



USAID
FROM THE AMERICAN PEOPLE

Request for Personal Service Contractor

United States Agency for International Development Office of U.S. Foreign Disaster Assistance

Position Title: Pharmaceutical and Medical Commodities Advisor
Solicitation Number: 720FDA18B00072
Salary Level: GS-13 Equivalent: \$96,970 - \$126,062
GS-14 Equivalent: \$114,590 - \$148,967
Issuance Date: July 20, 2018
Closing Date: September 21, 2018 (Deadline Extended)
Closing Time: 12:00 P.M. Eastern Time

Dear Prospective Applicants:

The United States Government (USG), represented by the U.S. Agency for International Development (USAID) Office of U.S. Foreign Disaster Assistance (OFDA), is seeking applications from qualified U.S. citizens to provide personal services as a Pharmaceutical and Medical Commodities (PMC) Advisor under a United States Personal Services Contract (USPSC), as described in the attached solicitation.

Submittals must be in accordance with the attached information at the place and time specified. Applicants interested in applying for this position **MUST** submit the following materials:

1. Complete resume. In order to fully evaluate your application, your resume must include:

- (a) Paid and non-paid experience, job title, location(s), dates held (month/year), and hours worked per week for each position. **Any experience that does not include dates (month/year), locations, and hours per week will not be counted towards meeting the solicitation requirements.**
- (b) Specific duties performed that fully detail the level and complexity of the work.
- (c) Names and contact information (phone/email) of your current and/or previous supervisor(s). Current and/or previous supervisors may be contacted for a reference.
- (d) Education and any other qualifications including job-related training courses, job-related skills, or job-related honors, awards or accomplishments.
- (e) U.S. Citizenship
- (f) **Optional:** How did you hear about this opportunity? (FedBizOps, OFDA Jobs, Career Fair, etc.).

Your resume should contain sufficient information to make a valid determination that you fully meet the experience requirements as stated in this solicitation for each grade level(s) for which you are applying. This information should be clearly identified in your resume. Failure to provide information sufficient to determine your qualifications for the position will result in loss of full consideration.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

2. Supplemental document specifically addressing the Quality Ranking Factors (QRFs) shown in the solicitation.
3. USPSC Application form AID 309-2. Applicants are required to complete sections A through I. This form must be physically signed. Electronic signatures will not be accepted.

NOTE REGARDING DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBERS AND THE SYSTEM FOR AWARD MANAGEMENT

All USPSCs with a place of performance in the United States are required to have a Data Universal Numbering System (DUNS) number and be registered in the System for Award Management (SAM) database prior to receiving an award. You will be disqualified if you either fail to comply with this requirement or if your name appears on the excluded parties list. The selectee will be provided with guidance regarding this registration.

NOTE: As of March 28, 2018, all new SAM.gov entity registrations will now require a signed notarized letter identifying the authorized Entity administrator for the entity associated with the DUNS number. Additional information on the format of the notarized letter and where to submit can be found via the below Federal Service Desk link:

https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013183

Applicants can expect to receive a confirmation email when application materials have been received. Applicants should retain for their records copies of all enclosures which accompany their applications. Your complete resume and the supplemental document addressing the QRFs must be emailed to:

OFDA Recruitment Team

E-Mail Address: recruiter@ofda.gov

Website: www.OFDAjobs.net

Any questions on this solicitation may be directed to OFDA Recruitment Team via the information provided above.

Sincerely,

Renee Newton
Contracting Officer

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

Solicitation for USPSC Pharmaceutical and Medical Commodities Advisor

- 1. SOLICITATION NO.:** 720FDA18B00072
- 2. ISSUANCE DATE:** July 20, 2018
- 3. CLOSING DATE/TIME FOR RECEIPT OF APPLICATIONS:** September 21, 2018, 12:00 P.M. Eastern Time
- 4. POSITION TITLE:** Pharmaceutical and Medical Commodities Advisor

5. MARKET VALUE:

Depending on the qualifications of the candidate, this position can be filled at either the GS-13 (\$96,970 - \$126,062) or GS-14 (\$114,590 - \$148,967) equivalent level, including Washington, D.C. locality pay. Final compensation will be negotiated within the listed market value of the GS-13 or GS-14 level based upon the candidate's established salary history.

Salaries over and above the top of the pay range will not be entertained or negotiated. Candidates who live outside the Washington, D.C. area will be considered for employment but no relocation expenses will be reimbursed.

Applicants who meet the minimum qualifications for a GS-13 will be considered for the GS-13 level positions. Applicants who meet the minimum qualifications for a GS-14 will be considered for the GS-14 level only.

- 6. PERIOD OF PERFORMANCE:** (1) year with four (4) one-year options
- 7. PLACE OF PERFORMANCE:** Washington, D.C.
- 8. STATEMENT OF WORK**

POSITION DESCRIPTION

BACKGROUND

The Office of U.S. Foreign Disaster Assistance (OFDA) is the office within USAID that is responsible for providing emergency non-food humanitarian assistance in response to international crises and disasters. OFDA is part of the Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) and is organized into six divisions.

The Africa (AFD) Response Division and the Asia, Latin America, Europe and Middle East (ALE) Response Division are responsible for the provision of emergency humanitarian assistance through a grants mechanism to non-governmental organizations (NGOs), international organizations (IOs) including United Nations (UN) agencies and to other partners to ensure the implementation and delivery of this assistance. These Divisions also oversee OFDA's non-response efforts in disaster risk reduction and resilience. AFD and ALE Response Divisions also coordinate with other organizations for the provision of relief supplies and assistance. They devise, coordinate and implement program strategies for a variety of natural and complex disaster situations. Both Divisions encompass groups of operations specialists who provide

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

technical expert capability in assessing the quality and strategic function of disaster response and risk reduction activities. The AFD Response Division is divided into two teams: East and Central Africa (ECA), and Southern, West, and North Africa (SWAN). The ALE Response Division is divided into four teams: East Asia and the Pacific (EAP), Europe, the Middle East, and Central Asia (EMCA), Latin America and the Caribbean (LAC), and South Asia.

