



## DEPARTMENT OF HEALTH & HUMAN SERVICES

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Agency for Healthcare Research and Quality  
Division of Contracts Management  
540 Gaither Road  
Rockville, Maryland 20850

**Date Issued: January 6, 2009**  
**Date Due: February 19, 2009**  
**Time Due: 12:00 pm (noon), EST**  
**Intent Notice Due: January 21, 2009**

### **REQUEST FOR PROPOSAL (RFP) No. AHRQ-2009-10003**

Agency for Healthcare Research and Quality National Resource  
Center for Health IT (NRC)

#### **PART I - THE SCHEDULE**

##### **SECTION A - SOLICITATION FORM**

You are invited to submit a proposal to the Agency for Healthcare Research and Quality (AHRQ) for Request for Proposal (RFP) No. AHRQ-2009-10003, entitled "Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health IT (NRC)." Your proposal must be developed and submitted in accordance with the requirements and instructions of this RFP.

It is anticipated that multiple awards will be made. The type of contract is task order (indefinite delivery/indefinite quantity). Individual Task orders (delivery orders) written against the base contract may be firm fixed price, cost reimbursement, or performance-based cost plus award fee.

The period of performance will be one year with 4 one-year options.

AHRQ anticipates awarding contracts under this RFP for each of four separate domain areas:

Domain 1 – Support for Health IT Program Management, Guidance, Assessment and Planning

Domain 2 – Health IT Technical Assistance, Content Development, Program Related Projects and Studies

Domain 3 – Health IT Dissemination, Communication and Marketing

Domain 4 – Health IT Portal Infrastructure Management and Website Design and Usability Support.

The Statement of Work (Section C) describes the four domains of this requirement.

Offerors may choose to submit proposals for one or more of the domains, but are strongly encouraged to submit proposals only for those domains in which they are particularly qualified. Resultant contracts will specify the domain under which the contractor is eligible to receive task orders.

It is AHRQ's desire to award contracts to a mixture of large and small businesses. While the RFP is classified as full and open competition, AHRQ's intent is to reserve some awards in some of the domains for small business as follows:

Domain 1 – Unrestricted

Domain 2 – 20% of total contract awards reserved for small business

Domain 3 – 50% of total contract awards reserved for small business

Domain 4 – 20% of total contract awards reserved for small business

Should an insufficient number of small businesses be deemed to be technically qualified in each domain, AHRQ reserves the right to award to other than small business to reach the required number of awards needed in each domain. AHRQ anticipates awarding approximately 3-6, but no more than 10 contract awards in each of the four domains. This is an estimate only and AHRQ reserves the right to award more or fewer contracts per domain area.

There will be multiple North American Industry Classification System (NAICS) codes for this acquisition. The small business size standard will vary with the different domains. See Section L.15 of this solicitation for the NAICS codes for the separate domains.

***PLEASE NOTE: A SEPARATE PROPOSAL MUST BE SUBMITTED FOR EACH DOMAIN FOR WHICH YOU WISH TO BE CONSIDERED. THE COVER PAGE OF THE PROPOSAL SHOULD CLEARLY SHOW THE DOMAIN NUMBER AND YOUR BUSINESS SIZE CLASSIFICATION. EACH PROPOSAL SHOULD BE SUBMITTED IN A SEPARATE MAILING/PACKAGE WITH THE DOMAIN NUMBER CLEARLY INDICATED SO IT CAN BE SENT TO THE CORRECT REVIEW PANEL. ATTACHMENTS 1 THROUGH 4 PROVIDE DOMAIN-SPECIFIC PROPOSAL SPECIFICATIONS.***

Each proposal should include the following for the domain for which you wish to be considered:

- A. Technical Proposal (See Section L.9) (Original and 12 hard copies plus two electronic copies on CD)
- B. Past Performance Information (See Section L.10) (Original and 2 hard copies plus two electronic copies on CD)
- C. Business Proposal (See Section L.11) (Original and 5 hard copies plus two electronic copies on CD)
- D. Small Disadvantaged Business Participation Plan (See Section L.12) (Original and one hard copy plus one electronic copy on CD)

Your technical proposal must be concisely written and should be limited to **100 typewritten pages** (double-spaced), exclusive of personnel qualifications (i.e., resume, etc., see Section L.9 for additional details). This limitation is for administrative purposes only and exceeding the limitation shall not, of itself, be considered a basis for rejection of your proposal.

As part of the business proposal, offerors shall provide an original and five (5) copies of their cost/price proposal, only to the extent that it shall include:

1. Certified, unloaded, labor rates for individuals expected to work on a project of this size and nature. Labor classifications for the specific Domains are at Attachments 1 through 4.
2. Documentation indicating that the offeror has a cost accounting system in place which allows for the collection, tracking and reporting of all costs under a cost reimbursement-type contract.
3. Documentation that the offeror has a current indirect cost rate agreement in place with a federal agency or that is in the process of obtaining or revising such an agreement. A copy of the indirect cost rate agreement or the proposed rate agreement must be provided.

Your proposal must provide the full name of your company, the address, including county, Tax Identification Number (TIN), DUN and Bradstreet No., and if different, the address to which payment should be mailed.

It is requested that a completed Proposal Intent form be submitted by **January 21, 2009** indicating your intent to submit a proposal under this RFP. The form also allows you to be included on a bidders list (that will be posted as an amendment to this RFP) for possible networking and collaboration with other interested offerors.

The following information is only applicable if and when a task order award is made over the \$550,000 threshold. The AHRQ recommended goal (as a percentage of total planned subcontracting dollars for the base period) is 19% for Small Businesses, which shall include at least 5.5% (as a percentage of total contract value for the base period) for Small Disadvantaged Businesses, at least 5% (as a percentage of total planned subcontract dollars for the base period) for Women-Owned Small Businesses, and at least 3% (as a percentage of total planned subcontract dollars for the base period) for HUBZone Small Businesses and at least 3% (as a percentage of total planned subcontract dollars for the base period) for Veteran-Owned Small Businesses. **THESE GOALS REPRESENT AHRQ'S EXPECTATION OF THE MINIMUM LEVEL FOR SUBCONTRACTING.**

**YOUR ATTENTION IS CALLED TO THE LATE PROPOSAL PROVISIONS PROVIDED IN SECTION L.3 OF THIS RFP. YOUR ATTENTION IS ALSO DIRECTED TO THE TECHNICAL PROPOSAL INSTRUCTIONS PROVIDED IN SECTION L.9 OF THE SOLICITATION.**

Questions regarding this solicitation shall be received in this office no later than **January 21, 2009** (See Section L.6). All questions should be submitted in writing by e-mail to Sharon Williams, Contracting Officer at the following email address: sharon.williams@ahrq.hhs.gov.

**Discussions with any other individual outside the Division of Contracts Management, may result in rejection of the potential offeror's proposal.**

The proposal shall be signed by an authorized official to bind your organization and must be received in our Contracts Office no later than **12 noon**, local prevailing time, on **February 19, 2009**. Your proposal must be mailed to the following address:

Agency for Healthcare Research and Quality  
Division of Contracts Management  
540 Gaither Road  
Rockville, Maryland 20850

Hand carried proposals may be dropped off at the above location. However, please allow ample time as proposals cannot be accepted until they have gone through security. We will not be held responsible for any delays that may be incurred getting your proposal through security.

NOTE: The U.S. Postal Service's "Express Mail" does not deliver to our Rockville, Maryland address. Packages delivered via this service will be held at a local post office for pick-up. The Government will not be responsible for picking up any mail at a local post office. If a proposal is not received at the place, date, and time specified herein, it will be considered a "late proposal."

The RFP does not commit the Government to pay any cost for the preparation and submission of a proposal. It is also brought to your attention that the Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with the proposed acquisition.

In accordance with Federal Acquisition Circular (FAC) 2001-16, all contractors must be registered in the central contractor registration (CCR) database in order to conduct business with the government [See Section I - FAR clause 52.204-7 Central Contractor Registration (OCT 2003), Alternate 1 (Oct 2003)]. As stated in paragraph (h) of this clause, additional information can be obtained at <http://www.ccr.gov> or by calling 1-888-227-2423, or 269-961-5757.

Requests for any information concerning this RFP should be referred to Sharon Williams, (301) 427-1781.

Sincerely,

Sharon Williams  
Contracting Officer  
Agency for Healthcare Research and Quality

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## **SECTION B-SUPPLIES OR SERVICES AND PRICES/COSTS**

### **B.1 BRIEF DESCRIPTION OF SUPPLIES OR SERVICES**

The purpose of these contracts and subsequent task orders is to maintain, serve, and support the AHRQ National Resource Center for Health Information Technology (NRC).

See Section C for a complete description.

### **B.2 PRICE/COSTS**

This indefinite delivery indefinite quantity (IDIQ) contract will remain in effect for a one-year base period with four one-year option periods. Option years may be exercised by the Government by issuance of a unilateral contract modification. Each Task Order will specify its period of performance. Task Orders can be awarded with options, which would allow them to exceed 12 months, but no more than 60 months if all potential options were exercised. For each successful award, there will be a one time "minimum guarantee" award amount of \$25,000 during the life of the contract which includes all option years, if exercised. This amount can only be claimed at the end of the contract period and only if the Contractor has submitted proposals on all Task Orders offered to it during the years for which the Contractor is eligible. The ceiling amount for all contracts for the entire 5 years (which includes options) is \$75,000,000. Individual ceiling amounts will be established for each base contract awarded based on the anticipated level of work required under each Domain.

Task Orders will be awarded under this contract and prices/costs will be negotiated individually for each Task Order under this contract at time of award of the Task Order. Task Orders may be cost-reimbursement, firm fixed-price, or performance-based cost plus award fee. Specific terms and conditions regarding reimbursement and payment will be specifically delineated in each Task Order.

### **B.3 PROPOSED LABOR RATES FOR TASK ORDERS**

Offerors shall provide appropriate staff for work on task orders.

For purposes of evaluating proposals for the base contract awards, offerors shall propose direct labor rates or ranges of rates for the categories of labor identified for each domain for which the offeror is submitting a proposal. These rates will be used to determine reasonableness of cost/price. **Refer to the appropriate attachment (Attachments 1 through 4) for the labor categories specific for each domain.**

These labor categories are examples of the primary labor sources anticipated as necessary to perform contract tasks. When a Request for Task Order Proposal is issued, actual labor rates will be required in the offeror's proposal.

**Note: Direct labor rates only shall be provided... NOT loaded rates with fringe benefits, overhead, general and administrative costs, etc. (Ranges in rates may be provided)**

**DOMAIN NUMBER:** \_\_\_\_\_

LABOR CATEGORY

HOURLY RATE

Class descriptions are listed in the Domain Specific Proposal Instructions at Attachments 1-4.

<b>Class I</b>	\$ _____
<b>Class II</b>	\$ _____
<b>Class III</b>	\$ _____
<b>Class IV</b>	\$ _____

**B.4 PROVISIONS APPLICABLE TO DIRECT COSTS**

a. Unless otherwise provided by this contract or unless authorized in writing by the Contracting Officer, the costs of the following items or activities shall be unallowable as direct costs:

- (1) Acquisition, by purchase or lease, of any interest in real property;
- (2) Rearrangement or alteration of facilities;
- (3) Purchase or lease of any item of general purpose-office furniture or office equipment regardless of dollar value. (General purpose equipment is defined as any items of personal property which are usable for purposes other than research, such as office equipment and furnishings, pocket calculators, etc.);
- (4) Accountable Government property (defined as both real and personal property with an acquisition cost of \$1,000 or more, with a life expectancy of more than two years) and "sensitive items" (defined and listed in the Contractor's Guide for Control of Government Property, 1990, regardless of acquisition value;
- (5) Travel to attend general scientific meetings;
- (6) Foreign Travel;
- (7) Any costs incurred prior to the contract's effective date;
- (8) Rental of meeting rooms not otherwise expressly paid for by the contract;

- (9) Any formal subcontract arrangements not otherwise expressly provided for in the contract
- (10) Consultant fees in excess of \$1000/day;
- (11) Information Technology hardware or software. The Contractor is required to provide its own IT equipment and software adequate to fully satisfy all operational requirements of the Task Orders awarded under this contract; and
- (12) Food /Beverages.

- b. This contract is subject to the provisions of Public Law (P.L.) 99-234 which amends the Office of Federal Procurement Policy Act to provide that contractor costs for travel, including lodging, other subsistence, and incidental expenses, shall be allowable only to the extent that they do not exceed the amount allowed for Federal employees. The Contractor, therefore, shall invoice and be reimbursed for all travel costs in accordance with Federal Acquisition Regulations (FAR) 31.205-46.

## **B.5 TASK ORDERS**

Individual Task Orders will be issued as requirements occur. Task Orders will specify work to be performed and will reflect the labor rates of the proposed staff in effect when the Task Order is issued. The terms and conditions set forth in the contract will always apply. Task Orders may be negotiated and awarded on a cost reimbursement, firm fixed price or performance-based cost plus award fee basis. The pricing arrangement, the cost or price and the period of performance will be established for each Task order. The period of performance of a Task Order may extend past the IDIQ contract's expiration date. It will be the determination of AHRQ on how to issue the Request for Task Order Proposals (RFTOPs) and for which domain. For those domains with large and small business areas, the decision will be made depending on the project to issue the Task Order on a small business set-aside basis or under both the large and small business areas.

## **SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT**

Independently and not as an agent of the Government, the Contractor shall be required to furnish all necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the Government as needed to perform the **Statement of Work, Attachment 5**.

The Agency for Healthcare Research and Quality (AHRQ) of the U.S. Department of Health and Human Services (DHHS) requires support for the Agency's Health Information Technology portfolio by maintaining, serving as, and supporting the AHRQ National Resource Center for Health Information Technology (NRC) and its associated activities.

AHRQ will award multiple IDIQ contracts as a result of this solicitation. To the maximum extent possible, each awardee will be given a fair opportunity to be considered for each Task Order for which it is eligible to compete. AHRQ will determine which Contractor will perform individual task orders based on the evaluation criteria contained in the Request for Task Order.

By GAO rule, the set-aside provisions of Federal Acquisition Regulation (FAR) 19.502-2(b) apply to competitions for task orders issued under multiple-award contracts. Accordingly, when the need for a Task Order arises, the Government will first determine if it is possible to limit the competition to small businesses within the domain if there is a reasonable expectation of receiving offers from at least two capable, responsible small business concerns and if the award can be made at a fair market price. Otherwise, it is anticipated that all contractors within the domain will be given the opportunity to compete for the Task Order.

As requirements arise, the Contracting Officer shall issue Request for Task Order Proposals (RFTOP) to Contractors who have been awarded a contract with eligibility in the specific domain(s) applicable to the task. Each Contractor shall have the opportunity to respond with a Task Order Proposal in accordance with the instructions provided. The RFTOP shall include a statement of work, schedule of deliverables, technical evaluation criteria and additional instructions as needed for each individual Task Order.

Each eligible Contractor will be provided a fair opportunity to be considered for each Task Order. However, the Government may issue a sole source RFTOP if one of more of the following conditions exist:

1. when the dollar value of the order is less than \$2500; or
2. when the need for the service is of such urgency that providing all Contractors an opportunity would not be in the best interest of the Government; or
3. when only one Contractor is capable of providing the service required at the level of quality required because the service is unique or highly specialized; or
4. when the Task Order is a logical follow-on to an Order already issued; or
5. when required to fulfill a minimum order.

Requests for Task Orders will be issued by the Contracting Officer primarily electronically through e-mail or internet but they can also be issued by facsimile or mail. Contractors are required to have internet or external electronic mail capabilities. When a RFTOP is issued, the Contractor shall provide a proposal containing both technical and cost/price information for performing the required services. Some RFTOPs will contain quick turn-around due dates.

## **SECTION D – PACKAGING, MARKING AND SHIPPING**

All deliverables required under this contract shall be packaged, marked, and shipped in accordance with Government specifications. The Contractor shall guarantee that all required materials shall be delivered in immediate usable and acceptable condition.

## **SECTION E – INSPECTION AND ACCEPTANCE**

### **E.1 INSPECTION AND ACCEPTANCE**

- a. The contracting officer or the duly authorized representative will perform inspection and acceptance of materials and services to be provided.
- b. For the purpose of this SECTION the Government Project Officer is the authorized technical representative of the contracting officer.
- c. Inspection and acceptance will be performed at:

Agency for Healthcare Research and Quality  
540 Gaither Road  
Rockville, Maryland 20850

### **E.2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)**

This contract incorporates the following clause by reference, with the same force and effect as if it were given in full text. Upon request, the Contracting Officer will make its full text available.

<b>FAR Clause No.</b>	<b>Title and Date</b>
52.246-5	Inspection of Services-Cost Reimbursement (April 1984)

**SECTION F – DELIVERIES OR PERFORMANCE**

**F.1 PERIOD OF PERFORMANCE**

This is an Indefinite Delivery Indefinite Quantity (IDIQ)/Task Order contract for a base period of one year with four (4) one year options, for a total of five (5) years. Each option may be exercised by issuance of a unilateral modification. This contract includes services which will be ordered as the requirements arise subject to the availability of funds.

Performance of this contract shall begin on the effective date of the contract (estimated to be May 31, 2008) and shall continue for one year (estimated to be May 30, 2010) unless the period is extended by modification of the contract.

**F.2 DELIVERY SCHEDULE**

Each individual Task Order will have a delivery schedule. Satisfactory performance of the Task Orders shall be deemed to occur upon delivery and acceptance by the Contracting Officer or duly authorized representative.

The items in the individual Task Orders deliveries will be described in the Task Order Statement of Work and shall be delivered in accordance with and by the dates specified in the Task Order delivery schedule.

In addition to the specific requirements of the individual Task Order, the Contractor shall submit to the Contracting Officer (CO) or the Project Officer (PO) for review and approval the items specified below while a Task Order is in progress, in the quantities specified on or before the delivery date.

Description	Type/Quantity	Schedule
Property Report HHS Form 565, if necessary	1 to CO 1 to Property Officer	Each year on October 30
Public Vouchers, Standard Form 1034	See Section G.3 Original and 2 copies to CO	Monthly
Standard Form 294 – Subcontracting Report for Individual Contracts. This report is to be submitted semiannually, if subject to Subcontracting Plan Provisions.	Electronic	April 30 October 30
Standard Form 295 – Summary Subcontracting Report – This report is to be submitted annually, if subject to Subcontracting Plan Provisions	Electronic	30 days after the close of the Federal Fiscal Year (September 30)

Note: The above delivery schedule will be required for the base year and all option years, if exercised.

Each Task Order will include its own delivery schedule but will most likely include submission of a monthly progress report.

**F.3 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)**

This contract incorporates the following clause by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available.

<b>FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1) CLAUSES</b>	
<b>FAR Clause No.</b>	<b>Title and Date</b>
52.242-15	Stop Work Order (AUG 1989)

**SECTION G – CONTRACT ADMINISTRATION DATA**

**G.1 KEY PERSONNEL**

Pursuant to the Key Personnel clause incorporated in Section I of this contract, the following individual(s) is/are considered to be essential to the work being performed hereunder:

<u>NAME</u>	<u>TITLE</u>
<b>TO BE COMPLETED AT AWARD</b>	

The clause cited above contains a requirement for review and approval by the Contracting Officer of written requests for a change of Key Personnel reasonably in advance of diverting any of these individuals from this contract. Receipt of written requests at least 30 days prior to a proposed change is considered reasonable.

**G.2 PROJECT OFFICER & TASK ORDER OFFICER**

The following Project Officer will represent the Government for the purpose of this contract:

**(TO BE COMPLETED AT TIME OF CONTRACT AWARD)**

For each Task Order, a Task Order Officer will be appointed and will be identified at the time of Task Order Award.

The Project Officer and Task Order Officer is/are responsible for: (1) monitoring the contractor's technical progress, including the surveillance and assessment of performance and recommending to the contracting officer changes in requirements; (2) interpreting the statement of work and any other technical performance requirements; (3) performing technical evaluation as required; (4) performing technical inspections and acceptances required by this contract; and (5) assisting in the resolution of technical problems encountered during performance.

The Contracting Officer is the only person with authority to act as an agent of the Government under this contract. Only the Contracting Officer has authority to: (1) direct or negotiate any changes in the statement of work; (2) modify or extend the period of performance; (3) change the delivery schedule; (4) authorize reimbursement to the contractor of any costs incurred during the performance of this contract; or (5) otherwise change any terms and conditions of this contract.

The Government may unilaterally change its Project Officer or Task Order Officer designation.

### G.3 INVOICE SUBMISSION

#### a. INVOICE SUBMISSION

Billing Instructions are attached and made part of this contract. Instructions and the following directions for the submission of invoices must be followed to meet the requirements of a "proper" payment request pursuant to FAR 32.9, and must be in accordance with the General Provisions clause 52.232-25 Prompt Payment (OCT 2003). Invoices/financing requests shall be submitted in an original and three copies to:

Contracting Officer  
Agency for Healthcare Research and Quality  
Division of Contracts Management  
540 Gaither Road  
Rockville, Maryland 20850

### G.4 INFORMATION ON VOUCHERS

(1) The Contractor is required to include the following minimum information on vouchers:

- (a) Contractor's name and invoice date;
- (b) Contract Number;
- (c) Description and price of services actually rendered;
- (d) Other substantiating documentation or information as required by the contract;
- (e) Name (where practicable), title, phone number, and complete mailing address or responsible official to whom payment is to be sent; and
- (f) The Internal Revenue Service Taxpayer Identification Number.

(2) The Contractor shall furnish the following minimum information in support of costs submitted for cost-reimbursement task orders. Less information is required for firm fixed-price task order vouchers.

- (a) Direct Labor – include all persons, listing the person's name, title, number of hours or days worked, hourly rate (unburdened), the total cost per person and a total amount of this category.
- (b) Fringe Costs - show rate, base and total amount as well as verification/allowability or rate changes (when applicable);
- (c) Overhead or Indirect Costs - show rate, base and total amount as well as verification/allowability or rate changes (when applicable);
- (d) Consultants - include the name, number of days or hours worked, a total amount per consultant and a total amount for this category;
- (e) Travel - include for each airplane or train trip taken the name of the traveler, date of travel, destination, the transportation costs including

ground transportation, shown separately, and per diem costs. Other travel costs shall also be listed. A total amount for this category shall be provided;

- (f) Subcontractors - include for each subcontractor, the same data that is being provided for the prime contractor. A total number for this category shall be provided.
- (g) Data Processing - include all non-labor costs, i.e., computer time, equipment purchase, lease or rental, data tapes, etc. A total amount for this category shall be provided.
- (h) Other - include a listing of all other direct charges to the contract, i.e., office supplies, telephone, equipment rental, duplication, etc.
- (i) Equipment Cost - itemize and identify separately from material costs including reference to approval in all cases;
- (j) G&A - show rate, base and total as well as verification/allowability of rate changes (when applicable);
- (k) Fee - show rate, base and total and;
- (l) Current amount billed by individual cost element and total dollar amount and cumulative amount billed by individual cost element and total dollar amount.

(3) Payment shall be made by:

PSC Finance  
Parklawn Building, Room 16-23  
5600 Fishers Lane  
Rockville, Maryland 20857  
Telephone Number (301) 443-6766

## **G.5 INDIRECT COST RATES and FEE**

In accordance with Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) Clause 52.216-7(d)(2), Allowable Cost and Payment, incorporated by reference in this contract, in Part II, Section I, the primary contact point responsible for negotiating provisional and/or final indirect cost rates is the cognizant contracting official as set forth in FAR Subpart 42.7 - Indirect Cost Rates.

Reimbursement will be limited to the rates and time periods covered by the negotiated agreements. The rates, if negotiated, are hereby incorporated without further action of the contracting officer.

## **G.6 ELECTRONIC FUNDS TRANSFER**

Pursuant to FAR 52.232-33, Payment by Electronic Funds Transfer - Central Contractor Registration (OCT 2003), the Contractor shall designate a financial institution for receipt of electronic funds transfer payments. This designation shall be submitted, in writing, to the finance office designated in the contract.

## **G.7 AUTHORITY TO ISSUE CONTRACT TASK ORDERS**

The Contracting Officer is the only individual authorized to issue Task Orders under this contract.

## **SECTION H – SPECIAL CONTRACT REQUIREMENTS**

### **H.1 RELEASE AND USE AND COPYRIGHT OF DATA FIRST PRODUCED FROM WORK PERFORMED UNDER THIS CONTRACT**

(a) *Release and Use – Data first produced in the performance of the Contract.* As permitted in FAR 52.227-17, the provisions of this Section H.1 shall apply to any release or use of data first produced in the performance of the Contract and any analysis, tools, methodologies, or recorded product based on such data.

(b) *Release and Use – Requirements related to confidentiality and quality.* To ensure public trust in the confidentiality protections afforded participants in Agency for Healthcare Research and Quality (AHRQ)-supported research, AHRQ requires and monitors compliance by its contractors with section 934(c) of the Public Health Service Act (PHS Act) (42 U.S.C. 299c-3(c)), which states in part that

No information, if the establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this title, may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented...to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented...to its publication or release in other form.

In addition to this requirement, section 933(b)(1) of the PHS Act (42 U.S.C. 299c-2(b)(1)) requires AHRQ to assure that statistics and analyses developed with Agency support are of high quality, comprehensive, timely, and adequately analyzed. Accordingly --

(1) prior to the release or use of data based upon work performed under this Contract, the Contractor agrees to consult with the Project and Contract Officers regarding the proposed release or use. AHRQ will, within 6 months of the receipt of any proposed publication, presentation, or any other disclosure of materials derived from information collected or produced for this contract, use best effort to review the proposed report, presentation, or other text to assure:

- (A) identifiable information is being used exclusively for the purpose(s) for which it was supplied or appropriate consents have been obtained;
- (B) the confidentiality promised to individuals and establishments supplying identifiable information or described in it is not violated; and
- (C) the quality of statistical and analytical work meets the statutory standards cited above.

The Contractor will in good faith consider, discuss, and respond to any comments or suggested modifications that are provided by AHRQ within two months of receiving the proposed release or use.

(2) The Contractor must satisfy conditions (1)(A) and (1)(B). At the conclusion of any consultation required by paragraph (b)(1) above, if AHRQ and the Contractor cannot agree that a proposed use or release satisfies condition (1)(C) above:

- (A) the research professional at the Contractor responsible for the quality of the Contract work will, in advance of any release or use of such data, certify in a letter to the Contracting Officer what differences of opinion cannot be resolved regarding the statutory standards referenced in condition (1)(C) and the basis for Contractor assertions that these standards have been met; and
- (B) the Contractor must print prominently on the release or other product, or on any portion that is released, or state prior to any oral presentation or release of such material, the following disclaimer:

THIS PRESENTATION/ PUBLICATION/OR OTHER PRODUCT IS DERIVED FROM WORK SUPPORTED UNDER A CONTRACT WITH THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) (# ). HOWEVER, THIS PRESENTATION/ PUBLICATION/OR OTHER PRODUCT HAS NOT BEEN APPROVED BY THE AGENCY.

(3) If the AHRQ Project Officer does not provide written conditions or approvals by the end of the six month period following submission of a request to publish a report or to make a presentation or other disclosure of material derived from work performed for AHRQ-funded research, the Contractor may publish, present, or otherwise disclose this material subject to the restrictions of Section 903(c). However, the Contractor must print prominently on the report or any portion of it which is released, or state prior to any oral or other disclosure of the material derived from work performed under this contract, the following disclaimer:

THIS PRESENTATION/ PUBLICATION/OR OTHER PRODUCT IS DERIVED FROM WORK SUPPORTED UNDER A CONTRACT WITH THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) (# ). HOWEVER, THIS PRESENTATION/ PUBLICATION/OR OTHER PRODUCT HAS NOT BEEN APPROVED BY THE AGENCY.

(c) *Required Statement Regarding Protected Information.* On all written material or other recorded products, or preceding any presentation or other oral disclosure, release or use of material based on identifiable information obtained in the course of work performed under this contract, the Contractor shall make the following statement:

IDENTIFIABLE INFORMATION ON WHICH THIS REPORT, PRESENTATION, OR OTHER FORM OF DISCLOSURE IS BASED IS PROTECTED BY FEDERAL LAW, SECTION 934(c) OF THE PUBLIC HEALTH SERVICE ACT, 42 U.S.C. 299c-3(c). NO IDENTIFIABLE INFORMATION ABOUT ANY INDIVIDUALS OR ENTITIES SUPPLYING THE INFORMATION OR DESCRIBED IN IT MAY BE KNOWINGLY USED EXCEPT IN ACCORDANCE WITH THEIR PRIOR CONSENT. ANY CONFIDENTIAL IDENTIFIABLE INFORMATION IN THIS REPORT OR PRESENTATION THAT IS KNOWINGLY DISCLOSED IS DISCLOSED SOLELY FOR THE PURPOSE FOR WHICH IT WAS PROVIDED.

(d) *Copyright – Data first produced in the performance of the Contract.* Subject to the terms of this Section regarding release and use of data, AHRQ, through its Contracting Officer, will grant permission under FAR 52.227-17(c)(1)(i) to the Contractor to establish claim to copyright subsisting in scientific and technical articles based on or containing data first produced in the performance of this contract that are submitted for publication in academic, technical or professional journals, symposia proceedings or similar works. When claim to copyright is made, the Contractor shall affix the applicable copyright notice of 17 U.S.C. 401 or 402 and acknowledgment of Government sponsorship (including contract number) to the data when such data are delivered to the Government, as well as when the data are published or deposited for registration as a published work in the U.S. Copyright Office. In such circumstances, the Contractor hereby agrees to grant to AHRQ, and others acting on its behalf, a paid-up, nonexclusive, irrevocable, worldwide license for all such data to reproduce, prepare derivative works, distribute copies to the public, and perform publicly and display publicly, by or on behalf of AHRQ. A description of this license will be incorporated into the copyright notices required above.

(e) *Subcontracts.* Whenever data, analyses, or other recorded products are to be developed by a subcontractor under this Contract, the Contractor must include the terms of H.1 in the subcontract, without substantive alteration, with a provision that the subcontractor may not further assign to another party any of its obligations to the Contractor. No clause may be included to diminish the Government's stated requirements or rights regarding release or use of products or materials based on data derived from work performed under this contract.

## **H.2 LACK OF COMPLIANCE WITH REQUIREMENTS FOR RELEASE OR USE**

Failure to submit materials for statutorily mandated confidentiality and statistical and analytic quality reviews as required by Section H.1 of this contract will be viewed as a material violation and breach of the terms of this contract, as the requirements of this provision are necessary for AHRQ to carry out its statutory obligations and responsibilities. Records of the Contractor's performance, including the Contractor's performance pertaining to this Contract, will be maintained in AHRQ's Contracts Management Office and will be considered as an element of past performance which is part of all subsequent competitive contract proposal reviews.

### **H.3 SUBCONTRACTS**

The contractor must include in any subcontracts executed or used to provide the support specified in this contract the terms of requirements H.1, H.2, H.4, H.5, H.6, and H.7. These requirements are to be included without substantive alteration, and no clause may be included to diminish these requirements.

Award of any subcontract is subject to the written approval of the Contracting Officer upon review of the supporting documentation as required by FAR Clause 52.215-12, Subcontractor Cost or Pricing Data, of the General Clauses incorporated into this contract. A copy of the signed subcontract shall be provided to the Contracting Officer.

### **H.4 LATE PAYMENTS TO THE GOVERNMENT**

Late payment of debts owed the Government by the Contractor, arising from whatever cause, under this contract/order shall bear interest at a rate or rates to be established in accordance with the Treasury Fiscal Requirements Manual. For purposes of this provision, late payments are defined as payments received by the Government more than 30 days after the Contractor has been notified in writing by the Contracting Officer of:

- a. The basis of indebtedness.
- b. The amount due.
- c. The fact that interest will be applied if payment is not received within 30 days from the date of mailing of the notice.
- d. The approximate interest rate that will be charged.

### **H.5 PRIVACY ACT**

The Privacy Act clauses cited in Section I (FAR 52.224-1 and 52.224-2) are applicable to the consultant records kept by the Contractor for the Agency for Healthcare Research and Quality.

You are hereby notified that the Contractor and its employees are subject to criminal penalties for violations of the Act (5 U.S.C. 552a(i)) to the same extent as employees of the Department. The Contractor shall assure that each Contractor employee is aware that he/she can be subjected to criminal penalties for violations of the Act. Disposition instructions: Records are to be destroyed after contract closeout is completed and final payment is made and in accordance with IRS regulations.

### **H.6 SALARY RATE LIMITATION HHSAR 352-270-15 (JANUARY 2008)**

Pursuant to the applicable HHS appropriations acts cited in the table below, the Contractor shall not use contract funds to pay the direct salary of an individual at a rate in excess of the salary level in effect on the date the expense is incurred as shown in the table below.

For purposes of the salary limitation, the terms direct salary, salary, and institutional base salary have the same meaning and are collectively referred to as direct salary in this clause. An individual's direct salary is the annual compensation that the Contractor pays for an individual's appointment whether that individual's time is spent on research, teaching, patient care, or other

activities. Direct salary excludes any income that an individual may be permitted to earn outside of duties to the Contractor. Direct salary also excludes fringe benefits, overhead, and general and administrative expenses (also referred to as indirect costs or facilities and administrative [F&A] costs).

The salary rate limitation also applies to individuals performing under subcontracts. However, it does not apply to fees paid to consultants. If this is a multiple-year contract, it may be subject to unilateral modification by the Contracting Officer to ensure that an individual is not paid at a rate that exceeds the salary rate limitation provision established in the HHS appropriations act in effect when the expense is incurred regardless of the rate initially used to establish contract funding.

Public Law	Period Covered	Salary Limitation (based on Executive Level 1)
P.L. 110-161, Consolidated Appropriations Act, 2008	1/1/08 – Until revised	\$191,300

Executive Level salaries for the current and prior periods can be found at the following Web site: <http://www.opm.gov/oca/08tables/html/ex.asp>.

#### **H.7 PRO-CHILDREN ACT of 1994**

The Pro-Children Act of 1994, P.L. 103-227, imposes restrictions on smoking where certain federally funded children’s services are provided. P.L. 103-227 states in pertinent part:

“PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, P.L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.”

#### **H.8 PERSONNEL SECURITY REQUIREMENTS**

##### **BACKGROUND**

The Office of Assistant Secretary for Management and Budget, Department of Health and Human Services (DHHS), requires that all DHHS employees and contractor employees (including subcontractors) who will be working in a DHHS-owned or leased space and/or who will have access to DHHS equipment, and non-public privileged, proprietary, or trade secret information, undergo a background investigation.

##### **GENERAL**

Notwithstanding other submission requirements stated elsewhere in this contract, the contractor shall appoint and identify a Contractor Security Representative and submit the following information for each employee to the Contracting Officer within thirty (30) calendar days after contract award.

DHHS ID Badge Request (HHS-745)

E-QIP Initiation Request Form

Within thirty (30) days after contract award each employee will be required to have electronic fingerprinting performed — Fingerprinting services are available by appointment only through the Program Support Staff (PSC). Upon receipt of the ID Badge Request Form and E-QIP Initiation Form, a security specialist from PSC will e-mail the contractor with instructions on completing the on-line background investigation questionnaire and making arrangements for the contractor to complete the electronic fingerprints at the Parklawn Building.

## **H.9 PROTEST**

No protest under FAR Subpart 33.1 is authorized in connection with the issuance or proposed issuance of a Task Order under this contract except on grounds that the order increases the scope, period, or maximum value of the contract.

## **H.10 SECTION 508 COMPLIANCE**

This language is applicable to Statements of Work (SOW) or Performance Work Statements (PWS) generated by the Department of Health and Human Services (HHS) that require a contractor or consultant to (1) produce content in any format that could be placed on a Department-owned or Department-funded Web site; or (2) write, create or produce any communications materials intended for public or internal use; to include reports, documents, charts, posters, presentations (such as Microsoft PowerPoint) or video material that could be placed on a Department-owned or Department-funded Web site.

Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) requires Federal agencies to purchase electronic and information technologies (EIT) that meet specific accessibility standards. This law helps to ensure that federal employees with disabilities have access to, and use of, the information and data they need to do their jobs. Furthermore, this law ensures that members of the public with disabilities have the ability to access government information and services.

There are three regulations addressing the requirements detailed in Section 508. The Section 508 technical and functional standards are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>. The second regulation issued to implement Section 508 is the Federal Acquisition Regulation (FAR). FAR Part 39.2 requires that agency acquisitions of Electronic and Information Technology (EIT) comply with the Access Board's standards. The entire FAR is found at Chapter 1 of the Code of Federal Register (CFR) Title 48, located at <http://www.acquisition.gov>. The FAR rule implementing Section 508 can be found at <http://www.section508.gov>. The third applicable regulation is the HHS Acquisition Regulation (HHSAR).

Regardless of format, all Web content or communications materials produced for publication on or delivery via HHS Web sites - including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors 1) or consultants responsible for preparing or posting content intended for use on an HHS-funded or HHS-managed Web site must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents below. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the SOW or PWS,

shall be the responsibility of the contractor or consultant retained to produce the Web-suitable content or communications material.

1 - Prime contractors may enter into subcontracts in the performance of a Federal contract, but the prime remains obligated to deliver what is called for under the contract.

References:

HHS Policy for Section 508 Electronic and Information Technology (E&IT) (January 2005): [http://www.hhs.gov/od/Final\\_Section\\_508\\_Policy.html](http://www.hhs.gov/od/Final_Section_508_Policy.html)

HHS Section 508 Web site: <http://508.hhs.gov/>

HHS ASPA Web Communications Division Web site:

<http://www.hhs.gov/web/policies/index.html>

US General Services Administration (GSA) Section 508 Web site:

<http://www.section508.gov/index.cfm>

## **H.11 SECURITY AND PRIVACY REQUIREMENTS**

1.0 In compliance with OMB Circular A-130, "Management of Federal Information Resources," the Contractor shall prepare an IT Security Plan that will include a control process to ensure that appropriate management, operational and technical safeguards are incorporated into all AHRQ IT Applications. The Contractor shall use the guidance provided in the documentation standards of the National Institute of Standards and Technology; NIST Special Publication 800-18 Rev. 1 "Guide for Developing Security Plans for Information Technology Systems" when developing the IT Security Plan.

In addition, the contractor shall comply with the IT Application(s) security requirements needed for the contract as set forth in the Statement of Work. The Contractor further agrees to include this provision in any subcontract awarded pursuant to the prime contract. The draft and final IT Security Plan will be submitted as a deliverable to the Agency for Healthcare and Research (AHRQ) Project Officer for review and approval.

1.1 The Contractor shall insure that PII (Personally Identifiable Information, defined by FOIA II) data is never allowed on a system with public (Internet) access.

1.2 The Contractor shall conduct and maintain a Privacy Impact Assessment (PIA) as defined by Section 208 of the E-Government Act of 2002 and FAR Clause 52-239-1. Periodic reviews shall be conducted to determine if a major change to the system has occurred, and if a PIA update is needed.

1.3 Contractor shall abide by all requirements of the Privacy Act of 1974 and FAR Clause 52-239-1. Pursuant to those requirements, contractor will publish a System of Record (SOR) notice in the Federal Register when a new System of Records is to be created and will publish an updated SOR notice following a "major change" as defined by Office of Memorandum and Budget Memorandum 03-22 or subsequent replacement guidance.

2.0 Information Systems Security Training:  
AHRQ and HHS policy requires contractors receive security training commensurate with their responsibilities for performing work under the terms and conditions of their contractual agreements.

The contractor will be responsible for assuring that each contractor employee has completed the Security Awareness Training as required by AHRQ prior to performing

any contract work, and on an annual basis thereafter, during the period of performance of the contract. The contractor shall maintain a listing of all individuals who have completed this training and shall submit this listing to the Project Officer.

- 2.1 Additional security training requirements commensurate with the position may be required as defined in NIST Special Publication 800-16, Information Technology Security Training Requirements (<http://csrc.nist.gov/publications/nistpubs/800-16/800-16.pdf>). The document above provides information about information security training that may be useful to potential offerors. The contractor shall maintain a list of all individuals who have significant security responsibilities that have completed the AHRQ\_Combined\_Security\_Training and submit the list to the Project Officer.
- 3.0 Access to HHS electronic mail:  
All Contractor staff that have access to and use of HHS electronic mail (e-mail) must identify themselves as contractors on all outgoing e-mail messages, including those that are sent in reply or are forwarded to another user. To best comply with this requirement, the contractor staff shall set up an e-mail signature ("AutoSignature") or an electronic business card ("V-card") on each contractor employee's computer system and/or Personal Digital Assistant (PDA) that will automatically display "Contractor" in the signature area of all e-mails sent.
- 4.0 Commitment to Protect Departmental Information Systems and Data  
Contractor Agreement: The Contractor shall not release, publish, or disclose Departmental information to unauthorized personnel, and shall protect such information in accordance with provisions of the following laws and any other pertinent laws and regulations governing the confidentiality of sensitive information:  
-18 U.S.C. 641 (Criminal Code: Public Money, Property or Records)  
-18 U.S.C. 1905 (Criminal Code: Disclosure of Confidential Information)  
-Public Law 96-511 (Paperwork Reduction Act)
- 4.1 Contractor-Employee Non-Disclosure Agreements:  
Each contractor employee who may have access to sensitive Department information under this contract shall complete Commitment to Protect Non-Public Information - Contractor Agreement. A copy of each signed and witnessed Non-Disclosure agreement shall be submitted to the Project Officer prior to performing any work under the contract.

