will not copy, disclose, publish, release, transfer, disseminate or use for any purpose in any form any Confidential Information received, except in connection with the preparation of its TO Proposal.

2. Each employee or agent of the OFFEROR who receives or has access to the Confidential Information shall execute a copy of this Agreement and the OFFEROR shall provide original(s) of such executed Agreements to the State. Each employee or agent of the OFFEROR who signs this Agreement shall be subject to the same terms, conditions, requirements and liabilities set forth herein that are applicable to the OFFEROR.

3. OFFEROR shall return the Confidential Information to the State within five business days of the State's Notice of recommended award. If the OFFEROR does not submit a Proposal, the OFFEROR shall return the Confidential Information to Procurement Officer, TO Requesting Agency on __________ or before the due date for Proposals.

4. OFFEROR acknowledges that the disclosure of the Confidential Information may cause irreparable harm to the State and agrees that the State may obtain an injunction to prevent the disclosure, copying, or other impermissible use of the Confidential Information. The State's rights and remedies hereunder are cumulative and the State expressly reserves any and all rights, remedies, claims and actions that it may have now or in the future to protect the Confidential Information and/or to seek damages for the OFFEROR'S failure to comply with the requirements of this Agreement. The OFFEROR consents to personal jurisdiction in the Maryland State Courts.

5. In the event the State suffers any losses, damages, liabilities, expenses, or costs (including, by way of example only, attorneys' fees and disbursements) that are attributable, in whole or in part to any failure by the OFFEROR or any employee or agent of the OFFEROR to comply with the requirements of this Agreement, OFFEROR and such employees and agents of OFFEROR shall hold harmless and indemnify the State from and against any such losses, damages, liabilities, expenses, and/or costs.

6. This Agreement shall be governed by the laws of the State of Maryland.

7. OFFEROR acknowledges that pursuant to Section 11-205.1 of the State Finance and Procurement Article of the Annotated Code of Maryland, a person may not willfully make a false or fraudulent statement or representation of a material fact in connection with a procurement contract. Persons making such statements are guilty of a felony and on conviction subject to a fine of not more than $20,000 and/or imprisonment not exceeding 5 years or both. OFFEROR further acknowledges that this Agreement is a statement made in connection with a procurement contract.

8. The individual signing below warrants and represents that they are fully authorized to bind the OFFEROR to the terms and conditions specified in this Agreement. If signed below by an individual employee or agent of the OFFEROR under Section 2 of this Agreement, such individual acknowledges that a failure to comply with the requirements specified in this Agreement may result in personal liability.

OFFEROR:

BY:

NAME: 

TITLE: 

ADDRESS: 

State of Maryland - Department of Health and Mental Hygiene
ATTACHMENT 11 NON-DISCLOSURE AGREEMENT (TO CONTRACTOR)

THIS NON-DISCLOSURE AGREEMENT ("Agreement") is made as of this ___ day of ____________, 20__, by and between the State of Maryland ("the State"), acting by and through its Department of Health and Mental Hygiene (the "Department"), and ___________________ ("TO Contractor"), a corporation with its principal business office located at ___________________ and its principal office in Maryland located at ___________________.

RECITALS

WHEREAS, the TO Contractor has been awarded a Task Order Agreement (the "TO Agreement") for IT Staff Support: SharePoint Developer / Mainframe Programming TORFP No. M00B4H00469 dated ____________, (the "TORFP") issued under the Consulting and Technical Services procurement issued by the Department, Project Number 060B2490023; and

WHEREAS, in order for the TO Contractor to perform the work required under the TO Agreement, it will be necessary for the State to provide the TO Contractor and the TO Contractor’s employees and agents (collectively the "TO Contractor’s Personnel") with access to certain confidential information regarding (the "Confidential Information").

NOW, THEREFORE, in consideration of being given access to the Confidential Information in connection with the TORFP and the TO Agreement, and for other good and valuable consideration, the receipt and sufficiency of which the parties acknowledge, the parties do hereby agree as follows:

1. Confidential Information means any and all information provided by or made available by the State to the TO Contractor in connection with the TO Agreement, regardless of the form, format, or media on or in which the Confidential Information is provided and regardless of whether any such Confidential Information is marked as such. Confidential Information includes, by way of example only, information that the TO Contractor views, takes notes from, copies (if the State agrees in writing to permit copying), possesses or is otherwise provided access to and use of by the State in relation to the TO Agreement.  