The Operations (OPS) Division develops and manages operations for OFDA's disaster responses by readying people and systems; projecting U.S. Government (USG) humanitarian capacity quickly into the field; and delivering material and technical assistance. The OPS Division maintains readiness to respond to emergencies through several mechanisms, including managing Urban Search and Rescue Teams, coordinating, staffing, training, and equipping Disaster Assistance Response Teams (DARTs), and Washington-based Response Management Teams (RMTs), and stockpiling emergency relief commodities in key locations around the globe to ensure OFDA's capacity to execute and coordinate USG humanitarian assistance and response to natural disasters and complex emergencies. The OPS Division provides technical guidance and expertise in Disaster Logistics, Urban Search and Rescue, Operations Center management, activation/readiness, Civil-Military Liaison, and Chemical, Biological, Radiological, Nuclear and Explosive Consequence Management. It also provides overseas support to OFDA offices and personnel and to other sectors necessary to ensure OFDA's capacity to execute and coordinate USG humanitarian assistance and response to natural disasters and complex emergencies. The OPS Division is divided into four teams: the Disaster Assistance Support Program (DASP), Military Liaison Team (MLT), Operations Support Team (OST), and Overseas Administration Team (OAT).

The Program Support (PS) Division provides operational management support, including general administration, budget and financial services, procurement planning, information technology (IT), human resources management including staff care, and contract and grant administration support to OFDA. The PS Division supports OFDA's mandate by providing innovative solutions for IT, staffing, funds control, budgeting, information and human resource management, and procurement to facilitate timely disaster responses. The PS Division is divided into four teams: the Award, Audit, and Risk Management (AARM) Team, Human Resources Management (HRM) Team, Budget, Finance, and Information Technology (BFIT) Team, and the Acquisition and Management (ACQ) Team.

The Preparation, Strategic Planning, and Mitigation (PSPM) Division is responsible for the technical oversight of all OFDA response and mitigation programs, as well as preparation for response, mitigation, and disaster risk reduction activities. The PSPM Division houses technical experts in all sectors potentially affected by disasters, and leads the Agency in developing and promoting best practices for programming in these specific sectors. In addition, PSPM will be the focal point for technological innovations for humanitarian assistance in areas such as monitoring and evaluation, assessment, and information management. The PSPM Division is divided into four teams: Cross-Cutting Sectors Team, Natural Hazards Team, Health Team, and Food Security and Livelihoods Team.

The Humanitarian Policy and Global Engagement (HPGE) Division assists the DCHA front office, the OFDA Director and OFDA Deputy Director with tracking trends and policy

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

developments in the humanitarian assistance field. It engages in policy dialogue with other parts of USAID, the USG interagency, other donors, multilateral agencies, and NGO partners; recommends strategies for action to DCHA; initiates development of policy and internal guidance for OFDA; maintains global relationships with implementing partners, other donors, and the broader humanitarian architecture; engages with the U.N. to advance USG humanitarian policy objectives and to promote humanitarian principles within the USG and internationally. HPGE Division leads OFDA's communications and social media outreach to effectively communicate OFDA's story to a variety of strategic audiences; and serves as the office's primary interlocutor on strategic issues with other federal partners to provide guidance to OFDA on policy issues pertaining to the interagency, and to improve USG humanitarian coordination and response during large-scale crises. The HPGE Division staff manages global programs, policy and outreach, strategic communications, and interagency training and engagement. HPGE is divided into seven teams: Policy Team, Global Programs Team, Strategic Interagency Team, Strategic Communications Team, Global Capacity and Leadership Development Team, Public-Private Engagement Team, and the United States Mission to the UN (USUN) in New York, Geneva, and Rome.

INTRODUCTION

The Pharmaceutical and Medical Commodities (PMC) Advisor is an integral member of OFDA's Health Team within the PSPM Division. OFDA addresses all disaster health risks with a strong focus on identifying and managing health risks in complex humanitarian emergencies. The team provides technical assistance to OFDA including assessments, proposal reviews, risk management, capacity building and technical innovations to address the major causes of excess morbidity and mortality.

OBJECTIVE

OFDA requires a Registered Pharmacist, licensed to practice in the United States, to serve as a PMC Advisor and provide OFDA with technical assistance in public health program assessment, review of grant proposals for humanitarian responses, and other areas as needed. The OFDA PMC Advisor will evaluate human and veterinary medical commodity requests, assess and advise on local health systems and pharmaceutical supply chains to assure that appropriate, safe, effective, and quality pharmaceuticals are supplied to beneficiaries in humanitarian responses.

9. CORE FUNCTIONAL AREAS OF RESPONSIBILITY

DUTIES AND RESPONSIBILITIES

At the GS-13 level:

- Exercise judgment and decision-making related to pharmaceutical procurement and distribution activities, as well as evaluate medical commodity requests, both in the US and overseas.
- Review and analyze data to assure that all pharmaceuticals that may be purchased are in accordance with USAID regulations and meet internationally accepted standards for safety, efficacy, and quality.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

- Assist in conducting assessments of host nation pharmaceutical manufacturing, storage and distribution networks, and recommend appropriate relief activities.
- Identify pharmaceutical supply chain measures that could be linked to disaster response activities. Review and analyze risk reduction principles and recommend course(s) of action to OFDA-Washington staff.
- Audit international pharmaceutical vendors to ensure pharmaceuticals procured with USG funds are safe, effective, and meet quality standards.
- Coordinate and monitor OFDA-funded health care activities to ensure the proper use of OFDA program funds. Review documentation provided by the implementing partner to confirm that appropriate pharmaceuticals were provided to the beneficiaries. As appropriate, apply new developments in the pharmaceutical sector to OFDA programming.
- Assist in evaluating existing host nation programs and systems and recommend improvements that will enhance health care for the beneficiaries.
- Assist OFDA to plan, organize, direct, coordinate, and analyze emergency pharmaceutical procurement and distribution activities to ensure that efforts in assigned program areas are meeting the needs of affected populations and satisfy the goals and objectives of the response program
- Liaise with partners, IOs, and host nation authorities to ensure the appropriateness of medical commodities to be delivered. Be aware of the local capacities for production of medical commodities, the quality of locally produced medical commodities and the impact of imported medical commodities and pharmaceuticals on the local economy.
- Assist and coordinate actual USG emergency technical response activities with the USAID Mission, other donor agencies, and the U.S. Embassy.
- Assist in the development of various country/regional strategies for field offices, DARTs and assessment teams. Provide briefings and written reports as required.
- Participate in appropriate training either as a participant and/or trainer.
- May serve as needed, on Washington-based RMTs, which provides services and support to DARTs deployed in response to disasters. The duties on RMTs will be varied.
- As needed, may serve on temporary details within the office not to exceed six (6) months. Duties performed while on detail will be aligned with the Team's existing duties and responsibilities as well as directly related to the scope of work provided.