#### References

- (1) HHS Information Security Program Policy:  
<http://www.hhs.gov/ohr/manual/pssh.pdf>
- (2) HHS Personnel Security/Suitability Handbook:  
<http://www.hhs.gov/ohr/manual/pssh.pdf>
- (3) NIST Special Publication 800-16, Information Technology Security Training Requirements:  
<http://csrc.nist.gov/publications/nistpubs/800-16/800-16.pdf>  
Appendix A-D: <http://csrc.nist.gov/publications/nistpubs/800-16/AppendixA-D.pdf>
- (4) NIST SP 800-18, Guide for Developing Security Plans for Information Technology Systems: <http://csrc.nist.gov/publications/nistpubs/index.html>
- (5) NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories, Volume I:  
<http://csrc.nist.gov/publications/nistpubs/800-60/SP800-60V1-final.pdf>

- (6) NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories, Volume II:  
<http://csrc.nist.gov/publications/nistpubs/800-60/SP800-60V2-final.pdf>
- (7) NIST SP 800-37, Guide for Security Certification and Accreditation of Federal Information Systems:  
<http://csrc.nist.gov/publications/nistpubs/800-37/SP800-37-final.pdf>
- (8) Recommended Security Controls for a Federal Information System:  
<http://csrc.nist.gov/publications/nistpubs/800-53/SP800-53.pdf>
- (9) NIST SP 800-26, Security Self Assessment Guide for Information Technology Systems:  
<http://csrc.nist.gov/publications/nistpubs/800-26/sp800-26.pdf>
- (10) NIST SP 800-64, Security Considerations in the Information System Development Life Cycle:  
<http://csrc.nist.gov/publications/nistpubs/800-64/NIST-SP800-64.pdf>
- (11) Federal Information Processing Standards, Standards for Security Categorization of Federal Information and Information Systems:  
<http://csrc.nist.gov/publications/fips/fips199/FIPS-PUB-199-final.pdf>
- (12) Federal Information Processing Standards, Minimum Security Requirements for a Federal Information System:  
<http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf>
- (13) AHRQ will provide in electronic format the AHRQ\_Combined\_Security Training slides.

## H.12 OPTIONS

Unless the Government exercises its options pursuant to Options 1, 2, 3, and 4 described in Section B, the contract consists of only one 12-month base year of the Statement of Work as defined in Section C and F of this contract. Pursuant to clause FAR 51.217-9, the Government may by unilateral contract modification, require the Contractor to perform Years 2, 3, 4 and 5 of the Statement of Work as also defined in Section C and Attachment 1 of this contract. If the Government exercises these options, notice must be given at least 30 days prior to the expiration date of this contract.

### FAR 52.217-9 – OPTION TO EXTEND THE TERM OF THE CONTRACT (MARCH 2000)

- (a) The Government may extend the term of this contract by written notice to the Contractor for up to four additional years, provided that the Government shall give the Contractor a preliminary written notice of its intent to extend at least 30 days before the contract expires. The preliminary notice does not commit the Government to an extension.
- (b) If the Government exercises these options, the extended contract shall be considered to include this option provision.
- (c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed five years.

**PART II**

**(12/08 CM)  
(FAC 2005-29)**

**SECTION I – GENERAL CLAUSES FOR A COST-PLUS-FIXED FEE CONTRACT**

GENERAL CLAUSES FOR A COST-PLUS-A-FIXED-FEE CONTRACT

CLAUSES INCORPORATED BY REFERENCE (FEBRUARY 1998)

This contract incorporates the following clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: <http://www.arnet.gov/far/>

I. FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1)  
CLAUSES

FAR Clause No.	Title and Date
52.203-3	Gratuities (APR 1984)
52.203-5	Covenant Against Contingent Fee (APR 1984)
52.203-6	Restrictions on Subcontractor Sales to the Government (SEPT 2006)
52.203-7	Anti-Kickback Procedures (JUL 1995)
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity (JAN 1997)
52.203-10	Price or Fee Adjustment for Illegal or Improper Activity (JAN 1997)
52.203-12	Limitation on Payments to Influence Certain Federal Transactions (SEP 2007)
52.203-13	Contractor Code of Business Ethics and Conduct (DEC 2008)
52.203-14	Display of Hotline Poster(s) (DEC 2007) (Department of Health and Human Services Poster at: <a href="http://www.oig.hhs.gov/hotline/OIG_Hotline_Posters.pdf">http://www.oig.hhs.gov/hotline/OIG_Hotline_Posters.pdf</a> )
52.204-4	Printing or Copying Double-Sided on Recycled Paper (AUG 2000)
52.204-7	Central Contractor Registration. (APR 2008)
52.209-6	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (SEPT 2006)

52.215-2	Audit and Records - Negotiation (JUN 1999)
52.215-8	Order of Precedence-Uniform Contract Format (Oct 1997)
52.215-10	Price Reduction for Defective Cost or Pricing Data (OCT 1997) (applicable to contract actions over \$550,000)
52.215-12	Subcontractor Cost or Pricing Data (OCT 1997) (applicable to contract actions over \$550,000)
52.215-15	Pension Adjustments and Asset Reversions (OCT 2004)
52.215-18	Reversion or Adjustment of Plans for Postretirement Benefits (PRB) Other Than Pensions (JUL 2005)
52.215-19	Notification of Ownership Changes (OCT 1997)
52.216-7	Allowable Cost and Payment (DEC 2002)
52.216-8	Fixed Fee (MAR 1997)
52.216-19	Ordering (OCT 1995)
52.216-22	Indefinite Quantity (OCT 1995)
52.217-2	Cancellation Under Multiyear Contracts (OCT 1997)
52.217-8	Option to Extend Services (NOV 1999)
52.219-8	Utilization of Small Business Concerns (MAY 2004)
52.219-9	Small Business Subcontracting Plan (SEPT 2006) (Applicable to contracts over \$550,000)
52.219-16	Liquidated Damages – Subcontracting Plan (JAN 1999)
52.219-25	Small Disadvantaged Business Participation Plan Program – Disadvantaged Status and Reporting (OCT 1999)
52.219-28	Post-Award Small Business Program Representation (JUNE 2007)
52.222-2	Payment for Overtime Premiums (JUL 1990). The amount in paragraph (a) is "zero" unless different amount is separately stated elsewhere in contract.
52.222-3	Convict Labor (JUNE 2003)
52.222-21	Prohibition of Segregated Facilities (FEB 1999)

52.222-26	Equal Opportunity (APR 2002)
52.222-35	Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans. (SEPT 2006)
52.222-36	Affirmative Action for Workers With Disabilities (JUNE 1998)
52.222-37	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans. (SEPT 2006)
52.222-39	Notification of Employee Rights Concerning Payment of Union Dues or Fees (DEC 2004)
52.222-54	Employment Eligibility Verification (JAN 2009)
52.223-6	Drug Free Workplace (MAY 2001)
52.223-14	Toxic Chemical Release Reporting (AUG 2003)
52.224-1	Privacy Act Notification (APR 1984)
52.224-2	Privacy Act (APR 1984)
52.225-1	Buy American Act - Supplies (JUNE 2003)
52.225-13	Restrictions on Certain Foreign Purchases (JUNE 2008)
52.227-1	Authorization and Consent (DEC 2007)
52.227-2	Notice and Assistance Regarding Patent and Copyright Infringement (DEC 2007)
52.227-3	Patent Indemnity (APRIL 1984)
52.227-17	Rights in Data – Special Works (DEC 2007)
52.228-7	Insurance-Liability to Third Persons (MAR 1996)
52.232-9	Limitation on Withholding of Payments (APRIL 1984)
52-230-2	Cost Accounting Standards (OCT 2008)
52.230-3	Disclosure and Consistency of Cost Accounting Practices (OCT 2008)
52.230-6	Administration of Cost Accounting Standards (MAR 2008)
52.230-7	Proposal Disclosure – Cost Accounting Practice Changes (APR 2005)
52.232-17	Interest (JUNE 1996)

52.232-20	Limitation of Cost (OCT 2008)
52.232-23	Assignment of Claims (JAN 1986)
52.232-25	Prompt Payment (OCT 2008)
52.232-33	Payment by Electronic Funds Transfer Central Contractor Registration (OCT 2003)
52.233-1	Disputes (JULY 2002)
52.233-3	Protest After Award (AUG 1996) Alternate I (JUNE 1985)
52.233-4	Applicable Law for Breach of Contract Claim (OCT 2004)
52.237-10	Identification of Uncompensated Overtime (Oct 1997)
52.239-1	Privacy or Security Safeguards (AUG 1996)
52.242-1	Notice of Intent to Disallow Costs (APRIL 1984)
52.242-3	Penalties for Unallowable Costs (MAY 2001)
52.242-4	Certification of Final Indirect Costs (Jan 1997)
52.242-13	Bankruptcy (JULY 1995)
52.243-2	Changes - Cost Reimbursement (AUG 1987) - Alternate II (APRIL 1984)
52.244-2	Subcontracts (JUNE 2007)
52.244-5	Competition in Subcontracting (DEC 1996)
52.245-5	Government Property (Cost Reimbursement, Time-and-Material, or Labor-Hour Contract (MAY 2004)
52.246-5	Inspection of Services-Cost Reimbursement (APRIL 1984)
52.246-25	Limitation of Liability Services (FEB 1997)
52.248-1	Value Engineering (FEB 2000)
52.249-6	Termination (Cost-Reimbursement) (MAY 2004)
52.249-14	Excusable Delays (APRIL 1984)
52.251-1	Government Supply Sources (APRIL 1984)

52.253-1

Computer Generated Forms (JAN 1991)

II. DEPARTMENT OF HEALTH AND HUMAN SERVICES ACQUISITION  
REGULATION (HHSAR) (48 CFR CHAPTER 3) CLAUSES

HHSAR

Clause No.	Title and Date
352.202-1	Definitions (JAN 2006) Alternate h
352.224-70	Confidentiality of Information (JAN 2006)
352.228-7	Insurance - Liability to Third Persons (DEC 2006)
352.232-9	Withholding of Contract Payments (JAN 2006)
352.233-70	Litigation and Claims (JAN 2006)
352.242-71	Final Decisions on Audit Findings (APRIL 1984)
352.270-1	Accessibility of Meetings, Conferences, and Seminars to Persons with Disabilities (DEC 2006)
352.270-5	Key Personnel (JAN 2006)
352.270-6	Publication and Publicity (JAN 2006)
352.270-7	Paperwork Reduction Act (JAN 2006)

***PART III – LIST OF DOCUMENTS, EXHIBITS, AND OTHER ATTACHMENTS***

**SECTION J – LIST OF ATTACHMENTS**

TITLE

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Attachment 1 – Domain 1 Proposal Specifications

Attachment 2 – Domain 2 Proposal Specifications

Attachment 3 – Domain 3 Proposal Specifications

Attachment 4 – Domain 4 Proposal Specifications

Attachment 5 – Statement of Work with Appendix A, B, and C

Attachment 6 – Past Performance Questionnaire

Attachment 7 – Proposal Intent Response Sheet

**SECTION K – REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS**

The Representations and Certifications required by this acquisition can be accessed through the Online Representations and Certification Applications (ORCA) on the Internet at the following address: <http://orca.bpn.gov>

The following additional Representations and Certifications must be completed and returned with your proposal.

**IF YOU INTEND TO SUBMIT A PROPOSAL, YOU MUST COMPLETE THE REPRESENTATIONS AND CERTIFICATIONS BELOW AND ONLINE.**

**K.I REPRESENTATIONS AND INSTRUCTIONS**

(a) Section K, Representations, certifications, and other statements of offerors.

(1) This section shall begin with the following and continue with the applicable representations and certifications:

TO BE COMPLETED BY THE OFFEROR: (The Representations and Certifications must be executed by an individual authorized to bind the Offeror.) The Offeror makes the following Representations and Certifications as part of its proposal. (Check or complete all appropriate boxes or blanks on the following pages.)

\_\_\_\_\_ (Name of Offeror) (RFP No.)

\_\_\_\_\_ (Signature of Authorized Individual) (Date)

(Typed Name of Authorized Individual)

NOTE: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

**K.2. ANNUAL REPRESENTATIONS AND CERTIFICATIONS (JAN 2005) (FAR 52.204-8)**

(a)(1) If the clause at 52.204-7, Central Contractor Registration, is included in this solicitation, paragraph (b) of this provision applies.

(2) If the clause at 52.204-7 is not included in this solicitation, and the offeror is currently registered in CCR, and has completed the ORCA electronically, the offeror may choose to use paragraph (b) instead of completing the corresponding individual representations and certifications in the solicitation. The offeror shall indicate which option applies by checking one of the following boxes:

[ ] (i) Paragraph (b) applies

[ ] (ii) Paragraph (b) does not apply and the offeror has completed the individual representations and certification in the solicitation.

(b) The offeror has completed the annual representations and certifications electronically via the Online Representations and Certifications Application (ORCA) website at <http://orca/bpn.gov>. After reviewing the ORCA database information, the offeror verifies by submission of the offer that the representations and certifications currently posted electronically have been entered or updated within the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201); except for the changes identified below (offeror to insert changes, identifying change by clause number, title, date). These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer.

FAR Clause#	Title	Date	Change
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Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on ORCA.

(End of provision)

### K.3. PROHIBITION OF SEGREGATED FACILITIES (FEB 1999) (FAR 52.222-21)

- (a) "Segregated facilities," as used in this clause, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees, that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin because of written or oral policies or employee custom. The term does not include separate or single-user rest rooms or necessary dressing or sleeping areas provided to assure privacy between the sexes.
- (b) The Contractor agrees that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where segregated facilities are maintained. The Contractor agrees that a breach of this clause is a violation of the Equal Opportunity clause in this contract.
- (c) The Contractor shall include this clause in every subcontract and purchase order that is subject to the Equal Opportunity clause of this contract.

(End of Clause)

K.4. COST ACCOUNTING STANDARDS NOTICES AND  
CERTIFICATION

(FAR 52.230-1) (JUNE 2000)

NOTE: This notice does not apply to small businesses or foreign governments. This notice is in three parts, identified by Roman numerals I through III.

Offerors shall examine each part and provide the requested information in order to determine Cost Accounting Standards (CAS) requirements applicable to any resultant contract.

If the offeror is an educational institution, Part II does not apply unless the contemplated contract will be subject to full or modified CAS-coverage pursuant to 48CFR 9903.201-2(c)(5) or 9903.201-2(c)(6), respectively.

I. Disclosure Statement - Cost Accounting Practices and Certification

(a) Any contract in excess of \$500,000 resulting from this solicitation, will be subject to the requirements of the Cost Accounting Standards Board (48 CFR, Chapter 99), except for those contracts which are exempt as specified in 48 CFR 9903.201-1.

(b) Any offeror submitting a proposal which, if accepted, will result in a contract subject to the requirements of 48 CFR Chapter 99 must, as a condition of contracting, submit a Disclosure Statement as required by 48 CFR 9903.202. When required, the Disclosure Statement must be submitted as a part of the offeror's proposal under this solicitation unless the offeror has already submitted a Disclosure Statement disclosing the practices used in connection with the pricing of this proposal. If an applicable Disclosure Statement has already been submitted, the offeror may satisfy the requirement for submission by providing the information requested in paragraph (c) of Part I of this provision. Caution: In the absence of specific regulations or agreement, a practice disclosed in a Disclosure Statement shall not, by virtue of such disclosure, be deemed to be a proper, approved, or agreed-to practice for pricing proposals or accumulating and reporting contract performance cost data.

(c) Check the appropriate box below:

- (1) Certificate of Concurrent Submission of Disclosure Statement.  
The offeror hereby certifies that, as a part of the offer, copies of the Disclosure Statement have been submitted as follows: (i) original and one copy to the cognizant Administrative Contracting Officer (ACO) or cognizant Federal agency official authorized to act in that capacity, as applicable, and (ii) one copy to the cognizant Federal auditor.

(Disclosure must be on Form No. CASB DS-1 or CASB DS-2, as applicable. Forms may be obtained from the cognizant ACO or Federal official and/or from the loose-leaf version of the Federal Acquisition Regulation.)

Date of Disclosure Statement: \_\_\_\_\_  
Name and Address of Cognizant  
ACO or Federal official where filed:

The offeror further certifies that practices used in estimating costs in pricing this proposal are consistent with the cost accounting practices disclosed in the Disclosure Statement.

[ ] (2) Certificate of Previously Submitted Disclosure Statement.

The offeror hereby certifies that the required Disclosure Statement was filed as follows:

Date of Disclosure Statement: \_\_\_\_\_

Name and Address of Cognizant

ACO or Federal official where filed:

The offeror further certifies that the practices used in estimating costs in pricing this proposal are consistent with the cost accounting practices disclosed in the applicable Disclosure Statement.

[ ] (3) Certificate of Monetary Exemption.

The offeror hereby certifies that the offeror together with all divisions, subsidiaries, and affiliates under common control, did not receive net awards of negotiated prime contracts and subcontracts subject to CAS totaling more than \$25 million in the cost accounting period immediately preceding the period in which this proposal was submitted. The offeror further certifies that if such status changes before an award resulting from this proposal, the offeror will advise the Contracting Officer immediately.

[ ] (4) Certificate of Interim Exemption.

The offeror hereby certifies that (i) the offeror first exceeded the monetary exemption for disclosure, as defined in (3) of this subsection, in the cost accounting period immediately preceding the period in which this offer was submitted and (ii) in accordance with 48 CFR, Subpart 9903.202-1, the offeror is not yet required to submit a Disclosure Statement. The offeror further certifies that if an award resulting from this proposal has not been made within 90 days after the end of that period, the offeror will immediately submit a review certificate to the Contracting Officer, in the form specified under subparagraph (c)(1) or (c)(2) of Part I of this provision, as appropriate, to verify submission of a completed Disclosure Statement.

Caution: Offerors currently required to disclose because they were awarded a CAS-covered prime contract or subcontract of \$25 million or more in the current cost accounting period may not claim this exemption (4). Further, the exemption applies only in connection with proposals submitted before expiration of the 90-day period following the cost accounting period in which the monetary exemption was exceeded.

II. Cost Accounting Standards - Eligibility for Modified Contract Coverage

If the offeror is eligible to use the modified provisions of 48 CFR, Subpart 9903.201-2(b) and elects to do so, the offeror shall indicate by checking the box below. Checking the box below shall mean that the resultant contract is subject to the Disclosure and Consistency of Cost Accounting Practices clause in lieu of the Cost Accounting Standards clause.

- The offeror hereby claims an exemption from the Cost Accounting Standards clause under the provisions of 48 CFR, Subpart 9903.201-2(b) and certifies that the offeror is eligible for use of the Disclosure and Consistency of Cost Accounting Practices clause because during the cost accounting period immediately preceding the period in which this proposal was submitted, the offeror received less than \$25 million in awards of CAS-covered prime contracts and subcontracts or the offeror did not receive a single CAS-covered award exceeding \$1 million. The offeror further certifies that if such status changes before an award resulting from this proposal, the offeror will advise the Contracting Officer immediately.

Caution: An offeror may not claim the above eligibility for modified contract coverage if this proposal is expected to result in the award of a CAS-covered contract of \$25 million or more or if, during its current cost accounting period, the offeror has been awarded a single CAS-covered prime contract or subcontract of \$25 million or more.

III. Additional Cost Accounting Standards Applicable to Existing Contracts

The offeror shall indicate below whether award of the contemplated contract would, in accordance with subparagraph (a)(3) of the Cost Accounting Standards clause, require a change in established cost accounting practices affecting existing contracts and subcontracts.

- Yes  No

(End of Provision)

ALTERNATE I (APR 1996)

- (5) Certificate of Disclosure Statement Due Date by Educational Institution.

If the offeror is an educational institution that, under the transition provisions of 48 CFR 9903.202-1(f), is or will be required to submit a Disclosure Statement after receipt of this award, the offeror hereby certifies that (check one and complete):

(a) A Disclosure Statement filing Due Date of \_\_\_\_\_ has been established with the cognizant Federal agency.

(b) The Disclosure Statement will be submitted within the six month period ending \_\_\_\_\_ months after receipt of this award.

Name and Address of cognizant ACO or Federal Official where Disclosure Statement is to be filed:

(END OF ALTERNATE I)

K.5. CERTIFICATE OF CURRENT COST OR PRICING DATA  
(FAR 15.406-2)

CERTIFICATE OF CURRENT COST OR PRICING DATA

When cost or pricing data are required, the contracting officer shall require the contractor to execute a Certificate of Current Cost or Pricing Data using the format in this paragraph, and shall include the executed certificate in the contract file.

This is to certify that, to the best of my knowledge and belief, the cost or pricing data (as defined in Section 15.401 of the Federal Acquisition Regulation(FAR) and required under FAR subsection 15.403-4) submitted, either actually or by specific identification, in writing, to the contracting officer or the contracting officer's representative in support of \_\_\_\_\_\* are accurate, complete, and current as of \_\_\_\_\_\*\*.

This certification includes the cost or pricing data supporting any advance agreements and forward pricing rate agreements between the offeror and the Government that are part of the proposal.

FIRM

NAME

Signature

TITLE

DATE OF EXECUTION\*\*\*

\* Identify the proposal, request for price adjustment, or other submission involved, giving the appropriate identifying number (e.g., Request for Proposal number).

\*\* Insert the day, month, and year when price negotiations were concluded and price agreement was reached or, if applicable, an earlier date agreed upon between the parties that is as close as practicable to the date of agreement on price.

\*\*\* Insert the day, month, and year of signing, which should be as close as practicable to the date when the price negotiations were concluded and the contract price agreed to.

End of Certificate

## K.6. ENVIRONMENTAL TOBACCO SMOKE

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

### CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor certifies that the submitted organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

Organization: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

## K.7 Certification of Filing and Payment of Federal Taxes

As prescribed in 304.1202, "Solicitation Provision," insert the following provision. If the solicitation is a Request for Quotations, the term "Quoter" may be substituted for "Offeror."

### **Certification of Filing and Payment of Federal Taxes (March 2008)**

(a) The offeror certifies that, to the best of its knowledge and belief:

- 1) It has filed all Federal tax returns required during the three years preceding this certification;
- 2) It has not been convicted of a criminal offense under the Internal Revenue Code of 1986; and
- 3) It has not been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

(b) The signature of the offer is considered to be a certification by the offeror under this provision.

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Name of Offeror

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Signature of authorized individual

## **SECTION L - INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS**

### **L.1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998) (FAR 52.252-1)**

This solicitation incorporates the following solicitation provisions by reference, with the same force and effect as if they were given in full text. The full text of a clause may be assessed electronically at this address: <http://www.arnet.gov/far/>.

- a. Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) Solicitation Provisions
  - (1) 52.215-16 Facilities Capital Cost of Money (OCT 1997)
  - (2) 52.215-20 Requirements for Cost or Pricing Data or Information Other Than Cost or Pricing Data (OCT 1997)

### **L.2 DATA UNIVERSAL NUMBERING (DUNS) (OCT 2003) (FAR 52.204-6)**

- (a) The offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation "DUNS" or "DUNS+4" followed by the DUNS number or "DUNS+4" that identifies the offeror's name and address exactly as stated in the offer. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. The DUNS+4 is the DUNS number plus a 4-character suffix that may be assigned at the discretion of the offeror to establish additional CCR records for identifying alternative Electronic Funds Transfer (EFT) accounts (see Subpart 32.11) for the same parent concern.
- (b) If the offeror does not have a DUNS number, it should contact Dun and Bradstreet directly to obtain one.
  - (1) An offeror may obtain a DUNS number—
    - (i) If located within the United States, by calling Dun and Bradstreet at 1-866-705-5711 or via the Internet at <http://www.dnb.com>; or
    - (ii) If located outside the United States, by contacting the local Dun and Bradstreet office.
  - (2) The offeror should be prepared to provide the following information:
    - (i) Company legal business name.
    - (ii) Tradestyle, doing business, or other name by which your entity is commonly recognized.
    - (iii) Company physical street address, city, state and Zip Code.

- (iv) Company mailing address, city, state and Zip Code (if separate from physical).
  - (v) Company telephone number.
  - (vi) Date the company was started.
  - (vii) Number of employees at your location.
  - (viii) Chief executive officer/ key manager.
  - (ix) Line of business (industry)
  - (X) Company Headquarters name and address (reporting relationship within your entity).
- (End of provision)

**L.3 INSTRUCTIONS TO OFFERORS - COMPETITIVE ACQUISITION (MAY 2001)  
ALTERNATE I (JAN 2004)(FAR 52.215-1)**

- (a) Definitions. As used in this provision –

“Discussions” are negotiations that occur after establishment of the competitive range that may, at the Contracting Officer’s discretion, result in the offeror being allowed to revise its proposal.

“In writing,” “writing,” or “written” means any worded or numbered expression that can be read, reproduced, and later communicated, and includes electronically transmitted and stored information.

“Proposal modification” is a change made to a proposal before the solicitation’s closing date and time, or made in response to an amendment, or made to correct a mistake at any time before award.

“Proposal revision” is a change to a proposal made after the solicitation closing date, at the request of or as allowed by a Contracting Officer as the result of negotiations.

“Time,” if stated as a number of days, is calculated using calendar days, unless otherwise specified, and will include Saturdays, Sundays, and legal holidays. However, if the last day falls on a Saturday, Sunday or legal holiday, then the period shall include the next working day.

- (b) Amendments to solicitations. If this solicitation is amended, all terms and conditions that are not amended remain unchanged. Offerors shall acknowledge receipt of any amendment to this solicitation by the date and time specified in the amendment(s).
- (c) Submission, modification, revision, and withdrawal of proposals.
- (1) Unless other methods (e.g., electronic commerce or facsimile) are permitted in the solicitation, proposals and modifications to proposals shall be submitted in paper media in sealed envelopes or packages (i) addressed to the office specified in the solicitation, and (ii) showing the time and date specified for receipt, the solicitation number, and the name and address of the offeror.

Offerors using commercial carriers should ensure that the proposal is marked on the outermost wrapper with the information in paragraphs (c)(1)(i) and (c)(1)(ii) of this provision.

- (2) The first page of the proposal must show—
  - (i) The solicitation number;
  - (ii) The name, address, and telephone and facsimile numbers of the offeror (and electronic address if available);
  - (iii) A statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item;
  - (iv) Names, titles, and telephone and facsimile numbers (and electronic addresses if available) of persons authorized to negotiate on the offeror's behalf with the Government in connection with this solicitation; and
  - (v) Name, title, and signature of person authorized to sign the proposal. Proposals signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.
  
- (3) Submissions, modification, revision, and withdrawal of proposals.
  - (i) Offerors are responsible for submitting proposals, and any modification or revisions, so as to reach the Government office designated in the solicitation by the time specified in the solicitation. If no time is specified in the solicitation, the time for receipt is 4:30 p.m., local time, for the designated Government office on the date that proposal or revision is due.
  - (ii) (A) Any proposal, modification, or revision received at the Government office designated in the solicitation after the exact time specified for receipt of offers is "late" and will not be considered unless it is received before award is made, the Contracting Officer determines that accepting the late offer would not unduly delay the acquisition; and -
    - (1) If it was transmitted through an electronic commerce method authorized by the solicitation, it was received at the initial point of entry to the Government infrastructure not later than 5:00 p.m.

one working day prior to the date specified for receipt of proposals; or

- (2) There is acceptable evidence to establish that it was received at the Government installation designated for receipt of offers and was under the Government's control prior to the time set for receipt of offers; or
- (3) It is the only proposal received.

(B) However, a late modification of an otherwise successful proposal that makes its terms more favorable to the Government, will be considered at any time it is received and may be accepted.

- (iii) Acceptable evidence to establish the time of receipt at the Government installation includes the time/date stamp of that installation on the proposal wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of Government personnel.
  - (iv) If an emergency or unanticipated event interrupts normal Government processes so that proposals cannot be received at the office designated for receipt of proposals by the exact time specified in the solicitation, and urgent Government requirements preclude amendment of the solicitation, the time specified for receipt of proposals will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal Government processes resume.
  - (v) Proposals may be withdrawn by written notice received at any time before award. Oral proposals in response to oral solicitations may be withdrawn orally. If the solicitation authorizes facsimile proposals, proposals may be withdrawn via facsimile received at any time before award, subject to the conditions specified in the provision at 52.215-5, "Facsimile Proposals." Proposals may be withdrawn in person by an offeror or an authorized representative, if the representative's identity is made known and the representative signs a receipt for the proposal before award.
- (4) Unless otherwise specified in the solicitation, the offeror may propose to provide any item or combination of items.
  - (5) Offerors shall submit proposals submitted in response to this solicitation in English, unless

otherwise permitted by the solicitation, and in U.S. dollars, unless the provision at FAR 52.225-17, Evaluation of Foreign Currency Offers, is included in the solicitation.

- (6) Offerors may submit modifications to their proposals at any time before the solicitation closing date and time, and may submit modifications in response to an amendment, or to correct a mistake at any time before award.
  - (7) Offers may submit revised proposals only if requested or allowed by the Contracting Officer.
  - (8) Proposals may be withdrawn at any time before award. Withdrawals are effective upon receipt of notice by the Contracting Officer.
- (d) Offer expiration date. Proposals in response to this solicitation will be valid for the number of days specified on the solicitation cover sheet (unless a different period is proposed by the offeror).
- (e) Restriction on disclosure and use of data. Offerors that include in their proposals data that they do not want disclosed to the public for any purpose, or used by the Government except for evaluation purposes, shall —
- (1) Mark the title page with the following legend:

“This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed—in whole or in part—for any purpose other than to evaluate this proposal.” If, however, a contract is awarded to this offeror as a result of—or in connection with—the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government’s right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets [insert numbers or other identification of sheets]; and
  - (2) Mark each sheet of data it wishes to restrict with the following legend:

“Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this proposal.”
- (f) Contract award.
- (1) The Government intends to award a contract or contracts resulting from this solicitation to the responsible offeror(s) whose

proposal(s) represents the best value after evaluation in accordance with the factors and subfactors in the solicitation.

- (2) The Government may reject any or all proposals if such action is in the Government's interest.
- (3) The Government may waive informalities and minor irregularities in proposals received.
- (4) The Government intends to evaluate proposals and award a contract after conducting discussions with offerors whose proposals have been determined to be within the competitive range. If the Contracting Officer determines that the number of proposals that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, the Contracting Officer may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals. Therefore, the offeror's initial proposal should contain the offeror's best terms from a price and technical standpoint.
- (5) The Government reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit cost or prices offered, unless the offeror specifies otherwise in the proposal.
- (6) The Government reserves the right to make multiple awards if, after considering the additional administrative costs, it is in the Government's best interest to do so.
- (7) Exchanges with offerors after receipt of a proposal do not constitute a rejection or counteroffer by the Government.
- (8) The Government may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items. Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if the Contracting Officer determines that the lack of balance poses an unacceptable risk to the Government.
- (9) If a cost realism analysis is performed, cost realism may be considered by the source selection authority in evaluating performance or schedule risk.
- (10) A written award or acceptance of proposal mailed or otherwise furnished to the successful offeror within the time specified in the proposal shall result in a binding contract without further action by either party.

- (11) If a post-award debriefing is given to requesting offerors, the Government shall disclose the following information, if applicable:
- (i) The agency's evaluation of the significant weak or deficient factors in the debriefed offeror's offer.
  - (ii) The overall evaluated cost or price and technical rating of the successful and the debriefed offeror and past performance information on the debriefed offeror.
  - (iii) The overall ranking of all offerors, when any ranking was developed by the agency during source selection
  - (iv) A summary of the rationale for award
  - (v) For acquisitions of commercial items, the make and model of the item to be delivered by the successful offeror.
  - (vi) Reasonable responses to relevant questions posed by the debriefed offerors as to whether source-selection procedures set forth in the solicitation, applicable regulations, and other applicable authorities were followed by the agency.

Alternate I (October 1977). As prescribed in 15.209(a)(1), substitute the following paragraph (f)(4) for paragraph (f)(4) of the basic provision:

(f) (4) The Government intends to evaluate proposals and award a contract after conducting discussions with offerors whose proposals have been determined to be within the competitive range. If the Contracting Officer determines that the number of proposals that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, the Contracting Officer may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals. Therefore, the offeror's initial proposal should contain the offeror's best terms from a price and technical standpoint.

#### **L.4 TYPE OF CONTRACT (APRIL 1984) (FAR 52.216-1)**

It is anticipated that multiple Indefinite Delivery Indefinite Quantity (IDIQ or Task Order) awards will be made from this solicitation and that awards will be made on or about May 31, 2009.

#### **L.5 SINGLE OR MULTIPLE AWARDS (OCT 1995)(FAR 52.216-27)**

The Government may elect to award a single contract or to award multiple contracts for the same or similar supplies or services to two or more sources under this solicitation.

**L.6 SERVICE OF PROTEST (AUG 1996)(FAR 52.233-2)**

- (a) Protests, as defined in Section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO) shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from:

Director, Division of Contracts Management  
Agency for Healthcare Research and Quality  
540 Gaither Road  
Rockville, Maryland 20850

- (b) The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

**L.7 COMMUNICATIONS PRIOR TO CONTRACT AWARD**

Offerors shall direct all communications and questions to the attention of the Contracting Officer cited on the face page of this solicitation. Communications with other officials may compromise the competitiveness of this acquisition and result in cancellation of the solicitation.

The technical contact for additional information and answering inquiries is the Contracting Officer. All questions regarding this solicitation shall be in writing (via e-mail) and received by the Contracting Officer no later than **12:00 noon EST January 21, 2009**. All questions should be e-mailed to Sharon Williams at [Sharon.williams@ahrq.hhs.gov](mailto:Sharon.williams@ahrq.hhs.gov). The subject line should be marked "Proposal Questions RFP No. AHRQ-2009-10003."

**L.8 PROPOSAL INTENT/ APPROVAL FOR CONTACT INFORMATION FOR BIDDERS LIST (Attachment 9)**

It is requested that if an offeror intends to submit a proposal to this solicitation that the attached Proposal Intent Form be completed and returned to the address indicated by the date indicated. The submission of the intent form is not binding on an offeror to submit a proposal, nor does the failure to submit the form prohibit an offeror from submitting a proposal. The purpose is to provide us with an estimated number of proposals to assist us in our planning and logistics for proposal reviews.

Please check the appropriate Domain(s) that you are interested in.

We have added a request to include your contact information to a bidders list. The bidders list will be provided to interested offerors for subcontracting opportunities, as part of an amendment to the solicitation. In order for AHRQ to include your contact information on the bidders list, you must return the Proposal Intent Form and check the box that grants permission to add your name no later than the date listed above.

## L.9 GENERAL INSTRUCTIONS

### Introduction

The following instructions will establish the acceptable minimum requirements for the format and contents of proposals. The Government requires a minimum acceptance period of 120 days.

**A separate proposal consisting of a Cover Page, Technical Proposal, Past Performance, Business Proposal and Small Disadvantaged Business Participation Plan (in the appropriate number of copies) must be submitted (and properly identified) for each Domain for which the offeror submits a proposal. Proposals for each Domain should be packaged separately for ease in distribution to the appropriate Peer Review Committee.**

a. Contract Type and General Provisions: It is contemplated that multiple Indefinite Delivery Indefinite Quantity (IDIQ or Task Order) contracts will be awarded. In addition to the special provisions of this request for proposal (RFP), any resultant contract shall include the general clauses applicable to the selected offeror's organization and type of contract awarded. Any additional clauses required by Public Law, Executive Order, or procurement regulations, in effect at the time of execution of the proposed contract, will be included.

b. Authorized Official and Submission of Proposal: The proposal shall be signed by an official authorized to bind your (the offeror's) organization. Your proposal shall be submitted in the number of copies, to the address, and marked as indicated in the cover letter of this solicitation. Proposals will be typewritten, reproduced on letter sized paper and will be legible in all required copies.

c. Separation of Technical, Past Performance Information, and Business Proposal: The proposal shall be in 4 separate parts. To expedite the proposal evaluation, all documents required for responding to the RFP should be placed in the following order:

- I. COVER PAGE: The Cover Page shall include the solicitation title, the solicitation number, name of organization, author(s) of technical proposal, point of contact information for questions on the proposal, and shall indicate whether the proposal is the original or a copy. Indicate the Domain number(s) proposed and the business size of the organization (such as large business, small business, small disadvantaged business, veteran-owned small business, etc.). **The Cover Page must indicate the Domain number for the proposal so it can be sent to the proper Technical Proposal Peer Review Committee.**
- II. TECHNICAL PROPOSAL: See Technical Proposal Instructions for recommended format (L.10). Please mark as original or copy.

- III. PAST PERFORMANCE INFORMATION: See Past Performance Information Instructions for format (L.11)
- IV. BUSINESS PROPOSAL: See Business Proposal Instructions for recommended format (L.13).
- V. SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN  
See Small Disadvantaged Business Participation Plan Instructions for recommended format (L.12).

Each of the parts shall be separate and complete in itself so that evaluation of one may be accomplished independently of, and concurrently with, evaluation of the other.

- d. Evaluation of Proposals: The Government will evaluate technical proposals in accordance with the criteria set forth in Section M, Evaluation/Award Criteria.
- e. Potential Award Without Discussion: The Government reserves the right to award a contract without discussions if the Contracting Officer determines that the initial prices are fair and reasonable and that discussions are not necessary.
- f. Rejection of Proposals: The Government reserves the right to reject any or all proposals received. It is understood that your proposal will become part of the official contract file.
- g. Unnecessarily Elaborate Proposals: Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective proposal are not desired and may be construed as an indication of the offeror's lack of cost consciousness. Elaborate art work, expensive visual and other presentation aids are neither necessary nor wanted.
- h. Privacy Act: The Privacy Act of 1974 (Public Law (P.L.) 93-579) requires that a Federal agency advise each individual whom it asks to supply information: 1) the authority which authorized the solicitation; 2) whether disclosure is voluntary or mandatory; (3) the principal purpose or purposes for which the information is intended to be used; (4) the uses outside the agency which may be made of the information; and 4) the effects on the individual, if any, of not providing all or any part of the requested information.

Therefore:

- (1) The Government is requesting the information called for in this RFP pursuant to the authority provided by Section 301(g) of the Public Health Service Act, as amended, and P.L. 92-218, as amended.
- (2) Provisions of the information requested are entirely voluntary.

- (3) The collection of this information is for the purpose of conducting an accurate, fair, and adequate review prior to a discussion as to whether to award a contract.
- (4) Failure to provide any or all of the requested information may result in a less than adequate review.
- (5) The information provided by you may be routinely disclosed for the following purposes:
  - to the cognizant audit agency and the Government Accountability Office (GAO) for auditing;
  - to the Department of Justice as required for litigation;
  - to respond to Congressional inquiries; and
  - to qualified experts, not within the definition of Department employees for opinions as a part of the review process.

In addition, the Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number.

Provision of the social security number is voluntary. Social security numbers are requested for the purpose of accurate and efficient identification, referral, review and management of AHRQ contracting programs. Authority for requesting this information is provided by Section 305 and Title IV of the Public Health Service Act, as amended.

- i. The RFP does not commit the Government to pay any cost for the preparation and submission of a proposal. It is also brought to your attention that the Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with this or any acquisition action.

The Government reserves the right to award a contract without discussions if the Contracting Officer determines that the initial prices are fair and reasonable and that discussions are not necessary.

## **L.10 TECHNICAL PROPOSAL INSTRUCTIONS**

The technical proposal shall contain an original and twelve (12) hard copies, plus two electronic copies on CD. A technical proposal must be submitted for each Domain for which the offeror is submitting a proposal. The technical proposal described below shall be limited to **100 pages** not including biographic sketches, with no less than a 11 point font, double-spaced (lists of deliverables, person loading charts, and similar materials need not be double-spaced, so long as they are legible). Brief biographic sketches or CVs (less than ten pages in length) providing the relevant qualifications necessary for this effort are only required for key personnel. The technical proposal shall not contain reference to cost; however resources information, such as data concerning labor hours and categories, labor mix, materials, subcontracts, etc., shall be contained in the technical proposal so that your understanding of the Statement of Work (SOW)

may be evaluated. It must disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of these instructions. Lengthy proposals and voluminous appendices are neither needed nor desired as they are difficult to read and evaluate and may indicate the offeror's inability to concisely state their proposal. Appendices are to be provided electronically in MS Office format on CD, in the same quantity as the technical proposal.

a. Recommended Technical Proposal Format

The offeror's proposal should present sufficient information to reflect a thorough understanding of the work requirements and a detailed plan for achieving the objectives of the scope of work. Technical proposals shall not merely paraphrase the requirements of the Agency's scope of work or parts thereof, or use of phrases such as "will comply" or "standard techniques will be employed." The technical proposal must include a detailed description of the techniques and procedures to be used in achieving the proposed end results in compliance with the requirements of the Agency's scope of work.