2. TO Contractor shall not, without the State’s prior written consent, copy, disclose, publish, release, transfer, disseminate, use, or allow access for any purpose or in any form, any Confidential Information provided by the State except for the sole and exclusive purpose of performing under the TO Agreement. TO Contractor shall limit access to the Confidential Information to the TO Contractor’s Personnel who have a demonstrable need to know such Confidential Information in order to perform under the TO Agreement and who have agreed in writing to be bound by the disclosure and use limitations pertaining to the Confidential Information. The names of the TO Contractor’s Personnel are attached hereto and made a part hereof as Exhibit A. Each individual whose name appears on Exhibit A shall execute a copy of this Agreement and thereby be subject to the terms and conditions of this Agreement to the same extent as the TO Contractor. TO Contractor shall update Exhibit A by adding additional names as needed, from time to time.

3. If the TO Contractor intends to disseminate any portion of the Confidential Information to non-employee agents who are assisting in the TO Contractor’s performance of the TORFP or who will otherwise have a role in performing any aspect of the TORFP, the TO Contractor shall first obtain the written consent of the State to any such dissemination. The State may grant, deny, or condition any such consent, as it may deem appropriate in its sole and absolute subjective discretion.

4. TO Contractor hereby agrees to hold the Confidential Information in trust and in strictest confidence, to adopt or establish operating procedures and physical security measures, and to take all other measures necessary to protect the Confidential Information from inadvertent release or disclosure to unauthorized third parties and to prevent all or any portion of the Confidential Information from falling into the public domain or into the possession of persons not bound to maintain the confidentiality of the Confidential Information.

5. TO Contractor shall promptly advise the State in writing if it learns of any unauthorized use, misappropriation, or disclosure of the Confidential Information by any of the TO Contractor’s Personnel or the TO Contractor’s former
Personnel. TO Contractor shall, at its own expense, cooperate with the State in seeking injunctive or other equitable relief against any such person(s).

6. TO Contractor shall, at its own expense, return to the Department, all copies of the Confidential Information in its care, custody, control or possession upon request of the Department or on termination of the TO Agreement.

7. A breach of this Agreement by the TO Contractor or by the TO Contractor’s Personnel shall constitute a breach of the Master Contract Agreement between the TO Contractor and the State.

8. TO Contractor acknowledges that any failure by the TO Contractor or the TO Contractor’s Personnel to abide by the terms and conditions of use of the Confidential Information may cause irreparable harm to the State and that monetary damages may be inadequate to compensate the State for such breach. Accordingly, the TO Contractor agrees that the State may obtain an injunction to prevent the disclosure, copying or improper use of the Confidential Information. The TO Contractor consents to personal jurisdiction in the Maryland State Courts. The State’s rights and remedies hereunder are cumulative and the State expressly reserves any and all rights, remedies, claims and actions that it may have now or in the future to protect the Confidential Information and/or to seek damages from the TO Contractor and the TO Contractor’s Personnel for a failure to comply with the requirements of this Agreement. In the event the State suffers any losses, damages, liabilities, expenses, or costs (including, by way of example only, attorneys’ fees and disbursements) that are attributable, in whole or in part to any failure by the TO Contractor or any of the TO Contractor’s Personnel to comply with the requirements of this Agreement, the TO Contractor shall hold harmless and indemnify the State from and against any such losses, damages, liabilities, expenses, and/or costs.

9. TO Contractor and each of the TO Contractor’s Personnel who receive or have access to any Confidential Information shall execute a copy of an agreement substantially similar to this Agreement and the TO Contractor shall provide originals of such executed Agreements to the State.

10. The parties further agree that:

This Agreement shall be governed by the laws of the State of Maryland;
The rights and obligations of the TO Contractor under this Agreement may not be assigned or delegated, by operation of law or otherwise, without the prior written consent of the State;
The State makes no representations or warranties as to the accuracy or completeness of any Confidential Information;
The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement;
Signatures exchanged by facsimile are effective for all purposes hereunder to the same extent as original signatures; and
The Recitals are not merely prefatory but are an integral part hereof.