At the GS-14 level:

- Exercise independent judgment and decision-making related to pharmaceutical procurement and distribution activities, as well as evaluate medical commodity requests, both in the US and overseas.
- Review and analyze data to assure that all pharmaceuticals that may be purchased are in accordance with USAID regulations and meet internationally accepted standards for safety, efficacy, and quality.
- Conduct assessments of host nation pharmaceutical manufacturing, storage and distribution networks and recommend appropriate relief activities.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

- Identify pharmaceutical supply chain measures that could be linked to disaster response activities. Review and analyze risk reduction principles and recommend course(s) of action to OFDA-Washington staff.
- Audit international pharmaceutical vendors to ensure pharmaceuticals procured with USG funds are safe, effective, and meet quality standards.
- Coordinate and monitor OFDA-funded health care activities to ensure the proper use of OFDA program funds. Review documentation provided by the implementing partner to confirm that appropriate pharmaceuticals were in fact provided to the beneficiaries. As appropriate, apply new developments in the pharmaceutical sector to OFDA programming.
- Brief host governments on internationally accepted standards for medical commodities and pharmaceuticals such as Good Manufacturing Practices and Good Distribution Practices.
- Evaluate existing host nation programs and systems and recommend improvements that will enhance health care for the beneficiaries.
- Assist OFDA to coordinate, plan, implement, and evaluate emergency pharmaceutical procurement and distribution activities to ensure that efforts in assigned program areas are meeting the needs of affected populations and satisfy the goals and objectives of the response program
- Liaise with partners, IOs, and host nation authorities to ensure the appropriateness of medical commodities to be delivered. Be aware of the local capacities for production of medical commodities, the quality of locally produced medical commodities and the impact of imported medical commodities and pharmaceuticals on the local economy.
- Facilitate and coordinate actual USG emergency technical response activities with the USAID Mission, other donor agencies, and the U.S. Embassy.
- Facilitate the development of various country/regional strategies for field offices, DARTs and assessment teams. Provide briefings and written reports as required.
- As required, lead teams to guide and coordinate the work of other technical staff in the pharmacy sector.
- Participate in appropriate training either as a participant and/or trainer.
- May serve as needed, on Washington-based RMTs, which provides services and support to DARTs deployed in response to disasters. The duties on RMTs will be varied.
- As needed, may serve on temporary details within the office not to exceed six (6) months. Duties performed while on detail will be aligned with the Team's existing duties and responsibilities as well as directly related to the scope of work provided.

SUPERVISORY RELATIONSHIP:

Supervisor sets overall work objectives. The PMC Advisor will take day-to-day direction from and report to the Lead PMC Advisor or his/her designee.

SUPERVISORY CONTROLS:

The incumbent is expected to take initiative and act independently with little direction and will have wide latitude for the exercise of independent judgment in responding to needs.

10. PHYSICAL DEMANDS

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

The work is generally sedentary and does not pose undue physical demands. During deployment on DARTs (if required), and during site visits, there may be some additional physical exertion including long periods of standing, walking over rough terrain, or carrying of moderately heavy items (less than 50 pounds).

11. WORK ENVIRONMENT

Work is primarily performed in an office setting. During deployment on DARTs (if required), and during site visits, the work may additionally involve special safety and/or security precautions, wearing of protective equipment, and exposure to severe weather conditions.

12. START DATE: Immediately, once necessary clearances are obtained.

13. POINT OF CONTACT: See Cover Letter.

**Solicitation for a USpsc Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

EDUCATION/EXPERIENCE REQUIRED FOR THIS POSITION

(Determines basic eligibility for the position. Applicants who do not meet all of the education and experience factors are considered NOT qualified for the position.)

At the GS-13 Equivalent level:

The PMC Advisor candidate must be currently licensed as a pharmacist, in good standing, in at least one U.S. State.

AND

Bachelor's Degree in Pharmacy or Doctor of Pharmacy (PharmD.) AND a minimum of seven (7) years of progressively responsible relevant experience as a pharmacist in a healthcare delivery system with experience in public health. Preferably, the candidate should have experience with grants and/or in assuring pharmaceutical quality standards. Ideally the candidate should have work experience in an international humanitarian setting, including work in emergency/ public health sectors of the USG, an IO, or an NGO. Depending upon work experience within the U.S. Public Health Service (USPHS), Indian Health Service (IHS) may count toward the international humanitarian setting experience.

OR

Bachelor's Degree in Pharmacy or Doctor of Pharmacy (PharmD.) AND a Master's Degree in or pertinent to one or more of the following fields: Public Health, or Health Administration, AND a minimum of five (5) years of experience as a pharmacist in a healthcare delivery system with experience in public health. Preferably, the candidate should have experience with grants and/or in assuring pharmaceutical quality standards. Ideally the candidate should have work experience in an international humanitarian setting, including work in emergency/ public health sectors of the U.S. Government, an IO, or a NGO. Depending upon work experience within the USPHS, IHS may count toward the international humanitarian setting experience.

At the GS-14 Equivalent level:

The PMC Advisor candidate must be currently licensed as a pharmacist, in good standing, in at least one U.S. State.