- (1) Cover Page: The name of the proposing organization, list of proposed subcontractors, author(s) of the technical proposal, the RFP number and the title of the RFP should appear on the cover. The cover page must also include the DUNS and TIN as well as a point of contact and contact information. **Indicate the Domain number proposed and the business size of the proposing organization.** One (1) manually signed original copy of the proposal and the number of copies specified in the RFP cover letter are required.
- (2) Table of Contents: Provide sufficient detail so that all important elements of the proposal can be located readily.
- (3) Introduction: This should be a one or two page summary outlining the proposed work, your interest in submitting a proposal, and the importance of this effort in relation to your overall operation.
- (4) Technical Discussion: The offeror shall prepare a technical discussion which addresses evaluation criteria appropriate to the Domain for which the proposal is being submitted. Please see the Domain Proposal Specifications which includes a list of the specific evaluation criteria for each Domain. The offeror shall further state that no deviations or exceptions to the Statement of Work (SOW) are taken.

## L.11 PAST PERFORMANCE INFORMATION

Offerors shall submit the following information (original and 3 copies) as part of their proposal for both the offeror and proposed major subcontractors. A Past Performance proposal must be submitted for each Domain for which the offeror is submitting a proposal.

(1) A list of the last five (5) contracts and subcontracts completed (most relevant or most related) during the past three years and all contracts and subcontracts currently in process. Reference contracts and subcontracts completed during the past three years and include recently completed and ongoing work directly related to the requirements of this acquisition. Contracts listed may include those entered into by the Federal Government, agencies of State and local governments and commercial customers. Offerors that are newly formed entities without prior contracts should list contracts and subcontracts as required for all key personnel. Include the following information for each contract and subcontract:

- a: Name of contracting activity
- b: Contract number
- c: Contract type
- d: Total contract value
- e: Contract work
- f: Contracting Officer and telephone number
- g: Program Manager and telephone number
- h: Administrative Contracting Officer, if different from item f, and telephone number
- i: List of major subcontracts

(2) The offeror should provide information on problems encountered on the contracts and subcontracts identified in (1) above and corrective actions taken to resolve those problems. Offerors should not provide general information on their performance on the identified contracts. General performance information will be obtained from the references.

(3) The offeror may describe any quality awards or certifications that may indicate the offeror possesses a high-quality process for developing and producing the product or service required. Identify what segment of the company (one division or the entire company) that received the award or certification. Describe when the award or certification was bestowed. If the award or certification is over three years old, present evidence that the qualifications still apply.

(4) Each offeror will be evaluated on his/her performance under existing and prior contracts for similar products or services. Performance information will be used for both responsibility determinations and as an evaluation factor against which offeror's relative rankings will be compared to assure best value to the Government. The Government will focus on information that demonstrates quality of performance relative to the size and complexity of the procurement under consideration. References other than those identified by the offeror may be contacted by the Government with the information received used in the evaluation of the offeror's past performance.

(5) The offeror must provide related past performance of the proposed Project Director. Reference contracts and subcontracts completed during the

past three years and include recently completed and ongoing work directly related to the requirements of this acquisition.

The attached Past Performance Questionnaire and Contractor Performance Form shall be completed by those organizations listed in (1) above. The evaluation forms shall be completed and forwarded directly to:

Sharon Williams  
Agency for Healthcare Research and Quality  
Division of Contracts Management  
540 Gaither Road  
Rockville, Maryland 20850  
FAX: 301-427-1740

Evaluation forms must be received by the date and time listed in order to be included in the review process. It is the responsibility of the offeror to ensure that these documents are forwarded to the Contracting Officer.

**L.12 SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN:**

In accordance with FAR Part 15.304(c)4, the extent of participation of Small Disadvantaged Business (SDB) concerns in performance of the contract shall be evaluated in unrestricted acquisitions expected to exceed a total estimated cost of \$550,000 (\$1,000,000 for construction) subject to certain limitations (see FAR 19.201 and 19.1202).

A. All offerors, regardless of size, shall submit the following information in original and 2 copies for each Domain for which the offeror is submitting a proposal.

A plan on the extent of participation of Small Disadvantaged Business concerns in performance of the contract. Participation in performance of the contract includes the work expected to be performed by SDB concern(s). This can include SDB (as prime contractor), joint ventures, teaming arrangements, and subcontracts. Include the following information in SDB participation plans:

1. The extent of an offeror's commitment to use SDB concerns. Commitment should be as specific as possible, i.e., are subcontract arrangements already in place, letters of commitment, etc. Enforceable commitments will be weighted more heavily than non-enforceable ones.
2. Specifically identify the SDB concerns with point of contact and phone number.
3. The complexity and variety of the work SDB concerns are to perform.
4. Realism for the use of SDB in the proposal.

5. Past performance of the Offeror in complying with subcontracting plans for SDB concerns.
  6. Targets expressed as dollars and percentage of total contract value for each participating SDB; which will be incorporated into and become part of any resulting contract.
  7. The extent of participation of SDB concerns in terms of the total acquisition.
- B. SDB participation information will be used for both responsibility determinations and as an evaluation factor against which offeror's relative rankings will be compared to assure the best value to the Government. The Government will focus on information that demonstrates realistic commitments to use SDB concerns relative to the size and complexity of the acquisition under consideration. The Government is not required to contact all references provided by the offeror. Also, references other than those identified by the offeror may be contacted by the Government to obtain additional information that will be used in the evaluation of the offeror's commitment to SDB participation.

### **L.13 BUSINESS PROPOSAL**

The offeror shall submit as part of the proposal a separate enclosure titled "Business Proposal" for each Domain for which a proposal is being submitted. The Business Proposal shall clearly indicate the Domain number for which the offeror is submitting a proposal and shall include the Cost/Price Proposal and Other Administrative Data in accordance with the following:

A. Cost/Price Proposal

A cost proposal, in the amount of an original and five (5) hard copies, plus two electronic copies on CD, shall be provided only to the extent that it shall include:

1. Certified, unloaded, labor rates for individuals expected to work on a project of this size and nature. See the attached Domain Proposal Specifications which provides a list of the specific labor categories for each Domain. Labor rates or ranges of rates shall be indicated for each labor category for the specific Domain for which the offeror is submitting a proposal.
2. A statement certifying that the offeror has a cost accounting system in place which allows for the collection, tracking and reporting of all costs under a cost reimbursement-type contract.
3. Certified documentation that the offeror has a current indirect cost rate agreement in place with a federal agency or that is in the process of obtaining or revising such an agreement. A copy of the indirect cost rate agreement or the proposed rate agreement shall be provided.

B. Other Administrative Data

(1) Terms and Conditions: The proposal shall stipulate that it is predicated upon the terms and conditions of the RFP. In addition, it shall contain a statement to the effect that it is firm for a period of at least 120 days from the date of receipt thereof by the Government.

Minimum Bid Acceptance Period (April 1984)

(a) "Acceptance period," as used in this provision, means the number of calendar days available to the Government for awarding a contract from the date specified in this solicitation for receipt of bids.

(b) This provision supersedes any language pertaining to the acceptance period that may appear elsewhere in this solicitation.

(c) The Government requires a minimum acceptance period of 120 days.

(d) A bid allowing less than the Government's minimum acceptance period may be rejected.

(e) The bidder agrees to execute all that it has undertaken to do, in compliance with its bid, if that bid is accepted in writing within (i) the acceptance period stated in paragraph (3) above, or (ii) any longer acceptance period stated in paragraph (4) above.

(2) Authority to Conduct Negotiations: The proposal shall list the names and telephone numbers of persons authorized to conduct negotiations and to execute contracts.

(3) Property:

(a) It is HHS policy that contractors will provide all equipment and facilities necessary for performance of contracts. Exception may be granted to furnish Government-owned property, or to authorize purchase with contract funds, only when approved by the contracting officer. If additional equipment must be acquired, you shall include the description, estimated cost of each item and whether you will furnish such items with your own funds.

(b) You shall identify Government-owned property in your possession and/or property acquired from Federal funds to which you have title, that is proposed to be used in the performance of the prospective contract.

(c) The management and control of any Government property shall be in accordance with HHS Publication (OS) 74-115 entitled, Contractor's Guide for Control of Government Property" 1990, a copy of which will be provided upon request.

(4) Royalties: You shall furnish information concerning royalties which are anticipated to be paid in connection with the performance of work under the proposed contract.

(5) Commitments: You shall list other commitments with the Government relating to the specified work or services and indicate whether these commitments will or will not interfere with the completion of work and/or services contemplated under this proposal.

(6) Financial Capacity: You shall provide sufficient data to indicate that you have the necessary financial capacity, working capital, and other resources to perform the contract without assistance from any outside source. If not, indicate the amount required and the anticipated source. (Financial data such as balance sheets, profit and loss statements, cash forecasts, and financial histories of your organization's affiliated concerns should be utilized.)

(7) Performance Capability: You shall provide acceptable evidence of your "ability to obtain" equipment, facilities, and personnel necessary to perform the requirements of this project. If these are not represented in your current operations, they should normally be supported by commitment or explicit arrangement, which is in existence at the time the contract is to be awarded, for the rental, purchase, or other acquisition of such resources, equipment, facilities, or personnel. In addition, you shall indicate your ability to comply with the required or proposed delivery or performance schedule taking into consideration all existing business commitments, commercial as well as Government.

(8) Representations and Certifications: Section K, "Representations and Certifications and Other Statements of Offerors" shall be completed and signed by an official authorized to bind your organization. **This section shall be made a part of the original business proposal.**

C. Small Business Subcontracting Plan:

All offerors except small businesses will be required to submit a subcontracting plan in accordance with the Small Business Subcontracting Plan, FAR 52.219-9, incorporated in this solicitation for any task orders that are estimated to be above \$550,000. The plan will only be required when a Request for Task Order Proposal is issued that is estimated to be above \$550,000 and **does not need to be submitted as part of this proposal**. A copy of a model subcontracting plan is available at <http://www.hhs.gov/osdbu/read/SampleSubcontractingPlan.doc>. If the model plan is not used, all elements outlined must be addressed in the offeror's format. **If the offeror is not a small business and fails to submit a subcontracting plan when requested by a specific Request for Task Order proposal, the offeror will be considered nonresponsive and their proposal will be returned without further consideration.**

**This provision does not apply to small business concerns. This provision does apply to all other offerors, including large business concerns, colleges, universities and non-profit organizations.**

The term “subcontract” means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime contractor or subcontractor calling for supplies or services required for the performance of the original contract or subcontract. This includes, but is not limited to, agreements/ purchase orders for supplies and services such as equipment purchase, copying services, and travel services.

The offeror understands that:

- a. No task order above the threshold will be awarded unless and until an acceptable plan is negotiated with the Contracting Officer. The plan will be incorporated in to the task order.
- b. An acceptable plan must, in the determination of the Contracting officer, provide the maximum practicable opportunity for small business concerns and small business concerns owned and controlled by socially and economically disadvantaged persons to participate in the performance of the task order.
- c. If a subcontracting plan acceptable to the Contracting Officer is not negotiated within the time limits prescribed by the contracting activity and such failure arises out of causes within the control and with the fault or negligence of the offeror, the offeror shall be ineligible for award. The Contracting Officer shall notify the Contractor in writing of the reasons for determining a subcontracting plan unacceptable early enough in the negotiation process to allow the Contractor to modify the plan within the time limits prescribed.
- d. Prior compliance of the offeror with other such subcontracting plans under previous contracts will be considered by the Contracting Officer in determining the responsibility of the offeror for award of the contract.
- e. It is the offeror’s responsibility to develop a satisfactory subcontracting plan with respect to small business concerns and small business concerns owned and controlled by socially and economically disadvantaged individuals, and women-owned small business concerns, and that each such aspect of the offeror’s plan will be judged independent of the other.
- f. The offeror will submit, as required by the Contracting Officer, subcontracting reports in accordance with the instructions thereon, and as further directed by the Contracting Officer. Subcontractors will also submit these reports to the Government Contracting Officer or as otherwise directed, with a copy to the prime Contractor’s designated small and disadvantaged business liaison.

- g. For this particular acquisition, the AHRQ recommended goal (as a percentage of total contract value for the base period) is 20% for Small Businesses, which shall include at least 5.5% (as a percentage of total planned subcontract dollars for the base period) for Small Disadvantaged Businesses, at least 5% (as a percentage of total planned subcontract dollars for the base period) for Women-Owned Small Businesses, and at least 3% (as a percentage of total planned subcontract dollars for the base period) for HUBZone Small Businesses and at least 3% (as a percentage of total planned subcontract dollars for the base period) for Veteran-Owned Small Businesses. These goals represent AHRQ's expectations of the minimum level for subcontracting with small business at the prime contract level. Any goal stated less than the AHRQ recommended goal shall be justified and is subject to negotiation.

#### **L.14 SELECTION OF OFFERORS**

- a. The acceptability of the technical portion of each contract proposal will be evaluated by a technical review committee. The committee will evaluate each proposal in strict conformity with the evaluation criteria of the RFP, utilizing point scores and written critiques. The committee may suggest that the Contracting Officer request clarifying information from an offeror.
- b. The business portion of each contract proposal will be subjected to a limited cost review, management analysis, etc.
- c. Past performance of the technically acceptable offerors will be evaluated by AHRQ staff.
- d. The Small Disadvantaged Business Participation Plan will be evaluated by AHRQ staff.
- e. A competitive range will be determined. The competitive range will consist of those offers which are highly rated, based upon the technical, past performance, business, and Small Disadvantaged Business Participation Plan evaluation. Written discussions will be conducted with all offerors in the competitive range, if necessary. A cost analysis will be performed by AHRQ's Cost Analyst. All aspects of the proposals are subject to discussions, including cost, technical approach, past performance, and contractual terms and conditions. Final Proposal Revisions may be requested with the reservation of the right to conduct limited negotiations after submission of Final Proposal Revisions.
- f. A final best-value analysis will be performed taking into consideration the results of the technical evaluation, cost analysis, past performance, and ability to complete the work within the Government's required schedule. The Government reserves the right to make an award to the best advantage of the Government, technical merit, cost, past performance, and other factors considered.
- g. The Government reserves the right to make a single award, multiple awards, or no award at all to the RFP.

### L.15 NAICS Codes by Domain

<b>Domains</b>	<b>NAICS Code</b>
1 – Support for Health IT Program Management, Guidance, Assessment and Planning	541611
2 – Health IT Technical Assistance, Content Development, Program Related Projects and Studies	541611
3 – Health IT Dissemination, Communication and Marketing	541990
4 – Health IT Portal Infrastructure Management and Website Design and Usability Support	541512

**SECTION M - EVALUATION FACTORS FOR AWARD**

**SECTION M - EVALUATION FACTORS FOR AWARD**

**TECHNICAL EVALUATION CRITERIA**

Selection of an offeror for contract award will be based on an evaluation of proposals against four factors. The four factors are: scientific technical merit, past performance, small disadvantaged business participation plan and cost. The scientific technical merit of the proposals will receive paramount consideration for this acquisition.

**THE GOVERNMENT RESERVES THE RIGHT TO  
MAKE AN AWARD WITHOUT DISCUSSION**

All proposals will be reviewed in accordance with the governing regulations and AHRQ policies and procedures. The technical proposal and past performance will be evaluated in terms of the offeror's responses to each of the evaluation factors. The proposal will be evaluated on the likelihood of meeting the Government's requirements. The evaluation will be based on the technical and administrative capabilities in relation to the needs of the program and anticipated tasks. The Government reserves the right to make an award to the best advantage of the Government.

The evaluation factors and assigned weights which will be used in the overall review of the offeror's proposal are outlined below. Separate evaluation factors and weights are associated with each of the four separate Domains. See the attachment for Domain Proposal Specifications which lists the evaluation factors and weights for each Domain. The technical proposal shall consist of the responses to the evaluation criteria for the specific Domain for which the offeror is submitting a proposal. The offeror should show that the objectives stated in the proposal are understood and offer a logical program for their achievement. The criteria will be used to evaluate the proposal and will be weighted as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found in Section L of this solicitation:

**TECHNICAL PROPOSAL EVALUATION.....100 points**

**PAST PERFORMANCE EVALUATION.....25 points**

(TO BE RATED ONLY AFTER A DETERMINATION OF TECHNICAL ACCEPTABILITY OF THE OFFEROR'S PROPOSAL, BASED ON THE ABOVE TECHNICAL EVALUATION CRITERIA)

The offeror's past performance will be evaluated after completion of the technical evaluation. Only those offerors determined to be technically acceptable will be

evaluated. Each offeror will be evaluated on its performance under existing and prior contracts for similar products or services. Performance information will be used for both responsibility determinations and as an evaluation factor against which offeror's relative rankings will be compared.

Attached to this solicitation is a questionnaire which is to be copied and provided to customers for current and recently completed (within the past year) projects for work related to this requirement. Please provide this questionnaire to your customers to complete and return to AHRQ no later than **February 19, 2009**. Questionnaires received after that date will not be evaluated. Offerors should also send this questionnaire to proposed major subcontractors so that they may also have their clients submit completed questionnaire to AHRQ for evaluation.

The Government reserves the right to evaluate relevant past performance information not specifically provided by the offeror.

Assessment of the offeror's past performance for AHRQ, as well as other agencies and organizations, will be one means of evaluating the credibility of the offeror's proposal and relative capability to meet performance requirements. The past performance evaluation will be conducted using information gathered from questionnaires and information received from the offeror's previous and current clients. Evaluation of past performance will often be subjective based on the consideration of all relevant facts and circumstances. Information utilized will be obtained from the questionnaires received and from the references listed in the offeror's proposal, other clients known to AHRQ and others who may have useful and relevant information. Past performance will also be considered regarding subcontractors and key personnel.

The Government will assess the relative risks associated with each offeror. Performance risks are those associated with an offeror's likelihood of success in performing the acquisition requirements as indicated by the offeror's record of past performance.

If the offeror or the proposed employees for the offeror, do not have a past performance history relative to this acquisition, or past performance not relative to this acquisition, the offeror will not be evaluated favorably or unfavorably on this factor. A neutral rating will be determined.

In evaluating past performance the Government, will consider the offeror's effectiveness in quality of products or services; timeliness of performance; cost control; business practices; customer satisfaction, and key personnel past performance.

NOTICE: Past Performance questionnaires are to be provided to the contracting office NO LATER than the closing date and time of this solicitation. It is the offeror's responsibility to ensure that these documents are forwarded to the contracting office.

**SMALL DISADVANTAGED BUSINESS SUBCONTRACTING PLAN EVALUATION...5 Points**

(TO BE RATED ONLY AFTER A DETERMINATION OF TECHNICAL ACCEPTABILITY OF THE OFFEROR'S PROPOSAL, BASED ON THE ABOVE TECHNICAL EVALUATION CRITERIA)

The evaluation will be based on information obtained from the Small Disadvantaged Business Subcontracting Plan provided by the offeror, the realism of the proposal, other relevant information from named SDB concerns, and any information supplied by the offeror concerning problems encountered in SDB participation.

Evaluation of the SDB Participation Plan will be a subjective assessment based on a consideration of all relevant facts and circumstances. It will not be based on absolute standards of acceptable performance. The Government is seeking to determine whether the offeror has demonstrated a commitment to use SDB concerns for the work that it intends to perform as the prime contractor.

The assessment of the offeror's SDB Participation Plan will be used as a means of evaluating the relative capability and commitment of the offeror and the other competitors. Thus, an offeror with an exceptional record of participation with SDB concerns may receive more points and a more favorable evaluation than another whose record is acceptable, even though both may have acceptable technical proposals.

SDB participation will be scored with offerors receiving points from 0 to 5, with 5 being the most favorable.

**TOTAL AVAILABLE EVALUATION POINTS.....130 points**



**Class III** \$ \_\_\_\_\_

Intermediate clinical/technical personnel, holding a BS or BA degree and at least 3 years experience in technical activities of which 2 years experience are directly related in the areas of program management, health information technology, informatics, patient safety and quality, healthcare and health services research, research associate, program support, management and evaluation studies, healthcare standards and measures development or healthcare applications software, preferably with significant experience related to program management and health information technology. The individual is capable of carrying out independent assignments with minimum supervision or acting as leader of small projects.

**Class IV** \$ \_\_\_\_\_

Program support, data support, literature search and retrieval, report drafting, etc. at a research assistant level.

**SECTION L – INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS – DOMAIN 1**

As specified in Section L.10 a (4), the offeror shall prepare a technical discussion which addresses evaluation criteria appropriate to the Domain for which the proposal is being submitted. For Domain 1, the following specific evaluation criteria is provided. The offeror shall further state that no deviations or exceptions to the Statement of Work are taken.

**Domain 1 (Support For Health IT Program Management, Guidance, Assessment and Planning)**

**A. Understanding the Problem (Domain 1)**

Offeror shall provide a brief statement of the issue(s)/problem(s) which underscore the concept of and need for this contract Domain. Also included in this section shall be a description of the scope, purpose, and products of the different types of services called for under this Domain. The offeror shall include a discussion of the issues related to Health IT Program Management, Guidance, Assessment and Planning, and its ability to: a) effectively manage complex projects, providing organizational structure and capabilities to meet project milestones in a timely manner, manage resources and cost expenditures, and adhere to performance based contracting and earned value management contracting; b) manage health IT projects, managing stakeholder input mechanisms, and coordinating numerous complex work efforts across multiple contractors and organizations; c) provide strategic guidance, assessment and planning to large government programs, particularly health information technology related programs; d) provide extensive project management expertise including use of earned value management and experience for large complex government contracts (i.e. at least 5-10 successful, well-managed, government contracts of at least \$40 million per contract); e) work collaboratively and under the direction of federal employees in support

of government goals and objectives. General discussion of technical approaches to the different types of activities identified in the RFP for this Domain should be included.

**B. Technical Approach (Domain 1)**

1. Offeror shall submit a narrative which clearly addresses how it plans to develop, design, and implement the statement of work within the time constraints of the project. Within the content of the narrative, the Offeror shall also address plans for identifying, utilizing and monitoring consultants and subcontractors; generating clear, concise reports on project findings; and conducting quality assurance and problem area identification and resolution strategies.
2. Offeror shall clearly demonstrate experience in and ability to a) effectively manage complex projects, providing organizational structure and capabilities to meet project milestones in a timely manner, manage resources and cost expenditures, and adhere to performance based contracting and earned value management contracting; b) manage health IT projects, managing stakeholder input mechanisms, and coordinating numerous complex work efforts across multiple contractors and organizations; c) provide strategic guidance, assessment and planning to large government programs, e.g. health information technology and other complex programs; d) provide extensive project management expertise, including use of earned value management and experience for large complex government contracts (i.e. at least 5-10 successful, well-managed, government contracts of at least \$40 million per contract); and e) work collaboratively and under the direction of federal employees in support of government goals and objectives.
3. The Offeror shall address the technical approach proposed for each task required by the Statement of Work.

**C. Management Plan (Domain 1)**

Offeror shall demonstrate its ability to achieve the delivery of performance requirements through the proposed use of organizational/corporate management and other personnel resources as well as demonstrate that the Offeror's organizational structure and capabilities will meet the project's milestones in a timely manner. In doing so, and at a minimum, the Offeror shall:

1. Demonstrate corporate/organizational experience in managing projects of a similar size and nature.
2. Provide a fully supported narrative showing Offeror's understanding of the requirements in the Statement of Work from a managerial perspective. The narrative should at a minimum address the following topics:
  - a) labor skill mix determination (why Offeror chose the skill mix for this project);
  - b) personnel selection and assignment (why Offeror chose an individual person for an individual job);
  - c) the percentage of full time core personnel (if a ratio of less than seventy percent full time core staff to thirty percent consultants/subcontractors is proposed, Offeror shall provide a detailed explanation of how the

- proposed staffing plan ensures that the work is conducted by individuals with a mastery of the technical requirements of the Statement of Work).
- d) monitoring and control of services provided: technical quality, responsiveness, cost control, and effective and efficient resource utilization, compliance with technical requirement and contract provisions. Clearly show proposed system for quality control of work performed, including documents to be produced, and proposed system for management control and contract provision compliance;
  - e) managerial problems Offeror expects to encounter. Describe the methods Offeror proposes to solve these problems. Demonstrate ability and flexibility to rapidly solve the same or similar managerial problems encountered previously;
  - f) ability and flexibility to respond rapidly to changes in budget, priorities, and schedule.
3. Indicate clear lines of authority and delineation of staff responsibilities.
  4. Describe the number of person hours for each task and for service delivery.
  5. Provide an organizational chart and a Program Evaluation Review Technique (PERT) chart showing all tasks (staffing plan).
  6. Describe coordination with proposed subcontractors/consultants, including monitoring of their performance.
  7. Provide a signed agreement, e.g., a letter of commitment, between the Offeror and any personnel other than current direct employees that includes dates of employment and specific tasks to be performed.
  8. Provide a person-level task-loading chart (to include consultant and subcontractors effort) and an organizational chart indicating clear lines of authority, delineating staff responsibilities and a plan for organizational backup. Employees not currently employed by the Offeror shall be listed with an asterisk (\*).

**D. Key Personnel (Domain 1)**

The proposal shall specify the project team, including subcontractors and consultants. In this project, the Project Director, Project Manager (if used), and evaluators are classified as key personnel.

1. Offeror shall provide evidence of the availability, qualifications, and demonstrated experience of key management personnel, including the Project Director, and Project Managers, if used. The Project Director should have, at a minimum, a doctoral degree or senior level management experience directing at least \$5M projects. The Project Director also must have extensive experience in health IT and program management. The Project Director should not have less than twelve (12) years total work experience which includes: 1) at least ten (10) years in the SOW's specialty services field in progressively responsible positions; and 2) demonstrated skills in organizing and monitoring challenging and complex projects conducted by groups of diverse professionals.

The Project Manager, if used, should have, at a minimum, a masters degree in a health and human services-related specialty, or informatics, or program management, and not less than eight (8) years total work experience which includes: 1) at least six (6) years in the health services research or the health IT

specialty services field; 2) extensive knowledge of Health IT, informatics, and healthcare information systems issues; and 3) demonstrated skills in organizing and monitoring complex projects in health care and health IT.

- a. Describe how the education and technical experience of the Project Director, the Project Manager and other key technical personnel specifically relate to the SOW.
  - b. Provide length and currency of the overall education of the Project Director, the Project Manager and other key technical personnel.
  - c. Describe the experience of the proposed Project Director and the Project Manager in managing the SOW and complex projects involving the program evaluation of large scale multiple component research programs. This description shall include at a minimum the size of projects managed, start-up time required, number of projects managed, problems encountered, and the resolution of those problems. Describe those projects currently managed. Describe how the management experience of the proposed Project Director and the Project Manager equips them to manage a staff which reflects the diversity of the SOW.
  - d. Describe the ability of the proposed Project Director, the Project Manager, and others to address issues of policy and legal sensitivity as they relate to the SOW.
2. Offeror shall provide evidence of availability, qualifications, and demonstrated experience of key medical, education, and technical personnel. They should possess the education, experience, and demonstrated skills to conduct a compressive healthcare IT state integration program.
- a. Describe how the education and technical experience of the proposed technical personnel specifically relate to the SOW.
  - b. Provide length and currency of the overall education of the proposed technical personnel.
  - c. Describe the management experience of the technical personnel, if they are to serve as team leaders. Include a description of their experience in independent problem solving and conflict resolution, in facilitating groups in the analysis of large quantities of information, and in coordinating and editing the work of others in the production of extensive, complex reports. Describe those projects currently managed.
  - d. Describe the ability of the technical personnel to address issues of medical education and learning as they relate to the SOW.

**E. Facilities (Domain 1)**

Offeror must demonstrate that adequate facilities, space and equipment, are available for the accomplishment of project goals and objectives.

## **SECTION M – EVALUATION FACTORS FOR AWARD – DOMAIN 1**

As specified in Section M, the following evaluation factors and assigned weights will be used in the overall review of the offeror’s proposal for Domain 1. The technical proposal shall consist of the responses to the evaluation criteria for the specific Domain for which the offeror is submitting a proposal. The offeror shall show that the objective stated in the proposal are understood and offer a logical program for their achievement. The criteria will be used to evaluate the proposal and will be weighted as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found above in Section L.

### **Domain 1 (Support For Health IT Program Management, Guidance, Assessment & Planning)**

#### **EVALUATION CRITERIA**

#### **WEIGHT**

#### **A. Understanding the Problem (Domain 1)**

15 points

The proposal shall be evaluated on the completeness of the proposal and the Offeror's demonstrated understanding of the requirements and efforts needed to perform the Domain1 Statement of Work. The contractor should demonstrate an understanding of how and why the NRC in this domain must be able to: a) work under the direction of federal employees in the role of contractor and collaborate to support the federal government in meeting program goals and objective; b) effectively manage complex projects, providing organizational structure and capabilities to meet project milestones in a timely manner, manage resources and cost expenditures, and adhere to performance based contracting and earned value management contracting; c) manage health IT projects, managing stakeholder input mechanisms, and coordinating numerous complex work efforts across multiple contractors and organizations; d) provide strategic guidance, assessment and planning to large government programs, e.g. to health information technology or other complex government programs; e) provide extensive project management expertise including earned value management and experience for large complex government contracts (i.e. at least 5-10 successful, well-managed, government contracts of at least \$40 million per contract)

#### **B. Technical Approach (Domain 1)**

30 points

The proposal shall be evaluated on the completeness, reasonableness, clarity, and feasibility of the approach to satisfy the requirements of each individual task of the Domain 1 Statement of Work. The offeror’ technical approach should clearly demonstrate its ability to: a) effectively manage complex projects, providing organizational structure and capabilities to meet project milestones in a timely manner, manage resources and cost expenditures, and adhere to performance based contracting and earned value management contracting; b) manage health IT projects, managing stakeholder input mechanisms, and coordinating numerous complex work efforts across multiple contractors and organizations; c) provide strategic guidance, assessment and planning to large government programs, e.g. to health information technology or other

complex government programs; d) provide extensive project management expertise including earned value management .

C. Management Plan (Domain 1)

20 points

The offeror's demonstrated ability to achieve the delivery of performance requirements through the proposed use of corporate/organizational management and other personnel resources will be evaluated. In this context, the offeror's demonstrated ability to: a) manage subcontractors and consultants, b) complete project milestones using a cost-effective approach, c) coordinate, review and track effectiveness, efficiency and performance of multiple task order efforts across multiple domains and project areas and use of earned value management will be evaluated; and d) provide strategic guidance, assessment and planning to large government programs, e.g. to health information technology or other complex government programs, will be evaluated.

D. Key Personnel (Domain 1)

25 points

The background, skills, experience, and education of key personnel in the area of Program Management, Health Information Technology and Informatics, healthcare and informatics research, evaluation, patient safety, and interaction with grantees and other key stakeholders shall be evaluated. Key personnel should include a Project Director with a Doctorate level degree or significant senior level management experience directing at least \$5M projects. The Project Director also must have specialized experience with health IT and Program Management. The background, skills, and experience of key personnel in the analysis of health information technology, informatics, patient safety and quality, healthcare and health services research, program support, management and evaluation studies, healthcare standards and measures development and healthcare applications software and shall also be evaluated. Offeror's proposed key personnel shall be evaluated against the education and experience requirements as set forth in the Instructions to Offerors.

E. Facilities (Domain 1)

10 points

Proposals will be evaluated on the availability of adequate facilities, space, and equipment (e.g., computers, servers, word-processing, photocopying, facsimile) for accomplishing the project goals and objectives. In addition to computer hardware, the Offeror must provide necessary computer software capability.

For this Domain, individual task orders may require the contractor to provide key program management staff members onsite at AHRQ. Offerors should describe their capability to provide this resource when required in specific task orders.

**TOTAL POINTS BEFORE PAST PERFORMANCE**

**100 POINTS**



Associate management or clinical/professional/technical personnel, holding an advanced degree, at the Doctorate, M.D. or Master level, with a minimum of 5 years experience in the areas of health information technology and informatics; patient safety and quality; healthcare and health services research; program support, management and evaluation studies; healthcare standards and measures development; healthcare applications software; performing technical assistance; establishing and supporting collaborative efforts among government, academic and other public and private organizations; developing and evaluating health IT tools and products; developing content and syntheses of health IT topics, project results and best practices; performing health IT research, development and implementation projects and studies; or providing new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care.

**Class III** \$ \_\_\_\_\_

Intermediate clinical/technical personnel, holding a BS or BA degree and at least 3 years experience in technical activities of which 2 years experience are directly in the areas of health information technology and informatics; patient safety and quality; healthcare and health services research; program support, management and evaluation studies; healthcare standards and measures development; healthcare applications software; performing technical assistance; establishing and supporting collaborative efforts among government, academic and other public and private organizations; developing and evaluating health IT tools and products; developing content and syntheses of health IT topics, project results and best practices; performing health IT research, development and implementation projects and studies; or providing new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care. The individual is capable of carrying out independent assignments with minimum supervision or acting as leader of small projects.

**Class IV** \$ \_\_\_\_\_

Program support, data support, literature search and retrieval, report drafting, etc. at a research assistant level.

**SECTION L – INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS**

As specified in Section L.10 a (4), the offeror shall prepare a technical discussion which addresses evaluation criteria appropriate to the Domain for which the proposal is being submitted. For Domain 1, the following specific evaluation criteria is provided. The offeror shall further state that no deviations or exceptions to the Statement of Work are taken.

**Domain 2 (Health IT Technical Assistance, Content Development, and Program Related Projects and Studies)**

**A. Understanding the Problem (Domain 2)**

Offeror shall provide a brief statement of the issue(s)/problem(s) which underscore the concept of and need for this Domain. Also included in this section shall be a description of the scope, purpose, and products of the different types of services called for under this Domain. The offeror shall include a discussion of the issues related to how it will: a)

effectively perform technical assistance; b) establish and support collaborative efforts among government, academic and other public and private organizations; c) develop and evaluate health IT tools and products, d) develop content and syntheses of health IT topics, project results and best practices, e) perform health IT research, development and implementation projects and studies, and f) provide new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care, particularly involving ambulatory safety and quality, patient safety, electronic health records, clinical decision support, electronic prescribing, health services and methodological research, consumer health informatics applications, the electronic exchange of health information, and other related health IT areas of expertise (e.g. workflow analysis, organizational processes, nursing, patient centered care, health systems administration, human factors, etc.); f) work collaboratively and under the direction of federal employees in support of government goals and objectives. General discussion of technical approaches to the different types of activities identified in the RFP for this Domain should be included.

**B. Technical Approach (Domain 2)**

1. Offeror shall submit a narrative which clearly addresses how it plans to develop, design, and implement the statement of work within the time constraints of the project. Within the content of the narrative, the Offeror shall also address plans for identifying, utilizing and monitoring consultants and subcontractors; generating clear, concise reports on project findings; and conducting quality assurance and problem area identification and resolution strategies.
2. Offeror shall clearly demonstrate experience in and ability to: a) effectively perform technical assistance; b) establish and support collaborative efforts among government, academic and other public and private organizations; c) develop and evaluate health IT tools and products, d) develop content and syntheses of health IT topics, project results and best practices, e) perform health IT research, development and implementation projects and studies, and f) provide new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care, particularly involving ambulatory safety and quality, patient safety, electronic health records, clinical decision support, electronic prescribing, health services and methodological research, consumer health informatics applications, the electronic exchange of health information, and other related health IT areas of expertise (e.g. workflow analysis, organizational processes, nursing, patient centered care, health systems administration, human factors, etc.); f) work collaboratively and under the direction of federal employees in support of government goals and objectives.
3. The Offeror shall address the technical approach proposed for each task required by the Statement of Work.

**C. Management Plan (Domain 2) –**

Offeror shall demonstrate its ability to achieve the delivery of performance requirements through the proposed use of organizational/corporate management and other personnel resources as well as demonstrate that the Offeror's organizational structure and

capabilities will meet the project's milestones in a timely manner. In doing so, and at a minimum, the Offeror shall:

1. Demonstrate corporate/organizational experience in managing projects of a similar size and nature.
2. Provide a fully supported narrative showing Offeror's understanding of the requirements in the Statement of Work from a managerial perspective. The narrative should at a minimum address the following topics:
  - a) labor skill mix determination (why Offeror chose the skill mix for this project);
  - b) personnel selection and assignment (why Offeror chose an individual person for an individual job);
  - c) the percentage of full time core personnel (if a ratio of less than seventy percent full time core staff to thirty percent consultants/subcontractors is proposed, Offeror shall provide a detailed explanation of how the proposed staffing plan ensures that the work is conducted by individuals with a mastery of the technical requirements of the Statement of Work).
  - d) monitoring and control of services provided: technical quality, responsiveness, cost control, and effective and efficient resource utilization, compliance with technical requirement and contract provisions. Clearly show proposed system for quality control of work performed, including documents to be produced, and proposed system for management control and contract provision compliance;
  - e) managerial problems Offeror expects to encounter. Describe the methods Offeror proposes to solve these problems. Demonstrate ability and flexibility to rapidly solve the same or similar managerial problems encountered previously;
  - f) ability and flexibility to respond rapidly to changes in budget, priorities, and schedule.
3. Indicate clear lines of authority and delineation of staff responsibilities.
4. Describe the number of person hours for each task and for service delivery.
5. Provide an organizational chart and a Program Evaluation Review Technique (PERT) chart showing all tasks (staffing plan).
6. Describe coordination with proposed subcontractors/consultants, including monitoring of their performance.
7. Provide a signed agreement, e.g., a letter of commitment, between the Offeror and any personnel other than current direct employees that includes dates of employment and specific tasks to be performed.
8. Provide a person-level task-loading chart (to include consultant and subcontractors effort) and an organizational chart indicating clear lines of authority, delineating staff responsibilities and a plan for organizational backup. Employees not currently employed by the Offeror shall be listed with an asterisk (\*).

#### **D. Key Personnel (Domain 2)**

The proposal shall specify the project team, including subcontractors and consultants. In this project, the Project Director, Project Manager (if used), and evaluators are classified as key personnel.

1. Offeror shall provide evidence of the availability, qualifications, and demonstrated experience of key management personnel, including the Project Director, and Project Managers, if used. The Project Director should have, at a minimum, a doctoral degree and/or Medical Degree and have extensive experience in Health Information Technology and program management. The Project Director should not have less than twelve (12) years total work experience which includes: 1) at least ten (10) years in the SOW's specialty services field in progressively responsible positions; and 2) demonstrated skills in organizing and monitoring challenging and complex projects conducted by groups of diverse professionals.

The Project Manager, if used, should have, at a minimum, a masters degree in a health and human services-related specialty, or informatics, and not less than eight (8) years total work experience which includes: 1) at least six (6) years in the health services research or the health IT specialty services field; 2) extensive knowledge of health IT, informatics, and healthcare information systems issues; and 3) demonstrated skills in organizing and monitoring complex projects in health care and health IT.

- a. Describe how the education and technical experience of the Project Director, the Project Manager and other key technical personnel specifically relate to the SOW.
  - b. Provide length and currency of the overall education of the Project Director, the Project Manager and other key technical personnel.
  - c. Describe the experience of the proposed Project Director and the Project Manager in managing the SOW and complex projects involving the program evaluation of large scale multiple component research programs. This description shall include at a minimum the size of projects managed, start-up time required, number of projects managed, problems encountered, and the resolution of those problems. Describe those projects currently managed. Describe how the management experience of the proposed Project Director and the Project Manager equips them to manage a staff which reflects the diversity of the SOW.
  - d. Describe the ability of the proposed Project Director, the Project Manager, and others to address issues of policy and legal sensitivity as they relate to the SOW.
2. Offeror shall provide evidence of availability, qualifications, and demonstrated experience of key medical, education, and technical personnel. They should possess the education, experience, and demonstrated skills to perform the work of this Domain.
    - a. Describe how the education and technical experience of the proposed technical personnel specifically relate to the SOW.
    - b. Provide length and currency of the overall education of the proposed technical personnel.

- c. Describe the management experience of the technical personnel, if they are to serve as team leaders. Include a description of their experience in independent problem solving and conflict resolution, in facilitating groups in the analysis of large quantities of information, and in coordinating and editing the work of others in the production of extensive, complex reports. Describe those projects currently managed.
- d. Describe the ability of the technical personnel to address issues of medical education and learning as they relate to the SOW.

**E. Facilities (Domain 2)**

Offeror must demonstrate that adequate facilities, space and equipment, are available for the accomplishment of project goals and objectives.

**SECTION M – EVALUATION FACTORS FOR AWARD**

As specified in Section M, the following evaluation factors and assigned weights will be used in the overall review of the offeror’s proposal for Domain 1. The technical proposal shall consist of the responses to the evaluation criteria for the specific Domain for which the offeror is submitting a proposal. The offeror shall show that the objective stated in the proposal are understood and offer a logical program for their achievement. The criteria will be used to evaluate the proposal and will be weighted as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found above in Section L.