TO Contractor/TO Contractor’s Personnel: Department of Health and Mental Hygiene:

Name: Name:

Title: Title:

Date: Date:

EXHIBIT A – FOR THE NONDISCLOSURE AGREEMENT (TO CONTRACTOR)
TO CONTRACTOR’S EMPLOYEES AND AGENTS WHO WILL BE GIVEN ACCESS TO THE CONFIDENTIAL INFORMATION

Printed Name and Address of Employee or Agent

Signature

Date
ATTACHMENT 12 TO CONTRACTOR SELF-REPORTING CHECKLIST

The purpose of this checklist is for CATS+ Master Contractors to self-report on adherence to procedures for task orders (TO) awarded under the CATS+ Master Contract. Requirements for TO management can be found in the CATS+ Master Contract RFP and at the TORFP level. The Master Contractor is requested to complete and return this form by the Checklist Due Date below. Master Contractors may attach supporting documentation as needed. Please send the completed checklist and direct any related questions to contractoversight.doi@maryland.gov with the TO number in the subject line.

<table>
<thead>
<tr>
<th>Master Contractor:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Contractor Contact / Phone:</td>
<td></td>
</tr>
<tr>
<td>Procuring State Agency Name:</td>
<td></td>
</tr>
<tr>
<td>TO Title:</td>
<td></td>
</tr>
<tr>
<td>TO Number:</td>
<td></td>
</tr>
<tr>
<td>TO Type (Fixed Price, T&amp;M, or Both):</td>
<td></td>
</tr>
<tr>
<td>Checklist Issue Date:</td>
<td></td>
</tr>
<tr>
<td>Checklist Due Date:</td>
<td></td>
</tr>
</tbody>
</table>

**Section 1 – Task Orders with Invoices Linked to Deliverables**

A) Was the original TORFP (Task Order Request for Proposals) structured to link invoice payments to distinct deliverables with specific acceptance criteria?
   Yes [ ] No [ ] (If no, skip to Section 2.)

B) Do TO invoices match corresponding deliverable prices shown in the accepted Financial Proposal?
   Yes [ ] No [ ] (If no, explain why)

C) Is the deliverable acceptance process being adhered to as defined in the TORFP?
   Yes [ ] No [ ] (If no, explain why)

**Section 2 – Task Orders with Invoices Linked to Time, Labor Rates and Materials**

A) If the TO involves material costs, are material costs passed to the agency without markup by the Master Contractor?
   Yes [ ] No [ ] (If no, explain why)

B) Are labor rates the same or less than the rates proposed in the accepted Financial Proposal?
   Yes [ ] No [ ] (If no, explain why)

C) Is the Master Contractor providing timesheets or other appropriate documentation to support invoices?
   Yes [ ] No [ ] (If no, explain why)

**Section 3 – Substitution of Personnel**

A) Has there been any substitution of personnel?
   Yes [ ] No [ ] (If no, skip to Section 4.)

B) Did the Master Contractor request each personnel substitution in writing?
   Yes [ ] No [ ] (If no, explain why)
C) Does each accepted substitution possess equivalent or better education, experience and qualifications than incumbent personnel?
Yes □ No □ (If no, explain why)

Was the substitute approved by the agency in writing?
Yes □ No □ (If no, explain why)

Section 4 – MBE Participation

A) What is the MBE goal as a percentage of the TO value? % (If there is no MBE goal, skip to Section 5)

B) Are MBE reports D-5 and D-6 submitted monthly?
Yes □ No □ (If no, explain why)

C) What is the actual MBE percentage to date? (divide the dollar amount paid to date to the MBE by the total amount paid to date on the TO) %
(Example - $3,000 was paid to date to the MBE Subcontractor; $10,000 was paid to date on the TO: the MBE percentage is 30% (3,000 ÷ 10,000 = 0.30))

Is this consistent with the planned MBE percentage at this stage of the project?
Yes □ No □ (If no, explain why)

Has the Master Contractor expressed difficulty with meeting the MBE goal?
Yes □ No □ (If yes, explain the circumstances and any planned corrective actions)

Section 5 – TO Change Management

A) Is there a written change management procedure applicable to this TO?
Yes □ No □ (If no, explain why)

B) Does the change management procedure include the following?