AND

Bachelor's Degree in Pharmacy or Doctor of Pharmacy (Pharm D.), AND a minimum of nine (9) years of progressively responsible relevant experience as a pharmacist in a healthcare delivery system with experience in public health. Preferably, the candidate should have experience with grants and/or in assuring pharmaceutical quality standards. Ideally the candidate should have work experience in an international humanitarian setting, including work an emergency/ public health sectors of the USG, an IO, or an NGO. Depending upon work experience within the U.S.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

Public Health Service (USPHS), Indian Health Service (IHS) may count toward the international humanitarian setting experience.

OR

Bachelor's Degree in Pharmacy or Doctor of Pharmacy (Pharm D.) AND a Master's Degree in or pertinent to one or more of the following fields: Public Health, or Health Administration, AND a minimum of seven (7) years of progressively responsible relevant experience as a pharmacist in a healthcare delivery system with experience in public health. Preferably, the candidate should have experience with grants and/or in assuring pharmaceutical quality standards. Ideally the candidate should have work experience in an international humanitarian setting, including work an emergency/ public health sectors of the USG, an IO, or an NGO. Depending upon work experience within the USPHS, IHS may count toward the international humanitarian setting experience.

SELECTION FACTORS

(Determines basic eligibility for the position. Applicants who do not meet all of the selection factors are considered NOT qualified for the position.)

- Applicant is a U.S. Citizen.
- Complete resume submitted. See cover page for resume requirements. Experience that cannot be quantified will not be counted towards meeting the solicitation requirements.
- USPSC Application form AID 309-2. Applicants are required to complete sections A through I. This form must be physically signed. Electronic signatures will not be accepted.
- Supplemental document specifically addressing the Quality Ranking Factors (QRFs) submitted.
- Ability to obtain and maintain a Secret up to Top Secret/Sensitive Compartmented Information level clearance as provided by USAID.
- Ability to obtain a Department of State medical clearance.
- Must not appear as an excluded party in the System for Award Management (SAM.gov).
- Satisfactory verification of academic credentials.

QUALITY RANKING FACTORS (QRFs)

(Used to determine the competitive ranking of qualified applicants in comparison to other applicants. The factors are listed in priority order from highest to least.)

QRF #1 Describe your relevant experience in the design, implementation, coordination, management, and monitoring and evaluation in disaster response/preparedness/mitigation and humanitarian assistance. Please focus primarily on experience with pharmaceutical supply chain management, processes, and techniques used to insure delivery of safe, effective and quality human and veterinary essential medicines within the framework of a public health or related organization and carrying out specialized public health program functions. Please also include any experience in retail, hospital, Health Maintenance Organizations (HMOs) or academic or research settings or clinical practice in a rural (less than 10,000 population) setting.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

- QRF #2 Describe your previous experience serving with the USG or with international organizations or NGOs while working in a disaster or humanitarian relief situation overseas. Please focus primarily on your experience specializing in emergency public health issues, provision of health services, epidemiology, and implementation of pharmacy quality assurance / quality control programs. Please also include experience in developing reports, standard operating procedures, or guidelines.
- QRF #3 Describe your previous experience with pharmaceutical donations, disposal of expired pharmaceuticals, and hand over of pharmaceuticals after a program has ended.
- QRF #4 Give examples of your ability to work with a diverse array of individuals and organizations involved in disaster response/preparedness/mitigation and humanitarian assistance, including U.S. Government agencies (e.g., USAID, State Department, Department of Defense, CDC, PRM), international organizations, non-governmental organizations, and UN agencies.

BASIS OF RATING: Applicants who meet the Education/Experience requirements and Selection Factors will be further evaluated based on scoring of the QRF responses. Those applicants determined to be competitively ranked may also be evaluated on interview performance and satisfactory professional reference checks.

Applicants are required to address each of the QRFs in a separate document describing specifically and accurately what experience, training, and/or education they have received as it pertains to each factor. Be sure to include your name and the announcement number at the top of each additional page. Failure to address the selection factors and/or Quality Ranking Factors may result in not receiving credit for all pertinent experience, education, and/or training.

The most qualified candidates may be interviewed and required to provide a writing sample. OFDA will not pay for any expenses associated with the interviews. Professional references and academic credentials will be evaluated for applicants being considered for selection. Note: Please be advised that references may be obtained independently from other sources in addition to the ones provided by an applicant. OFDA reserves the right to select additional candidates if vacancies become available during future phase of the selection process.

The Applicant Rating System is as Follows:

QRFs have been assigned the following points:

- QRF #1 – 15 points
- QRF #2 – 15 points
- QRF #3 – 12 points
- QRF #4 – 8 points

Interview Performance – 30 points

Satisfactory Professional Reference Checks – 20 points

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

Total Possible Points: 100

APPLYING:

Applications must be **received** by the closing date and time at the address specified in the cover letter.

Qualified individuals are **required** to submit:

1. Complete resume. In order to fully evaluate your application, your resume must include:

- (a) Paid and non-paid experience, job title, location(s), dates held (month/year), and hours worked per week for each position. Dates (month/year) and locations for all field experience must also be detailed. **Any experience that does not include dates (month/year), locations, and hours per week will not be counted towards meeting the solicitation requirements.**
- (b) Specific duties performed that fully detail the level and complexity of the work.
- (c) Names and contact information (phone/email) of your current and/or previous supervisor(s). Current and/or previous supervisors may be contacted for a reference.
- (d) Education and any other qualifications including job-related training courses, job-related skills, or job-related honors, awards or accomplishments.
- (e) U.S. Citizenship
- (f) **Optional:** How did you hear about this opportunity? (FedBizOps, OFDA Jobs, Career Fair, etc.).

Your resume should contain sufficient information to make a valid determination that you fully meet the experience requirements as stated in this solicitation for each grade level(s) for which you are applying. This information should be clearly identified in your resume. Failure to provide information sufficient to determine your qualifications for the position will result in loss of full consideration.

- 2.** Supplemental document specifically addressing the QRFs shown in the solicitation.
- 3.** USPSC Application form AID 309-2. Applicants are required to complete sections A through I. This form must be physically signed. Electronic signatures will not be accepted.