**Domain 2 (Health IT Technical Assistance, Content Development, and Program Related Projects and Studies)**

**EVALUATION CRITERIA**

<u>EVALUATION CRITERIA</u>	<u>WEIGHT</u>
A. Understanding the Problem (Domain 2)	15 points
<p>The proposal shall be evaluated on the completeness of the proposal and the Offeror's demonstrated understanding of the requirements and efforts needed to perform the Domain 2 Statement of Work. The contractor should demonstrate an understanding of how and why the NRC in this domain must be able to: a) work collaboratively and under the direction of federal employees in support of government goals and objectives; b) effectively perform technical assistance in the fields of health IT, research, and health care implementation; c) establish and support collaborative efforts among government, academic and other public and private organizations; d) develop and evaluate health IT tools and products, e) develop content and syntheses of health IT topics, project results and best practices, f) perform health IT research, development and implementation projects and studies, and g) provide new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care, particularly involving ambulatory safety and quality, patient safety, electronic health records, clinical decision support, electronic prescribing, health information exchange, clinical and methodological research, and other related health IT areas.</p>	

Health IT is broadly defined as the use of information and communication technology in health care to support the delivery of patient or population care or to support patient self-management. Health IT can support patient care related activities such as order communications, results reporting, care planning and clinical or health documentation. Health IT applications can use a variety of platforms, such as desktop computer applications, cellular phones, personal digital assistants (PDAs), touch screen kiosks, and others. Examples of health IT applications are, electronic health records (EHR) electronic medical records (EMR), personal health records (PHR), telemedicine, clinical alerts and reminders, computerized provider order entry, computerized clinical decision support systems, consumer health informatics applications, and electronic exchange of health information.

B. Technical Approach (Domain 2)

30 points

The proposal shall be evaluated on the completeness, reasonableness, clarity, and feasibility of the approach to satisfy the requirements of each individual task of the Domain 2 Statement of Work. The offeror' technical approach should clearly demonstrate its ability to: a) work collaboratively and under the direction of federal employees in support of government goals and objectives; b) effectively perform technical assistance in the fields of health IT, research, and health care implementation; c) establish and support collaborative efforts among government, academic and other public and private organizations; d) develop and evaluate health IT tools and products, e) develop content and syntheses of health IT topics, project results and best practices, f) perform health IT research, development and implementation projects and studies, and g) provide new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care, particularly involving ambulatory safety and quality, patient safety, electronic health records, clinical decision support, electronic prescribing, health services and methodological research, consumer health informatics applications, the electronic exchange of health information, and other related health IT areas of expertise (e.g. workflow analysis, organizational processes, nursing, patient centered care, health systems administration, human factors, etc.) relevant to the design, implementation and use of health IT.

C. Management Plan (Domain 2)

20 points

The offeror's demonstrated ability to achieve the delivery of performance requirements through the proposed use of corporate/organizational management and other personnel resources will be evaluated. In this context, the offeror's demonstrated ability to: a) work collaboratively and under the direction of federal employees in support of government goals and objectives; b) effectively perform technical assistance in the fields of health IT, research, and health care implementation; c) establish and support collaborative efforts among government, academic and other public and private organizations; d) develop and evaluate health IT tools and products, e) develop content and syntheses of health IT topics, project results and best practices, f) perform health IT research, development and implementation projects and studies, and g) provide new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care, particularly involving ambulatory safety and quality, patient safety, electronic health records, clinical decision support, electronic prescribing, health services and methodological research, consumer health informatics applications, the electronic exchange of health information, and other related health IT areas of expertise (e.g. workflow analysis, organizational processes, nursing, patient centered care, health systems administration, human factors, etc.), will be evaluated.

D. Key Personnel (Domain 2)

25 points

The background, skills, experience, and education of key personnel in the area of: Health Information Technology and Informatics, healthcare and informatics research, evaluation, healthcare quality and patient safety, interaction with grantees and other key stakeholders, performing technical assistance; establishing and supporting collaborative efforts among government, academic and other public and private organizations; developing and evaluating health IT tools and products, developing content and syntheses of health IT topics, project results and best practices, performing health IT research, development and implementation projects and studies, and providing new visionary approaches for applying health IT to improve the quality, safety, effectiveness and efficiency of health care, particularly involving ambulatory safety and quality, patient safety, electronic health records, clinical decision support, electronic prescribing, health services and methodological research, consumer health informatics applications, the electronic exchange of health information, and other related health IT areas of expertise (e.g. workflow analysis, organizational processes, nursing, patient centered care, health systems administration, human factors, etc.) will be evaluated.

Key personnel should include a Project Director with a Doctorate, PhD or MD or equivalent experience and have specialized experience with health IT. The background, skills, and experience of key personnel in the analysis of health information technology, informatics, patient safety and quality, healthcare and health services research, program support, management and evaluation studies, etc. shall be evaluated. The background, skills, education, and experience of key personnel in the area of healthcare standards and measures development and healthcare applications software and shall also be evaluated. Offeror's proposed key personnel shall be evaluated against the education and experience requirements as set forth in the Instructions to Offerors.

E. Facilities (Domain 2)

10 points

Proposals will be evaluated on the availability of adequate facilities, space, and equipment (e.g., computers, servers, word-processing, photocopying, facsimile) for accomplishing the project goals and objectives. In addition to computer hardware, the Offeror must provide necessary computer software capability.

For this Domain, individual task orders may require the contractor to provide key program management staff members onsite at AHRQ. Offerors should describe their capability to provide this resource when required in specific task orders.

**TOTAL POINTS BEFORE PAST PERFORMANCE**

**100 POINTS**



and vehicles; determining the most appropriate target audiences and determine their content needs; performing and promoting website marketing and dissemination; or convening technical expert panels and meetings.

**Class III** \$ \_\_\_\_\_

Intermediate clinical/technical personnel, holding a BS or BA degree and at least 3 years experience in technical activities of which 2 years experience are directly in the areas of performing dissemination, synthesis, communication and marketing of health IT or other technical research and project results; creating varied and appropriate dissemination products and vehicles; determining the most appropriate target audiences and determine their content needs; performing and promoting website marketing and dissemination; or convening technical expert panels and meetings. The individual is capable of carrying out independent assignments with minimum supervision or acting as leader of small projects. Class III personnel include specialists in health science writing and editing.

**Class IV** \$ \_\_\_\_\_

Program support, data support, literature search and retrieval, report drafting, etc. at a research assistant level.

## **SECTION L – INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS**

As specified in Section L.10 a (4), the offeror shall prepare a technical discussion which addresses evaluation criteria appropriate to the Domain for which the proposal is being submitted. For Domain 1, the following specific evaluation criteria is provided. The offeror shall further state that no deviations or exceptions to the Statement of Work are taken.

### **Domain 3 (Health IT Dissemination, Communication and Marketing)**

#### **A. Understanding the Problem (Domain 3)**

Offeror shall provide a brief statement of the issue(s)/problem(s) which underscore the concept of and need for this Domain. Also included in this section shall be a description of the scope, purpose, and products of the different types of services called for under this Domain. The offeror shall include a discussion of the issues related to how it will: a) perform dissemination, synthesis, communication and marketing of AHRQ and other federal health IT research and project results; b) create varied and appropriate dissemination products and vehicles c) determine the most appropriate target audiences and determine their content needs, d) perform and promote website marketing and dissemination, and e) convene health IT or technical expert panels and meetings, and f) work collaboratively and under the direction of federal employees in support of government goals and objectives. General discussion of technical approaches to the different types of activities identified in this Domain should be included.

#### **B. Technical Approach (Domain 3)**

- Offeror shall submit a narrative which clearly addresses how it plans to develop, design, and implement the statement of work within the time constraints of the project. Within the content of the narrative, the Offeror shall also address plans for identifying, utilizing and monitoring consultants and subcontractors; generating clear, concise reports on project findings; and conducting quality assurance and problem area identification and resolution strategies.
- Offeror shall clearly demonstrate experience in and ability to: a) perform dissemination, synthesis, communication and marketing of AHRQ and other federal health IT research and project results; b) create varied and appropriate dissemination products and vehicles c) determine the most appropriate target audiences and determine their content needs, d) perform and promote website marketing and dissemination, and e) convene health IT or technical expert panels and meetings; f) work collaboratively and under the direction of federal employees in support of government goals and objectives.

**C. Management Plan (Domain 3)**

Offeror shall demonstrate its ability to achieve the delivery of performance requirements through the proposed use of organizational/corporate management and other personnel resources as well as demonstrate that the Offeror's organizational structure and capabilities will meet the project's milestones in a timely manner. In doing so, and at a minimum, the Offeror shall:

1. Demonstrate corporate/organizational experience in managing projects of a similar size and nature.
2. Provide a fully supported narrative showing Offeror's understanding of the requirements in the Statement of Work from a managerial perspective. The narrative should at a minimum address the following topics:
  - a) labor skill mix determination (why Offeror chose the skill mix for this project);
  - b) personnel selection and assignment (why Offeror chose an individual person for an individual job);
  - c) the percentage of full time core personnel (if a ratio of less than seventy percent full time core staff to thirty percent consultants/subcontractors is proposed, Offeror shall provide a detailed explanation of how the proposed staffing plan ensures that the work is conducted by individuals with a mastery of the technical requirements of the Statement of Work).
  - d) monitoring and control of services provided: technical quality, responsiveness, cost control, and effective and efficient resource utilization, compliance with technical requirement and contract provisions. Clearly show proposed system for quality control of work performed, including documents to be produced, and proposed system for management control and contract provision compliance;
  - e) managerial problems Offeror expects to encounter. Describe the methods Offeror proposes to solve these problems. Demonstrate ability and flexibility to rapidly solve the same or similar managerial problems encountered previously;
  - f) ability and flexibility to respond rapidly to changes in budget, priorities, and schedule.
3. Indicate clear lines of authority and delineation of staff responsibilities.
4. Describe the number of person hours for each task and for service delivery.

5. Provide an organizational chart and a Program Evaluation Review Technique (PERT) chart showing all tasks (staffing plan).
6. Describe coordination with proposed subcontractors/consultants, including monitoring of their performance.
7. Provide a signed agreement, e.g., a letter of commitment, between the Offeror and any personnel other than current direct employees that includes dates of employment and specific tasks to be performed.
8. Provide a person-level task-loading chart (to include consultant and subcontractors effort) and an organizational chart indicating clear lines of authority, delineating staff responsibilities and a plan for organizational backup. Employees not currently employed by the Offeror shall be listed with an asterisk (\*).

**D. Key Personnel (Domain 3)**

The proposal shall specify the project team, including subcontractors and consultants. In this project, the Project Director, Project Manager (if used), and evaluators are classified as key personnel.

1. Offeror shall provide evidence of the availability, qualifications, and demonstrated experience of key management personnel, including the Project Director, and Project Managers, if used. The Project Director should have, at a minimum, a masters degree and have extensive experience in Health Information Technology dissemination, communication, synthesis, and marketing and program management. The Project Director should not have less than twelve (12) years total work experience which includes: 1) at least ten (10) years in the SOW's specialty services field in progressively responsible positions; and 2) demonstrated skills in organizing and monitoring challenging and complex projects conducted by groups of diverse professionals.

The Project Manager, if used, should have, at a minimum, a masters degree in a health and human services-related specialty, or informatics, or communications or marketing and not less than eight (8) years total work experience which includes: 1) at least six (6) years in the health services research or the health IT specialty services field or communications or marketing; 2) knowledge of performing dissemination, synthesis, communication and marketing health research and project results; creating varied and appropriate dissemination products and vehicles; determining the most appropriate target audiences and determining content needs, performing and promoting website marketing and dissemination, and/or convening health IT or technical expert panels and meetings 3) demonstrated skills in organizing and monitoring complex projects in marketing, communications and dissemination, ideally involving health care or health IT.

- a. Describe how the education and technical experience of the Project Director, the Project Manager and other key technical personnel specifically relate to the SOW.

- b. Provide length and currency of the overall education of the Project Director, the Project Manager and other key technical personnel.
  - c. Describe the experience of the proposed Project Director and the Project Manager in managing the SOW and complex projects involving the program evaluation of large scale multiple component research programs. This description shall include at a minimum the size of projects managed, start-up time required, number of projects managed, problems encountered, and the resolution of those problems. Describe those projects currently managed. Describe how the management experience of the proposed Project Director and the Project Manager equips them to manage a staff which reflects the diversity of the SOW.
  - d. Describe the ability of the proposed Project Director, the Project Manager, and others to address issues of policy and legal sensitivity as they relate to the SOW.
2. Offeror shall provide evidence of availability, qualifications, and demonstrated experience of key education, and technical personnel. They should possess the education, experience, and demonstrated skills to perform the work of this Domain.
- a. Describe how the education and technical experience of the proposed technical personnel specifically relate to the SOW.
  - b. Provide length and currency of the overall education of the proposed technical personnel.
  - c. Describe the management experience of the technical personnel, if they are to serve as team leaders. Include a description of their experience in independent problem solving and conflict resolution, in facilitating groups in the analysis of large quantities of information, and in coordinating and editing the work of others in the production of extensive, complex reports. Describe those projects currently managed.
  - d. Describe the ability of the technical personnel to address issues of medical education and learning as they relate to the SOW.

**E. Facilities (Domain 3)**

Offeror must demonstrate that adequate facilities, space and equipment, are available for the accomplishment of project goals and objectives.

## **SECTION M – EVALUATION FACTORS FOR AWARD**

As specified in Section M, the following evaluation factors and assigned weights will be used in the overall review of the offeror's proposal for Domain 1. The technical proposal shall consist of the responses to the evaluation criteria for the specific Domain for which the offeror is submitting a proposal. The offeror shall show that the objective stated in the proposal are understood and offer a logical program for their achievement. The criteria will be used to evaluate the proposal and will be weighted as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found above in Section L.

### **Domain 3 (Health IT Dissemination, Communication and Marketing)**

#### **EVALUATION CRITERIA**

#### **WEIGHT**

A. Understanding the Problem (Domain 3) 15 points

The proposal shall be evaluated on the completeness of the proposal and the Offeror's demonstrated understanding of the requirements and efforts needed to perform the Domain 3 Statement of Work. The contractor should demonstrate an understanding of how and why the NRC in this domain must be able to: a) perform dissemination, synthesis, communication and marketing of AHRQ and other federal health IT research and project results, b) create varied and appropriate dissemination products and vehicles c) determine the most appropriate target audiences and determine their content needs, d) perform and promote website marketing and dissemination, e) convene health IT or other technical expert panels and meetings, and f) work collaboratively and under the direction of federal employees in support of government goals and objectives. .

B. Technical Approach (Domain 3) 30 points

The proposal shall be evaluated on the completeness, reasonableness, clarity, and feasibility of the approach to satisfy the requirements of each individual task of the Domain 3 Statement of Work. The proposal shall be evaluated on the extent to which the offeror' technical approach clearly demonstrates its ability to: a) perform dissemination, synthesis, communication and marketing of AHRQ and other federal health IT research and project results; b) create varied and appropriate dissemination products and vehicles c) determine the most appropriate target audiences and determine their content needs, d) perform and promote website marketing and dissemination, e) convene health IT or other technical expert panels and meetings, and f) work collaboratively and under the direction of federal employees in support of government goals and objectives.

C. Management Plan (Domain 3) 20 points

The offeror's demonstrated ability to achieve the delivery of performance requirements through the proposed use of corporate/organizational management and other personnel resources will be evaluated. In this context, the offeror's demonstrated ability to: a) perform dissemination, synthesis, communication and marketing of AHRQ and other federal health IT research and project results; b) create varied and appropriate dissemination products and vehicles c) determine the most appropriate target audiences and determine their content needs, d) perform and promote website marketing and dissemination, e) convene health IT or other technical

expert panels and meetings, and f) work collaboratively and under the direction of federal employees in support of government goals and objectives.

D. Key Personnel (Domain 3)

25 points

The background, skills, experience, and education of key personnel in the area of: a) perform dissemination, synthesis, communication and marketing of AHRQ and other federal health IT research and project results; b) create varied and appropriate dissemination products and vehicles c) determine the most appropriate target audiences and determine their content needs, d) perform and promote website marketing and dissemination, and e) convene health IT or other technical expert panels and meetings, will be evaluated.

Key personnel for Domain 3 should include a Project Director with specialized experience in marketing, synthesis, dissemination and communication in areas involving health IT. Offeror's proposed key personnel shall be evaluated against the education and experience requirements as set forth in the Instructions to Offerors.

E. Facilities (Domain 3)

10 points

Proposals will be evaluated on the availability of adequate facilities, space, and equipment (e.g., computers, servers, word-processing, photocopying, facsimile) for accomplishing the project goals and objectives. In addition to computer hardware, the Offeror must provide necessary computer software capability.

For this Domain, individual task orders may require the contractor to provide key program management staff members onsite at AHRQ. Offerors should describe their capability to provide this resource when required in specific task orders.

**TOTAL POINTS BEFORE PAST PERFORMANCE**

**100 POINTS**



websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or design, develop, enhance, upgrade, customize, operate and manage websites using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features. .

**Class III** \$ \_\_\_\_\_

Intermediate technical personnel, holding a BS or BA degree and at least 3 years experience in technical activities of which 2 years experience are directly in the areas of IT portal systems and infrastructure management, website design & usability support including the ability to: manage and operate websites and collaborative portals; establish and operate knowledge management databases and related capabilities; perform website usability studies; perform website user requirements analyses; adhere to the Section 508 of the amended Rehabilitation Act and other HHS and federal regulations regarding management, privacy and security of IT systems; design websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or design, develop, enhance, upgrade, customize, operate and manage websites using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features. The individual is capable of carrying out independent assignments with minimum supervision or acting as leader of small projects.

**Class IV** \$ \_\_\_\_\_

Technical program support, data support, programming, report drafting, etc. at the project support / assistant level.

## **SECTION L – INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS**

As specified in Section L.10 a (4), the offeror shall prepare a technical discussion which addresses evaluation criteria appropriate to the Domain for which the proposal is being submitted. For Domain 1, the following specific evaluation criteria is provided. The offeror shall further state that no deviations or exceptions to the Statement of Work are taken.

### **Domain 4 (Health IT Portal Infrastructure Management, Website Design & Usability Support. )**

#### **A. Understanding the Problem (Domain 4)**

Offeror shall provide a brief statement of the issue(s)/problem(s) which underscore the concept of and need for this Domain. Also included in this section shall be a description of the scope, purpose, and products of the different types of services called for under this Domain. The offeror shall include a discussion of the issues related to how it will: a) effectively manage and operate websites and collaborative portals; or b) establish and operate knowledge management databases and related capabilities; or c) perform website usability studies; d) perform website user requirements analyses, or e) adhere to the Section 508 of the amended Rehabilitation Act, and adhere to other HHS and federal regulations regarding management, privacy and security of IT systems, or f) design websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or g) develop, operate and manage the NRC website using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features; or h) enhance, upgrade and customize the Oracle

BEA ALUI (WebCenter Interaction) portal product to include new and advanced features and integration with other software website products and tools that may be needed by the client to support evolving user needs, or improved system administration, performance, search, navigation and usability. Separate contractors are sought who have specific, specialized knowledge and experience in one or more of these areas. All contractors must demonstrate the ability to work collaboratively and under the direction of federal employees in support of government goals and objectives. General discussion of technical approaches to the different types of activities identified in this Domain should be included.

**B. Technical Approach (Domain 4)**

- Offeror shall submit a narrative which clearly addresses how it plans to develop, design, and implement the statement of work within the time constraints of the project. Within the content of the narrative, the Offeror shall also address plans for identifying, utilizing and monitoring consultants and subcontractors; generating clear, concise reports on project findings; and conducting quality assurance and problem area identification and resolution strategies.
- Offeror shall clearly demonstrate experience in and ability to: a) effectively manage and operate websites and collaborative portals; or b) establish and operate knowledge management databases and related capabilities; or c) perform website usability studies; d) perform website user requirements analyses, or e) adhere to the Section 508 of the amended Rehabilitation Act, and adhere to other HHS and federal regulations regarding management, privacy and security of IT systems, or f) design websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or g) develop, operate and manage the NRC website using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features; or h) enhance, upgrade and customize the Oracle BEA ALUI (WebCenter Interaction) portal product to include new and advanced features and integration with other software website products and tools that may be needed by the client to support evolving user needs, or improved system administration, performance, search, navigation and usability. Multiple contractors are sought who have specific, specialized knowledge and experience in one or more of these areas. All contractors must demonstrate the ability to work collaboratively and under the direction of federal employees in support of government goals and objectives.
- The Offeror shall address the technical approach proposed for each task required by the Statement of Work.

**C. Management Plan (Domain 4)**

Offeror shall demonstrate its ability to achieve the delivery of performance requirements through the proposed use of organizational/corporate management and other personnel resources as well as demonstrate that the Offeror's organizational structure and capabilities will meet the project's milestones in a timely manner. In doing so, and at a minimum, the Offeror shall:

1. Demonstrate corporate/organizational experience in managing projects of a similar size and nature.

2. Provide a fully supported narrative showing Offeror's understanding of the requirements in the Statement of Work from a managerial perspective. The narrative should at a minimum address the following topics:
  - a) labor skill mix determination (why Offeror chose the skill mix for this project);
  - b) personnel selection and assignment (why Offeror chose an individual person for an individual job);
  - c) the percentage of full time core personnel (if a ratio of less than seventy percent full time core staff to thirty percent consultants/subcontractors is proposed, Offeror shall provide a detailed explanation of how the proposed staffing plan ensures that the work is conducted by individuals with a mastery of the technical requirements of the Statement of Work).
  - d) monitoring and control of services provided: technical quality, responsiveness, cost control, and effective and efficient resource utilization, compliance with technical requirement and contract provisions. Clearly show proposed system for quality control of work performed, including documents to be produced, and proposed system for management control and contract provision compliance;
  - e) managerial problems Offeror expects to encounter. Describe the methods Offeror proposes to solve these problems. Demonstrate ability and flexibility to rapidly solve the same or similar managerial problems encountered previously;
  - f) ability and flexibility to respond rapidly to changes in budget, priorities, and schedule.
3. Indicate clear lines of authority and delineation of staff responsibilities.
4. Describe the number of person hours for each task and for service delivery.
5. Provide an organizational chart and a Program Evaluation Review Technique (PERT) chart showing all tasks (staffing plan).
6. Describe coordination with proposed subcontractors/consultants, including monitoring of their performance.
7. Provide a signed agreement, e.g., a letter of commitment, between the Offeror and any personnel other than current direct employees that includes dates of employment and specific tasks to be performed.
8. Provide a person-level task-loading chart (to include consultant and subcontractors effort) and an organizational chart indicating clear lines of authority, delineating staff responsibilities and a plan for organizational backup. Employees not currently employed by the Offeror shall be listed with an asterisk (\*).

**D. Key Personnel (Domain 4)**

The proposal shall specify the project team, including subcontractors and consultants. In this project, the Project Director, Project Manager (if used), and evaluators are classified as key personnel.

1. Offeror shall provide evidence of the availability, qualifications, and demonstrated experience of key management personnel, including the Project Director, and Project Managers, if used. The Project Director should have, at a minimum, a masters degree or equivalent and extensive experience in Information Technology, Website and Portal technologies, program management, and/or the

other specific technologies for which the contractor is proposing staff. The Project Director should not have less than twelve (12) years total work experience which includes: 1) at least ten (10) years in the SOW's specialty services field in progressively responsible positions; and 2) demonstrated skills in organizing and monitoring challenging and complex projects conducted by groups of diverse professionals.

The Project Manager, if used, should have, at a minimum, a masters degree in a Information Technology, or equivalent, and not less than eight (8) years total work experience which includes: 1) at least six (6) years in the IT and website / portal technology field; and 2) demonstrated skills in organizing and managing complex IT website portal projects, and/or the other specific technologies for which the contractor is proposing staff.

- a. Describe how the education and technical experience of the Project Director, the Project Manager and other key technical personnel specifically relate to the SOW.
  - b. Provide length and currency of the overall education of the Project Director, the Project Manager and other key technical personnel.
  - c. Describe the experience of the proposed Project Director and the Project Manager in managing the SOW and complex projects involving the program evaluation of large scale multiple component research programs. This description shall include at a minimum the size of projects managed, start-up time required, number of projects managed, problems encountered, and the resolution of those problems. Describe those projects currently managed. Describe how the management experience of the proposed Project Director and the Project Manager equips them to manage a staff which reflects the diversity of the SOW.
  - d. Describe the ability of the proposed Project Director, the Project Manager, and others to address issues of policy and legal sensitivity as they relate to the SOW.
2. Offeror shall provide evidence of availability, qualifications, and demonstrated experience of key education, and technical personnel. They should possess the education, experience, and demonstrated skills to perform the work of this Domain.
- a. Describe how the education and technical experience of the proposed technical personnel specifically relate to the SOW.
  - b. Provide length and currency of the overall education of the proposed technical personnel.
  - c. Describe the management experience of the technical personnel, if they are to serve as team leaders. Include a description of their experience in independent problem solving and conflict resolution, in facilitating groups in the analysis of large quantities of information, and in coordinating and

editing the work of others in the production of extensive, complex reports. Describe those projects currently managed.

- d. Describe the ability of the technical personnel to address issues of medical education and learning as they relate to the SOW.

**E. Facilities (Domain 4)**

Offeror must demonstrate that adequate facilities, space and equipment, are available for the accomplishment of project goals and objectives.

**SECTION M – EVALUATION FACTORS FOR AWARD**

As specified in Section M, the following evaluation factors and assigned weights will be used in the overall review of the offeror’s proposal for Domain 1. The technical proposal shall consist of the responses to the evaluation criteria for the specific Domain for which the offeror is submitting a proposal. The offeror shall show that the objective stated in the proposal are understood and offer a logical program for their achievement. The criteria will be used to evaluate the proposal and will be weighted as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found above in Section L.

**Domain 4 (Health IT Portal Infrastructure Management, Website Design & Usability Support. )**

**EVALUATION CRITERIA**

**WEIGHT**

**A. Understanding the Problem (Domain 4)**

15 points

The proposal shall be evaluated on the completeness of the proposal and the Offeror's demonstrated understanding of the requirements and efforts needed to perform the Domain 4 Statement of Work. The contractor should demonstrate an understanding of how and why the NRC in this domain must be able to: a) effectively manage and operate websites and collaborative portals; or b) establish and operate knowledge management databases and related capabilities; or c) perform website usability studies; d) perform website user requirements analyses, or e) adhere to the Section 508 of the amended Rehabilitation Act, and adhere to other HHS and federal regulations regarding management, privacy and security of IT systems, or f) design websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or g) develop, operate and manage websites using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features; or h) enhance, upgrade and customize the Oracle BEA ALUI (WebCenter Interaction) portal product to include new and advanced features and integration with other software website products and tools that may be needed by the client to support evolving user needs, or improved system administration, performance, search, navigation and usability,.

Multiple contractors are sought who have specific, specialized knowledge and experience in one or more of the above areas. All offers should demonstrate the ability to work collaboratively and under the direction of federal employees in support of government goals and objectives.

B. Technical Approach (Domain 4)

30 points

The proposal shall be evaluated on the completeness, reasonableness, clarity, and feasibility of the approach to satisfy the requirements of each individual task of the Domain 4 Statement of Work. The proposal shall be evaluated on the extent to which the offeror' technical approach clearly demonstrates its ability to: The offeror shall include a discussion of the issues related to how it will: a) effectively manage and operate websites and collaborative portals; or b) establish and operate knowledge management databases and related capabilities; or c) perform website usability studies; d) perform website user requirements analyses, or e) adhere to the Section 508 of the amended Rehabilitation Act, and adhere to other HHS and federal regulations regarding management, privacy and security of IT systems, or f) design websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or g) develop, operate and manage websites using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features; or h) enhance, upgrade and customize the Oracle BEA ALUI (WebCenter Interaction) portal product to include new and advanced features and integration with other software website products and tools that may be needed by the client to support evolving user needs, or improved system administration, performance, search, navigation and usability,. Multiple contractors are sought who have specialized knowledge and experience in one or more of these areas. All offers should demonstrate the ability to work collaboratively and under the direction of federal employees in support of government goals and objectives.

C. Management Plan (Domain 4)

20 points

The offeror's demonstrated ability to achieve the delivery of performance requirements through the proposed use of corporate/organizational management and other personnel resources will be evaluated. In this context, the offeror's demonstrated ability to: The offeror shall include a discussion of the issues related to how it will: a) effectively manage and operate websites and collaborative portals; or b) establish and operate knowledge management databases and related capabilities; or c) perform website usability studies; d) perform website user requirements analyses, or e) adhere to the Section 508 of the amended Rehabilitation Act, and adhere to other HHS and federal regulations regarding management, privacy and security of IT systems, or f) design websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or g) develop, operate and manage the NRC website using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features; or h) enhance, upgrade and customize the Oracle BEA ALUI (WebCenter Interaction) portal product to include new and advanced features and integration with other software website products and tools that may be needed by the client to support evolving user needs, or improved system administration, performance, search, navigation and usability,. Multiple contractors are sought who have specific, specialized knowledge and experience in one or more of these areas. All offers should demonstrate the ability to work collaboratively and under the direction of federal employees in support of government goals and objectives.

D. Key Personnel (Domain 4)

25 points

The background, skills, experience, and education of key personnel in IT Portal Infrastructure Management, Website Design & Usability Support and the ability to: The offeror shall include a discussion of the issues related to how it will: a) effectively manage and operate websites and collaborative portals; or b) establish and operate knowledge management databases and

related capabilities; or c) perform website usability studies; d) perform website user requirements analyses, or e) adhere to the Section 508 of the amended Rehabilitation Act, and adhere to other HHS and federal regulations regarding management, privacy and security of IT systems, or f) design websites, create website graphics, and design and develop Web 2.0 features for collaborative portals; or g) develop, operate and manage websites using the Oracle BEA ALUI (WebCenter Interaction) portal product, and Oracle WebCenter Document Management features; or h) enhance, upgrade and customize the Oracle BEA ALUI (WebCenter Interaction) portal product to include new and advanced features and integration with other software website products and tools that may be needed by the client to support evolving user needs or improved system administration, performance, search, navigation and usability, will be evaluated. Multiple contractors are sought who have specific, specialized knowledge and experience in one or more of these areas.

Key personnel for Domain 4 should include a Project Director with specialized experience in IT Portal Infrastructure Management, Website Design & Usability Support and/or use of the Oracle BEA ALUI (WebCenter Interaction) portal products. Offeror's proposed key personnel shall be evaluated against the education and experience requirements as set forth in the Instructions to Offerors.

E. Facilities (Domain 4)

10 points

Proposals will be evaluated on the availability of adequate facilities, space, and equipment (e.g., computers, servers, word-processing, photocopying, facsimile) for accomplishing the project goals and objectives. In addition to computer hardware, the Offeror must provide necessary computer software capability.

For this Domain, individual task orders may require the contractor to provide key program management staff members onsite at AHRQ. Offerors should describe their capability to provide this resource when required in specific task orders.

**TOTAL POINTS BEFORE PAST PERFORMANCE**

**100 POINTS**

## Attachment 5

### **AHRQ National Resource Center for Health Information Technology Statement of Work (SOW)**

#### A. Background Information

The Agency for Healthcare Research and Quality (AHRQ) of the U.S. Department of Health and Human Services (DHHS) is soliciting written proposals for master task order contracts to support the Agency's Health IT portfolio by maintaining, serving as, and supporting the AHRQ National Resource Center for Health Information Technology (NRC) and its associated activities.

In 2004, AHRQ established a single external NRC and a web site ([healthit.ahrq.gov](http://healthit.ahrq.gov)) to support its efforts to advance the goals of the HHS and AHRQ for transforming health care through the best and most effective use of health IT. The NRC supports the AHRQ health IT program by serving as a central national source of information and assistance to help the nation embrace the power and efficiency of health information technology.

In 2006, in recognition of the broader usefulness of the resources available on the NRC-supported website and the demand from the field for research findings and best practices, AHRQ made the NRC website publicly available. In addition to supporting this web presence, under direction from AHRQ, the NRC continues to provide direct technical assistance and consulting services to the Agency's grantees, synthesizes information from literature and grantees to develop tools and information resources and, in collaboration with the AHRQ Office of Communications and Knowledge Transfer (OCKT), plans and executes marketing activities to effectively disseminate the program's findings and activities. The NRC provides support to the Agency in designing and maintaining the public face of the AHRQ health IT program. Over the past four years, under the direction of AHRQ, the NRC has amassed a health IT resource library of nearly 10,000 documents, tools, presentations and other resources and maintained a website with nearly 175,000 unique visitors downloading over 150,000 resources from the site in FY 2008. The website is designed to meet AHRQ's goals of supporting the continuum of health care settings, clinicians, systems, and consumers – large and small, urban, rural and frontier.

In addition, the NRC under direction from AHRQ serves as the link between the health care community at large and the researchers and experts who are on the front lines of health IT. As the central repository for lessons learned from AHRQ's Health IT initiative, the website and NRC staff encourage effective use of health IT by disseminating the latest tools, best practices, and research results. By providing direct technical assistance to AHRQ's health IT projects and supporting effective dissemination of lessons learned, the NRC is supporting AHRQ in maximizing the benefit of the Agency's investment in health IT.

In addition to supporting AHRQ grantees, under direction of AHRQ staff, the NRC supports other federal partners' health IIT program initiatives with a variety of services. For example, the Health Services Research Administration (HRSA) is partnering with AHRQ to leverage the NRC, its web architecture, and technical assistance resources to support its grantees. Services provided by the NRC include technical assistance and consultative support, serving as a repository for best practice assimilation and diffusion; helping develop, maintain

and export executable knowledge for clinicians and patients; offering expert health IT support for providers and communities; facilitating communication and sharing of ideas among grantees; performing and sponsoring educational activities; and developing and disseminating tools to help providers and organizations utilize health IT to improve patient safety and quality of care in their communities.

Through the NRC, the AHRQ Health IT program gains feedback on its priorities and supports development of knowledge resources to advance the field of health IT from experts in the field, coordinates statewide and regional health IT data interoperability demonstration projects, and establishes various communities of practice, workgroups, expert panels, and other collaborative efforts inside and outside of the government.

The NRC under direction from AHRQ also facilitates collaboration with other federal, state, and private-efforts projects involved in health IT. The AHRQ Health IT Program envisions that the next phase of activities for the NRC will focus on driving use and satisfaction of the NRC web presence and increasing the efficiency and effectiveness of developing, synthesizing, and disseminating information for the program's diverse stakeholders, including researchers, implementers and decision-makers.

#### B. AHRQ's Health IT Initiative

Established in 2004, the mission of the AHRQ Health IT Program purpose is to develop and disseminate evidence about how health information technology can be used to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. The program advances health IT research by creating, synthesizing and disseminating knowledge. Health care providers, payers, and regulators use the knowledge our research generates to directly improve the quality and safety of health care. The program's three strategic focus areas include: (1) Health IT to improve health care decision-making; (2) Health IT to support patient-centered care; and (3) Health IT to improve the quality and safety of medication management.

To address this mission, AHRQ has invested over \$260 million in contracts and grants and collaborative agreements to over 150 communities, hospitals, providers, and health care systems. These projects constitute a real-world laboratory for examining health IT at work, and its role in improving the quality, safety, efficiency, and effectiveness of healthcare.

Some key program activities to date include:

- Establishing and growing a National Resource Center for Health IT ([www.healthit.ahrq.gov](http://www.healthit.ahrq.gov)) with funding totaling \$24M to provide technical assistance and other services to program grantees, to synthesize emerging lessons, best practices, and research findings, and to develop and disseminate tools and other information resources on the public website.
- Awarding over 100 grants and collaborative agreements totaling over \$130 million to promote access to health IT by helping primarily small and rural communities, hospitals, providers, and health care systems plan, implement, and demonstrate the value of health IT.

- Awarding “State and Regional Demonstrations in Health Information Technology” contracts totaling \$30 million to six states to develop statewide and regional networks allowing diverse healthcare stakeholder to electronically exchange health information.
- Awarding 75 grants totaling \$85M on improving ambulatory care through the use of health IT including (1) Using health IT to assist clinicians, practices and systems to measure the quality and safety of care in ambulatory care settings; (2) Using of health IT to improve outcomes through more effective clinical decision support, medication management, or care delivery; and (3) Using health IT to create or enhance patient-centered care.
- Awarding 12 grants totaling \$12M on the use of health IT in more effective management of complex patients
- Awarded two contracts totaling \$5M focused on the development, adoption, implementation, and evaluation of best practices using clinical decision support (CDS).
- Funding, in partnership with the Centers for Medicare & Medicaid Services (CMS), five pilot projects that implemented and tested initial electronic prescribing (e-prescribing) standards proposed by the U.S. Department of Health and Human Services (HHS).
- Funding, in conjunction with the Office of the National Coordinator for Health IT, \$26 million to fund the Health Information Privacy and Security Collaboration (HISPC) to examine how health care organizations and public agencies currently protect the privacy and security of health information.
- Awarded the “Technical Assistance for Health IT and Health Information Exchange (HIE) in Medicaid and SCHIP” contract. This contract supports AHRQ's work with State Medicaid agencies by providing them with assistance in the areas of evaluating, implementing and assessing the value of health IT and HIE, and developing tools needed for effective communication, collaboration, information sharing, and knowledge management for State Medicaid agencies. The TA effort also included development and maintenance of a Medicaid specific section of the AHRQ NRC for Health IT website.

### C. Specific Requirements

To improve, serve as, and support the NRC, AHRQ requires contract support in four distinct Domain areas:

- (1) Support for Health IT Program Management, Guidance, Assessment & Planning;

- (2) Health IT Technical Assistance, Content Development, Program Related Projects & Studies;
- (3) Health IT Dissemination, Communication and Marketing; and
- (4) Health IT Portal Infrastructure Management & Website Design & Usability Support.

AHRQ anticipates awarding approximately 3-6 contracts per domain with no more than 10 contracts per domain. However, this is an estimate only. AHRQ reserves the right to award more or fewer contracts per Domain area.

The NRC contract will be a one-year base contract with 4 option years.

Teaming of contractors is permitted, although AHRQ encourages contractors to submit proposals independently

Applicants are permitted to compete in as few as one and as many as four Domains. Contractors will compete for future task orders in their respective domains.

Through the issuance of task orders, AHRQ expects to award approximately \$25 million, contingent on available funds, over the course of the one year base and four option year periods, with the potential of \$50 million if the program expands and gains federal partners.

The ceiling for this series of master task order contracts has been set at \$75 million.

A discussion of the roles and representative work requirements of each of the four Domains is provided as follows.

**Domain I.**  
**SUPPORT FOR HEALTH IT PROGRAM MANAGEMENT, GUIDANCE, ASSESSMENT & PLANNING**

By taking a Master Task Order approach with multiple domains, AHRQ seeks to recruit contractors with “best of breed” expertise in each of the four domain areas. AHRQ also recognizes that this approach will require particular attention to coordination, tracking, and planning across domains.

A limited number of contractors in the Program Management Domain will perform a wide-range of activities to support AHRQ staff in managing, planning, coordinating and implementing the NRC. Contractors in the Program Management domain will work closely with AHRQ staff to support them in assuring coordination of NRC activities and ensuring the high quality completion of NRC tasks – across domains - on time and budget.

Contractors in the Program Management Domain will serve as a key information link between AHRQ staff, contractors in the other Domains, and the Agency’s grantees themselves. In addition, contractors in this Domain will hold responsibility for assisting AHRQ in organizing and gaining feedback from an NRC Steering Committee, organizing and participating in meetings and events, and conducting some programmatic evaluations.

Representative Program Management, Guidance, Assessment and Planning functions to be performed by contractors in Domain 1 include (but are not limited to):

Assist AHRQ staff by:

- Reviewing, assessing, and delivering reports on task planning, scheduling, resource allocations, deliverables status, and other programmatic execution issues across the Domains
- Assisting with coordination and collaboration of activities across the Domains to ensure synergy and effectiveness of cross-domain Task Order efforts.
- Arranging, coordinating and participating in programmatic monthly meetings across all Domain activities to review performance and accomplishments, status of project plan tasks and deliverables, adherence to planned schedules, resource and budget allocations, and quality of efforts,
- As needed, assist in the preparation of earned-value management measures and Microsoft Project reports, and identification of cross-Domain problems and issues
- Identifying program problems and suggest alternative corrective actions which might be needed.
- Preparing and delivering summary monthly performance management and assessment documents including Earned Value Management reports for projects across Domain activities.
- Identifying and proposing possible new initiatives, tasks, and approaches to improve the NRC's effectiveness in meeting the goals and objectives of the NRC and the AHRQ Health IT portfolio
- Tracking and reporting on portfolio resource and budget allocations, quality of efforts, and PART (Program Assessment Rating Tool) measures.
- Serving as a central link between AHRQ, Technical Assistance Domain Contractors and the various health IT grantees, projects and contract initiatives,
- Synthesizing, assessing and reporting on project and grantee performance against objectives. This may include reviewing health IT grantee and other health IT project progress reports submitted to the government and tracking progress of projects against the research agenda and plan and conducting site visits to the grantees and other projects as necessary to monitor progress. While working closely with AHRQ project officers, identify areas where modifications may be needed to the projects as initially outlined and approved. Provide a monthly report to AHRQ of any recommendations to modify projects.
- Organizing and managing meetings with and feedback from a NRC Steering Committee to provide guidance and expertise in improving the effectiveness of the NRC and its services.
- Planning for and facilitating participation of the AHRQ Health IT program and its grantees in the annual AHRQ meeting and other approved meetings and conferences
- Performing an annual assessment and evaluation of the NRC effectiveness in meeting its tasks, goals and objectives.
- Performing or arranging for other project, program, and portfolio evaluations.
- Providing monthly and annual summary review reports detailing progress and accomplishments of health IT grants, contracts, and projects to the TOO to facilitate compliance with AHRQ grants monitoring and reporting requirements.

- Monitoring the range of issues raised by the health IT grantees and projects and lessons learned from their requests to the NRC for support. Provide a monthly report of issues and lessons learned to AHRQ.