Yes □ No □ Sections for change description, justification, and sign-off
Yes □ No □ Sections for impact on cost, scope, schedule, risk and quality (i.e., the impact of change on satisfying TO requirements)
Yes □ No □ A formal group charged with reviewing/approving/declining changes (e.g., change control board, steering committee, or management team)

C) Have any change orders been executed?
Yes □ No □
(If yes, explain expected or actual impact on TO cost, scope, schedule, risk and quality)

D) Is the change management procedure being followed?
Yes □ No □ (If no, explain why)

SUBMIT AS INSTRUCTED IN TORFP.
ATTACHMENT 13 LIVING WAGE AFFIDAVIT OF AGREEMENT

Contract No. 
Name of Contractor  
Address  
City  State  Zip Code  

If the Contract is Exempt from the Living Wage Law
The Undersigned, being an authorized representative of the above named Contractor, hereby affirms that the Contract is exempt from Maryland’s Living Wage Law for the following reasons: (check all that apply)

_ Bidder/Offeror is a nonprofit organization  
_ Bidder/Offeror is a public service company  
_ Bidder/Offeror employs 10 or fewer employees and the proposed contract value is less than $500,000  
_ Bidder/Offeror employs more than 10 employees and the proposed contract value is less than $100,000  

If the Contract is a Living Wage Contract
A. The Undersigned, being an authorized representative of the above named Contractor, hereby affirms our commitment to comply with Title 18, State Finance and Procurement Article, Annotated Code of Maryland and, if required, to submit all payroll reports to the Commissioner of Labor and Industry with regard to the above stated contract. The Bidder/Offeror agrees to pay covered employees who are subject to living wage at least the living wage rate in effect at the time service is provided for hours spent on State contract activities, and to ensure that its Subcontractors who are not exempt also pay the required living wage rate to their covered employees who are subject to the living wage for hours spent on a State contract for services. The Contractor agrees to comply with, and ensure its Subcontractors comply with, the rate requirements during the initial term of the contract and all subsequent renewal periods, including any increases in the wage rate established by the Commissioner of Labor and Industry, automatically upon the effective date of the revised wage rate.

B. (initial here if applicable) The Bidder/Offeror affirms it has no covered employees for the following reasons (check all that apply):

_ All employee(s) proposed to work on the State contract will spend less than one-half of the employee’s time during every work week on the State contract;
_ All employee(s) proposed to work on the State contract will be 17 years of age or younger during the duration of the State contract; or
_ All employee(s) proposed to work on the State contract will work less than 13 consecutive weeks on the State contract.

The Commissioner of Labor and Industry reserves the right to request payroll records and other data that the Commissioner deems sufficient to confirm these affirmations at any time.

Name of Authorized Representative:  
Signature of Authorized Representative:  
Date:  Title:  
Witness Name (Typed or Printed):  
Witness Signature and Date:  

State of Maryland - Department of Health and Mental Hygiene 54
ATTACHMENT 14 MERCURY AFFIDAVIT

THIS ATTACHMENT IS NOT APPLICABLE TO THIS TORFP.
ATTACHMENT 15 STATE OF MARYLAND
VETERAN SMALL BUSINESS ENTERPRISE PARTICIPATION (VSBE)

NOT APPLICABLE FOR THIS TORFP
ATTACHMENT 16 CERTIFICATION REGARDING INVESTMENTS IN IRAN


List: The Investment Activities in Iran list identifies companies that the Board of Public Works has found to engage in investment activities in Iran; those companies may not participate in procurements with a public body in the State. “Engaging in investment activities in Iran” means:

- Providing goods or services of at least $20 million in the energy sector of Iran; or
- For financial institutions, extending credit of at least $20 million to another person for at least 45 days if the person is on the Investment Activities In Iran list and will use the credit to provide goods or services in the energy of Iran.

The Investment Activities in Iran list is located at: www.bpw.state.md.us

Rule: A company listed on the Investment Activities In Iran list is ineligible to bid on, submit a proposal for, or renew a contract for goods and services with a State Agency or any public body of the State. Also ineligible are any parent, successor, subunit, direct or indirect subsidiary of, or any entity under common ownership or control of, any listed company.

NOTE: This law applies only to new contracts and to contract renewals. The law does not require an Agency to terminate an existing contract with a listed company.

CERTIFICATION REGARDING INVESTMENTS IN IRAN

The undersigned certifies that, in accordance with State Finance & Procurement Article, §17-705:

(i) it is not identified on the list created by the Board of Public Works as a person engaging in investment activities in Iran as described in §17-702 of State Finance & Procurement; and
(ii) it is not engaging in investment activities in Iran as described in State Finance & Procurement Article, §17-702.