Additional documents submitted will not be accepted.

By submitting your application materials, you certify that all of the information on and attached to the application is true, correct, complete, and made in good faith. You agree to allow all information on and attached to the application to be investigated. False or fraudulent information on or attached to your application may result in you being eliminated from consideration for this position, or being terminated after award, and may be punishable by fine or imprisonment.

To ensure consideration of applications for the intended position, please reference the solicitation number on your application, and as the subject line in any email.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

DOCUMENT SUBMITTALS

Via email: recruiter@ofda.gov

NOTE: If the full security application package is not submitted within 30 days after the Office of Security determines eligibility, the offer may be rescinded. If a Secret security clearance is not obtained within nine months after offer acceptance, the offer may be rescinded. If Top Secret is required, and clearance is not obtained within nine months after award, USAID may terminate the contract at the convenience of the government. If Sensitive Compartmented Information (SCI) access is not obtained within nine months after Top Secret clearance is granted, USAID may terminate the contract at the convenience of the government.

NOTE: If the full medical clearance package is not submitted within two months after offer acceptance, the offer may be rescinded. If a Department of State medical clearance is not obtained within six months after offer acceptance, the offer may be rescinded.

NOTE REGARDING GOVERNMENT OBLIGATIONS FOR THIS SOLICITATION

This solicitation in no way obligates USAID to award a PSC contract, nor does it commit USAID to pay any cost incurred in the preparation and submission of the application.

NOTE REGARDING DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBERS AND THE SYSTEM FOR AWARD MANAGEMENT

All USPSCs with a place of performance in the United States are required to have a Data Universal Numbering System (DUNS) number and be registered in the System for Award Management (SAM) database prior to receiving an offer. You will be disqualified if you either fail to comply with this requirement or if your name appears on the excluded parties list. The selectee will be provided with guidance regarding this registration.

For general information about DUNS Numbers, please refer to Federal Acquisition Regulation (FAR) Clause 52.204-6, Data Universal Numbering System Number at https://www.acquisition.gov/far/current/html/52_200_206.html and FAR 52.204-7, System for Award Management at https://www.acquisition.gov/far/current/html/52_200_206.html or www.sam.gov.

LIST OF REQUIRED FORMS FOR PSCs

Forms outlined below can be found at:

<http://www.usaid.gov/forms/> or at <http://www.forms.gov/bgfPortal/main.do>

1. Resume.
2. USPSC Application Form (AID 309-2)
3. Medical History and Examination Form (DS-6561). **
4. Questionnaire for Sensitive Positions (for National Security) (SF-86), or **
5. Questionnaire for Non-Sensitive Positions (SF-85). **
6. Finger Print Card (FD-258). **
7. Employment Eligibility Verification (I-9 Form). **

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

** Forms 3 through 7 shall be completed **ONLY** upon the advice of the Contracting Officer that an applicant is the successful candidate for the job.

CONTRACT INFORMATION BULLETINS (CIBs) and ACQUISITION & ASSISTANCE POLICY DIRECTIVES (AAPDs) PERTAINING TO PSCs

CIBs and AAPDs contain changes to USAID policy and General Provisions in USAID regulations and contracts. Please refer to <https://www.usaid.gov/work-usaid/aapds-cibs> to determine which CIBs and AAPDs apply to this contract.

AIDAR Appendix D can be found at: <https://www.usaid.gov/ads/policy/300/aidar>

ADS 309 – Personal Services Contracts can be found at:
<https://www.usaid.gov/sites/default/files/documents/1868/309.pdf>

AAPD 06-10 – PSC MEDICAL PAYMENT RESPONSIBILITY

AAPD No. 06-10 is hereby incorporated as Attachment 1 to the solicitation.

AAPD 15-02 – Authorization of Family and Medical Leave for U.S. Personal Services Contractors (USPSCs)

AAPD No. 15-02 is hereby incorporated as Attachment 2 to the solicitation.

AAPD 18-02 - Medical Evacuation (MEDEVAC) Services

AAPD No. 18-02 is hereby incorporated as Attachment 3 to the solicitation.

BENEFITS/ALLOWANCES:

As a matter of policy, and as appropriate, a PSC is normally authorized the following benefits and allowances:

BENEFITS:

Employer's FICA Contribution
Contribution toward Health & Life Insurance
Pay Comparability Adjustment
Annual Increase (pending a satisfactory performance evaluation)
Eligibility for Worker's Compensation
Annual & Sick Leave

ALLOWANCES (if Applicable).*

(A) Temporary Lodging Allowance (Section 120).
(B) Living Quarters Allowance (Section 130).

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

- (C) Post Allowance (Section 220).
- (D) Supplemental Post Allowance (Section 230).
- (E) Separate Maintenance Allowance (Section 260).
- (F) Education Allowance (Section 270).
- (G) Education Travel (Section 280).
- (H) Post Differential (Chapter 500).
- (I) Payments during Evacuation/Authorized Departure (Section 600), and
- (J) Danger Pay (Section 650).

* Standardized Regulations (Government Civilians Foreign Areas).

FEDERAL TAXES: USPSCs are required to pay Federal Income Taxes, FICA, and Medicare

ALL QUALIFIED APPLICANTS WILL BE CONSIDERED REGARDLESS OF AGE, RACE, COLOR, SEX, CREED, NATIONAL ORIGIN, LAWFUL POLITICAL AFFILIATION, NON-DISQUALIFYING DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION, AFFILIATION WITH AN EMPLOYEE ORGANIZATION, OR OTHER NON-MERIT FACTOR.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

ATTACHMENT 1

**USPSC PROVISION “MEDICAL EXPENSE PAYMENT RESPONSIBILITY
(OCTOBER 2006)**

MEDICAL EXPENSE PAYMENT RESPONSIBILITY (OCTOBER 2006)

(a) Definitions. Terms used in this General Provision are defined in 16 FAM 116 (available at <http://www.foia.state.gov/REGS/fams.asp?level=2&id=59&fam=0>). Note: personal services contractors are not eligible to participate in the Federal Employees Health Programs.