## **Domain II.**

### **HEALTH IT TECHNICAL ASSISTANCE, CONTENT DEVELOPMENT, PROGRAM RELATED PROJECTS & STUDIES**

Contractors in the Health IT Technical Assistance, Content Development, and Program Related Projects & Studies Domain 2 will support assigned AHRQ Project Officers by serving as additional important points of interaction with the AHRQ Health IT Program's grantees, State and Regional Demonstration projects, and other health IT project initiatives sponsored by AHRQ, HHS, and other government agencies, partners and stakeholders. AHRQ's Health IT Program currently has approximately 75 active grants and other projects. Technical assistance requests from the Agency may vary based on available funding and interest from organizations collaborating with AHRQ.

In addition, contractors in this Domain will be tasked to develop tools and information resources for public dissemination through the NRC website and other channels. Contractors in this Domain will also be tasked to work on program-related special projects and studies that require health IT expertise

Representative **Technical Assistance** functions for Domain 2 to be performed by contractors may include (but are not limited to):

- Providing direct individual and group technical assistance to health IT grantees, State and Regional Demonstration projects, and other health IT project initiatives sponsored by AHRQ, HHS, and other government agencies, partners and stakeholders.,
- Providing a wide-range of technical assistance and support for: (1) up to 125 grants and other health IT projects during the first year of the contract; (2) up to a total of 150 grants and projects during the second year [option year 1] of the contract (including those carried over from the first year); (3) up to a total of 165 grants and projects during the third year of the contract [option year 2] (including those carried over from the second year); (4) up to a total of 180 grants and projects during the fourth year of the contract [option year 3] (including those carried over from the third year); and (5) up to a total of 200 grants and projects during the fifth year of the contract [option year 4] (including those carried over from the fourth year). These yearly estimates may vary based on available health IT funding and interest from AHRQ and other organizations collaborating with AHRQ on various health IT initiatives.
- Assessing critical needs of health IT grantees and other health IT project initiatives for receiving technical assistance. Providing reports detailing the results of needs assessments of all the health IT grantees and projects that include an execution plan specifying the resources, staff, priorities, tasks, deliverables and timelines to provide needed technical assistance to the health IT grantees and projects. The report shall include a prioritized list of the specific technical, consultative or other resources likely to be of greatest value in supporting each of the health IT grantees and other project initiatives.

- Semi-annually performing updated needs assessment of the health IT grantees and other projects in the health IT portfolio, providing a report of the updated needs assessment including support, resource and staffing recommendations
- Developing criteria and a plan to prioritize resource support to be provided to the health IT grantees and other health IT project initiatives.
- Contractors in this Domain should be prepared to easily scale their resources and staff during the contract period, as may be required to support additional or fewer health IT grantees and projects.
- Identifying and providing health IT experts from the healthcare industry, the research community and other sources, to perform site visits and consulting services with grantees and projects, and to assist grantees, providers and communities to achieve health IT project successes.
- Identifying, conducting, preparing and delivering educational activities, teleconferences and webinars to assist health IT grantees and projects.
- Providing reports of issues encountered by the health IT grantees and projects and suggestions for future technical assistance initiatives.
- Monitoring the range of issues raised by the health IT grantees and projects and lessons learned from their requests to the NRC for support. Providing a monthly report of issues and lessons learned to AHRQ.
- Serving as an important link between AHRQ and its many health IT grantees and partners.
- Identifying opportunities for collaboration and sharing of ideas, approaches, best practices and lessons learned across the various AHRQ health IT RFA, PA, and FOA grantees and contractors, and other health IT project initiatives, sponsored by federal, public and private stakeholders and partners. Coordinating and facilitating identified common activities and interests across the health IT grantees and projects, where cost-effective.
- Providing specialized expertise and assistance in rural health IT technical issues.
- Providing specialized expertise and assistance in research methods, including project design, instrument selection, data collection, behavioral and social research methods, methods for addressing issues raised by institutional review boards (including protection of the privacy and confidentiality of patient-level research data, and dissemination and sustainability strategies;
- Providing assistance in use of health information exchanges, IT networks, connectivity, hardware, software, interoperability and standards.
- Providing useful and sound design, methodology, planning, implementation strategies, and evaluation approaches to enhance and expand the efforts outlined in health IT grantees and projects approved proposals.
- Providing tools (created from the AHRQ health IT grants and other health IT projects, or already available from the field and proven successful) to help other providers and organizations utilize health IT to improve patient safety and quality of care in their communities.
- Designing and offering special, limited technical assistance engagements, each lasting 1-2 days, to meet the needs of regional AHRQ partners, stakeholders and others in their health IT efforts.
- Reviewing grantee final reports and findings and providing a summary of key findings and lessons learned.
- Documenting lessons learned and best practices identified while providing technical assistance.

Representative **Content Development** functions for Domain 2 to be performed by contractors may include (but are not limited to):

- Developing, reviewing, maintaining and managing content for the NRC website, portal, and knowledge library, and related print materials and publications that may include, but not be limited to: Lessons Learned, Best Practices, Implementation Stories, Tools, Emerging Lessons, Issue Papers, and Key topics.
- Maintaining key findings, publications, and annual performance information for each health IT grant and project, in a searchable database available on the NRC website
- Setting-up and facilitating forums, discussion groups, and collaborative virtual communities, social networking and peer-peer capabilities for Program grantees and broader audiences.
- Selecting, refining and developing data collection instruments and measurement tools which are valid, reliable, user-friendly and cost-effective.
- Assisting with the maintenance on the health IT website for each health IT grant and project funded by AHRQ the following types of information: (1) key findings; (2) significant methodological changes, reasons for changes and impacts of changes; (3) significant problems and alerts; (4) actual and proposed resolutions of problems; (5) data sources used; (6) study designs and methods used; (7) populations targeted/studied; (8) study settings; (9) other key study variables; (10) publications information (including if submitted or accepted, journal name, dates etc.); (11) presentations; (13) tools and products; (14) impacts; (15) collaborations and partnerships and purposes of the collaborations and partnerships; (16) lessons learned; and (17) accomplishments;
- Ensuring that all health IT website content prepared for AHRQ is reviewed for quality control and editorial accuracy and adheres to all federal privacy, 508 accessibility, disclosure, copyright and other web publishing rules and regulations prior to submission for posting, and ensuring that all health IT web-content is refreshed and updated on a timely basis.
- Providing information and reports, and developing and maintaining databases, to support AHRQ in respond easily and quickly to Congressional and others' queries about the AHRQ health IT portfolio grants and projects.
- Preparing and distributing newsletters and listserv messages and using other approaches to foster collaboration and share health IT information and ideas among the health IT grantees, partners, and the public
- Identifying and proposing innovative, creative health IT projects and initiatives to AHRQ, including research studies, implementation projects, and collaborations in areas such as Health Information Exchange (HIE), Computerized Provider Order Entry (CPOE), Electronic Medical / Health Records, Electronic Prescribing, Health IT in Small and Rural Communities, Ambulatory Health IT issues, Health IT Privacy and Security, Personal Health Records, Medicaid health IT adoption, health IT standards, Clinical Decision Making, in order to meet Agency objectives.

Representative **Health IT Portfolio Evaluation** functions for Domain 2 to be performed by contractors may include (but are not limited to):

- Performing assessments and evaluations of AHRQ Health IT Portfolio activities including reporting on AHRQ Health IT Portfolio PART (Program Assessment Rating Tool) measures.

Representative **Program Related Projects & Studies** functions for Domain 2 to be performed by contractors may include (but are not limited to):

- Responding to ad-hoc requests for specialized health IT studies and reports.
- Providing broad, ongoing environmental scans of health IT program areas as directed by AHRQ.
- Preparing plans for suggested approaches, studies, tools, and services.
- Designing and conducting feasibility and pilot studies to test approaches and concepts.
- Consulting with and engaging available health IT experts through expert meetings, conferences and workshops.
- Convening focus groups of persons knowledgeable about identified problems or areas and conducting formative research.
- Proposing and conducting health IT program evaluation studies.
- Conducting literature reviews
- Assisting with OMB clearance process, including drafting project documentation.

Contractors under this Domain will also be required to perform **Program Management** functions. They will be expected to responsible for such activities as listed below and other similar tasks.

- Coordinate and meet periodically with AHRQ staff and Domain 1 Resource Center Program Management contractors regarding project plan execution status, deliverables, schedules, performance, earned value management metrics and monthly results, and resolution of any cross-Domain issues.
- Discuss and obtain approval for a project work plan, including process, strategy, resources and staff to be provided, time line for performing the work, deliverables, budget and expense plan, strategy, format for the monthly progress report, and other contract Domain program management execution issues.
- Provide monthly progress reports of Domain activities to AHRQ. Each monthly report should: (1) document and summarize the contractor's progress toward completing project milestones and tasks; (2) provide the status, accomplishments, expenditures, and a brief description of all ongoing assigned tasks and efforts, and include details about problems encountered and how they are being dealt with, as well as explanations for any tasks that are behind schedule; (3) discuss and summarize all Domain activities during the prior month; (4) describe anticipated challenges/problems, and describe a plan for future activities; (5) provide current and proposed expenditures relative to original schedule and budget; (6) attach updated Microsoft Project reports and update the AHRQ Microsoft Project Server with all tasks, resources, resource utilization by task, costs by resources and tasks, timelines and milestones, earned-value-management (EVM) reports, and other meaningful project management and expense information. Also, each monthly report shall include a summary

discussion, and descriptions of all consultant visits and findings and all technical assistance provided.

- Prepare a final report at the conclusion of any Task Orders. The final report as outlined in the Task Order will likely require the contractor to summarize the full Task Order and contract experience, including accomplishments, assessment of barriers/challenges encountered, and recommendations to the Agency on ways to sustain and improve activities and process, capabilities and services. Also, the final report shall include a description of all on-going initiatives and projects which will require continued support into option years, and a discussion of the specific support requirements for initiatives and projects in the option years.

### **Domain III.**

### **HEALTH IT COMMUNICATIONS, DISSEMINATION, AND MARKETING**

Contractors in the Health IT Communications, Dissemination and Marketing Domain 3 will provide technical assistance to grantees and projects, prepare content for the NRC website and other program media, evaluate the Health IT portfolio, and perform other program related projects and studies.

Contractors will be required to perform **Planning and Coordination** functions for Domain 3 such as those listed below and other similar activities:

- Under direction from the AHRQ TOO, work with AHRQ's Office of Communications and Knowledge Transfer (OCKT) to conceptualize, develop, plan, implement, and evaluate effective communications, awareness, education, program marketing and knowledge transfer and dissemination tasks to meet the health IT program goals and objectives.
- Develop a comprehensive plan for a successful communications, awareness, education, and/or knowledge transfer, utilizing the professional skills and experience described above to: identify the most appropriate target audiences, determine the best evidence-based methods of reaching them and effecting change, and utilize both conventional and innovative communications strategies and vehicles in support of the health IT Program goals and objectives.

Contractors will be required to perform **Translation and Dissemination** functions for Domain 3 such as those listed below and other similar activities:

- Synthesize and translate research from health IT grantees and other health IT projects into practical use, developing tools and products that aid dissemination, implementation, and adoption efforts, sharing results among health IT grantees and others.
- Develop, collect, synthesize, maintain, and export executable knowledge of health IT best practices and lessons learned for use by other health IT grantees, contractors, and the broader community.
- Follow official AHRQ Publishing and Communications Guidelines when developing documents for print or electronic publication.
- Coordinate with OCKT on official HHS clearance for all published documents, including print and electronic publications.
- Work with OCKT to disseminate findings, implementation results and adoption strategies to the health IT community end-users in useful form, providing guidance or lessons learned from implementation efforts, and devising adoption

strategies that can be readily accepted and are likely to be sustained. Examples may include issue papers, briefs, implementation stories, podcasts, Webinars, etc.

- Develop and provide publications or products from all AHRQ National Resource Center task order activities and disseminate these to the field.
- Translate materials for consumers and other target audiences. Any such publications shall be submitted to the TOO for approval and/or proper clearances.

Representative **Partnership Development** functions for Domain 3 to be performed by contractors may include (but are not limited to):

- Work with OCKT to develop effective partnerships with professional and advocacy groups, private industry, and other governmental agencies in support of the health IT Program goals and objectives.

Contractors will be required to perform **Evaluation** functions for Domain 3 such as those listed below and other similar activities:

- Incorporate evaluation methodology into the project and propose additional evaluation and communications avenues that may need to be pursued.
- Evaluate communications, dissemination, and marketing activities based on metrics from Web site visits and page views, links from stakeholder organizations to Web site, news coverage of AHRQ health IT projects, increase in subscribers to AHRQ health IT newsletter, and by other appropriate metrics.

Contractors under this Domain will also be required to perform **Program Management** functions. They will be expected to responsible for such activities as listed below and other similar tasks.

- Coordinate and meet periodically with AHRQ staff and Domain 1 Resource Center Program Management contractors regarding project plan execution status, deliverables, schedules, performance, earned value management metrics and monthly results, and resolution of any cross-Domain issues.
- Discuss and obtain approval for a project work plan, including process, strategy, resources and staff to be provided, time line for performing the work, deliverables, budget and expense plan, strategy, format for the monthly progress report, and other contract Domain program management execution issues.
- Provide monthly progress reports of Domain activities to AHRQ. Each monthly report should: (1) document and summarize the contractor's progress toward completing project milestones and tasks; (2) provide the status, accomplishments, expenditures, and a brief description of all ongoing assigned tasks and efforts, and include details about problems encountered and how they are being dealt with, as well as explanations for any tasks that are behind schedule; (3) discuss and summarize all Domain activities during the prior month; (4) describe anticipated challenges/problems, and describe a plan for future activities; (5) provide current and proposed expenditures relative to original schedule and budget; (6) attach updated Microsoft Project reports and update the AHRQ Microsoft Project Server with all tasks, resources, resource utilization by task, costs by resources and tasks, timelines and milestones, earned-value-

management (EVM) reports, and other meaningful project management and expense information. Also, each monthly report shall include a summary discussion, and descriptions of all consultant visits and findings and all technical assistance provided.

- Prepare a final report at the conclusion of any Task Orders. The final report as outlined in the Task Order will likely require the contractor to summarize the full Task Order and contract experience, including accomplishments, assessment of barriers/challenges encountered, and recommendations to the Agency on ways to sustain and improve activities and process, capabilities and services. Also, the final report shall include a description of all on-going initiatives and projects which will require continued support into option years, and a discussion of the specific support requirements for initiatives and projects in the option years.

#### **Domain IV.**

#### **HEALTH IT PORTAL INFRASTRUCTURE MANAGEMENT & WEBSITE DESIGN/USABILITY SUPPORT**

Contractors in the Health IT Portal Infrastructure Management and Website Design / Usability Support Domain 4 will provide technical expertise to design, develop, maintain, operate and support the NRC website and portal infrastructure.

Contractors will be required to perform **IT Portal Infrastructure Management and Website Design / Usability Support** functions for Domain 4 such as those listed below and other similar activities:

- Design, develop, operate and maintain the NRC website portal (healthit.ahrq.gov) utilizing the Oracle (Web-Center Interaction) / BEA ALUI portal technology and other software housed in the AHRQ computer center.
- Enhance, upgrade and customize the NRC Oracle BEA ALUI (WebCenter Interaction) portal and integrate with other needed software website products and tools to support user's evolving needs and to improve performance, system administration, search, navigation, collaboration and usability.
- Conform to Federal and Department of Health and Human Services (HHS) requirements in laws, policies, and directives for information technology (IT), capital planning and investment, and Internet information management and the security of Agency information and systems.
- Follow guidelines and deliver documentation specified in Appendix A (AHRQ Web-Site Deployment Checklist) and Appendix C (AHRQ Application and System Development Requirements). Provide Web sites that are in full compliance with all relevant sections of the Americans with Disabilities Act (ADA). AHRQ will provide specific guidance to the Contractor upon award. General information on accessibility can be found at the following Web resources:
  - [www.access-board.gov/508.htm](http://www.access-board.gov/508.htm)
  - [www.usability.gov](http://www.usability.gov)
  - [www.section508.gov](http://www.section508.gov)
- Employ periodic usability testing while developing and maintaining the NRC website. Testers shall consist of Health IT Portfolio experts, Federal employees, and other selected end-users. The Contractor shall consider using the HHS Usability Lab (<http://www.dhhs.gov/policies/webpolicies/200505.html>) and / or

other sources. Deliver Usability Test Evaluation Summary Guidance on usability testing is provided at [www.usability.gov](http://www.usability.gov).

- Coordinate with the AHRQ OCKT and Domain 1, 2 and 3 contractors to insure efficient and effective website content updating, website usability, and proper tagging and searching of website content.
- Track and monitor site usage and maintain and analyze search logs.
- Register the NRC portal website with search engines and Web site portals appropriate for the content and provide meta-tags for searching.
- Provide technical staff onsite at AHRQ as required to support operating and maintaining the portal software applications. (AHRQ will host the NRC website and provide access to the Internet). This may include providing at least 1 key senior technical contractor person onsite at least 50 % of normal working hours.
- Work with AHRQ to provide a system that maximizes security and data privacy for the NRC portal and website even in the event of a catastrophic failure.
- Prepare contingency plans, in case the traffic appears to be exceeding estimates.
- Perform testing and backup/restore processes at a minimum of once every month to insure that the process is viable, and report the results (pass or fail) to the TOO.
- Maintain all code (source code, builds, and installation artifacts) and documentation under configuration management. Use the Agency's Rational Clear Case for configuration management of all baselined documentation and source code. Baselines shall be maintained for each deployed version of software.
- Follow the Agency's Configuration Management Plan for defect management and formal Change Control including Change Control Board (CCB) participation, approval and prioritization of changes.
- Perform IT functions at a minimum at the Software Engineering Institute (SEI) Capability Maturity Model Integration (CMMI) level 2. An IV&V of each document may be prepared by AHRQ prior to acceptance. The IV&V review period shall be no more than ten (10) business days for each document and the Contractor shall not initiate the next major phase of work following a life cycle milestone until written approval is received from the TOO.
- Provide monthly reports of the Web site and database uptime and include an "Anomalies Report" describing any major problems with the system's hardware, software, or security.
- Maintain for inspection, documentation on requirements management, configuration management, cost estimates, project reviews, and quality assurance activities – particularly as it pertains to the RUP and SEI requirements.
- Monitor sites linking to the NRC website on a monthly basis and include this information along with the total number of visits referred in the monthly progress report.
- Provide monthly reports that characterize Web site usage trends, including information such as: utilization; frequently visited pages; and other performance metrics.
- Provide for the security and the privacy of NRC website. All federal public websites currently must comply with Section 207(f)(1)(b)(iv) of the E-Gov Act of 2002, which requires organizations to have security protocols to protect information.

- Comply with all Federal and HHS security guidelines that are in effect at the time of the award of this contract. U.S. Laws, Office of Management and Budget requirements, HHS Policies and Guides, and Federal Government Computer Security Policy and Guides are provided via the Internet: <http://www.hhs.gov/ocio/security/docs.html> and provided in Appendix B.
- Work with AHRQ to insure that the Web sites and data are secured behind appropriate perimeter defense technologies and that these technologies are programmatically monitored for anomalous traffic behavior(s).
- Immediately report any unauthorized access to the NRC Website and portal to the TOO and AHRQ CISO
- Insure that PII (Personally Identifiable Information, defined by FOIA II) data is never allowed on a system with public (Internet) access.
- Under direction from AHRQ, conduct (or cause the completion of) a Federal Information Security Management Act (FISMA)-conforming C&A process of the System prior to the System being placed into production. Such C&A will be compliant to all PL-107-347 requirements, Federal Information Processing Standards (FIPS) mandates (<http://www.itl.nist.gov/fipspubs/>), and National Institute of Standards and Technology (NIST) guidance. This guidance includes, but is not limited to NIST 800-18, 800-30, 800-37, 800-53 (with appropriate baseline control sets), and 800-60, and is available on the Internet: <http://csrc.nist.gov/>. The SSP produced for the C&A will, at a minimum, contain provisions for:
  - A Tested Continuity of Operations Plan (COOP)
  - Computer Incident Response Capability (CIRC)
  - Access Controls containing i.) Rules of Behavior, and ii.) Appropriate Use Policies
  - Annual Security Awareness Training requirement
  - PIA (Privacy Impact Analysis)
  - CCP (Change Control Procedures)
  - Appropriate NIST 800-53 Control Set with an appropriate Supplemental Control Set. Control Sets will be appropriate to the SC (Security Classification) determined by using FIPS-199 and NIST 800-60 requirements and guidance.
- At the conclusion of the C&A process the contractor shall provide an out-brief to the System Owner (SO, who will be the Project Officer) and Information Owner(s) that will describe in detail the requirements of the Continuous Monitoring Phase for the succeeding calendar year (from the date of the Accreditation letter from the Designated Approval Authority [DAA]). Further, the Contractor will identify to the SO all known requirements of FISMA compliance to include reporting, continuing Risk Analyses, Plan of Action and Milestones (P.O.A.&M) completion, and a discussion that imparts a clear understanding to the SO of the Risk Profile (including Residual Risk) of the System covered in the C&A process.

Contractors under this Domain will also be required to perform **Program Management** functions. They will be expected to responsible for such activities as listed below and other similar tasks.

- Coordinate and meet periodically with AHRQ staff and Domain 1 Resource Center Program Management contractors regarding project plan execution status, deliverables, schedules, performance, earned value management metrics and monthly results, and resolution of any cross-Domain issues.
- Discuss and obtain approval for a project work plan, including process, strategy, resources and staff to be provided, time line for performing the work, deliverables, budget and expense plan, strategy, format for the monthly progress report, and other contract Domain program management execution issues.
- Provide monthly progress reports of Domain activities to AHRQ. Each monthly report should: (1) document and summarize the contractor's progress toward completing project milestones and tasks; (2) provide the status, accomplishments, expenditures, and a brief description of all ongoing assigned tasks and efforts, and include details about problems encountered and how they are being dealt with, as well as explanations for any tasks that are behind schedule; (3) discuss and summarize all Domain activities during the prior month; (4) describe anticipated challenges/problems, and describe a plan for future activities; (5) provide current and proposed expenditures relative to original schedule and budget; (6) attach updated Microsoft Project reports and update the AHRQ Microsoft Project Server with all tasks, resources, resource utilization by task, costs by resources and tasks, timelines and milestones, earned-value-management (EVM) reports, and other meaningful project management and expense information. Also, each monthly report shall include a summary discussion, and descriptions of all consultant visits and findings and all technical assistance provided.
- Prepare a final report at the conclusion of any Task Orders. The final report as outlined in the Task Order will likely require the contractor to summarize the full Task Order and contract experience, including accomplishments, assessment of barriers/challenges encountered, and recommendations to the Agency on ways to sustain and improve activities and process, capabilities and services. Also, the final report shall include a description of all on-going initiatives and projects which will require continued support into option years, and a discussion of the specific support requirements for initiatives and projects in the option years.

**APPENDIX A to SOW Attachment 5**

**Web site deployment Checklist**

**Section I: Web Site/Project Information**

<b>Project Name:</b>	
<b>Project Manager:</b>	
<b>Web Site URL:</b>	
<b>Planned Deployment Date:</b>	
<b>Project Start Date:</b>	
<b>Project End Date:</b>	

Description or purpose of application/page (select all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Web home page           | <input type="checkbox"/> Policy page                                   |
| <input type="checkbox"/> Information page        | <input type="checkbox"/> Employment listings                           |
| <input type="checkbox"/> On-line form            | <input type="checkbox"/> Graphics page (i.e., maps, photographs, etc.) |
| <input type="checkbox"/> Search page             | <input type="checkbox"/> Interface page for multimedia                 |
| <input type="checkbox"/> Search results page     | <input type="checkbox"/> Web-based application                         |
| <input type="checkbox"/> FAQ page                | <input type="checkbox"/> Data-driven application                       |
| <input type="checkbox"/> Other (describe): _____ |  |

Is this an Internet, Intranet, or Extranet application/page?

- Internet (Public access)
- Intranet (Internal access, behind firewall)
- Extranet (Deployed over Internet but with restricted access to limited user group)

How many visitors do you plan to have on a monthly basis?

- Number of monthly visits (approximate): \_\_\_\_\_
- Do not track usage or unknown

**Section II: Deployment Checklist**

The following section outlines requirements that must be addressed prior to deploying Agency Web-based IT applications or Web sites.

#	Concept, Project Initiation, and Planning	Yes	No	N/A
1.	Has a Project Initiation Document been completed and submitted to AHRQ IT?  If yes, date of submission.			
2.	Has a Project Work Plan (PWP) or comparable planning document been developed and approved?  If yes, date.			

3.	Is AHRQ the appropriate agency to produce and maintain this content? (Generally, AHRQ does not support or maintain grantee work).			
4.	Who are the intended audiences?			
5.	Describe the resources necessary to complete and maintain the application or Web site.  Are these resources available through AHRQ?  Who will maintain the application?			
<b>#</b>	<b>Requirements and Design</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
6.	Does the draft content and proposed design address HHS Web standards?			
7.	Does the draft content and proposed design meet legal requirements and incorporate Federal best practices? These include: <ul style="list-style-type: none"> <li>• OMB Policies for Federal Public Web Sites.</li> <li>• Section 508 Standards for Accessible Design.</li> <li>• Research-Based Web Design &amp; Usability Guidelines.</li> <li>• HHS Guidelines for Writing for the Web.</li> </ul>			
8.	Has usability testing been considered and/or scheduled?  If yes, provide additional information regarding testing dates, outcomes, modifications, or plans.			
9.	Are all requirements adequately defined and documented? (System Requirements Document, Requirements Traceability Matrix)  If yes, provide date of submission of documents.			
10	Has the proposed design and architecturally significant components been adequately defined and documented? (System Design Document)			
<b>#</b>	<b>Testing, Implementation, and Deployment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
11	Is this site fully functional (no broken links, missing content, etc.)?			
12	Is there a defined approach for testing the application or Web site? (Test Plan, Test Scripts)			
13	Has usability testing been performed and all issues addressed? (including user acceptance testing)			
14	Does the final content and design meet all HHS Web standards?			

15	Has AHRQ IT or the Web Communications Division (WCD) of the Office of the Assistant Secretary for Public Affairs (ASPA) been contacted for clarification, a usability waiver, or exemption? Has the clarification(s), waiver(s), or exemption(s) been documented?			
16	Has a report showing the results of usability and/or user acceptance (UAT) been submitted or attached to this checklist? Note: All exceptions/waivers must be documented.			
17	Has 508 testing been performed and all issues addressed? If yes, provide date and outcome.			
16	Has the Office on Disability been contacted for clarification, a waiver, or exemption? (exemptions are typically reserved for bioterrorism, disaster recovery, or national defense/security projects)			
19	Is there a user guide or other help-related documentation available for the intended users/audience?			
20	Is there documentation available that provides guidance and defines procedures related to the operational implementation of the application or Web site? (Operations Manual)			
21	Is there documentation available that identifies and describes general release information and inventory of software to be released? (Version Description Document, Bill of Materials)  If yes, give date provided to AHRQ.			
#	<b>Clearances, Security/Privacy Requirements, and Operations and Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
22	Have all policy or legal clearance issues been addressed? This includes: <ul style="list-style-type: none"> <li>• Secretarial approval.</li> <li>• Office of the General Counsel.</li> <li>• ASPA communications contract clearance.</li> <li>• ASPA print publication clearance.</li> </ul>			
23	Depending on proposed content, have all legal issues been addressed? <a href="http://www.firstgov.gov/webcontent/regs_bestpractices/laws_regs.shtml">http://www.firstgov.gov/webcontent/regs_bestpractices/laws_regs.shtml</a>			
24	If personally identifiable information is being collected or displayed, has a Privacy Impact Assessment been created?			
25	If answered "yes" to question #24, has a System of Records Notice been created and submitted to the <i>Federal Register</i> ? Provide date of submission.			
26	Have all Agency and Departmental security requirements been addressed? (Certification and Accreditation, System Security Plan, National Institute of Standards and Technology (NIST) guidance, common controls, etc.) Provide all documentation.			
27	Is the Agency ready to assume maintenance responsibilities of the application or Web site?			

<b>Checklist Comments:</b>
----------------------------

Checklist Comments:				
[Insert explanations if any questions above were answered "NO" or "N/A"]				
Review Meeting Required?	<input type="checkbox"/>	Yes	Review Meeting Date:	
	<input type="checkbox"/>	No		

**Section III: Americans with Disabilities Act - Section 508 Checklist**

This checklist can be used to review each Web page on public Web sites, Extranets, or Intranets for compliance with Section 508 of the Rehabilitation Act. A review can be conducted in anywhere from 5 to 20 minutes, depending on the complexity of the page, and the review process will go faster for successive pages. It is designed to help you do a section-by-section analysis and validate the standards for Web-based resources required by the Access Board: <http://www.access-board.gov/sec508/standards.htm>.

*Note: Documentation which supports compliance with all Section 508 checkpoints must be provided prior to production deployment (Test Reports, etc.).*

#	Web Accessibility Checklist – PDF Files	Yes	No	N/A
1.	Have you provided an alternative format for PDF files such as HTML, TXT, or RTF formats?			
2.	Have you provided a link to the appropriate plug-in (PDF Help)?			
#	Web Accessibility Checklist – Forms	Yes	No	N/A
3.	Do all form fields have a <LABEL> tag?			
4.	Do all form fields have a tabindex attribute?			
5.	Do your forms fields allow a person using assistive technology to access information, field elements, and functionality for completion and submission of the form including all directions and cues?			
6.	If your form fields are inaccessible to people with disabilities is there an alternative accessible form or a link to an accessible form?			
#	Web Accessibility Checklist – Tables	Yes	No	N/A
7.	If you use tables for design layout, have you checked to see if the tables read in a linear method?			
8.	Do your tabular tables use the "summary" attribute and/or tag?			

9.	Does each table cell provide identification of row and column headers?			
<b>#</b>	<b>Web Accessibility Checklist – Frames</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
10.	Does each frame use the "title" attribute to properly describe the frame?			
<b>#</b>	<b>Web Accessibility Checklist – Scripts, Plug-ins, Applets</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
11.	If the page uses scripts, is the script accessible to the screen reader or is there equivalent text provided?			
12.	Do your applets, such as a JAVA applet, contain the same information and functionality in an accessible format?			
13.	If you use a plug-in, such as Flash, Windows Media, Real Audio, etc., have you provided a link to download the plug-in?			
14.	If you require a plug-in, does the plug-in comply with Section 508, 1194.21 (Software Applications and Operating Systems)?			
15.	If you have an application or tool, is it accessible or is an alternative provided that contains the same information and functionality in an accessible format?			
<b>#</b>	<b>Web Accessibility Checklist – Non-Text Elements</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
16.	Do all non-text elements have text equivalent descriptions using the "alt" attribute or an alternative method for equivalent description?			
<b>#</b>	<b>Web Accessibility Checklist – Image Maps</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
17.	Does your page have duplicate text links for all links within the server-side image?			
18.	Do you have a timetable to replace your server-side images with client-side images?			
19.	Do your client-side images use the "alt" attribute to provide text equivalent description and/or an alternative method to provide text equivalent description?			
<b>#</b>	<b>Web Accessibility Checklist – Multimedia</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
20.	Is text captioning provided for audible output and audible output provided for visual information?			
21.	If you have multimedia content, is the audible and video output synchronized to the dynamic content?			
<b>#</b>	<b>Web Accessibility Checklist – Color</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
22.	Are you able to navigate or understand the page without the use of color?			
<b>#</b>	<b>Web Accessibility Checklist – Navigation and Design</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
23.	Do your pages provide a method for assistive technology to skip repetitive links including navigational links?			
24.	Have you replaced "Click here" and "More..." links with "Go to," "Select," or "Visit" descriptive headings or URLs?			
25.	If your page requires a fixed time for response before the page "times out," is the user alerted that he or she will be timed out and given sufficient time to indicate that more time is needed?			

26.	Does the “include content,” such as applets, plug-ins, or animation, cause the screen to flicker with a frequency greater than 2 Hz or less than 55 Hz?			
27.	If this page cannot be made accessible, do you have a “text only” version that is updated the same time the inaccessible page is updated?			
<b>#</b>	<b>Web Accessibility Checklist – Style Sheets</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
28.	If the page has style sheets, is it viewable by a user’s browser that does not support style sheets?			
29.	Does the style sheet interfere with style sheets set by the user’s browser?			

### Tips for Testing

Automated validation methods are generally rapid and convenient but cannot identify all accessibility issues. Human review can help ensure clarity of language and ease of navigation.

Use the following method for validating your Web pages:

1. Review your code using HTML 4.01 coding practices. HTML 4.01 code can be checked and validated at the W3C HTML Validation site (<http://validator.w3.org/>). This site does not check your code or Web page for accessibility.

2. Use an assistive technology device to determine whether information can be interpreted correctly on the Web page.

Screen Readers:

- IBM Home Reader 3.0 (<http://www.ibm.com>)
- JAWS for Windows (<http://www.freedomscientific.com/>)
- Window-Eyes (<http://www.GWmicro.com/>)

3. Use W3C's CSS Validation Service (<http://jigsaw.w3.org/css-validator/>) for validating your style sheets. This validates code only, not accessibility.

4. Test the Web pages with the keyboard only; rather than an event-driven device (mouse, etc).

5. Test the Web pages with sounds, graphics, and style sheets turned off.

### Section IV: Issues

*[Record all deployment issues in the project’s Action Item Log or use the space provided.]*

## Section V: Approval and Verification

Project Manager:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Director of Applications  
Development:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Web Communications  
Division Review Date:

\_\_\_\_\_  
(Date)

Final Deployment Date:

\_\_\_\_\_  
(Date)

## Appendix A: Section 508 Checklist

The following checklist has been provided to assist with ensuring site accessibility and successful accessibility testing. The checklist is organized by checkpoints outlined in Section 508 of the Americans with Disabilities Act.

Paragraph Checkpoints	Meaning	Checklist
<p>(a) A text equivalent for every non-text element shall be provided (e.g., via "alt," "longdesc," or in element content).</p>	<p>Any graphics added to your site will need to have an "alt tag" (alternative text) within your HTML code. This tag describes details of the graphic. If the graphic is decorative only, you will need to place an empty "alt tag" in your HTML code.</p> <p><b>Example of graphic that adds value:</b>  <code>&lt;img src="secleavitt.jpg alt="Photo of H H S Secretary Leavitt at the latest News Conference"&gt;</code> (Note: acronyms should contain spaces or the screen reader will try to read the acronym as a word.)</p> <p><b>Example of graphic for decoration:</b>  <code>&lt;img src="yellowsun.jpg" alt=""&gt;</code>. (Note: Placing this null value will allow the screen reader to skip over the graphic.)</p>	<p><input type="checkbox"/> Every image, video file, audio file, plug-in, etc. has an alt tag.</p> <p><input type="checkbox"/> Complex graphics (graphs, charts, etc.) are accompanied by detailed text descriptions.</p> <p><input type="checkbox"/> The alt descriptions describe the purpose of the objects.</p> <p><input type="checkbox"/> If an image is also used as a link, make sure the alt tag describes the graphic and the link destination.</p> <p><input type="checkbox"/> Decorative graphics with no other function have empty alt descriptions (alt= "").</p>

<p>(b) Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.</p>	<p>Multimedia files include audio and video presentations. Each of these types of files should have an alternative that is synchronized to the original presentation.</p>	<p><input type="checkbox"/> Add captions to your video  <input type="checkbox"/> Add audio descriptions  <input type="checkbox"/> Create text transcript  <input type="checkbox"/> Create a link to the video rather than embedding it into Web pages  <input type="checkbox"/> Add link to the media player download  <input type="checkbox"/> Add an additional link to the text transcript</p>
<p>(f) Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.</p>	<p>If you are using a graphic that has "hot-spots" for links.  Ex. You may have a graphic of the US and have area links for each State.</p>	<p><input type="checkbox"/> Does the page provide alternative links to the Image Map?  <input type="checkbox"/> Do the &lt;area&gt; tags contain an <i>alt</i> attribute?</p>
<p>(g) Row and column headers shall be identified for data tables.</p>	<p>Tables that contain data in columns and rows need to have the headings for the table.  Example:  Use &lt;th&gt; table header tags for your headings and the &lt;td&gt; table data tags for the data within the tables.  Tables created for layout only, should have a summary statement noting such.  Ex. &lt;table border="0" cellspacing="0" cellpadding="0" summary="This table is used to format page content" width="100%"&gt;</p>	<p><input type="checkbox"/> Data tables have the column and row headers appropriately identified (using the &lt;th&gt; tag).  <input type="checkbox"/> Tables used strictly for layout purposes do NOT have header rows or columns.</p>
<p>(h) Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.</p>	<p>Another way to accomplish identifying data cells use the headers and ID attributes. This method is NOT recommended for simple tables. The headers and ID method should only be used when there is more than one logical level in a table, and when it is necessary to link more than two headers with a data cell.</p>	<p><input type="checkbox"/> Table cells are associated with the appropriate headers (e.g., with the ID, headers, scope, and/or axis HTML attributes).</p>
<p>(j) Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.</p>	<p>Because of the potentially serious nature of seizures, developers should be extra careful to avoid any graphics, animations, movies, or other objects which have strobing, flickering, or flashing effects. Developers should also avoid graphics which may induce nausea or dizziness.</p>	<p><input type="checkbox"/> Make sure the page does not contain repeatedly flashing images.  <input type="checkbox"/> Check to make sure the page does not contain a strobe effect.</p>
<p>(m) When a Web page requires that an applet, plug-in, or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet that complies with §1194.21(a) through (l).</p>	<p>If you are linking to any files that are not HTML, you will need to provide the download for the plug-in on the page. It is also recommended that you place an HTML equivalent on the page.  Examples:  Powerpoint:  <a href="http://www.microsoft.com/downloads/details.aspx?FamilyID=428d5727-43ab-4f24-90b7-a94784af71a4&amp;DisplayLang=en">http://www.microsoft.com/downloads/details.aspx?FamilyID=428d5727-43ab-4f24-90b7-a94784af71a4&amp;DisplayLang=en</a>  Excel:  <a href="http://www.microsoft.com/downloads/details.aspx?FamilyID=c8378bf4-996c-4569-b547-">http://www.microsoft.com/downloads/details.aspx?FamilyID=c8378bf4-996c-4569-b547-</a></p>	<p><input type="checkbox"/> A link is provided to a disability-accessible page where the plug-in can be downloaded.  <input type="checkbox"/> All Java applets, scripts, and plug-ins (including Acrobat PDF files and PowerPoint files, etc.) and the content within them are accessible to assistive technologies, or else an alternative means of accessing equivalent content is provided.</p>

	<a href="http://www.microsoft.com/downloads/details.aspx?FamilyID=95e24c87-8732-48d5-8689-ab826e7b8fdf&amp;DisplayLang=en">75edbd03aaf0&amp;DisplayLang=en</a> Word: <a href="http://www.microsoft.com/downloads/details.aspx?FamilyID=95e24c87-8732-48d5-8689-ab826e7b8fdf&amp;DisplayLang=en">http://www.microsoft.com/downloads/details.aspx?FamilyID=95e24c87-8732-48d5-8689-ab826e7b8fdf&amp;DisplayLang=en</a> Adobe: <a href="http://www.adobe.com/products/acrobat/readstep2.html">http://www.adobe.com/products/acrobat/readstep2.html</a>	
(n) When electronic forms are designed to be completed on line, the form shall allow people using assistive technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	When electronic forms are designed to be completed on line, the form shall allow people using assistive technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	<input type="checkbox"/> When form controls are text input fields use the LABEL element. <input type="checkbox"/> When text is not available use the title attribute.  <input type="checkbox"/> Include any special instructions within field labels. <input type="checkbox"/> Make sure that form fields are in a logical tab order.

## **APPENDIX B TO ATTACHMENT 5. HHS IT Systems Security and Privacy Information** **Steps for Including Security and Privacy in your System/Program**

I am initiating the development of a new system or program, and want ensure compliance with security and privacy regulations. What steps do I need to take to ensure that information security and privacy requirements are met and that I am fulfilling my responsibilities as a system owner and/or project officer?

### **Project Initiation**

- ✓ Review the role based training course [Information Security for Managers](#) to understand your information security and privacy responsibilities. Additional information may also be found in the [HHS Contractor Oversight Guide](#).
- ✓ Identify applicable laws, policies and standards that will drive the information security and privacy requirements for the system. The [Secure One HHS](#) web site is a good starting point.
- ✓ Review National Institute of Standards and Technology (NIST) Special Publication (SP) 800-64, [Security Considerations in the Information System Development Life Cycle](#) to understand where and how security and privacy fit into the overall life cycle of the system/program. You may also check SP 800-64 Rev. 2 [DRAFT Security Considerations in the System Development Life Cycle](#), which is an undated version currently in the comments phase of its lifecycle.
- ✓ Categorize the system based on the type(s) of information it is going to store, process, transmit or share, and determine the corresponding security requirements. It is required that you use Federal Information Processing Standards (FIPS) 199 [Standards for Security Categorization of Federal Information and Information Systems](#) and FIPS 200 [Minimum Security Requirements for Federal Information and Information Systems](#) processes to complete this activity.
- ✓ Determine if the system should be categorized as a major investment. According to OMB, a major investment means a system or acquisition requiring special management attention because of its importance to the mission or function of the agency, a component of the agency or another organization; is for financial management and obligates more than \$500,000 annually; has significant program or policy implications; has high executive visibility; has high development, operating or maintenance cost; is funded through other than direct appropriations; or is defined as major by the agency's capital planning and investment control process.
- ✓ Contact the AHRQ Chief Information Security Officer (CISO) or a member of the AHRQ Information Security and Privacy Program to review the system security and investment categorizations and discuss the additional security and privacy requirements that must be met.