The undersigned is unable make the above certification regarding its investment activities in Iran due to the following activities:

Name of Authorized Representative: ________________________________

Signature of Authorized Representative: ____________________________

Date: __________ Title: ____________________________

Witness Name (Typed or Printed): ________________________________

Witness Signature and Date: ________________________________
ATTACHMENT 17 SAMPLE WORK ORDER

WORK ORDER

Work Order # | Contract #

This Work Order is issued under the provisions of a XXX contract. The services authorized are within the scope of services set forth in the Purpose of the work order.

Purpose

Statement of Work
Requirements:

Deliverable(s), Acceptance Criteria and Due Date(s):

Deliverables are subject to review and approval by OIT prior to payment.

(Attach additional sheets if necessary)

Start Date | End Date

Cost

<table>
<thead>
<tr>
<th>Description for Task / Deliverables</th>
<th>Quantity (if applicable)</th>
<th>Labor Hours (Hrs.)</th>
<th>Labor Rate</th>
<th>Estimate Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*Include WBS, schedule and response to requirements.

OIT shall pay an amount not to exceed $

Contractor

(Signature) Contractor Authorized Representative (Date)

POC (Print Name)

Telephone No.

Email:

Agency Approval

(Signature) TO Manager (Date)

TO Manager (Print Name)

Telephone No.

Email:
ATTACHMENT 18 PERFORMANCE EVALUATION FORM

TORFP Title: IT Staff Support: SharePoint Developer / Mainframe Programming
TORFP # M00B4400469

Name of Contractor being evaluated: <insert name>
(The TO Contractor shall submit one Performance Evaluation Form for each employee as required)

Evaluation Month & Year: 
Role (TORFP Section 2.X):
Labor Category: 

TO Contractor Name:
TO Contractor Contact:
MSDE TO Manager:

DHMH: DHMH

PROJECT PERSONNEL PERFORMANCE RATING*
The information below shall be completed by the TO Manager or Designee and returned to the TO Contractor

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance and Timeliness</td>
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<tr>
<td>Work Productivity</td>
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<tr>
<td>Work Quality</td>
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<tr>
<td>Teamwork</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer Service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Project Personnel must maintain a “Satisfactory” rating for each performance area. The TO Contractor shall take action to address any unsatisfactory rating. At the TO Manager’s discretion, employee performance may be rejected and payment withheld pending employee performance mitigation or employee substitution.

☐ Employee performance overall is accepted.  ☐ Employee performance overall is rejected (for reasons indicated below).

REASON(S) FOR UNSATISFACTORY EMPLOYEE PERFORMANCE RATING/S:

OTHER COMMENTS:

Signature of Evaluator                          Date

Signature of TO Contractor                       Date

State of Maryland - Department of Health and Mental Hygiene
ATTACHMENT 19 CRIMINAL BACKGROUND CHECK AFFIDAVIT
THIS ATTACHMENT IS NOT APPLICABLE TO THIS TORFP.
<table>
<thead>
<tr>
<th>Holiday</th>
<th>Day</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year's Day</td>
<td>Wednesday</td>
<td>January 1</td>
</tr>
<tr>
<td>Birthday of Dr. Martin Luther King, Jr</td>
<td>Monday</td>
<td>January 20</td>
</tr>
<tr>
<td>President's Day</td>
<td>Monday</td>
<td>February 17</td>
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<tr>
<td>Service Reduction Day(^1) FY2014</td>
<td>Friday</td>
<td>May 23</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Monday</td>
<td>May 26</td>
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<tr>
<td>Independence Day</td>
<td>Friday</td>
<td>July 4</td>
</tr>
<tr>
<td>Labor Day</td>
<td>Monday</td>
<td>September 1</td>
</tr>
<tr>
<td>Columbus Day</td>
<td>Monday</td>
<td>October 13</td>
</tr>
<tr>
<td>Gubernatorial Election Day</td>
<td>Tuesday</td>
<td>November 4</td>
</tr>
<tr>
<td>Veteran's Day</td>
<td>Tuesday</td>
<td>November 11</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>Thursday</td>
<td>November 27</td>
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<tr>
<td>American Indian Heritage Day</td>
<td>Friday</td>
<td>November 28</td>
</tr>
<tr>
<td>Christmas Day</td>
<td>Thursday</td>
<td>December 25</td>
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