(b) The regulations in the Foreign Affairs Manual, Volume 16, Chapter 520 (16 FAM 520), Responsibility for Payment of Medical Expenses, apply to this contract, except as stated below. The contractor and each eligible family member are strongly encouraged to obtain health insurance that covers this assignment. Nothing in this provision supersedes or contradicts any other term or provision in this contract that pertains to insurance or medical costs, except that section (e) supplements General Provision 25. “MEDICAL EVACUATION (MEDEVAC) SERVICES.”

(c) When the contractor or eligible family member is covered by health insurance, that insurance is the primary payer for medical services provided to that contractor or eligible family member(s) both in the United States and abroad. The primary insurer’s liability is determined by the terms, conditions, limitations, and exclusions of the insurance policy. When the contractor or eligible family member is not covered by health insurance, the contractor is the primary payer for the total amount of medical costs incurred and the U.S. Government has no payment obligation (see paragraph (f) of this provision).

(d) USAID serves as a secondary payer for medical expenses of the contractor and eligible family members who are covered by health insurance, where the following conditions are met:

- (1) The illness, injury, or medical condition giving rise to the expense is incurred, caused, or materially aggravated while the eligible individual is stationed or assigned abroad;
- (2) The illness, injury, or medical condition giving rise to the expense required or requires hospitalization and the expense is directly related to the treatment of such illness, injury, or medical condition, including obstetrical care; and
- (3) The Office of Medical Services (M/MED) or a Foreign Service medical provider (FSMP) determines that the treatment is appropriate for, and directly related to, the illness, injury, or medical condition.

(e) The Mission Director may, on the advice of M/MED or an FSMP at post, authorize medical travel for the contractor or an eligible family member in accordance with the General Provision 10, Travel and Transportation AAPD 06-10 PSC Medical Expense Payment Responsibility 6 Expenses (July 1993), section (i) entitled “Emergency and Irregular Travel and Transportation.” In the event of a medical emergency, when time does not permit consultation, the Mission

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

Director may issue a Travel Authorization Form or Medical Services Authorization Form DS-3067, provided that the FSMP or Post Medical Advisor (PMA) is notified as soon as possible following such an issuance. The contractor must promptly file a claim with his or her medevac insurance provider and repay to USAID any amount the medevac insurer pays for medical travel, up to the amount USAID paid under this section. The contractor must repay USAID for medical costs paid by the medevac insurer in accordance with sections (f) and (g) below. In order for medical travel to be an allowable cost under General Provision 10, the contractor must provide USAID written evidence that medevac insurance does not cover these medical travel costs.

(f) If the contractor or eligible family member is not covered by primary health insurance, the contractor is the primary payer for the total amount of medical costs incurred. In the event of a medical emergency, the Medical and Health Program may authorize issuance of Form DS-3067, Authorization for Medical Services for Employees and/or Dependents, to secure admission to a hospital located abroad for the uninsured contractor or eligible family member.

In that case, the contractor will be required to reimburse USAID in full for funds advanced by USAID pursuant to the issuance of the authorization. The contractor may reimburse USAID directly or USAID may offset the cost from the contractor's invoice payments under this contract, any other contract the individual has with the U.S. Government, or through any other available debt collection mechanism.

(g) When USAID pays medical expenses (e.g., pursuant to Form DS-3067, Authorization for Medical Services for Employees and/or Dependents), repayment must be made to USAID either by insurance payment or directly by the contractor, except for the amount of such expenses USAID is obligated to pay under this provision. The Contracting Officer will determine the repayment amount in accordance with the terms of this provision and the policies and procedures for employees contained in 16 FAM 521. When USAID pays the medical expenses, including medical travel costs (see section (e) above), of an individual (either the contractor or an eligible family member) who is covered by insurance, that individual promptly must claim his or her benefits under any applicable insurance policy or policies. As soon as the individual receives the insurance payment, the contractor must reimburse USAID for the full amount that USAID paid on the individual's behalf or the repayment amount determined by the Contracting Officer in accordance with this paragraph, whichever is less. If an individual is not covered by insurance, the contractor must reimburse USAID for the entire amount of all medical expenses and any travel costs the contractor receives from his/her medevac provider.

(h) In the event that the contractor or eligible family member fails to recover insurance payments or transfer the amount of such payments to USAID within 90 days, USAID will take appropriate action to collect the payments due, unless such failure is for reasons beyond the control of the USPSC/dependent. (i) Before departing post or terminating the contract, the contractor must settle all medical expense and medical travel costs. If the contractor is insured, he or she must provide proof to the Contracting AAPD 06-10 PSC Medical Expense Payment Responsibility 7 Officer that those insurance claims have been submitted to the insurance carrier(s) and sign a repayment agreement to repay to USAID any amounts paid by the insurance carrier(s).

End of Provision

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

ATTACHMENT 2

GP 5. LEAVE AND HOLIDAYS (DEC 2017)

(Pursuant to class deviation #M/OAA-DEV-AIDAR-18-1c)

(a) Annual Leave

(1) The contractor is not entitled to annual leave if the period of performance of this contract is 90 days or less. If the contract period of performance is more than 90 days, the contractor shall earn annual leave as of the start date of the contract period of performance as specified in paragraph (a)(2) below.

(2) The contractor shall accrue annual leave based on the contractor's time in service according to the following table:

Time in Service	Annual Leave (AL) Accrual Calculation
0 to 3 years	Four hours of leave for each two week period
over 3, and up to 15 years	Six hours of AL for each two week period (including 10 hours AL for the final pay period of a calendar year)
over 15 years	Eight hours of AL for each two week period

USAID will calculate the contractor's time in service based on all the previous service performed by the contractor as a: 1) USAID PSC (i.e., the contractor has served under any USAID personal services contracts of any duration covered by Sec. 636(a)(3) of the FAA or other statutory provision applicable to USAID); and/or 2) former U.S. Government (USG) direct-hire, under either civilian and/or military service.