- Eric Colombel, AHRQ CISO: [eric.colombel@ahrq.hhs.gov](mailto:eric.colombel@ahrq.hhs.gov) or 301-427-1750
  - AHRQ Information Security and Privacy Program: [SecureAHRQ@ahrq.hhs.gov](mailto:SecureAHRQ@ahrq.hhs.gov)
- ✓ If the system requires moderate to high security scrutiny, continue down the checklist. If the system requires a lower security scrutiny, skip to the checklist designated accordingly.

### **Checklist for Moderate to High Systems**

I have a system that requires additional security and privacy scrutiny. How do I make sure that I am including the security and privacy that I have to?

#### **Requirements Analysis**

- ✓ Review the [contract language](#) before the Request for Proposal (RFP) is issued to ensure that [security and privacy requirements](#) are properly built into the contract language.
- ✓ Ensure that you understand the [HHS FDCC standards](#) and HHS [Minimum Security Configuration Standards](#) and their applicability to your system/program. These standards must be incorporated into the acquisition and development of the system, where applicable.
- ✓ Complete a Privacy Impact Assessment (PIA) and determine if a System of Records Notice (SORN) must be created. The HHS [Privacy Impact Assessment \(PIA\) Guide](#) describes the requirements of the PIA. Tim Erny, the AHRQ Senior Official for Privacy (SOP) or the AHRQ Information Security and Privacy Program can aid in the SORN determination and provide additional privacy guidance.
  - Tim Erny, AHRQ CISO: [tim.erny@ahrq.hhs.gov](mailto:tim.erny@ahrq.hhs.gov) or 301-427-1760
  - AHRQ Information Security and Privacy Program: [SecureAHRQ@ahrq.hhs.gov](mailto:SecureAHRQ@ahrq.hhs.gov)
- ✓ Identify security and privacy requirements. NIST 800-53 Rev. 2, [Recommended Security Controls for Federal Information Systems](#) describes the controls necessary for systems, based on system categorization. Also, refer to the [AHRQ Organizationally-defined Security Controls](#) for additional guidance on AHRQ-specific settings.
- ✓ Perform a preliminary risk assessment as described in NIST SP 800-30, [Risk Management Guide for Information Technology Systems](#). Refer to the HHS [Certification & Accreditation Checklist](#) for additional information and a template.
- ✓ Perform an E-Authentication Risk Assessment in accordance with [OMB Memorandum M-04-04](#) on E-Authentication Guidance to Federal Agencies and the [HHS OpDiv E-Authentication Guidance memorandum](#). Refer to the [HHS E-Authentication Risk Assessment template](#) as an example of a compliant format.
- ✓ Upon contract award, review the HHS [Information Security Program Rules of Behavior](#), and ensure that all staff and contractors have also reviewed and signed the rules of behavior.

- ✓ Ensure that all staff and contractors have successfully completed the HHS [Information Systems Security Awareness](#) training. This is an annual requirement for all AHRQ staff and contractors.
- ✓ Review and employ the HHS [Certification & Accreditation Checklist](#) for use while developing the system. A system cannot be used, or become operational, until a C&A has been completed, validating that adequate security controls have been built into the system. An additional resource outlining the standards for C&A is NIST 800-37, [Guide for the Security Certification and Accreditation of Federal Information Systems](#).

### **Design**

- ✓ Identify and design the required security and privacy controls. NIST 800-53 Rev. 2, [Recommended Security Controls for Federal Information Systems](#) describes the controls necessary for systems, based on system categorization. Also, refer to the [AHRQ Organizationally-defined Security Controls](#) for additional guidance on AHRQ-specific settings.
- ✓ Employ the HHS [Certification & Accreditation Checklist](#) to kick-off formal C&A documentation preparation. Specifically, initiate the System Security Plan (SSP). Document the details of the system and the planned controls in the SSP. See NIST SP 800-18, Rev.1, [Guide for Developing Security Plans for Federal Information Systems](#) for guidance on the SSP and a suggested template. An additional resource outlining the standards for C&A is NIST 800-37, [Guide for the Security Certification and Accreditation of Federal Information Systems](#).

### **Development**

- ✓ Implement the required security and privacy controls. NIST 800-53 Rev. 2, [Recommended Security Controls for Federal Information Systems](#) describes the controls necessary for systems, based on system categorization. Also, refer to the [AHRQ Organizationally-defined Security Controls](#) for additional guidance on AHRQ-specific settings.
- ✓ Further define the details of the system and the associated controls in the System Security Plan (SSP). See NIST SP 800-18, Rev.1, [Guide for Developing Security Plans for Federal Information Systems](#) for guidance on the SSP and a suggested template.
- ✓ Develop a Contingency Plan using NIST SP 800-34, [Contingency Planning Guide for Information Technology Systems](#) as a guide to document the procedures for recovering the system should it become inoperable. Refer to the [HHS Certification & Accreditation Checklist](#) for additional information and a template.

### **Testing**

- ✓ Perform a System Security Test and Evaluation (ST&E) to determine if the system security controls have been properly implemented. This test and evaluation must be performed by an

independent third party that was not involved in the system design/implementation or the creation of the C&A package. NIST SP 800-53A, [DRAFT Guide for Assessing the Security Controls in Federal Information Systems](#) and the HHS [Security Test and Evaluation Guide](#) are two resources to consult for conducting ST&E.

- ✓ Finalize the risk assessment as described in NIST SP 800-30, [Risk Management Guide for Information Technology Systems](#). Refer to the HHS [Certification & Accreditation Checklist](#) for additional information and a template.
- ✓ Develop Plan of Action and Milestones (POA&M) to track the system weaknesses or vulnerabilities identified during the C&A process. All system weaknesses must also be associated with remediation activities, resources, and deadlines for completion. The HHS [Plan of Action and Milestones \(POA&M\) Guide](#) provides guidance on the documentation, tracking and reporting of POA&M weaknesses.
- ✓ Finalize the system C&A package for submission to the AHRQ Certification Agent (CA) for review and the granting of a security certification. The CA assesses the entire system and its C&A package to ensure the appropriate security controls are documented, implemented and operating as intended. The CA for AHRQ is Eric Colombel.
  - Eric Colombel, AHRQ CA: [eric.colombel@ahrq.hhs.gov](mailto:eric.colombel@ahrq.hhs.gov) or 301-427-1750
- ✓ Incorporate CA feedback into the C&A package and make any necessary revisions to the system.
- ✓ Transmit the C&A package to the AHRQ Authorizing Official (AO) for the formal permission to operate the system and assumption of risk associated with the operation of the system. The AHRQ AO is Mark Handelman.
  - Mark Handelman, AHRQ AO: [mark.handelman@ahrq.hhs.gov](mailto:mark.handelman@ahrq.hhs.gov) or 301-427-1703
- ✓ Incorporate AO feedback into the C&A package.
- ✓ Receive and file the formal Authority to Operate (ATO) letter. The DAA issues a written ATO, which must be in place before the system is allowed to become operational.

### **Operations/Maintenance**

- ✓ Perform continuous monitoring and incident management activities throughout the operations/maintenance phase of the system.
  - Perform annually a system self-assessment and testing of the system's contingency plan. Refer to the HHS [Certification & Accreditation Checklist](#) for additional information and a template.

- Monitor the system for unusual or malicious activity, and report any incidents that occur to the AHRQ CISO, Eric Colombel, or the AHRQ Information Security and Privacy Program immediately.
  - Eric Colombel, AHRQ CISO: [eric.colombel@ahrq.hhs.gov](mailto:eric.colombel@ahrq.hhs.gov) or 301-427-1750
  - AHRQ Information Security and Privacy Program:  
[SecureAHRQ@ahrq.hhs.gov](mailto:SecureAHRQ@ahrq.hhs.gov)
- ✓ Track and report all new and existing weaknesses in accordance with POA&M and HHS reporting standards as per the HHS [Plan of Action and Milestones \(POA&M\) Guide](#).
- ✓ Perform system recertification as necessary (at least every three years or if a major change to the system occurs). Refer to NIST 800-37, [Guide for the Security Certification and Accreditation of Federal Information Systems](#).

### **Disposition**

- ✓ Retire the system by ensuring that it is removed from the AHRQ system inventory. Contact Eric Colombel ([eric.colombel@ahrq.hhs.gov](mailto:eric.colombel@ahrq.hhs.gov) or 301-427-1750), the AHRQ CISO, or the AHRQ Information Security and Privacy Program ([SecureAHRQ@ahrq.hhs.gov](mailto:SecureAHRQ@ahrq.hhs.gov)) for assistance with these activities.
- ✓ Perform media sanitation, such that no data is left on the system being disposed of or retired, to include data bases, hard drives, removable media, and back-up storage sources. Review National Institute of Standards and Technology (NIST) Special Publication (SP) 800-64, [Security Considerations in the Information System Development Life Cycle](#) to understand the disposition phase of the SDLC. You may also check SP 800-64 Rev. 2 [DRAFT Security Considerations in the System Development Life Cycle](#), which is an undated version currently in the comments phase of its lifecycle. Additionally, disposal is addressed in the [AHRQ Information Security and Privacy Policy](#).

### Checklist for low systems

I have a system that requires minimal security and privacy scrutiny. How do I make sure that I am including the security and privacy that I have to?

#### **Requirements Analysis**

- ✓ Review the [contract language](#) before the Request for Proposal (RFP) is issued to ensure that [security and privacy requirements](#) are properly built into the contract language.
- ✓ Ensure that you understand the [HHS FDCC standards](#) and HHS [Minimum Security Configuration Standards](#) and their applicability to your system/program. These standards must be incorporated into the acquisition and development of the system, where applicable.
- ✓ Complete a Privacy Impact Assessment (PIA) and determine if a System of Records Notice (SORN) must be created. The HHS [Privacy Impact Assessment \(PIA\) Guide](#) describes the requirements of the PIA. Tim Erny, the AHRQ Senior Official for Privacy (SOP) or the AHRQ Information Security and Privacy Program can aid in the SORN determination and provide additional privacy guidance.
  - Tim Erny, AHRQ CISO: [tim.erny@ahrq.hhs.gov](mailto:tim.erny@ahrq.hhs.gov) or 301-427-1760
  - AHRQ Information Security and Privacy Program: [SecureAHRQ@ahrq.hhs.gov](mailto:SecureAHRQ@ahrq.hhs.gov)
- ✓ Identify system-specific security and privacy requirements. NIST 800-53 Rev. 2, [Recommended Security Controls for Federal Information Systems](#) describes the controls necessary for systems, based on system categorization. Also, refer to the [AHRQ Organizationally-defined Security Controls](#) for additional guidance on AHRQ-specific settings.
- ✓ Perform a preliminary risk assessment as described in NIST SP 800-30, [Risk Management Guide for Information Technology Systems](#). Refer to the HHS [Certification & Accreditation Checklist](#) for additional information and a template.
- ✓ Perform an E-Authentication Risk Assessment in accordance with [OMB Memorandum M-04-04](#) on E-Authentication Guidance to Federal Agencies and the [HHS OpDiv E-Authentication Guidance memorandum](#). Refer to the [HHS E-Authentication Risk Assessment template](#) as an example of a compliant format.
- ✓ Upon contract award, review the HHS [Information Security Program Rules of Behavior](#), and ensure that all staff and contractors have also reviewed and signed the rules of behavior.
- ✓ Ensure that all staff and contractors have successfully completed the HHS [Information Systems Security Awareness](#) training. This is an annual requirement for all AHRQ staff and contractors.
- ✓ Review and employ the HHS [Certification & Accreditation Checklist](#) for use while developing the system. A system cannot be used, or become operational, until a C&A has

been completed, validating that adequate security controls have been built into the system. An additional resource outlining the standards for C&A is NIST 800-37, [Guide for the Security Certification and Accreditation of Federal Information Systems](#).

### **Design**

- ✓ Identify and design the required system-specific security and privacy controls. NIST 800-53 Rev. 2, [Recommended Security Controls for Federal Information Systems](#) describes the controls necessary for systems, based on system categorization. Also, refer to the [AHRQ Organizationally-defined Security Controls](#) for additional guidance on AHRQ-specific settings.
- ✓ Employ the HHS [Certification & Accreditation Checklist](#) to kick-off formal C&A documentation preparation. Specifically, initiate an abbreviated System Security Plan (SSP). Document the details of the system and the planned system-specific controls in the SSP. See NIST SP 800-18, Rev.1, [Guide for Developing Security Plans for Federal Information Systems](#) for guidance on the SSP and a suggested template. An additional resource outlining the standards for C&A is NIST 800-37, [Guide for the Security Certification and Accreditation of Federal Information Systems](#).

### **Development**

- ✓ Implement the required security and privacy system-specific controls. NIST 800-53 Rev. 2, [Recommended Security Controls for Federal Information Systems](#) describes the controls necessary for systems, based on system categorization. Also, refer to the [AHRQ Organizationally-defined Security Controls](#) for additional guidance on AHRQ-specific settings.
- ✓ Further define the details of the system and the associated system-specific controls in the System Security Plan (SSP). See NIST SP 800-18, Rev.1, [Guide for Developing Security Plans for Federal Information Systems](#) for guidance on the SSP and a suggested template.

### **Testing**

- ✓ Finalize the risk assessment as described in NIST SP 800-30, [Risk Management Guide for Information Technology Systems](#). Refer to the HHS [Certification & Accreditation Checklist](#) for additional information and a template.
- ✓ Develop Plan of Action and Milestones (POA&M) to track the system weaknesses or vulnerabilities identified during the C&A process. All system weaknesses must also be associated with remediation activities, resources, and deadlines for completion. The HHS [Plan of Action and Milestones \(POA&M\) Guide](#) provides guidance on the documentation, tracking and reporting of POA&M weaknesses.
- ✓ Finalize the system C&A package for submission to the AHRQ Certification Agent (CA) for review and the granting of a security certification. The CA assesses the entire system and its

C&A package to ensure the appropriate security controls are documented, implemented and operating as intended. The CA for AHRQ is Eric Colombel.

- Eric Colombel, AHRQ CA: [eric.colombel@ahrq.hhs.gov](mailto:eric.colombel@ahrq.hhs.gov) or 301-427-1750
- ✓ Incorporate CA feedback into the C&A package and make any necessary revisions to the system.
- ✓ Transmit the C&A package to the AHRQ Authorizing Official (AO) for the formal permission to operate the system and assumption of risk associated with the operation of the system. The AHRQ AO is Mark Handelman.
  - Mark Handelman, AHRQ AO: [mark.handelman@ahrq.hhs.gov](mailto:mark.handelman@ahrq.hhs.gov) or 301-427-1703
- ✓ Incorporate AO feedback into the C&A package.
- ✓ Receive and file the formal Authority to Operate (ATO) or risk acceptance letter from the DAA, allowing the system to become operational.

### **Operations/Maintenance**

- ✓ Perform continuous monitoring and incident management activities throughout the operations/maintenance phase of the system.
  - Perform annually a system self-assessment and testing of the system's contingency plan. Refer to the HHS [Certification & Accreditation Checklist](#) for additional information and a template.
  - Monitor the system for unusual or malicious activity, and report any incidents that occur to the AHRQ CISO, Eric Colombel, or the AHRQ Information Security and Privacy Program immediately.
    - Eric Colombel, AHRQ CISO: [eric.colombel@ahrq.hhs.gov](mailto:eric.colombel@ahrq.hhs.gov) or 301-427-1750
    - AHRQ Information Security and Privacy Program:  
[SecureAHRQ@ahrq.hhs.gov](mailto:SecureAHRQ@ahrq.hhs.gov)
- ✓ Track and report all new and existing weaknesses in accordance with POA&M and HHS reporting standards as per the HHS [Plan of Action and Milestones \(POA&M\) Guide](#).
- ✓ Perform system recertification as necessary (at least every three years or if a major change to the system occurs). Refer to NIST 800-37, [Guide for the Security Certification and Accreditation of Federal Information Systems](#).

### **Disposition**

- ✓ Retire the system by ensuring that it is removed from the AHRQ system inventory. Contact Eric Colombel ([eric.colombel@ahrq.hhs.gov](mailto:eric.colombel@ahrq.hhs.gov) or 301-427-1750), the AHRQ CISO, or the

AHRQ Information Security and Privacy Program ([SecureAHRQ@ahrq.hhs.gov](mailto:SecureAHRQ@ahrq.hhs.gov)) for assistance with these activities.

- ✓ Perform media sanitation, such that no data is left on the system being disposed of or retired, to include data bases, hard drives, removable media, and back-up storage sources. Review National Institute of Standards and Technology (NIST) Special Publication (SP) 800-64, [\*Security Considerations in the Information System Development Life Cycle\*](#) to understand the disposition phase of the SDLC. You may also check SP 800-64 Rev. 2 [\*DRAFT Security Considerations in the System Development Life Cycle\*](#), which is an undated version currently in the comments phase of its lifecycle. Additionally, disposal is addressed in the AHRQ [\*Information Security and Privacy Policy\*](#).

### **Additional Resources**

- ✓ [HHS Information Security Program Policy](#)
- ✓ [HHS Policy for Department-wide Information Security](#)
- ✓ [HHS Contractor Oversight Guide](#)
- ✓ [HHS Applicability of FISMA to HHS Grantees Standard](#)
- ✓ [Departmental Standard for the Certification and Accreditation of Systems](#)
- ✓ [Departmental Standard for the Definition of Sensitive Information](#)
- ✓ [HHS Federal Information Processing Standards \(FIPS\) 200 Implementation Standard](#)
- ✓ [National Institute of Standards and Technology Special Publications and Federal Information Processing Standards \(FIPS\)](#)
- ✓ [HHS Role-Based Training \(RBT\) of Personnel with Significant Security Responsibilities](#)
- ✓ [HHS Standard Implementation of NIST Guidance Memorandum](#)

### **AHRQ Information Security and Privacy Policy**

#### **Security and Privacy Requirements**

- 1. Adherence to security and privacy policy.** The Contractor shall comply with all Federal and Department of Health and Human Services (HHS) security and privacy guidelines in effect at the time of the award of this contract. A list of applicable United States (U.S.) laws, Office of Management and Budget (OMB) requirements, HHS policies, standards and guidance, and Federal Government Computer Security guidelines can be located on the [Secure One HHS website](#). The Contractor shall perform periodic reviews to ensure compliance with all information security and privacy requirements. The Contractor shall make all system information and documentation produced in support of the Contract available to the agency and agency auditors upon request.
- 2. Perimeter defense and notification.** The Contractor shall ensure that the system and the information it contains are secured using appropriate perimeter defense technologies and that these technologies are monitored for anomalous traffic behavior. The Contractor shall immediately report any unauthorized system access to the agency Project Officer and/or System Owner.
- 3. Protection of sensitive information.** The Contractor shall ensure that sensitive information is protected by information security and privacy controls commensurate with the risk associated with the potential loss or compromise of this information. For purposes of this contract, information is sensitive if *the loss of confidentiality or integrity could be expected to have a serious, severe or catastrophic adverse effect on organizational operations,*

*organizational assets, or individuals.<sup>1</sup> Further, the loss of sensitive information confidentiality or integrity could: (i) cause a significant or severe degradation in mission capability to an extent and duration that the organization is unable to perform its primary functions or the effectiveness of the functions is significantly reduced; (ii) result in significant or major damage to organizational assets; (iii) result in significant or major financial loss; or (iv) result in significant, severe or catastrophic harm to individuals.*

Personally identifiable information (PII) is a subset of sensitive information and is defined as data which can potentially be used to identify, locate, or contact an individual, or potentially reveal the activities, characteristics, or other details about a person.<sup>2</sup> PII shall receive a level of protection commensurate with the risk associated with the loss or compromise of sensitive information.

- 4. Sensitive information on public systems.** The Contractor shall ensure that sensitive information is not stored, processed or transmitted on a publicly-available system (via the Internet) without the appropriate controls in place and specific authorization from the AHRQ Chief Information Officer (CIO).
- 5. Privacy requirements.** The Contractor shall conduct and maintain a Privacy Impact Assessment (PIA) as defined by Section 208 of the E-Government Act of 2002 and Federal Acquisition Regulation (FAR) Clause 52-239-1, and required by HHS policy. The PIA shall be completed in accordance with [HHS PIA guidance](#). Periodic reviews shall be conducted to determine if a major change to the system has occurred, and if a PIA update is subsequently required. If it is determined that an update is necessary, the Contractor shall make the necessary changes to the PIA.

The Contractor shall abide by all requirements of the Privacy Act of 1974 and FAR Clause 52-239-1. Pursuant to those requirements, the Contractor shall create and publish a System of Records Notice (SORN) in the Federal Register when required and shall publish an updated SORN following a major change to the system, as directed by OMB Memorandum (M) 03-22, *OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002*, or subsequent replacement guidance.

- 6. System accreditation.** The Contractor shall certify and accredit all systems in conformance with the standards set forth by the Federal Information Security Management Act (FISMA) and National Institute of Standards and Technology (NIST) Special Publication (SP) 800-37, *Guide for the Security Certification and Accreditation of Federal Information Systems*, prior to the system becoming operational. This activity shall be performed in conjunction with the initial development of the system, updated when a major change occurs to the system, and renewed no less than every three years. All system certification and accreditation (C&A) packages shall be compliant with all Public Law (PL)-107-347, OMB mandates, FIPS, and additional applicable NIST guidance. This guidance includes, but is not limited to FIPS 199,

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<sup>1</sup> Federal Information Processing Standard (FIPS) 1999, *Standards for Security Categorization of Federal Information and Information Systems*, February 2004.

<sup>2</sup> HHS Rules of Behavior, February 12, 2008.

FIPS 200, NIST SP 800-18, NIST SP 800-30, NIST SP 800-37, NIST SP 800-53, NIST SP 800-53A, and NIST SP 800-60. All NIST and FIPS documentation can be found at the [NIST website](#).

HHS has created a C&A checklist to facilitate compliance with the OMB-mandated C&A process. The HHS C&A Checklist will be provided upon contract initiation. Prior to becoming operational, all systems must receive a signed Authorization to Operate (ATO) issued by the agency Designated Authorization Authority (DAA). No system will be permitted into the production environment without a valid, signed ATO.

7. **Annual requirements.** The Contractor shall be responsible for meeting ongoing information security and privacy system requirements. These include, but are not limited to, performing annual system testing, completing an annual system self-assessment, and supporting quarterly and annual AHRQ FISMA reporting. Additionally, AHRQ reserves the right to test or review the system security and privacy controls at any time.
8. **Security and privacy training.** All Contractors shall receive general awareness training and role-based training, commensurate with the responsibilities required to perform the work articulated in the terms and conditions of the Contract.

The Contractor shall be responsible for ensuring each contractor employee has completed the AHRQ Security Awareness Training as required by the agency prior to performing any contract work or accessing any system, and on an annual basis thereafter, throughout the period of performance of the contract. The Contractor shall maintain a list of all individuals who have completed this training and shall submit this list to the Project Officer upon request. As a part of this training, the Contractor shall ensure that all staff read, agree to, and sign the [HHS Rules of Behavior](#).

The Contractor shall ensure that all contractors with significant security responsibilities, as defined by HHS, receive commensurate role-based training. As stated in the Secure One HHS Memorandum, *Role-Based Training (RBT) of Personnel with Significant Security Responsibilities*, significant security responsibilities are defined as the responsibilities associated with a given role or position, which, upon execution, could have the potential to adversely impact the security posture of one or more HHS systems.<sup>3</sup> The Contractor shall maintain a list of all individuals that possess significant security responsibilities and the subsequent role-based training courses completed, and shall submit this list to the Project Officer upon request.

9. **Electronic communication.** All Contractor staff that have access to and use of HHS electronic mail (e-mail) must identify themselves as contractors on all outgoing e-mail messages, including those sent in reply or forwarded to another user. The Contractor shall ensure all contractor staff embed an e-mail signature ("AutoSignature") or an electronic

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<sup>3</sup> HHS Memorandum, *Role-Based Training (RBT) of Personnel with Significant Security Responsibilities*, October 3, 2007.

business card ("V-card") within each electronic correspondence to automatically display "Contractor" in the signature.

**10. Clearances.** The Contractor shall ensure all staff have the required level of security clearance commensurate with the sensitivity of the information being stored, processed, transmitted or otherwise handled by the System or required to perform the work stipulated by the contract. At the minimum, all Contractor staff shall be subjected to a Public Trust background check and be granted a Public Trust clearance before access to the System or other HHS resources is granted.

**11. Non-Disclosure.** The Contractor shall not release, publish, or disclose agency information to unauthorized personnel, and shall protect such information in accordance with the provisions of the following laws and any other pertinent laws and regulations governing the confidentiality of sensitive information:

- 18 U.S.C. 641 (Criminal Code: Public Money, Property or Records)
- 18 U.S.C. 1905 (Criminal Code: Disclosure of Confidential Information)
- PL 96-511 (Paperwork Reduction Act)

The Contractor shall ensure that each contractor employee who may have access to agency information under this contract shall complete and sign the Commitment to Protect Non-Public Information - Contractor Agreement (Non-Disclosure Agreement). A copy of each signed and witnessed Non-Disclosure Agreement shall be submitted to the Project Officer prior to performing any work under the contract.

**12. Mobile device encryption.** The Contractor shall: (a) encrypt all laptop computers, mobile devices and portable media which store or process, or may store or process, sensitive information using FIPS 140-2 compliant encryption technology; (b) verify that encryption products have been validated under the [Cryptographic Module Validation Program](#) to confirm compliance with FIPS 140-2; (c) establish key recovery mechanisms to ensure the ability to decrypt and recover sensitive information by authorized personnel; and (d) generate and manage encryption keys securely to prevent unauthorized decryption of information. For more information, reference the [HHS Encryption Standard for Mobile Devices and Portable Media](#).

**13. Desktop Encryption.** The Contractor shall: (a) encrypt all desktop computers which store or process, or may store or process, sensitive information using FIPS 140-2 compliant encryption technology; (b) verify that encryption products have been validated under the [Cryptographic Module Validation Program](#) to confirm compliance with FIPS 140-2; (c) establish key recovery mechanisms to ensure the ability to decrypt and recover sensitive information by authorized personnel; and (d) generate and manage encryption keys securely to prevent unauthorized decryption of information. In the case that appropriate compensating controls are implemented to protect sensitive desktop computers, the requirement for encryption may be waived with approval from the AHRQ Chief Information Security Officer (CISO). For more information, reference the [HHS Encryption Standard for Mobile Devices and Portable Media](#).

**14. Minimum security configurations.** The Contractor shall certify applications are fully functional, operate as intended, and comply with the HHS Minimum Security Configurations for Operating Systems (currently HHS has minimum configuration standards for Windows 2000 Server, Windows 2000 Professional, Windows 2003 Server, Windows NT, Windows XP, Solaris, HP-UX, Redhat Linux, Oracle, and Cisco IOS). These standard security configurations shall be provided to the Contractor at the time of contract initiation and upon completion of the required Non-Disclosure Agreements. Additionally, the Contractor shall adhere to these configurations when developing the system. As standard configurations may change frequently, the Contractor must ensure applications remain compliant with the most recent set of security configurations.

Additionally, for desktops within the system boundary, the Contractor shall comply with the configurations defined in the HHS Federal Desktop Core Configuration (FDCC) standards, which were designed to meet the requirements mandated by OMB. The FDCC standards will be provided upon contract initiation. The installation, operation, maintenance, update, and/or patching of software shall not alter the approved HHS Minimum Security Configurations or the HHS FDCC standards. Applications designed for normal end users shall run in the standard user context without elevated system administration privileges. Exceptions to the HHS requirements must be documented, accompanied by compensating controls, and approved by the HHS CISO and the AHRQ CISO in advance of implementation.

**15. Maintenance.** The Contractor shall ensure that the system, once operational, is properly maintained and monitored, to include immediate response to critical security patches, routine maintenance windows to allow for system updates, and compliance with a defined configuration management process. All patches and system updates shall be properly tested in a development environment before being implemented in the production environment.

## References

1. [Policy for Department-wide Information Security](#)
2. [HHS IRM Information Security Program Policy](#)
3. [HHS Personnel Security/Suitability Handbook](#)
4. [NIST SP 800-18, Rev. 1, Guide for Developing Security Plans for Information Technology Systems](#)
5. [NIST SP 800-37, Guide for Security Certification and Accreditation of Federal Information Systems:](#)
6. [NIST SP 800-53, Recommended Security Controls for a Federal Information System](#)
7. [NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories, Volume I](#)
8. [NIST SP 800-60, Guide for Mapping Types of Information and Information Systems to Security Categories, Volume II](#)
9. [NIST SP 800-64, Security Considerations in the Information System Development Life Cycle](#)
10. [FIPS 199, Standards for Security Categorization of Federal Information and Information Systems](#)

11. [\*Federal Information Processing Standards, Minimum Security, Requirements for a Federal Information System\*](#)
12. [Cryptographic Module Validation Program](#)

## **APPENDIX C TO ATTACHMENT 5**

### **AHRQ Application and System Development Requirements**

AHRQ has implemented a Distributed Systems Engineering Lab (DSEL) to support all internal development efforts and provide the facility for housing the software and documentation for all AHRQ sponsored systems and applications, regardless of where the system or application is hosted.

AHRQ uses a System Development Lifecycle (SDLC) framework which is consistent with the HHS Enterprise Lifecycle Framework (EPLC). This framework is the basis for implementation of the DSEL, conduct of development projects and the Rational Unified Process (RUP)/Capability Maturity Model (CMM) based processes that support its implementation. The SDLC framework provides a disciplined approach which employs the following traditional project phases:

- Concept
- Initiation
- Planning
- Requirements Analysis
- Design
- Development
- Testing
- Implementation / Deployment
- Operations and Maintenance
- Retirement

The AHRQ SDLC framework is closely aligned with the disciplines defined in the Rational Unified Process (RUP). The IBM Rational Suite of tools has been adopted by the Agency to provide a standard IT development environment for AHRQ sponsored systems and application development projects. The AHRQ SDLC framework has been enhanced through the use of tailored processes and artifacts based on the RUP methodology. The documentation deliverables required for all Information Technology (IT) projects are based on specific RUP artifacts identified by AHRQ. The Rational ClearCase libraries housed within the DSEL provide the repository for housing software and documentation artifacts related to all AHRQ sponsored systems and applications, regardless of where the system or application is hosted.

Contractors are not required to follow the RUP development methodology or use the Rational Suite of tools; however, the Contractor's SDLC must be capable of producing AHRQ required system deliverables containing the required content as described further in the following section. It is required that the Contractor use the lifecycle phases defined in the AHRQ SDLC framework and obtain PO approval before moving from one phase to another. This approval process corresponds to the stage gates in the HHS EPLC model. The contractor must also conform to AHRQ Configuration Management (CM) and change control standards which require appropriate controls for managing software and documentation baselines, changes to software artifacts using an appropriate IDE or version management tool, document change requests and obtaining approval through a formal change control process that requires Project Officer (PO) and possible AHRQ IT approval prior to implementation.

The following table identifies the documentation deliverables required for all IT projects and the content required for each deliverable.

**Table 1.1 – Documentation Deliverables**

Deliverable	AHRQ Life Cycle Phase	Formats
Project Initiation Document	Project Initiation	MS Word
Project Work Plan	Project Planning	MS Project
System Requirements Document (SRD)	Requirements and Analysis	Rational Requisite Pro, MS Word
Requirements Traceability Matrix	Requirements and Analysis	Rational Requisite Pro, MS Word
System Design Document (SDD)	Software Design	Rational Software Modeler, MS Word, Rational Software Architect
Test Plan	Testing	MS Word
Test Scripts	Testing	MS Word, Rational Test Manager
User Acceptance Testing Report	Implementation	MS Word
User Guide	Deployment	MS Word
Operations Manual	Deployment	MS Word
Version Description Document	Deployment	MS Word

### **System Documentation**

The Contractor will provide to the Agency system documentation of all proposed hardware, software, security, backup/recovery, and other information technology infrastructure and components and solutions needed to support this project. The documentation is to be delivered to the Project Officer for review and approval for each release. This documentation will be provided according to the content standards specified by AHRQ and will be maintained in the Agency’s Rational ClearCase Repository as a unique project library created and maintained by the AHRQ CM Manager. All documentation will be baselined with each system release. In addition, the source code for each production release will be delivered and stored in the same project library as the documentation artifacts. The contractor will be required to update these baselined artifacts for each production release of the system. Sample documents and templates

for the required documentation artifacts are available as guidance. The following documents as mentioned in Table 1.1, “Documentation Deliverables”, are required by AHRQ.

## **Project Initiation Document**

The Project Initiation Document (PID) is intended to be a statement of purpose and scope for initiating a given project and a guide to manage expectations in both process and deliverables throughout the System Development Lifecycle (SDLC). The PID defines the business case for the project by defining the purpose, the milestones, resources, objectives, costs, risks including mitigation strategies, and the artifacts and IT technologies (architecture) utilized and produced for, and during, the project. The PID serves as the formal funding commitment document approved by the COTR and Stakeholders. Additionally, the PID must be approved by AHRQ IT management, and in some cases, the AHRQ Information Technology Review Board (ITRB) for technical viability, adherence to Agency Enterprise Architecture (EA); technical standards and formal Project Management requirements as derived from Departmental standards and accepted Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) standards. In the case of external development contracts, the PID can be satisfied by the formal proposal submitted by the vendor and accepted by AHRQ.

## **Project Work Plan**

The System Project Plan or Project Work Plan (PWP) provides a method to assign and track the project resources, hours and specific deliverables. This plan provides the detailed Work Breakdown Structure (WBS) and resource loading that can be used to identify project costs and is intended for the project manager to track the schedule and cost of a project, including development of Earned Value Management (EVM) measures. The PWP is delineated by the phases of the project which include Project Initiation, Generation of the PWP Schedule, Requirements Gathering, System Design, System Development, System Testing including User Acceptance, System Deployment and System Support and production of project deliverables which require COTR or Stakeholder acceptance and signoff to continue project tasks identified in the PWP.

## **System Requirements Document**

The System Requirements Document (SRD) contains the system requirements, use cases and supplementary specifications that provide the basis for design and development of the system. The following information is provided for each requirement identified in the document:

- Requirement ID, Name and Title
- Requirement Description
- Software Release Version
- Use Case Model
- Use Case Specifications
- Supplementary Specifications

A text-based Functional Requirements Document may be provided instead of a Use Case Model, Use Case Specifications, and Supplementary Specifications.

## Requirements Traceability Matrix

The Requirements Traceability Matrix (RTM) associates requirements with the work products that satisfy them. This matrix is created at the beginning of a project's lifecycle to trace the requirements from identification through testing. The project elements are traced as they relate to other project elements, especially those related to requirements.

The purpose of establishing traceability is to help understand the sources of requirements, manage the scope of the project, manage changes to requirements; assess the project impact of a change in a requirement; and verify that all requirements of the system are fulfilled by the implementation.

The following values are required for the traceability matrix:

- Requirement ID and Title;
- The version of the system in which the requirement will be implemented;
- The Use Case to which the requirement can be traced;
- The version of the design document in which the requirement is implemented;
- The ID of the test script in which the requirement is tested;
- The version number of the source code in which the requirement is implemented.

The figure below shows a sample of the data traced through a project's life cycle.

Requirements:	Version	Trace To UC	Trace to Design	Trace to Test	Trace to Source	CR	Status
▶ <b>FEAT8: The system shall display the Principal...</b> The system shall capture and display the Principal Investigator's name on the Quarterly Report.	2.00.00	UC7, UC13				Prod00000098,Prod000000	Incorporated
<b>FEAT9: The system shall display Principal...</b> The system shall capture and display the Principal Investigator's Address.	2.00.00	UC7, UC13				Prod00000098,Prod000000	Incorporated
<b>FEAT10: The system shall display Principal...</b> The system shall display and capture the Principal Investigator's telephone number.	2.00.00	UC7, UC13				Prod000000262	Incorporated
<b>FEAT11: The system shall display Principal...</b> The system shall capture and display the E-mail address of the Principal Investigator.	2.00.00	UC7, UC13				Prod000000262	Incorporated
<b>FEAT12: The system shall display the Principal...</b> The system shall capture and display the main fax number for the Principal Investigator.	2.00.00	UC7, UC13				Prod000000262	Incorporated
▣ <b>FEAT13: the system shall display and Track...</b> The system shall capture and track milestones for a given project/grant. HIT uses the word Milestone while PS uses...	2.00.00	UC11, UC13				Prod000000268	Proposed
<b>FEAT13.1: The system shall display and track...</b> The system shall capture and track overall progress of project milestones and shall display these in the report.	2.00.00	UC11				Prod000000268	Proposed
<b>FEAT13.2: The system shall display and track...</b> The system shall capture and display milestone barriers.	2.00.00	UC11				Prod000000272	Proposed

## System Design Document

The System Design Document (SDD) details the design and implementation of all custom software features of the system. The design descriptions must include use cases that detail the interaction which occurs between a user and the system.

The document describes the general nature of the system, and describes the architecturally significant parts of the design model, such as its decomposition into subsystems and packages. For each significant package, a section of the document should detail its decomposition into classes and class utilities. Architecturally significant classes should be introduced and a description of their responsibilities should accompany the introduction. Any significant relationships, operations, and attributes should be detailed in this document.

The document should be organized by use case, so that it provides traceability back to the initial requirements. The document must also contain a description of the database model and data elements used to support the application. This data can be referenced to an appropriately maintained Entity Relationship Diagram (ERD) and data definitions which conform to CM standards and are appropriately maintained in the Rational CM Libraries.

## **Test Plan**

The purpose of the Test Plan is to define the approach for testing a particular application or system. The Test Plan is a high level description of the testing process which will be performed. The Test Plan outlines the types of testing to be performed, the requirements to be tested, the test environment, testing tools, pass/fail criteria and a risk assessment. At a minimum the document should contain the following:

### **A. Test Description**

- A general overview of the plan for testing the entire system.
- Test objectives for all testing levels (e.g. module, unit).
- Scope and guiding principles for the testing effort.
- A policy for resolving conflicts that arise during the testing process.

### **B. Acceptance Criteria**

- The criteria agreed upon with the customer for acceptance of the software.
- 

### **C. Approach**

- How each major group of software features will be adequately tested.
- Major testing activities, techniques, and testing tools.
- Test Environment – Hardware, Network, Software and Test Database

### **D. Tasks**

- The individual tasks that must be performed.
- The individual or organization responsible for each task.

### **E. Schedule, Resources & Milestones**

## **Test Scripts**

The Test Scripts define testing scenarios completed for an application. Each scenario details the steps to be performed, expected results and pass/fail criteria. At a minimum the document should contain the following:

- Test Script Identifier
- Test Description
- Test Objective
- Test Environment/Setup including any required data such as Login credentials, etc.
- Mapping to specific requirements and design elements contained in the SRD and SDD
- Step sequences and actions
- Expected Results
- Pass/Fail Criteria
- Actual Results
- Comments

## **User Acceptance Test Report**

The User Acceptance Testing (UAT) Report should include a summary of the testing environment (hardware, software, tools, participant list, etc.) and procedures used to demonstrate and obtain stakeholder approval of the application or system prior to production deployment. The UAT Report should contain a mapping to the SRD and SDD items included in the release as well as an exception list or identified change requests that were generated as the result of testing.

## **User Guide**

The User Guide is completed prior to production. The User Guide is a "How To" manual which navigates the user in detail through the use of the application. This document usually contains system screen shots and provides step by step instructions for completing tasks and activities. It is written on a business level with the needs of the user in mind. At a minimum the document should contain the following content.

- Introduction
- Summary of the application
- Glossary (Definitions/Acronyms)
- Procedures (Step-by Step instructions on how to use the system)
- Troubleshooting tips

## Operations Manual

The Operations Manual provides guidance and defines procedures related to the operational implementation of the system. At a minimum, the document should contain the following:

- System Overview
- Statement of acceptable use of the system and information
- Hardware and software descriptions
- Interfaces with other Systems and Databases
- Access and authentication requirements
- System Configuration and Administration Procedures
- Security procedures including virus protection
- Incident Reporting and Handling
- System Startup and Recovery Procedures
- Change Management Procedures

## Version Description Document

The Version Description Document (VDD) identifies and describes the general release information, and inventory of software released (Bill of Materials), for a specific application, including prototype iterations. The document should include the following sections listed below:

- Introduction - Describes the objective of the document, defines the release identification and provides contact information.
- General Release Information - Provide information about the specific release, including any interfaces and dependencies
- Installation Instructions - Describes the steps required to install the software.
- Version Description - Provides an inventory of List Objects and Module Types such as: class files, SQL Scripts, HTML files, DTD and XML files.
- Recovery Instructions - Describe the steps required to reconstruct the release from the product baselines, established in the configuration management library.