(3)

(i) AL is provided under this contract for the purposes of affording necessary rest and recreation during the period of performance. The contractor, in consultation with the USAID Mission or USAID/Washington, as appropriate, shall develop an AL schedule early in the contractor's period of performance, taking into consideration project requirements, employee preference, and other factors. All AL earned by the contractor must be used during the contractor's period of performance. All AL earned by the contractor, but not taken by the end of the contract, will be forfeited. However, to prevent forfeiture of AL, the Contracting Officer may approve the contractor taking AL during the concluding weeks of the contractor's period of performance.

(ii) As an exception to 3(i) above, the contractor may receive a lump-sum payment for leave not taken. To approve this exception, the contractor's supervisor must provide the Contracting Officer with a signed, written Determination and Findings (D&F). The D&F must set out the facts and circumstances that prevented the contractor from taking AL, and the Contracting Officer must find that these facts and circumstances were not caused by, or were beyond the control of, the contractor. This leave payment must not exceed the number of days which could be earned by the contractor during a twelve-month period.

(4) With the approval of the Mission Director or cognizant AA, as appropriate, and if the circumstances warrant, a Contracting Officer may grant the contractor advance AL in excess of

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

the amount earned, but in no case may the Contracting Officer grant advance AL in excess of the amount earned in one year or over the life of the contract, whichever is less. The contractor agrees to reimburse USAID for any outstanding balance of advance AL provided during the contractor's assignment under the contract.

(5) Applicants for PSC positions will provide evidence of their PSC and/or USG direct-hire service - civilian and/or military experience, as applicable, on their signed and dated application form required under USAID policy. By signing the appropriate form, the applicant attests to the accuracy of the information provided. Any applicant providing incorrect information is subject to the penalty provisions in the form. If required to satisfy due diligence requirements on behalf of the Contracting Officer, the contractor may be required to furnish evidence that verifies length of service, e.g., SF 50, DD Form 214, and/or signed contracts.

(b) Sick Leave. The contractor may use sick leave on the same basis and for the same purposes as USAID U.S. direct hire employees. Sick leave is earned at a rate not to exceed four (4) hours every two (2) weeks for a total of 13 work-days per year. Unused sick leave may be carried over under an extension or renewal of this contract with the same individual for the same work. Otherwise, sick leave will not be carried over from one post to another or from one contract to another. The contractor will not be compensated for unused sick leave upon completion of this contract.

(c) Home Leave.

(1) Home leave is leave earned for service abroad for use only in the U.S., its commonwealths, possessions and territories.

(2) A USPSC who has served at least two years overseas at the same USAID Mission, under the same contract, as defined in paragraph (c)(4) below, and has not taken more than 30 work days leave (annual, sick or LWOP) in the U.S. may be granted home leave in accordance with the following:

(i) if the USPSC returns to the same overseas post upon completion of home leave for an additional two (2) years under the same contract, the USPSC will receive home leave, to be taken at one time, for a period of 30 work days; or

if the USPSC returns to the same overseas post upon completion of home leave for such shorter period of not less than one year, as approved in writing by the Mission Director prior to the USPSCs departure on home leave, the USPSC will receive home leave, to be taken at one time, for a period of 30 work days.

(ii) if the USPSC is returning to a different USAID Mission under a USAID personal services contract immediately following completion of the USPSC's home leave, for an additional two (2) years under contract, or for such shorter period of not less than one (1) year, as approved by the Mission Directors of the "losing" and "gaining" Missions, the contractor will receive home leave, to be taken at one time, for a period of not more than 20 work days. When the PSC is returning to a different USAID Mission, the former Mission will pay for the home leave regardless of what country the PSC will be working in following the home leave;

(iii) if home leave eligibility is based on (c)(2)(ii) above, the USPSC must submit written

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

verification to the losing Mission at the time home leave is requested that the USPSC has accepted a USAID personal services contract at another USAID Mission following completion of the home leave;

(iv) travel time by the most direct route is authorized in addition to the number of work days authorized for home leave;

(v) home leave must be taken in the U.S., its commonwealths, possessions or territories, and any days spent elsewhere will be charged to annual leave (AL.) If the PSC does not have accrued AL, the PSC will be placed on LWOP.

(vi) if the PSC does not complete the additional service required under (c)(2)(i) or (ii) (that the Contracting Officer finds are other than for reasons beyond the PSC's control), the cost of home leave, travel and transportation and any other related costs must be repaid by the PSC to the Government.

(3) Notwithstanding the requirement in paragraph (c)(2) above, that the USPSC must have served two (2) years overseas under personal services contract with the same Mission to be eligible for home leave, the USPSC may be granted advance home leave subject to all of the following conditions:

(i) Granting of advanced home leave would in each case serve to advance the attainment of the objectives of this contract; and

(ii) The USPSC has served a minimum of 18 months in the Cooperating Country under this contract; and

(iii) The USPSC agrees to return to the Cooperating Country to serve out the remaining time necessary to meet two (2) years of service overseas, plus an additional two (2) years under the current contract or under a new contract for the same or similar services at the same Mission. If approved in advance by the Mission Director, the USPSC may return to serve out any remainder of the two (2) year requirement for service overseas, plus an additional period of not less than one (1) year under the current contract or under a new contract for the same or similar services at the same Mission.

(4) The period of service overseas required under paragraph (c)(2), or paragraph (c)(3) above, will include the actual days in orientation in the U.S. (less language training). The actual days overseas begin on the date of arrival in the cooperating country inclusive of authorized delays enroute. Allowable annual and sick leave taken while overseas, but not LWOP, shall be included in the required period of service overseas. An amount equal to the number of days of annual and sick leave taken in the U.S., its commonwealths, possessions or territories will be added to the required period of service overseas.

(5) Salary during the travel to and from the U.S., for home leave will be limited to the time required for travel by the most expeditious air route. Except for reasons beyond the USPSC's control as determined by the Contracting Officer, the USPSC must return to duty after home leave and complete the additional required service or be responsible for reimbursing USAID for payments made during home leave. Unused home leave is not reimbursable under this contract, nor can it be taken incrementally in separate time periods.

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

(6) Home leave must be taken at one time, and to the extent deemed necessary by the Contracting Officer, an USPSC in the U.S., on home leave may be authorized to spend not more than five (5) days in work status for consultation at USAID/Washington before returning to post. Consultation at locations other than USAID/Washington as well as any time in excess of five (5) days spent for consultation must be approved by the Mission Director or the Contracting Officer.

(d) Home Leave for Qualifying Posts (HLQP). USPSCs who ordinarily qualify for home leave and have completed a 12-month assignment at one of the USAID qualifying posts (currently Iraq, Afghanistan and Pakistan) are entitled to take ten (10) workdays of leave in addition to the home leave an USPSCs is normally entitled to under the contract in accordance with sub-paragraphs (c)(1) - (6) above. This additional home leave is provided pursuant to an amendment to the Foreign Service Act of 1980 signed by the President on June 15, 2006.

There is no requirement that an eligible USPSC take this additional leave; it is for optional use by the USPSC. If an eligible USPSC elects to take HLQP, the USPSC must take ten (10) workdays of home leave. If the USPSC is returning to the United States and not returning overseas to the same or different USAID Mission, HLQP will not apply.

This new home leave policy is also extended to qualifying **Third-Country National PSCs (TCNPSCs)** who have an approved exception under AIDAR Appendix J, sec. 4(c)(2)(ii)(B), to apply specific provisions from AIDAR Appendix D, and whose contract includes this General Provision. However, TCNPSCs will be granted "country leave" vice home leave. The application, requirements, and restrictions will be the same as for USPSCs, but the time taken by a TCNPSC will be taken in the TCNPSC's home country or country of recruitment rather than in the United States, its commonwealths and territories.

(e) Holidays and Excused Absences. The contractor shall be entitled to all holidays and or excused absences granted by the USAID to U.S. direct-hire employees.

(f) Military Leave. Military leave of not more than 15 calendar days in any calendar year may be granted to a contractor who is a reservist of the U.S. Armed Forces. The contractor must provide advance notice of the pending military leave to the Contracting Officer or the Mission Director as soon as known. A copy of any such notice must be part of the contract file.

(g) Leave Without Pay (LWOP). LWOP may be granted only with the written approval of the Contracting Officer or Mission Director, unless a USPSC is requesting for such leave for family and leave purposes under paragraph (i) below.

(h) Compensatory Time. Compensatory time leave may be granted only with the written approval of the Contracting Officer or Mission Director in rare instances when it has been determined absolutely essential and used under those guidelines which apply to USAID U.S. direct-hire employees.

(i) Family and Medical Leave (FML)

(1) USAID provides family and medical leave (FML) for eligible USPSCs working within the U.S., or any Territories or possession of the United States, in accordance with Title I of the Family and Medical Leave Act of 1993, as amended, and as administered by the Department of Labor

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

under [29 CFR 825](#). USAID is also extending FML to eligible USPSCs working outside the U.S., or any Territories or possession of the U.S., in accordance with this paragraph (i) as a matter of policy discretion.

(2) FML only applies to USPSCs, not any other type of PSC.

(3) To be eligible for FML, a USPSC must have been employed (i) for at least 12 months by USAID; and (ii) for at least 1,250 hours of service with USAID during the previous 12-month period. The specific eligibility criteria and requirements are provided in USAID policy.

(4) In accordance with [29 CFR 825.200\(a\)](#) and USAID policy, an eligible USPSC may take up to 12 workweeks of leave under FMLA, Title I, in any 12-month period for the following reasons:

(a) The care of the USPSC's newborn child.

(b) The care of the USPSC's newly placed adopted or foster care child.

(c) The care of the USPSC's spouse, child or parent with a serious health condition.

(d) The USPSC's own serious health condition.

(e) A qualifying exigency arising from the USPSC's spouse, child or parent in active duty military status.

(f) Other qualifying exigencies as determined by the Department of Labor.

(5) In accordance with 29 CFR Part 825.207, the USPSC may take LWOP for FML purposes. However, the USPSC may choose to substitute LWOP with accrued paid leave, including accrued annual or sick leave, or compensatory time earned under this contract. If the USPSC does not choose to substitute accrued paid leave, the CO, in consultation with the USPSC's supervisor, may require the USPSC to substitute accrued paid leave for LWOP. The CO must verify the accuracy of the USPSC's accrued paid leave request and obtain the required certifications for approval of FML in accordance with the stated USAID policy.

(6) FML is not authorized for any period beyond the completion date of this contract.

(7) When requesting FML, the USPSC must demonstrate eligibility to the USPSC's supervisor by completing USAID's FML request forms, including certifications and other supporting documents required by USAID policy.

(8) The U.S. Department of Labor's (DOL's) [Wage and Hour Division \(WHD\) Publication 1420](#) explains the FMLA's provisions and provides information concerning procedures for filing complaints for violations of the Act.

(j) Leave Records. The contractor shall maintain current leave records for himself/herself and make them available, as requested by the Mission Director or the Contracting Officer.

[END PROVISION]

ATTACHMENT 3

**Title 48 of the Code of Federal Regulations (CFR) Chapter 7
USAID Acquisition Regulation (AIDAR)**

**APPENDIX D--DIRECT USAID CONTRACTS WITH A U.S. CITIZEN OR A U.S.
RESIDENT ALIEN FOR PERSONAL SERVICES ABROAD**

**GP 25. MEDICAL EVACUATION (MEDEVAC) SERVICES (MAY 2018)
(Pursuant to class deviation #M/OAA-DEV-AIDAR-18-3c)**

**Solicitation for a USPSC Pharmaceutical and Medical Commodities Advisor
720FDA18B00072**

USAID will provide Medevac services to the contractor and authorized dependents, through the Department of State's Bureau for Medical Services (MED), similar to those provided to U.S. Government employees in accordance with [16 FAM 300](#) Medical Travel. Medevac costs include travel and per diem, but do not include medical care costs. To be covered by the Medevac program, the contractor and authorized dependents must obtain and maintain international health insurance coverage that includes overseas hospitalization, and must provide proof of such insurance to the contracting officer prior to relocation abroad.

[END PROVISION]