## Web Product and Web Site Development Guidelines

The following list highlights basic issues that need to be addressed when developing Web tools or sites under contract that will be **publicly available** when launched to ensure deliverables are on target, in compliance with legal and policy requirements, and do not require expensive rework to meet Federal and Department of Health and Human Services requirements for information resources.

## **Guidelines for Web-Based Products**

Retrofitting Web-based products after the fact is highly undesirable because it adds time and costs to the process of making these products publicly available. All products that are developed with the intent of being posted on the AHRQ Web site should meet the following minimum requirements:

### **Titles of Products**

Coordinate with your project officer on the titles of your products. They need to be concise and relevant to the purpose of the project, but cannot include the name of the contractor or grantee as the performing organization as part of the title. Report titles should be no more than 10-words maximum and Web-based tools should be no more than 5-words maximum (make every word count—eliminate initial articles such as “The” or “A” ). Titles need to be distinct enough to differentiate among similar sounding products.

### **Quality Control/Editorial Review**

This involves checking for spelling and grammar mistakes, formatting issues, general consistency, and style. This should be done by the AHRQ grantee or contractor prior to submission of the final product for posting on the AHRQ Web site. Federal resources follow the GPO Style Manual which is available electronically at:  
<http://www.gpoaccess.gov/stylemanual/browse.html>

### **Accessibility**

As an agency of the Federal Government, AHRQ must ensure that anything that is posted on our Web site is in compliance with requirements for information resources under Section 508 of the Rehabilitation Act. Also, federally funded resources need to be generally available to users in multiple formats to ensure that we are not forcing a particular platform, operational system, or proprietary software package on users.

### **Intellectual Property Rights**

Before we can post a product on the AHRQ Web site, we must have a written explanation of the following four questions:

- Who retains the copyright?
- Who has licenses for what purposes and uses?
- What are the constraints imposed?
- Who grants permission for further use or adoption?

### **Usability**

Web resources should include usability testing, evaluation, and modification as an integral and recurring part of the development effort to ensure they are effective for the electronic business processes they are designed to facilitate. A set of Research-Based Web Design and Usability Guidelines that should be consulted are available at:  
<http://www.usability.gov/guidelines/index.html>

Beta testing prior to release is desirable, evaluating the product against usability heuristics. As feedback is received and products are updated, the revisions will need to be designated by version number and date of release.

## **Privacy Act Protections**

Web resources are subject to the Privacy Act and this can impact both the development of Web-based tools and the users of those tools. Persistent cookies should not be programmed into the functionality of a Web-based tool, although session cookies are allowed.

Registration for use cannot be requested if this would involve collection of individual identifiers from the users. Although exemptions to both rules can be sought, this involves a strong justification and several levels of review for approval through the U.S. Department of Health and Human Services (HHS).

## **Guidelines for Web Sites**

Web sites being supported through contracts are considered Federal information resources and as such are required to be in compliance with laws, policies, and directives that affect such resources.

This includes content management and information categorization, including standard metadata, under the E-Gov Act requirements and Office of Management and Budget issuances to Federal agencies on IT resources.

For recommendations and guidance on requirements and best practices, go to:  
[http://www.usa.gov/webcontent/reqs\\_bestpractices/best\\_practices.shtml](http://www.usa.gov/webcontent/reqs_bestpractices/best_practices.shtml)

## **Clearance**

Web resources require clearance by HHS--including justification against a set of criteria. Publications cleared for printing are cleared for Web uploading at the same time. Web resources must comply with the numerous laws and directives that affect federally funded electronic information resources. Web content loaded on a site by contractors must be appropriate and follow all laws and directives. AHRQ Offices and Centers must coordinate initial review through AHRQ's Office of Communications and Knowledge Transfer (OCKT) before launch, and OCKT will coordinate departmental clearance.

## **Domain Names**

All domain names for any Web resource funded in whole or in part by Federal funds must be registered as .gov through HHS with the General Services Administration (GSA). Although other domains, such as .org, .net, .edu, .com may also be reserved by the Agency, the .gov domain must be registered and that domain name will need to be indexed by USA.gov, the GSA portal to government-funded resources. The USA.gov link is then required on the home page of the site. Coordinate with OCKT on domain name requests.

## **Editorial Review**

All content for upload needs to be reviewed to ensure consistency and compliance with best practices and established style and conventions. As a minimum, the copy needs to be production edited to ensure there are no typos and the GPO Style Manual is followed for punctuation, spelling, use of numerals, abbreviations, etc. Do not use unexplained acronyms; they need to be spelled out on first reference in any document or file. There should not be anything marked DRAFT on a public site. Once the materials are uploaded, they are published and considered in the "public domain." Do not use placeholders for content that does not exist. Government funded sites should not have anything designated

"under construction." A process needs to be established for regular review of content and updating. Additional materials need to undergo editorial review and be approved before uploading. The GPO Style Guide is available electronically as a reference at: <http://www.gpoaccess.gov/stylemanual/browse.html>

## **Accessibility**

Under the Rehabilitation Act, Federal agencies have an obligation to provide equal access for the disabled to their information and services. Requirements are specified in section 504 for individual accommodation and more recently in section 508 for electronic and information technology, which includes Web sites and multimedia products. Equivalent alternatives are required for auditory and visual information, such as providing alternative descriptive text for images for the blind and providing captions for audio-video files for the deaf. Written transcripts are required for all streaming audio. PDF files can be offered in conjunction with accessible files, such as HTML versions, but avoid uploading PDF-only versions of documents unless they are fully accessible PDF formats. OCKT has software used to evaluate Web sites and can provide a report on any accessibility violations that would need to be addressed before launch. Specific requirements are available at: <http://www.section508.gov>

## **Privacy**

A privacy policy notice must be prominently displayed, and the Web site host has to follow it. A machine-readable format (P3P) of the privacy policy notice must also be uploaded to the site. A Privacy Impact Assessment is conducted to determine what kind of personal information is contained within a system, what is done with that information, and how that information is protected. Sites are periodically audited to ensure that they observe their stated privacy policy. A Privacy Act System notice may need to be prepared and published for users to register on a site if the registrations represent a group of records, under the control of the Agency (or a contractor), that can be retrieved by personal identifier. This notice must go through several levels of review--including the Office of General Counsel--and be published in the *Federal Register*. Persistent cookies cannot be used on Federal sites unless the Secretary of HHS grants an exemption, and this involves a strong justification and review process.

## **Web Site Mailbox**

Every Web site must provide full contact information for the sponsor and have a Contact Us link for submission of comments or questions as a customer feedback mechanism. Web site e-mail is subject to the same privacy and records management issues that affect the overall Web site as well as departmental standards for handling inquiries and customer feedback. Each Web site must provide relevant Frequently Asked Questions that are included in the customer relationship management system used to handle AHRQ Web site inquiries.

## **Records Management**

All content on the site and e-mail generated by the site must be archived electronically and handled according to records retention schedules and disposition authorities as established with the National Archives and Record Administration. This requirement also affects Web site log files and statistical reporting on Web site usage. For guidance on requirements, go to:

<http://www.archives.gov/records-mgmt/policy/managing-web-records-index.html>

## Information Collection Budget

If a Web site is used to collect information from users, such as for surveys, evaluations, or beta testing feedback, then the Office of Management and Budget must first approve the burden hours for such an effort for this collection. A notice must be posted on the Web site at the point of collection with the OMB approval number and a statement on the process of collection.

## Intellectual Property

Copyright and trademark protections need to be observed on Web sites. Permissions for use must be granted for any copyrighted information included and registered trademarks need to be reflected in copy. Any copyright or trademark constraints related to materials uploaded to a site must be specified for users. Public domain does not extend outside the borders of the United States. Therefore, foreign countries must request specific permission for use. Given the global nature of the Internet, citation as to source is a critical issue.

## Linking

External links constitute an implied endorsement and create a business advantage for the linked sites. OMB requires Agencies to do a risk assessment of external links, and potential links need to be assessed against the HHS and AHRQ linking policies and criteria. If a site deviates from these policies, then the specific review and selection criteria must be justified and posted on the Web site for full disclosure. Outside Web resources may link to Agency resources providing that the link is not displayed in any way that would imply an endorsement by the Agency of a specific commercial product or service.

## Electronic FOIA

The Agency is required by law to have an electronic FOIA reading room and to provide materials that can be requested under the Freedom of Information Act in electronic form, if so requested. HHS requires that any Web resource funded by the Agency provide a link to the AHRQ Freedom of Information Act page on the main AHRQ Web site.

## Usability

Web resources should include usability testing, evaluation, and modification as an integral and recurring part of the development effort to ensure they are effective for the electronic business processes they are supposed to facilitate. For best practices in initial development or redesign of Web resources, go to: <http://www.usability.gov>

## Web Sponsor Identity

AHRQ has uniform principles to identify AHRQ as the primary sponsor of AHRQ-related Web sites. These principles reflect HHS best practices for a consistent look and feel of Web resources, reinforce credibility, and support HHS and Agency branding efforts. The four specific principles that should be consistent across all AHRQ-funded Web sites are:

- **Web site URL name:** The name of a Web site should always contain AHRQ in the URL. A Web resource should either be a folder on the main AHRQ Web site ([www.ahrq.gov/chiri](http://www.ahrq.gov/chiri)) or a third-level domain of the Web site ([www.webmm.ahrq.gov](http://www.webmm.ahrq.gov)).

- ***Title of Web site project:*** AHRQ's name should be part of the formal title and appear at the beginning of the Web site's project name when referenced in print or promotional materials. For example: AHRQ's Web Morbidity and Mortality online journal.
- ***HHS and AHRQ logos:*** The HHS and AHRQ logos should be featured prominently on the Web site and in materials that are used to market that Web site.
- ***Web site home page format:*** The Web site home page should have common design and navigation elements with the HHS Portal and the AHRQ Web site so that all Web sites look as though they belong to the Department and AHRQ Web family. All AHRQ domain sites must include a standard banner and footer that are branded for Web resources. Technical specifications and templates for developers to consult when designing Web resources are provided by the AHRQ Web Manager.



# HHS Web Standards

January 5, 2007

## Use Dark Text on Plain, High-Contrast Backgrounds

### Standard:

HHS must use black (preferable) or other dark text on a white or off-white background when presenting text information—including headers, captions, and prose text—on Web pages.

### Rationale:

Research studies consistently show that dark text on a plain background elicits reliably faster scanning and reading performance than on a medium-textured background. When compared to scanning or reading light text on a dark background, people read black text on a white background up to thirty-two percent faster. In general, the greater the contrast between the text and background, the easier the information is to scan or read.

#### The Army Posture Statement

### Launch The 2006 Army Posture Statement

The annual Army Posture Statement is an unclassified summary of Army roles, missions, accom programs. Designed to reinforce the Secretary and Chief of Staff of the Army posture and budg Congress, the APS serves a broad audience as a basic reference on the state of the Army.

The information provided in the addendum to The Army Posture Statement satisfies informatio Defense Authorization Act for Fiscal Year 1994. The information is presented in the order and

Section 517 states: "The Secretary of the Army shall include in the annual report of the Secret Army Posture Statement a presentation relating to the implementation of the Pilot Program for of the Reserves under section 414 of the National Defense Authorization Act for Fiscal Years 19

Section 521 states: "The Secretary of the Army shall include in the annual report of the Secret Army Posture Statement a detailed presentation concerning the Army National Guard, includin relating to the implementation of the Army National Guard Combat Readiness Reform Act of 1

This example decreases readability.

#### Endorsement Disclaimer - Links to Other Sites

Our web site has links to many other federal agenc private organizations. You are subject to that site site.

Reference in this web site to any specific commerc manufacturer, or company does not constitute its the U.S. Government or HHS. HHS is not responsib web page referenced from this server.

This example uses dark text on a white background to improve users' ability to scan choices.

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Boyntoin and Bush, 1956; Bruce and Green, 1990; Cole and Jenkins, 1984; Evans, 1998; Goldsmith, 1987; Gould, et al., 1987a; Gould, et al., 1987b; Jenkins and Cole, 1982; Kosslyn, 1994; Muter and Maurutto, 1991; Muter, 1996; Scharff, Ahumada and Hill, 1999; Snyder, et al., 1990; Spencer, Reynolds and Coe, 1977a; Spencer, Reynolds and Coe, 1977b; Treisman, 1990; Williams, 2000.

## **Use Dark Text on Plain, High-Contrast Backgrounds (Continued)**

### **Exemptions:**

Background shades of color may be used in text boxes, panels, tabs, and other elements of a Web page. There must be high contrast, however, between the text (foreground) and the background. You must select color combinations that can be discriminated by users with color deficiencies/color blindness. You may be exempt from this requirement in sites targeted to children, youth, and other groups with demonstrated specific needs and requirements. In using colored backgrounds, though, readability must be maintained, especially for individuals with low vision, via contrast between text and background colors.

You may wish to use these resources:

- [Colour Contrast Check](#) (Jonathan Snook, Snook.ca)  
This tool allows you to specify foreground and background colors to determine if they provide enough contrast.
- [Contrast Checker](#) (Q42)  
The contrast checker tool enables you to compare the contrast in a web page.
- [Making Text Legible: Designing for People with Partial Sight](#) (Lighthouse International)  
Basic guidelines for making effective legibility choices that work for nearly everyone.

**Requirements (content & style):** N/A

**Related Standards:** N/A

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## **Font Size and Typeface**

### **Standard:**

HHS must use sans serif (such as Verdana or Arial) on Web pages. The selected font must be used consistently throughout the site. In general, usability tests have shown that users perceive sans serif fonts to be more contemporary.

HHS must use Arial or Verdana font and the listed font size (or equivalent) for standard text and links on all Web pages. Use the following scale as a guide to determine size:

If the Font Type Is...	Then You Must Use...
Arial	11 Point Font Size
Verdana	10 Point Font Size

If you have specialized audiences, use the appropriate font size to accommodate them. For example, older adults may require a 12 point font in Verdana to read effectively. Additionally, use “scalable fonts” or fonts that will allow the user to increase and decrease text size using the browser functions (e.g., View > Text Size > Larger).

**Rationale:**

Research has shown that fonts smaller than 11 points (Arial) elicit slower reading performance from users.

A font size of 9  
A font size of 10  
A font size of 11  
A font size of 12  
A font size of 13  
A font size of 14

This example shows sans serif fonts, Arial, between 9 and 14 points.

**Exemption(s):**

A font size of one or two points smaller than the approved points above may be used in the following situations (but in no case smaller than an 8-point font):

- In data tables.
- In PDF documents because of their nature and because they are expandable when opened.
- In a navigation bar that presents secondary information such as bread crumb navigation or standard information/links that appear in the “footer” of a page.
- For notices or disclaimers. For example: Documents in PDF format require the Adobe Acrobat Reader®.
- To present information and/or links in the footer of a Web page. For example: This is an official U.S. Government Web site managed by the U.S. Department of Health & Human Services.

## Font Size and Typeface (Continued)

- To present secondary information that describes a prime link or piece of content. For example:

[Confirmed Human Cases by Country](#)

[Note: Numbers are confirmed by World Health Organization and may not reflect news or country reports.]

- When you provide a “page text sizer” control that allows users to increase or decrease a font size. Examples of a page text sizer include: [A](#) [A](#) [A](#) and **Text Size:** [SM](#) [MD](#) [LG](#) [XL](#)

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Bailey, 2001; Bernard and Mills, 2000; Bernard, Liao and Mills, 2001a; Bernard, Liao and Mills, 2001b; Bernard, et al., 2002; Ellis and Kurniawan, 2000; Galitz, 2002; Ivory and Hearst, 2002; Tinker, 1963; Tullis, 2001; Tullis, Boynton and Hersh, 1995.

**Requirements (content & style):** N/A

**Related Standards:** N/A

**Related Guidelines:** [Note: Related Web Guidelines from HHS’ *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Designing and Employing Check Boxes

### Standard:

HHS must use a check box control to allow users to select one or more items from a list of possible choices. In addition, a control that allows users to clear checked box selections must also be provided.

Also, users should be able to select an option by clicking on either the box itself or its label.

### Rationale:

Users should be able to select each check box independently of all other check boxes. One study showed that for making multiple selections from a list of non-mutually exclusive items, check boxes elicit the fastest performance and are preferred over all other widgets.

By providing users with a larger click zone area that extends to the label and the check box, they are faster at making the selection. This is especially true for older adults.

We want to provide information in formats you can understand how you prefer to use information

**a. Short documents**

How do you prefer to use short documents? *(Please check all that apply)*

View/read online

Download to view offline

Download to print

Download to edit or manipulate

What file format(s) do you prefer? *(Please check all that apply)*

Hypertext markup language (.htm)

Plain ASCII text (.txt)

Adobe Acrobat (.pdf)

Compressed file (.zip)

Other *(please specify)*

Media Type:

DVD

CD-ROM 1

CD-ROM 2

CD-ROM 3

CD-ROM 4

CD-ROM 5

8mm high density tar tape

-----

Total cost of selections: \$

Check boxes are most appropriately used in these examples because users may wish to order more than one product or to select more than one file format. Convention dictates that check boxes are used when more than one item in a list may be selected.

**Exemptions:** N/A

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Bailey, 1996; Fowler, 1998; Galitz, 2002; Johnsgard, et al., 1995; Marcus, Smilonich and Thompson, 1995.

**Requirements (content & style):** N/A

**Related Standards:**

- [Use Radio Buttons for Exclusive Selections](#)

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

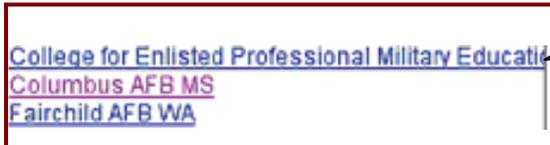
**Designate Visited and Unvisited Links**

**Standard:**

To designate unvisited links, HHS must use the default blue text link color (#0000FF, RGB (0,0, 255)); to designate visited links, HHS must use the default purple link color (#800080, RGB (128,0,128)). For links that point to the same target, all links should change color to the default purple once the target site has been visited.

## Rationale:

Link colors help users understand which parts of a Web site they have visited. Providing this feedback, according to several studies, helps improve users' speed in finding information. In addition, this color convention is considered a common experience for users on the Web. By following long understood conventions, we reduce users' confusion and improve their overall success rates.



This example shows the default blue and purple link colors to indicate unvisited and visited links.

## Exemptions:

Primary site navigation links that represent the major categories and topics of a site are exempt. This primary navigation is typically presented on the homepage and may be persistent across a Web site. Examples of primary navigation items include tabs and left, right, and middle panels (navigation bars). Graphic examples are provided below:



An example of a middle navigation panel that represents the major categories on a homepage.



An example of tab navigation that represents major categories on a homepage.

An example of a left navigation panel that represents major categories on a homepage.

## Designate Visited and Unvisited Links (Continued)

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Evans, 1998; Nielsen and Tahir, 2002; Nielsen, 1996a; Nielsen, 1996b; Nielsen, 1996c; Nielsen, 2003; Spool, et al., 2001; Tullis, 2001.

**Requirements (content & style):** N/A

**Related Standards:**

- [Use Text for Links](#)
- [Presenting Links to Materials in Multiple Languages](#)

**Related Guidelines:**

- [Provide Consistent Clickability Cues](#) (Source: HHS Research-Based Web Design and Usability Guidelines)

## Use Text for Links

**Standard:**

HHS must not use images alone as links. Links must be text. If an image is clickable, a text description must be used in addition to the image (along with the required alt tag). In that case, both the image and text must be clickable. View the “Requirements” section below for format.

When providing a list of links, HHS should provide context descriptions with each unless the context description indicates, in one sentence or phrase, what the user will find at the linked page. View the “Requirements” section below for format.

**Rationale:**

Text links are more easily recognized as clickable, usually download faster than images, are preferred by users, and change colors after being selected. In addition, it is easier to convey a link’s destination in text, rather than using an image. Another benefit to using text links is that users with text-only and deactivated graphical browsers can see the navigation options. In one study, users showed considerable confusion regarding whether or not certain images were clickable; this was true even for images that contained words. Users could not tell if the images were clickable without placing their cursor over them.

Adding brief context descriptions to a set of link titles can help users better understand the distinction between their options. Context descriptions should be brief and add value to the link title.

## Exemptions:

- Context descriptions are not required on the Home pages of HHS Web sites because they function as menus or quick links.
- Small thumbnail images that link to larger images (of the thumbnail) are exempt from this standard.
- An agency logo does not need text, but it still needs a text link if there is no text option.
- Graphics that are primarily text (e.g., tabs) are exempt.
- With tabbed navigation, the navigation bars are exempt.

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Detweiler and Omanson, 1996; Farkas and Farkas, 2000; Koyani and Nall, 1999; Moberand and Spyridakis, 2002; Nielsen, 2000; Spool, et al., 1997; Zimmerman, et al., 2002.

## Requirements (content & style):

When providing an image as a link, text must be provided in or alongside the link:

Style examples:



## Use Text for Links (Continued)

Style examples for presenting context descriptions:

[Impact Worksheets on Animal Health Events](#) (Animal and Plant Health Inspection Service)  
Find out how the affected country's production and trade in the livestock and livestock products is likely to be affected by the disease.  
[FAS \(Foreign Agricultural Service\) Overseas Attache Reports](#) (U.S. Department of Agriculture)  
Provides information on the impact of avian influenza on overseas trade.

This tab (image) does not require a separate text element.

## Related Standards:

- [Designate Visited and Unvisited Links](#)
- [Presenting Links to Materials in Multiple Languages](#)
- [Image Maps \(to be developed\)](#)

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Distinguish Required Data Entry Fields

### Standard:

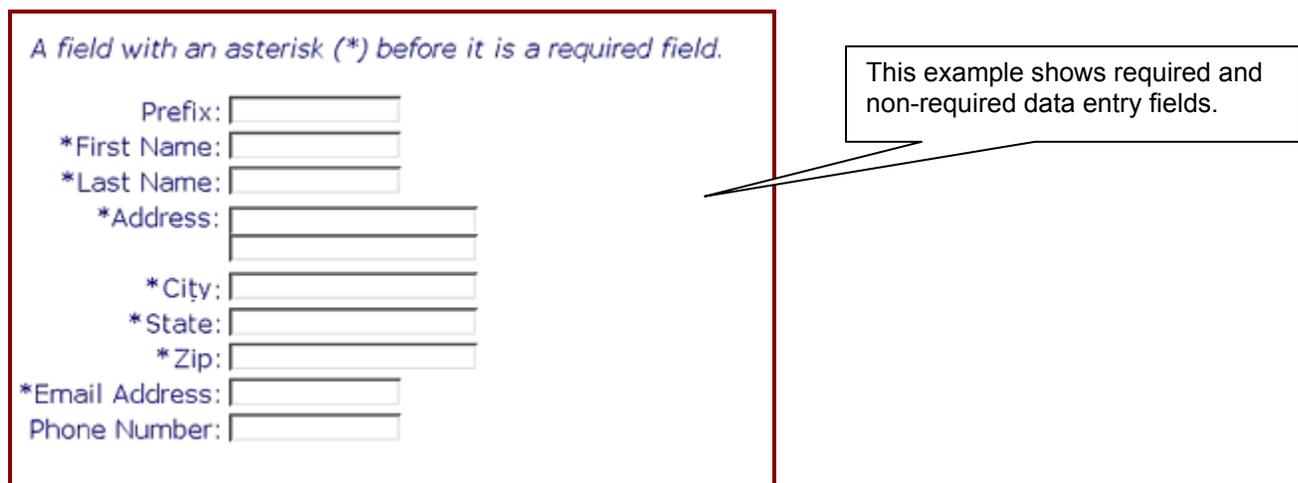
HHS must clearly and consistently distinguish required data entry fields from optional data entry fields. HHS must use ONE of the following approaches to distinguish required data entry fields:

- Provide an asterisk in front of the label for required fields. In addition, HHS must provide text stating: "A field with an asterisk (\*) before it is a required field." This statement must precede the beginning of the data entry form.
- Provide the word "(Required)" in front of the label for required fields. In addition, HHS must provide text stating: "All required fields have the word (Required) in front of a label." This statement must precede the beginning of the data entry form.
- Separate fields into required and optional when practical. These groupings must be clearly labeled "Required" and "Optional" and include the statement: "Fields are organized into required and optional groupings."

### Rationale:

Users should be able to easily determine which data entry fields are required and which are optional. Many sites are currently using an asterisk in front of the label for required fields. Some sites cluster required and optional fields to assist the user.

To comply with Section 508, it is not sufficient to use color or bold to emphasize required fields. Colorblind users or those using screen readers will not get the information.



*A field with an asterisk (\*) before it is a required field.*

Prefix:

\*First Name:

\*Last Name:

\*Address:

\*City:

\*State:

\*Zip:

\*Email Address:

Phone Number:

This example shows required and non-required data entry fields.

## Distinguish Required Data Entry Fields (Continued)

**Exemptions:** N/A

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Bailey, 1996; Fowler, 1998; Morrell, et al., 2002; Tullis and Pons, 1997.

**Requirements (content & style):** N/A

**Related Standards:**

- [Designing and Employing Check Boxes](#)
- [Use Radio Buttons for Exclusive Selections](#)

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Use Radio Buttons for Exclusive Selections

**Standards:**

HHS must provide radio buttons when users need to choose one, and only one, response from a list of mutually exclusive options. HHS must always use at least two radio buttons in connection with each other. A single radio button must not be used to present a lone item.

If users can choose not to activate any of the radio button choices, HHS must provide a selection labeled "None." Designers and developers should assign one of the radio button choices as the default, when appropriate.

Since radio buttons require only one choice, make sure that the options are both comprehensive and clearly distinct.

In addition, users should be able to select an option by clicking on either the button itself or its label. By providing users with a larger click zone area that includes both the label and the button, users will be faster at making the selection. This is especially true for older adults.

**Rationale:**

Radio buttons are a series of on-screen buttons that allow only one selection to be made from a group of options. By following the standards above, radio buttons can be used for optimal user performance.

**SEARCH:**  
Search

**PUBLICATIONS**  
 **SITE**

**Events per Page**

Number of e

10  
 25  
 50  
 100  
 None

These are examples of appropriately used radio buttons. Users must select one option from the available choices.

#### **Exemptions:**

- If a set of mutually-exclusive options are greater than five or more, a drop down box or list box may be used to save space.

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Bailey, 1983; Bailey, 1996; Fowler, 1998; Galitz, 2002; Johnsgaard et al., 1995; Marcus, Smilonich and Thompson, 1995; Tullis and Kodimer, 1992.

### **Use Radio Buttons for Exclusive Selections (Continued)**

**Requirements (content & style):** N/A

#### **Related Standards:**

- [Designing and Employing Check Boxes](#)
- [Using Drop-Downs \(to be developed\)](#)

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

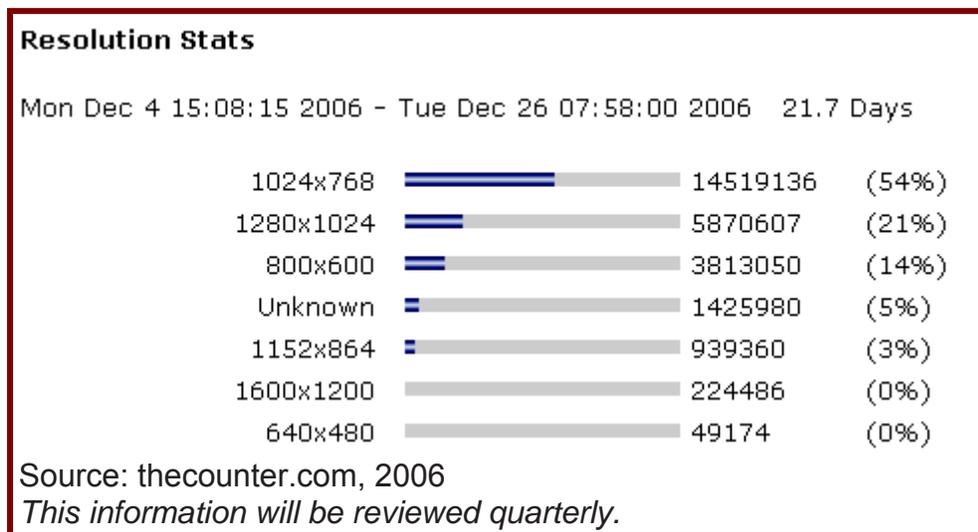
### **Design for Dominant Screen Resolutions**

#### **Standard:**

HHS must design for monitors with the screen resolution set at 1024x768 pixels, but use a liquid layout that works well for any resolution, from 800x600 to 1280x1024.

**Rationale:**

As of December 2006, fifty-four percent of users have their screen resolution set at 1024x768. By designing for screens set at 1024x768, designers will accommodate this most common resolution, while balancing tradeoffs for those using 800x600 and 1280x1024. Designers and coders should test Web pages in the most common screen displays to ensure good visibility, legibility, and aesthetics. Please note: As resolutions are increasing, some users are viewing Web sites in smaller browser windows.



**Exemption(s):** HHS STAFFDIVS should obtain approval through the HHS Web Communications Division. HHS OPDIVS should get approval through their Web Manager/Representative. [Note: A formal process for approving or denying exemptions will be created with HHS OPDIV Web Representatives.] You may get an exemption from this standard if:

- Your web site logs or other data collection efforts indicate that the majority of your users have set resolutions other than 1024x768.
- Pages, other than menu pages, may be exempt if there is a clear and present need for more tightly controlled dimensions to work with column widths, text boxes, images, or navigation widgets.

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]  
 www.thecounter.com, 2006; Evans, 1998; Jupitermedia Corporation, 2003. Nielsen, 2006.

**Requirements (content & style):** N/A

**Related Standards:** N/A

[NOTE: Establish a notification system in the Web Content Management System that reminds WCD staff to update this standard, if needed, on a quarterly basis.]

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Design Using Most Common Browsers and Operating Systems

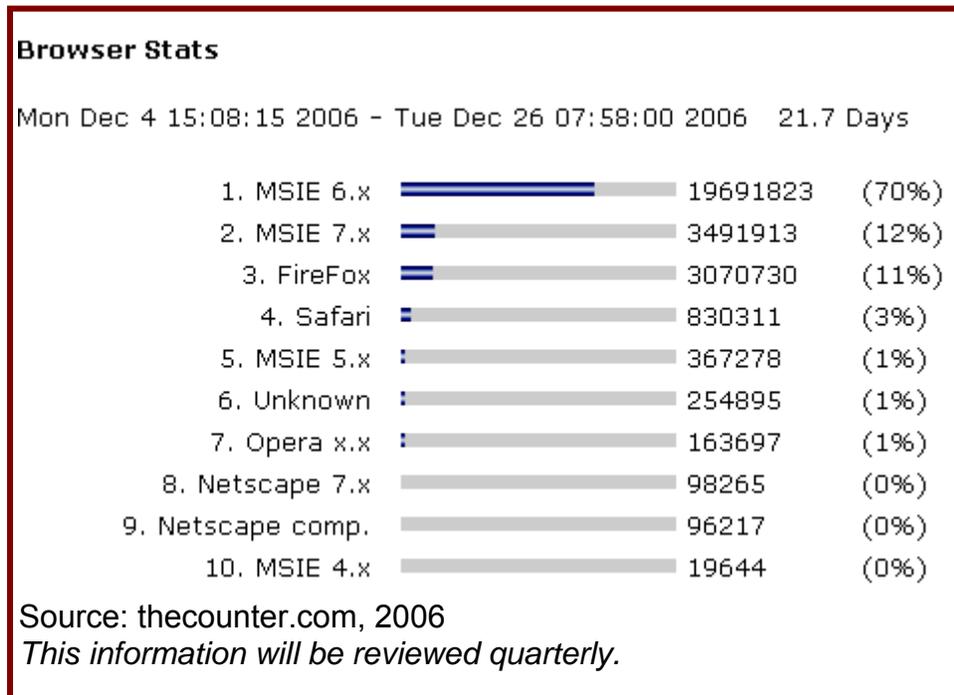
### Standard:

HHS should design, develop, and test for the most common browser (Internet Explorer release 6.x, as of December 2006) and Operating Systems (OS) (Windows XP, as of December 2006); however HHS must design websites that display without significant degradation for users using other browsers, such as Firefox, Safari, Netscape, Opera, and older versions of Internet Explorer (releases lower than 6.x) and other operating systems such as Windows 2000, Windows 98, and OS X.

### Rationale:

The goal is that users should be able to view Web content without having to use a particular browser. To ensure that Web browsers are displaying content without significant differences, designers and coders should view the Web pages in different Web browsers on different Operating Systems.

The preferred way to accomplish this is to design with browser and OS neutral code (HTML 4.x, XHTML 1.x, etc). This means avoiding IE-specific and XP-specific code and active X controls.



## Design Using Most Common Browsers and Operating Systems (Continued)

## OS Stats

Mon Dec 4 15:08:15 2006 - Tue Dec 26 08:58:00 2006 21.7 Days

1. Windows XP		23328460	(82%)
2. Win 2000		2029173	(7%)
3. Mac		1197183	(4%)
4. Win 98		927870	(3%)
5. Unknown		379081	(1%)
6. Linux		99240	(0%)
7. Win NT		82727	(0%)
8. Win 95		34136	(0%)
9. Win 3.x		32341	(0%)
10. WebTV		10692	(0%)

Source: thecounter.com, 2006

*This information will be reviewed quarterly.*

### Exception(s):

You may get an exemption from this standard:

- If your Web logs or other data collection efforts indicate that the majority of your users are accessing information in a browser/version other than MSIE 6.x and operating system other than Windows XP.
- If you currently employ Web applications that don't display or work well using the most common browsers and/or operating systems. These applications may be "grandfathered" in. [Note: more details on how this will be handled will be developed with the HHS OPDIV and STAFFDIV Web Representatives.] However, you must provide a prominent notice describing what browsers and/or operating systems work best with the application, as well as information on how to obtain said browsers.

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Evans, 1998; Jupitermedia Corporation, 2003; Morrell, et al., 2002; Nielsen, 1996, thecounter.com, 2006.

**Requirements (content & style):** N/A

**Related Standards:** N/A

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

[NOTE: Establish a notification system in the WCMS that reminds WCD staff to update this standard, if needed, on a quarterly basis.]

## Presenting Links to Materials in Multiple Languages

### Standard:

When foreign language content is available, HHS must present links to this material on its menu pages (e.g., the homepage) and content pages. Furthermore, links to foreign language materials must be presented in their language (i.e., En Español, not In Spanish). However, if you need to accommodate both non-English and English speakers (e.g., those who need to find information for a non-English speaking patient or family member), then provide the non-English version in parenthesis. For example: Français (French). View the "Requirements" section below for format.

### Rationale:

Usability testing has found that users searching for information in multiple languages prefer to find all versions grouped together on a Web site. On document or content pages, users also expect to find what versions are available for themselves, colleagues, or patients and the public.

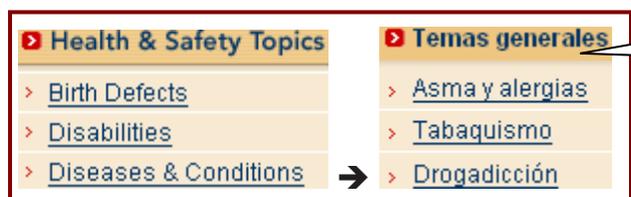
### Exception(s): N/A

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

### Requirements (content & style):

Comment: Link text (title of document) should be in the language as the content of the document.

Another option is to have a clickable option En Español; when the person clicks on it, the web site is made available in Spanish.



This content in Spanish is tailored to the audience's specific needs. Note the differences in the topics, e.g., Birth Defects vs. Asthma and Allergies (Asma y alergias).



Example of links provided in the target language with English titles.

Example: [Healthy Heart](#)  
[Also available en Español, Français, Tiếng Việt](#)

## Presenting Links to Materials in Multiple Languages (Continued)

On menu pages—such as the homepage and second-tier pages—present both English and foreign language links together. Examples include:

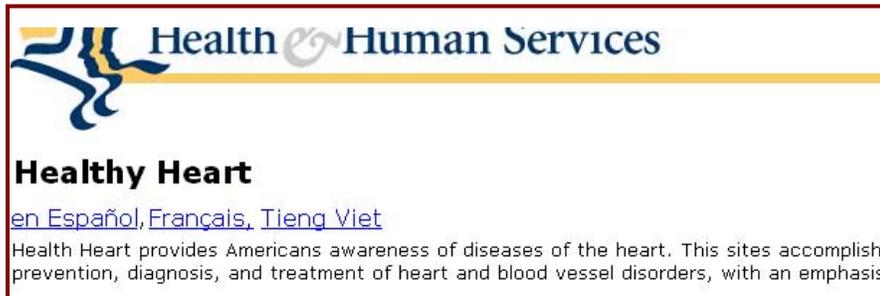
### Overviews

- [Nutrition for Seniors](#)  
[Also available En Español, Français, Tiếng Việt](#)

OR

- [Indiana Pandemic Influenza Plan \(PDF - 532 KB\)](#) ([PDF en Español – 234 KB](#))

On content/document pages, provide all available language versions under the document title or in a consistent location on a Web page. For example:



The screenshot shows the top portion of a website page. At the top left is a logo for Health & Human Services, featuring stylized human figures in blue and yellow. To the right of the logo is the text "Health & Human Services" in a serif font. Below this is a horizontal yellow line. Underneath the line, the title "Healthy Heart" is displayed in a bold, black, sans-serif font. Below the title are three links: "en Español", "Français", and "Tieng Viet", all in a blue, underlined font. At the bottom of the screenshot, the beginning of a paragraph is visible: "Health Heart provides Americans awareness of diseases of the heart. This sites accomplishe prevention, diagnosis, and treatment of heart and blood vessel disorders, with an emphasis

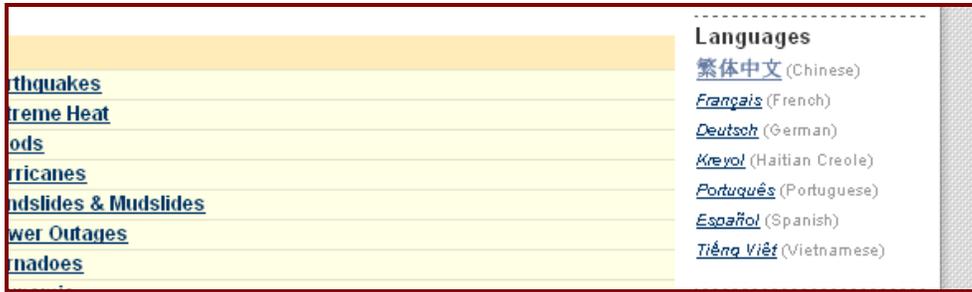
OR

### Corazón Saludable

[In English, Francais, Tieng Viet](#)

El corazón saludable...

OR



## Presenting Links to Materials in Multiple Languages (Continued)

### Related Standards:

- [Designate Visited and Unvisited Links](#)
- [Use Text for Links](#)

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Use Appropriate List Style

### Standard:

HHS must use bulleted lists to present items of equal status or value, and numbered lists if a particular order to the items is warranted.

### Rationale:

Numbered lists imply rank, sequence, or order. Bulleted lists generally present items in a random order. Numbered lists are especially important when giving instructions.

**Procedure**

For each section of content that has the appearance of a list:

1. Check that content that has the visual appearance of a bulleted list is marked as an unordered list.
2. Check that content that has the visual appearance of a numbered list is marked as an ordered list.
3. Check that content is marked as a definition list when terms and their definitions are presented.

This example shows an ordered list with items appearing in a certain sequence.

**Usability Methods**

- Card Sorting
- Personas
- Task Analysis
- Usability Testing

This example shows an unordered list (no preference to the order in which items appear).

[Empty box representing an outline format]

This example shows an outline format.

## 1.1. Planning Assumptions

1.1.1. Susceptibility to the pandemic influenza virus will be universal.

1.1.2. Efficient and sustained person-to-person transmission signals a

1.1.3. The clinical disease attack rate will likely be 30% or higher in the community during the pandemic. Illness rates will be highest among school-aged children and decline with age. Among working adults, an average of 20% will be affected in a community outbreak.

**Exemptions:** N/A

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Coney and Steehouder, 2000; Detweiler and Omanson, 1996; Lorch and Chen, 1986; Narveson, 2001; Spyridakis, 2000.

**Requirements (content & style):** N/A

**Related Standards:**

- [Designing and Employing Check Boxes](#)
- [Use Radio Buttons for Exclusive Selections](#)

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Use Mixed Case with Prose Content

**Standard:**

HHS must use mixed upper- and lower-case letters when displaying continuous prose text. This standard will apply to headlines, headers, and links, as well as the body of content.

If a phrase is intended to attract the user's attention, display the phrase in bold or italics. Only use these methods to emphasize one or two words, or a short phrase, because they slow reading performance when used for extended prose. They also cease being eye-catching.

**Rationale:**

TEXT PRESENTED IN ALL CAPS IS DIFFICULT TO READ. Reading text is easier when capitalization is used conventionally to start sentences and to indicate proper nouns and acronyms.

**Acceptable:** Use mixed case with prose  
**Acceptable:** Use Mixed Case with Prose

**Unacceptable:** USE MIXED CASE WITH PROSE

The first two examples show acceptable uses of mixed case with prose on a Web page.

The third example shows improper use.

**Exemptions:** N/A

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Breland and Breland, 1944; Engel and Granda, 1975; Mills and Weldon, 1987; Moskel, Erno and Shneiderman, 1984; Poulton and Brown, 1968; Smith and Mosier, 1986; Spyridakis, 2000; Tinker and Paterson, 1928; Tinker, 1955; Tinker, 1963; Vartabedian, 1971; Wright, 1977.

**Requirements (content & style):** N/A

**Related Standards:** N/A

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

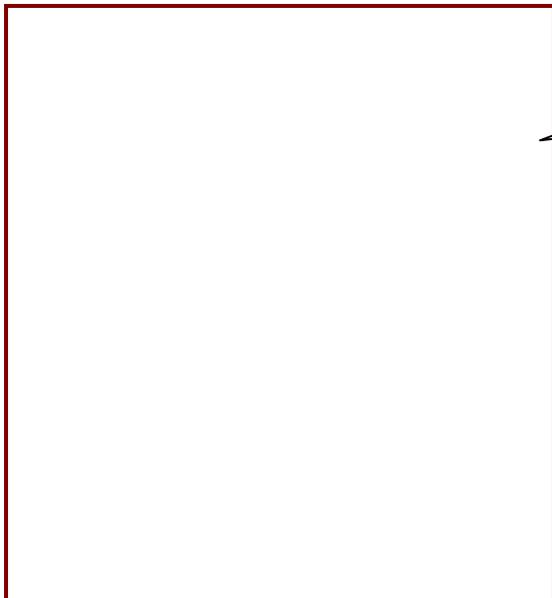
## Appropriate Use of Images on Web Pages

### Standard:

HHS should use images only when they communicate supplemental information or otherwise enhance understanding. Images must serve a specific informational purpose, i.e., provide support to the content, rather than simply serve as decoration.

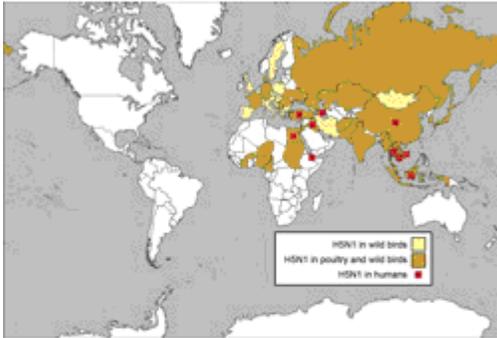
### Rationale:

A Web site's graphics should add value and increase the clarity of the information on the site. Adding unnecessary graphics pushes important content down a page—thus improving the chance it will be missed—and reduces the space available to present other important information. In addition, users tend to be frustrated if they wait several seconds for a graphic to download and then find that the image does not add any value. Users also tend to have negative reactions to sites that display photos of agency staff or stock photography that offer no informational value to the content they are viewing.



This example shows an appropriate use of an image. It offers the user an additional way to view information on nations that have confirmed cases of H5N1 avian influenza.

## Nations With Confirmed Cases H5N1 Avian Influenza (July 7)



Select map for larger image

### [Confirmed Human Cases by Country](#)

[Note: Numbers are confirmed by World Health Organization and may not reflect news or country reports.]

## Exemptions:

The use of traditional agency graphics, logos, headers, and mastheads on a Web site is exempt. Additionally, you are exempt from this standard if:

- You can justify how an image fits within the mission of your Web site. For example, if your site is geared toward a specialized audience, such as children who may require visual content to learn, then strategic use of graphics is allowed.
- The purpose of your page is to provide press release photos or event photos.
- Logical images or icons are strategically used to call attention to a specific part of a page. Again, caution must be used as usability test findings indicate that users ignore images and icons that look like commercial ads.

## Appropriate Use of Images on Web Pages (Continued)

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Badre, 2002; Evans, 1998; Nielsen, 1997e; Nielsen, 1999b; Nielsen, 2000; Nielsen, 2003; Spool, et al., 1997; Wen and Beaton, 1996; Williams, 2000.

**Requirements (content & style):** N/A

## Related Standards:

- [Use Text for Links](#)

**Related Guidelines:** [Note: Related Web Guidelines from HHS' *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Present RSS and Podcast Links in a Consistent Format

### Standard:

When presenting RSS and Podcast features on a Web site, HHS must follow the standard format and terminology provided below. HHS must use the word RSS or Podcast to identify the technology, not XML or other terminology or icon. In addition, HHS must provide a “Help” link describing RSS and Podcasts. View requirements section below for format.

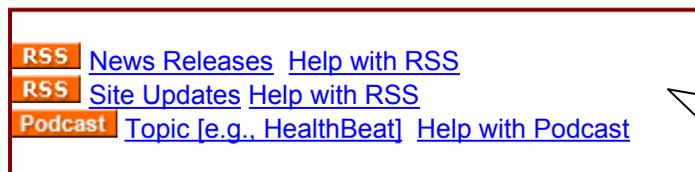
### Rationale:

RSS and Podcast are increasingly being used on HHS Web sites to communicate information. To help users understand and use these features, the terminology and layout used to present them should be consistent.

**Exemptions:** N/A

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.] N/A

### Requirements (content & style):



Use the following format when presenting RSS and Podcast features:

- Use an orange block to present a feature.
- Identify the technology being used in the orange block, i.e., RSS or Podcast.
- Describe what information the feature will provide. For example: [News Releases](#).
- Provide a “Help” link: “Help with RSS” or “Help with Podcast.”

Note: HHS provides an image library at <http://intranet.hhs.gov/web/#stand>. This library will continue to expand with new images.

**Related Standards:** N/A

**Related Guidelines:** [Note: Related Web Guidelines from HHS’ *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

## Provide File Type and Size with Downloadable Files

### Standard:

HHS must provide file format type and size information with all non-HTML file-types such as Adobe Acrobat (PDF), MS Word (DOC), and Adobe Flash (SWF) files.

When linking to a *single* file format that is not in HTML or another browser-friendly format, place the file format notice at the link level and use this format, [Subject/name of file \(file format – file size OR number of pages or minutes\)](#).

When linking to *multiple* file formats that are not in HTML or another browser-friendly format, place the file format notices at the link level and use this format, [Subject/name of the file \(file format#1 – file size OR number of pages or minutes\) \(file format#2 – file size OR number of pages or minutes\)](#). View the “Requirements” section below for format.

In addition, HHS must provide help instructions on how and where to access necessary plug-ins needed to view non-HTML files. These instructions must be available from a prominent location—such as a linked notice placed at the top of a Web page or in the footer location—and must be used on all relevant Web pages. View the “Requirements” section below for format.

**Rationale:**

OMB guidance for public facing Web sites and HHS usability test findings indicate that users want to know the file type. Users with low bandwidth want to get a sense of the time required to view a resource. In addition, you should provide instructions for downloading viewers and/or players on all Web pages providing non-HTML files.

**Exemptions:** N/A

**Sources:** [Note: this field is a placeholder. It will provide detailed references and will be hidden from view in the online version.]

Badre, 2002; Evans, 1998; Nielsen, 1997e; Nielsen, 1999b; Nielsen, 2000; Nielsen, 2003; Spool, et al., 1997; Wen and Beaton, 1996; Williams, 2000.

## **Provide File Type and Size with Downloadable Files (Continued)**

**Requirements (content & style):**

Style for presenting single and multiple file formats:

- Single File Format Example
  - [What Is a Heart Attack and What Are the Long-Term Effects? \(PDF – 230 KB\)](#) (National Heart, Lung, and Blood Institute)
  - [What Is a Heart Attack and What Are the Long-Term Effects? \(PDF – 5 pages\)](#) (National Heart, Lung, and Blood Institute)
  - [What Are the Long-Term Effects of a Heart Attack? \(Flash – 1:30 hr.\)](#) (National Heart, Lung, and Blood Institute)
  - [What Is a Heart Attack? \(Flash – 30 sec.\)](#) (National Heart, Lung, and Blood Institute)
- Multiple File Format Example
  - [Heart Attack \(PDF– 106 KB\)](#) ([Flash – 242 KB](#)) (National Library of Medicine)
  - [Heart Attack \(PDF– 2 pages\)](#) ([Flash – 1:25 min.](#)) (National Library of Medicine)
  - (Note: The first item links to an HTML page.)*
  - [Heart Attack \(PDF – 106KB\)](#) ([Flash – 242 KB](#)) (National Library of Medicine)

[Heart Attack \(PDF – 2 pages\) \(Flash – 1:25 min.\)](#) (National Library of Medicine)  
(*Note: The first item links to a PDF document.*)

Content and style for instructing users about how to access non-HTML file formats:

- If your page links only to PDFs, use this notice (or something similar):  
**Note:** Documents in PDF format require the [Adobe Acrobat Reader®](#). If you experience problems with PDF documents, please [download the latest version of the Reader®](#).
- If your Web page links to multiple non-HTML files, use this notice (or something similar):  
**Note:** If you need help accessing information in different file formats such as PDF, MS Word, MP3, see [Instructions for Downloading Viewers and Players](#).  
[Note: See recommended format for the “Instructions for Downloading Viewers and Players” page at <http://intranet.hhs.gov/web/>.]

**Related Standards:** N/A

**Related Guidelines:** [Note: Related Web Guidelines from HHS’ *Research-Based Web Design & Usability Guidelines* and other relevant sources will be added in this section.]

# AHRQ Linking Policy

## ***Introduction***

Hyperlinks allow users to move from concept to concept in a nonlinear fashion. This is a technology used to structure and navigate the World Wide Web.

Most often referred to simply as links, this simple Web function permits associative references to other sections within Web documents, other documents and files on a Web site, and other Web sites and Web-based resources.

Links can be **internal**—that is, established to materials contained on a single Web server and resident to that Web site. Links can be **external**—that is, point to materials that are resident on other Web servers or applications that are maintained by outside entities.

## ***Requirements***

### **Internal Links**

Internal links do not create any liability issues because the materials are on the same server. However, these links serve as one method of navigation within a site and they should facilitate use of a Web site, not confuse or disorient users so that they become "lost in cyberspace."

As part of creating a navigation architecture that allows the user to maintain orientation, be consistent in the use of hypertext links in lists and the level of the target for these links to subcategories of information.

Hypertext links placed within content should direct users to more detailed information, but clearly indicate where the target of the link is located with a brief description of what that link contains. For this reason, it is better to have links to other materials at the end of sections rather than buried in the middle of paragraphs.

### **External Links**

External links to other Web sites constitute an "implied endorsement" and create a business advantage for the linked sites. Therefore, the Office of Management and Budget (OMB) requires Federal Agencies to do a risk assessment of external links from their sites.

For AHRQ-funded resources, potential links to external sources need to be assessed against Department of Health and Human Services (HHS) and AHRQ linking policies and criteria.

If a site can make a case for deviating from these policies, then the specific review and selection criteria must be justified and posted on the Web site for full disclosure.

Before establishing links to external sites, check on the linking policies of those sites. Even if the sites do not require permission to establish a link, you should notify Web sites of your intention to establish a link as a courtesy because your links will drive traffic to the other sites and create demand on their servers.

Outside Web resources may link to Agency resources, providing the link is not displayed in any way that would imply an endorsement by the Agency of a specific commercial product or service. Each AHRQ-funded Web site should have a page that discusses the "Linking In" policy

and provides a 25-word descriptor for the site with key words that other sites can use when establishing the link.

### **AHRQ Policies and Criteria**

Criteria for selection of external Web links are explained in accompanying AHRQ documents on linking policy, criteria, and evaluation. It is best to take a conservative approach to external linking as the Agency cannot appear to recommend sites which are incompatible with its scope and mission. Principle requirements include:

- Links should be limited to other Federal agencies (particularly other HHS agencies), non-profit organizations which partner with AHRQ for specific projects, and other selected non-commercial Web resources, such as State and local government resources or educational institutions.
- Links to other Web-based resources should only be established if they are specifically referenced in AHRQ Web documents and directly relate to the Agency mission and outputs. Even these need to be evaluated against several quality and risk-assessment criteria.
- Linked sites should not conflict with any Federal policies or regulations.
- Links to commercial sites which market products or services are generally not appropriate nor are links to sites which charge for information. However, this does not exclude notices of the availability of publications by public agencies or non-profit organizations that charge for the publications or notices of conferences and meetings which charge a registration fee, providing these are directly related to the Agency mission and initiatives.

The Office of Communications and Knowledge Transfer (OCKT) reviews links for any AHRQ Web-based resources maintained internally and housed on AHRQ servers for compliance with the Agency policy and selection criteria. For contractor-maintained servers, it is the responsibility of the contractor to assess links and post only those links which meet selection and evaluation criteria.

External links must be clearly delineated as such and a brief description should be provided about the content of each linked resource. The link URL can be transparent to the user, but keep in mind that providing the specific URL for the linked resource has greater utility for the user when the Web pages are printed and subsequently referenced. Be consistent in the conventions that you use to designate external links. See external link disclaimer below:

## **External Link Disclaimer**

- You are leaving a U.S. Department of Health and Human Services (HHS) Web site and entering a non-government Web site.
- HHS cannot attest to the accuracy of information provided by linked sites.
- Linking to an external Web site does not constitute an endorsement by HHS, or any of its employees, of the sponsors of the site or the products presented on the site.
- You will be subject to the destination site's privacy policy when you leave the HHS site.

[Proceed to External Site](#)

[Return to AHRQ Site](#)

Once links are established, they need to be re-assessed on a periodic basis to ensure that the links are still valid and that the linked resources continue to meet selection criteria.

These principles may not cover all possibilities and circumstances. Specific cases that present new issues must be evaluated on their merits in keeping with the goals and mission of AHRQ.

### **Additional Portal Links**

The General Services Administration (GSA) requires that all federally funded sites in the government domain provide a link to the GSA portal, FirstGov, from the home page of the funded site. These sites are, in turn, indexed through the FirstGov portal.

AHRQ also has reciprocal links established with two health portals funded under HHS auspices: healthfinder® and MEDLINEplus®, both of which provide information on diseases, conditions, and wellness issues, and other consumer health information and decision tools.

There may be other E-Government initiatives for portals where incoming or outgoing links will need to be established depending on the purpose and content of the Web-based resource.

## ***Tools and Resources***

### **AHRQ Web Site External Linking Criteria**

AHRQ Web Site External Linking Criteria summarizes selection and review criteria for external links from the AHRQ Web site.

## **Selection Criteria**

Active links to sites external to AHRQ Web resources can only be made to:

- DHHS and other Government agency Web sites.
- Non-profit organization Web resources that reflect the outputs of specific projects or conferences of AHRQ with official partners (specific URL, not Home Page).
- Non-commercial resources that are specifically referenced in AHRQ-generated Web documents (specific URL, not Home Page).

## **Review Criteria**

- External links should only be established to sites or Web-based resources that are directly related to AHRQ's mission and outputs.
- External links must not present conflicts with official Agency, HHS, or other Federal policies or regulations.
- Links to external resources cannot imply endorsement of a specific commercial product or service (Title 44 USC).
- Linked resources must be in compliance with the Americans With Disabilities Act and other accessibility guidelines as directed by the Department of Justice.

- Linked resources should not contain inappropriate or questionable materials that jeopardize the Agency through associated liability, potential embarrassment, or political ramifications.
- Content is accurate, scientifically sound, balanced, and current (pages show updates).
- Sources of all content are specifically identified and references are provided for health and scientific claims.
- The sponsoring organization(s), aims, and sources of support are clearly identified.
- Biases or conflicts of interest from advocacy positions, marketing, or sources of financial support are explicitly acknowledged.
- Privacy and confidentiality matters are clearly addressed, and registration is not required.
- Contact information and feedback exist for both content and technical issues.
- The design, reading level, and navigation tools are appropriate for the intended audience and do not present barriers to users.

#### **External Link Evaluation Checklist**

The External Link Evaluation Checklist is an evaluation document that is used to assess potential external links. Copies of these assessments should be kept on file for the life of a project to show that you performed due diligence in selecting and evaluating external links and to address any challenges to the linking policy of your Web site by outside entities.

For examples of "Linking In" policy pages that could serve as models, check the following:

- AHRQ Web site. Go to: <http://www.ahrq.gov/news/weblink.htm>
- TalkingQuality Web site. Go to: <http://www.talkingquality.gov/general/weblink.htm>
- healthfinder® portal. Go to: <http://www.healthfinder.gov/aboutus/linking.asp>

For examples of "Selection Criteria" policy pages on Web portals, check the following:

- healthfinder® portal. Go to: <http://www.healthfinder.gov/aboutus/selection.asp>
- National Women's Health Information Center. Go to: <http://www.4woman.gov/about/select-s.htm>
- National Guideline Clearinghouse. Go to: <http://www.guideline.gov/about/inclusion.aspx>

#### **External Link Evaluation Checklist: Selection Categories**

Is the Web resource that of a **government or nonprofit** sponsoring organization in any of the categories below covered under the External Linking Policy? \_\_\_\_ Yes \_\_\_\_ No

Please select as appropriate:

- HHS agency Web site or resource.
- Other U.S. Government agency Web site or resource.
- Nonprofit partner of AHRQ.

- Non-commercial Web resource specifically cited.
- State or local government agency with information useful beyond its borders.
- University or other educational institution.
- Public, medical, or special library.
- National voluntary, nonprofit, or professional organization.

***If yes, skip to Nominating Criteria. If no, proceed to next selection category.***

Is the Web resource that of an ***other than non-profit*** sponsoring organization in any of the categories below covered under the External Linking Policy, which warrants consideration assuming evaluation criteria are met?  Yes  No

Please select as appropriate:

- Foundation with a corporate sponsor.
- For-profit organization involved in a public-private partnership, CRADA, other grant or contract with AHRQ.
- Patient support or advocacy group.
- Commercial organization offering free Web resources as a public service.

***If yes, skip to Nominating Criteria. If no, proceed to next selection category.***

Is the Web resource that of a sponsoring organization that falls into any of the ***automatic exclusion*** categories listed below?  Yes  No

Please select as appropriate:

- Partisan political orientation.
- Marketing or advertising site of a company, product, or service.
- Commercial search engine site.
- Bias, agenda, or purpose contrary to the public good.
- Undetermined sponsorship or affiliation.

***If yes, stop here. This resource cannot be considered for an external link.***

**External Link Evaluation Checklist: Nominating Criteria**

Enter the name of the sponsoring organization:

Provide a brief description of the nature of the organization, its stated purpose, and sources of support:

Enter the URL (and title) of the Web site or specific Web resource being considered:

Describe the nature of the information and services offered by the organization at this URL:

Describe its relevancy to an AHRQ Web resource, project, information collection, or constituency group:

Does the site or information resource provide a contact for Web site management and electronic policies? Please list name, title, and contact information (e-mail, phone, fax, and/or mailing address).

**External Link Evaluation Checklist: Evaluation Criteria**

Is the organization and its sources of information and funding clearly identified on the Web site or information resource?  Yes  No  Undecided

Does the Web site clearly distinguish between information and services offered free and products and services marketed at a commercial rate?  Yes  No  Undecided

Would the presentation or content of the Web site lead a reasonable user to infer endorsement of products or services by AHRQ?  Yes  No  Undecided

Can you determine any originator qualifications or quality assurance mechanisms for the site?  Yes  No  Undecided

Can you determine the following based on the material presented in the Web resource?

- Authority (author/publisher/credentials)?  Yes  No  Undecided
- Accuracy (verifiable source/reviewed)?  Yes  No  Undecided
- Objectivity (balanced/biases)?  Yes  No  Undecided
- Currency (release date/update)?  Yes  No  Undecided

Is there potential for political sensitivity or embarrassment to the Agency as listed below?

- Political point of view?  Yes  No  Undecided
- Political commentary or satire?  Yes  No  Undecided
- Advertising or fund-raising?  Yes  No  Undecided
- Controversial information?  Yes  No  Undecided
- Unsubstantiated claims?  Yes  No  Undecided
- Profanity or sexual content?  Yes  No  Undecided

Are there any potential legal complications as listed below?

- Copyright protection?  Yes  No  Undecided
- Licensing agreements?  Yes  No  Undecided
- Registration for access?  Yes  No  Undecided
- Tracking/user profiles?  Yes  No  Undecided

- Privacy concerns?  Yes  No  Undecided

Is the material presented technologically accessible to the majority of users (compatible with older Web browsers and text browsers used with assistive devices to accommodate disabled users)?  Yes  No  Undecided

Are additional links, LISTSERV, or chat options **directly accessible** from the proposed Web resource URL being linked to the AHRQ site? If so, Please briefly describe below:

Would any of these accessible links present problems if evaluated in the same context as the direct link?  Yes  No  Undecided

If yes, please explain below:

**External Link Evaluation Checklist: General Comments**

**Recommendation:**  Include link  Exclude link  Further evaluate

**Reviewer:** Name \_\_\_\_\_ Date \_\_\_\_\_

**References and Authorities**

**AHRQ Web Site External Linking Policy**

The AHRQ Web Site External Linking Policy summarizes the issues, principles, and selection criteria that apply to the AHRQ Web site. Under its current policy, AHRQ links only to:

- Other HHS agencies.
- Other Federal agencies.
- Non-profit organizations that are official partners on specific projects or conferences.
- Non-commercial Web resources that are specifically referenced in AHRQ-generated Web documents.

**Issues**

The following issues affect the external linking policy:

- Under basic guidance from OMB, Federal agencies are expected to conduct a risk assessment before providing external links from their Web sites.
- Links to other sites are viewed as both an implied endorsement and a conduit to traffic, providing a business advantage for selected sites.

- Given the ephemeral nature of the Web, content can frequently change on linked resources.
- Web sites with external links must be regularly monitored for dead links or changed links.
- Resources are required to determine potential links, review and evaluate them, establish agreements between sites, and maintain and update links.

## **Principles**

The following principles apply to the external linking policy:

- Selection criteria as established are to be followed for recommending links.
- Review criteria as established are to be followed for evaluating links.
- Disclosure language that addresses the policy, selection, and review criteria must be posted on any Web site that has external links.
- OCKT reviews recommendations and makes final determinations on appropriate links.
- OCKT negotiates linking arrangements, addresses requests from external sources, and responds to challenges on linking decisions.
- OCKT provides oversight and periodic re-evaluation of linked resources (at least on a quarterly basis).

## **Selection Criteria**

A number of general guidelines for evaluating the quality of health Web sites have been published, and AHRQ has been involved in several public-private collaborations that have addressed this issue.

Existing criteria that are broadly accepted include:

- Content is accurate, scientifically sound, balanced, and current (pages show updates).
- Sources of all content are specifically identified and references are provided for health and scientific claims.
- The sponsoring organization(s), aims, and sources of support are clearly identified.
- Biases or conflicts of interest from advocacy positions, marketing, or sources of financial support are explicitly acknowledged.
- Privacy and confidentiality matters are clearly addressed.
- Contact information and feedback exist for both content and technical issues.
- The design, reading level, and navigation tools are appropriate for the intended audience and do not present barriers to users.

Additional criteria that affect AHRQ as a Federal Web site and agency of HHS:

- External links should only be established to sites or Web-based resources that are related to AHRQ's mission.
- External links must not present conflicts with official Agency, HHS, or other Federal policies or regulations.
- Links to external resources cannot imply endorsement of a specific commercial product or service (Title 44 USC).
- Linked resources must be in compliance with the Americans With Disabilities Act and other accessibility guidelines as directed by the Department of Justice.
- Linked resources should not contain inappropriate or questionable materials that jeopardize the Agency through associated liability, potential embarrassment, or political ramifications.

### **Criteria for HHS External Web Site Selection**

Criteria for HHS External Web Site Selection provides guidelines for policy development and practical application of best practices for linking HHS-sponsored Web sites to external Web sites and resources. A number of general guidelines to evaluate the quality and reliability of health information Web sites have been published. The following guidelines combine criteria from several external sources (<http://intranet.hhs.gov/#external#external>) and existing guidelines (<http://intranet.hhs.gov/#existing#existing>) with considerations relevant to HHS agencies whose missions include a public information component determine which information should be included in their HHS Web sites. These criteria can also be used to narrow the field of candidate sites for links to avoid information overload for users and reduce link maintenance.

Agencies should build upon these guidelines with examples specific to their own sites to develop operating procedures. Those procedures should recognize that no Web site is likely to meet all criteria. However, criteria provide appropriate guidance for staff to use in assessing the communication needs and the relative risks and benefits of linkages for their specific Web sites.

- A. On-line health information providers or sources should meet the following core criteria to be included in or linked to from an HHS Web site.
  1. Content is accurate, scientifically sound, balanced, and current.
  2. Sources of all content are specifically identified.
  3. References are provided for health and scientific claims.
  4. Site indicates that content is updated regularly (pages show dates).
  5. Qualifications of persons or organizations providing any medical or health advice are clearly presented; trained professionals or an advisory board oversees such activities.
  6. Information provided is designed to support, not replace, the patient/provider relationship and appropriate disclaimers are present.
  7. A privacy policy statement is prominently displayed. Minimum elements of a privacy policy are discussed below.

8. Sponsoring organization(s), aims, and sources of support are clearly identified.
  9. Biases or conflicts of interest resulting from strong advocacy positions, marketing or advertising, or sources of support are explicitly acknowledged.
  10. Marketing information and advertising are presented in a manner that would allow an average user to clearly distinguish between commercial content and other information presented.
  11. Contact information and a feedback mechanism for both content and technical issues are available.
  12. Design, reading level, search tools, site navigation, and interactive components are appropriate for the intended audience and do not present barriers to users.
- B. Privacy protections for personal information. A Web site's privacy policy should:
1. Notify users of which information is collected about them while they are on the site.
  2. Explain how the information will be used, shared and protected.
  3. Include a requirement to ask users for explicit permission to collect, track, aggregate, or share personally identifiable information.
- C. Beyond core selection criteria, HHS-specific considerations include the following. HHS Web sites should link to or recommend only those information sources that:
1. Are directly relevant to HHS programs, activities, communication goals, or target populations.
  2. Comply with the Americans With Disability Act, and World Wide Web Consortium and other accessibility guidelines, as directed by the Department of Justice.
  3. Provide balanced treatment of topics addressed on the Web site.
- D. HHS sites should be clear on the relationship between the HHS site and any linked sites. There are currently multiple means to indicate to users that they are accessing content on a non-HHS site, including disclaimers, exit notices and pop-up boxes. Technology is constantly changing, however, and mandating a specific technical solution does not always provide the highest standard of user protection. The technical solution to clarify the relationship between HHS and non-HHS content, therefore, will be left to individual HHS agencies and Web sites.
- E. In the case of on-line discussion forums, HHS Web sites should link to or recommend only those forums that use qualified people to moderate or regularly review the discussion for inaccurate content.
- F. HHS Web sites should not link to or recommend information sources that:
1. Conflict with official agency, HHS, or other Federal policies or regulations.
  2. Include invalid or unsupported health claims or invalid or unsupported science.

3. Violate Federal or State laws and regulations governing the practice of medicine or the dispensing of pharmaceuticals across State lines or national borders.
4. Imply endorsement of products or services by the Department.
5. Allow targeted advertising by topic (for example, search on diabetes and get a specific drug ad).
6. Imply endorsement of advocacy efforts targeting Federal laws, regulations, or policies.
7. Do not disclose the nature of the partnerships and affiliations of contributors to the Web site and related projects.
8. Provide secondary linkages that lead to inappropriate content.
9. Require registration (anonymous use should be possible) or charge fees for basic information.

#### **External Guidelines Used As Sources for Core Criteria**

1. Health on the Net Code of Conduct. Go to: <http://www.hon.ch/HONcode/Conduct.html>
2. healthfinder® Selection Guidelines. Go to: <http://www.healthfinder.gov/aboutus/selection.asp>
3. Evaluating Health-Related Web Sites, Emory University. Go to: <http://www.sph.emory.edu/WELLNESS/instrument.html>
4. IHC Application Checklist, Science Panel on Interactive Communication and Health (SciPICH). Go to: <http://www.health.gov/scipich/IHC/checklist.htm>
5. Criteria for Assessing the Quality of Health Information on the Internet, Mitretek. Go to: <http://hitiweb.mitretek.org/docs/criteria.html>
6. eHealth Code of Ethics, Internet Healthcare Coalition. Go to: <http://www.ihealthcoalition.org/ethics/ehealthcode0524.html>

#### **Existing Guidelines Used As Sources for HHS-Specific Considerations**

1. Office of Management and Budget, Policies for Federal Government Public Web Sites. Go to: [http://www.usa.gov/webcontent/regs\\_bestpractices/omb\\_policies/linking.shtml](http://www.usa.gov/webcontent/regs_bestpractices/omb_policies/linking.shtml)
2. U.S. General Services Administration, USA.gov. Go to: [http://www.usa.gov/About/Linking\\_Policy.shtml](http://www.usa.gov/About/Linking_Policy.shtml)

# Web Accessibility Checklist

This checklist can be used to review each Web page on public Web sites, Extranets, or Intranets for compliance with Section 508 of the Rehabilitation Act. A review can be conducted in anywhere from 5 to 20 minutes, depending on the complexity of the page, and the review process will go faster for successive pages. It is designed to help you do a section-by-section analysis and validate the standards for Web-based resources required by the Access Board: <http://www.access-board.gov/sec508/standards.htm>

## General:

1. Web Site: \_\_\_\_\_ URL address: \_\_\_\_\_

2. Best description or purpose of page:

- Web home page
- Information page
- Online form
- Search page
- Search results page
- FAQ page
- Policy page
- Employment listings
- Graphics page (i.e. maps, photographs, etc.)
- Web-based application
- Interface page for multi-media
- Other (describe): \_\_\_\_\_

3. Is this an Internet, Intranet, or Extranet page?

- Internet (Public access)
- Intranet (Internal access, behind firewall)
- Extranet (Deployed over Internet but with restricted access to limited user group)

4. On a monthly basis, what are your visitor sessions?

- Number of monthly visits \_\_\_\_\_
- Do not track usage

## Section 1: PDF Files

A PDF file must be properly tagged for accessibility and rendered correctly by an assistive technology (AT) device. If a PDF file cannot not be properly tagged or rendered, by an AT device, then an alternative format must be provided. The alternative format for internet Web pages is HTML, TXT, or RTF.

**Issues:** PDF is a graphical format and assistive technology devices cannot correctly interpret the information unless properly tagged for accessibility. Alternative formats must provide meaningful information that is equivalent to the original document.

**How to Test:** Use a screen-reader to determine if the information is correctly interpreted. Validate the content in the alternative format to insure it is equivalent to the original content and updated if any changes are made to the original file.

5. Have you provided an alternative format for PDF files such as HTML, TXT, or RTF formats?

- a. \_\_\_ Yes
- b. \_\_\_ No
- c. \_\_\_ N/A, this page does not include PDF files

6. Have you provided a link to the appropriate plug-in (PDF Help)?
- Yes
  - No
  - N/A, this page does not include PDF files

## Section 2: Forms

Forms that are to be completed on-line must allow assistive technologies to take direction and cues from the form's information, field element completion, and submission of the form.

**Issues:** Forms must provide adequate information and purpose for a user to fill out the form. Form fields must be accessible and navigable through the form. If a form has a 'timed out' feature, the user must be notified of this constraint up front and a provision must be made to allow the user to request additional time to complete the form.

**How to Test:** Check that there is adequate information provided for a user to complete the form. Check for proper tab order. The tabbing order is to be through the form first, then natural order tabbing. Check for proper form markup so that forms can interpret the form fields correctly.

7. Do all form fields have a <LABEL> tag?
- Yes
  - No
  - N/A, this pages does not use form fields
8. Do all form fields have a tabindex attribute?
- Yes
  - No
  - N/A, this pages does not use form fields
9. Do your forms fields allow a person using assistive technology to access information, field elements, and functionality for completion and submission of the form including all directions and cues?
- Yes
  - Yes, but... not tested for usability with assistive technology
  - Yes, but... not sure it complies with all the accessibility requirements despite testing
  - No
  - N/A, this page does not use form fields
10. If your form fields are inaccessible to people with disabilities is there an alternative accessible form or a link to an accessible form?
- Yes
  - No
  - N/A, this page does not use form fields

## Section 3: Tables

Tables are to be constructed so that all users can interpret the original intent of the author. Row and column headers must be identified for data tables. Associate data cells with their headers for all tables that have two or more logical levels of row or column headers.

**Issues:** Tables need to be properly marked-up using HTML 4.x or higher coding standards. Tabular tables need to be summarized to convey information and an overview of the table's content. Current assistive technology devices do not adequately read HTML 4.x code, but future versions will be designed to interpret table tags and attributes.

**How to Test:** Check for 'summary' attribute in the Table tag. The 'summary' tag is only visible to the assistive technology device and not the visual user. Check for the Caption tag; this is optional but does provide a title to the table. Check for the headers and id attributes. If the headers and id attributes are not used, then check for the 'scope' attribute and the 'row' and 'col' elements. For a complex table, use the 'axis' attribute. The 'axis' attribute can only be used with 'id' and 'headers' attributes. It will not work with the 'scope' attribute.

11. If you use tables for design layout, have you checked to see if the tables read in a linear method?
- a.  Yes
  - b.  No
  - c.  N/A, I do not use tables for design layout
12. Do your tabular tables use the 'summary' attribute and/or tag?
- a.  Yes
  - b.  No
  - c.  N/A, I do not use tabular tables
13. Does each table cell provide identification of row and column headers?
- a.  Yes
  - b.  No
  - c.  N/A, this page does not use tables

#### **Section 4: Frames**

Frameset should not require the user to depend on visual cues to navigate the site. Frames must be titled for frame identification and navigation.

**Issues:** Frames need meaningful descriptive text for navigation. Include the Name attribute because assistive technology devices may or may not read the Title attribute. Some assistive technology devices default to the Src attribute if the Name attribute is missing.

**How to Test:** Check for 'title' attribute and tag with descriptive text for each frame. The Name attribute requires meaningful text for navigation, but not as descriptive as the Title attribute.

15. Does each frame use the "title" attribute to properly describe the frame?
- a.  Yes
  - b.  No
  - c.  N/A, this page does not contain frames

#### **Section 5: Scripts, Plug-ins, Applets**

Pages utilizing scripting languages to display content or to create interface elements must provide meaningful text that can be read by assistive technology. If meaningful text cannot be rendered, then the page must provide an equivalent alternative. A link to a plug-in or applet that complies with §1194.21 (Software Applications and Operating Systems) must be present when a component of a Web page requires an applet, plug-in, or other application to be present.

**Issues:** Assistive technology devices may not support scripts, applets, or plug-ins causing the assistive technology device to not convey meaningful information to the user. Plug-ins or applications may not be accessible to assistive technology devices. If a script, applet, plug-in, or application cannot be compliant, then provide a text-only page that is updated when the original content is updated.

**How to Test:** Use an assistive technology device to check scripts for equivalent content. Check to see if <applets> or <OBJECT> have an 'alt' attribute to provide equivalent information. Provide a direct link to the most current plug-in for download. Use an assistive technology device to check an application for equivalent content.

16. If the page uses scripts, is the script accessible to the screen reader or is there equivalent text provided?

- a.  Yes
- b.  No
- c.  N/A, this page does not use scripts

17. Do your applets, such as a JAVA applet, contain the same information and functionality in an accessible format?

- a.  Yes
- b.  No
- c.  N/A. this page does not use applets

18. If you use a plug-in, such as Flash, Windows Media, Real Audio, etc., have you provided a link to download the plug-in?

- a.  Yes
- b.  No
- c.  N/A, this page does not use plug-ins

19. If you require a plug-in, does the plug-in comply with Section 508, 1194.21 (Software Applications and Operating Systems)?

- a.  Yes
- b.  No
- c.  N/A, this page does not use plug-ins

20. If you have an application or tool, is it accessible or is an alternative provided that contains the same information and functionality in an accessible format?

- a.  Yes
- b.  No
- c.  N/A, this page does not use applications

## **Section 6: Non-Text Elements**

Non-text elements that provide information require a descriptive text equivalent for meaningful content or to facilitate navigation, e.g., images, graphs, charts, animation, etc.

**Issues:** Assistive Technology devices cannot provide meaningful information about non-text elements without equivalent descriptive text. If more information is required to convey meaningful content, then use the 'longdesc' attribute of D-Link. The 'longdesc' attribute is not supported by I.E. 6.x, Netscape 6.x, AOL 7.0 or less, but use it to prevent future remediation of the Web page.

**How to Test:** Review the source code for 'alt' attribute for images. Verify link provided by the 'longdesc' attribute and D-Link. Check images (including animation) by placing the mouse over the image. Check for equivalent and meaningful descriptive for the image.

21. Do all non-text elements have text equivalent descriptions using the "alt" attribute or an alternative method for equivalent description?

- a.  Yes
- b.  No
- c.  N/A, there are no non-text elements on this page

## Section 7: Image Maps

Client-side image maps are to be used in place of server-side image maps, except when the regions cannot be defined with an available geometric shape. Server-side image maps must provide redundant text links for the image map hot spots.

**Issues:** Assistive technology devices cannot read server-side image maps because they are external to the HTML document. Client-side image maps must provide equivalent text of the images including text links for all hot spots.

**How to Test:** Check code the 'alt' attribute in the <IMG> and <AREA> tags. Check for 'usemap' (client-side) as opposed to 'ismap' (server-side) attributes. Verify that all links work. If image cannot be compliant, then check to make sure that there is a text-only equivalent.

22. Does your page have duplicate text links for all links within the server-side image?

- a.  Yes
- b.  No
- c.  N/A, this page does not have server-side images

23. Do you have a timetable to replace your server-side images with client-side images?

- a.  Yes, will change to client-side images by: \_\_\_\_\_
- b.  No
- c.  N/A, this page does not have server-side images

24. Do your client-side images use the "alt" attribute to provide text equivalent description and/or an alternative method to provide text equivalent description?

- a.  Yes
- b.  Yes/No, some non-text elements have text equivalents, but not all
- c.  No
- d.  N/A, this page does not have client-side images

## Section 8: Multi-media

For all training and informational video and multimedia productions, regardless of format, provide synchronized video captioning and/or audio description for video and audio output.

- Speech or other audio information necessary for the comprehension of the content shall be open or closed captioned.
- Visual information necessary for the comprehension of the content shall be audio described.

**Issues:** Visually impaired users cannot interpret the video content without some equivalent option. Audible-impaired users cannot interpret audio content without some equivalent content. If a Web page uses a player or plug-in to render multimedia, then a link must be provided for that player or plug-in per section §1194.21 (Software Applications and Operating Systems), players and plug-ins must be accessible.

**How to Test:** Check for video captioning and audio description. Check for link to player or plug-in. Check with vendor for player or plug-in conformance to Section 508 requirements.

25. Is text captioning provided for audible output and audible output provided for visual information?

- a.  Yes
- b.  No
- c.  N/A, there is no multimedia content on this page

26. If you have multimedia content, is the audible and video output synchronized to the dynamic content?

- a.  Yes
- b.  Yes/No, audible output is synchronized to important video information
- c.  Yes/No, text captioning is synchronized to audible output
- d.  No
- e.  N/A, there is no multimedia content on this page

## Section 9: Color

Web pages should not depend on color for information or navigation of a Web page.

**Issues:** Users with low vision or who are colorblind may not be able to correctly read text of certain font sizes or color (i.e., normal red text), distinguish among navigation or control buttons on Web pages that use color (e.g., select the green button), or read text or features on Web pages if the background and foreground colors are too close in contrast.

**How to Test:** Check the Web page using a monochrome monitor or by printing the page with the setting to gray scale.

Check the page using a high contrast setting such as white on black.

27. Are you able to navigate or understand the page without the use of color?

- a.  Yes
- b.  No

## Section 10: Navigation and Design

Provide a method that will allow users of assistive technology devices the option to skip repetitive links. Design pages that do not cause screen flicker or blink a frequency between 2 HZ (2 times per second) and 55 Hz (55 times per second). If a Web page cannot be compliant, then provide a text-only page that is equivalent and updated when the non-compliant page is updated. Use descriptive text for links and "Go to" or "Select" instead of "Click here" or "More..." with lengthy URL or mailto addresses.

**Issues:** Repetitive links can be confusing and irritating to users with assistive technology devices when going from page to page. Screen flicker on Web pages, within certain frequencies, can cause fatigue and seizure. A text-only page alternative is costly to maintain and should be considered only if you cannot make a page compliant. Multiple "Click here" or "More..." links do not convey enough information to users of screen or Braille readers to distinguish between the links and they do not have a mouse to click. Lengthy URL and mailto addresses can be confusing because readers interpret the information in the context of whole words. A text link provides more information to the visual and adaptive technology user.

**How to Test:** Check for a pixel, transparent, gif, or text link to allow users of assistive technology devices to move to the main content of the page. Look for screen flicker and blinking animated gifs. Ensure that the text-only page is accessible and that it has information equivalent to the original document. Check for "Click here" and "More..." links.

28. Do your pages provide a method for assistive technology to skip repetitive links including navigational links?

- a.  Yes
- b.  No
- c.  N/A, this page does not need navigational or repetitive links

29. Have you replaced "Click here" and "More..." links with "Go to," "Select," or "Visit" descriptive headings or URLs?

- a.  Yes
- b.  No

30. If your page requires a fixed time for response before the page 'times out', is the user alerted that he or she will be timed out and given sufficient time to indicate that more time is needed?

- a.  Yes
- b.  No
- c.  N/A. this page does not have a 'time out' feature

31. Does the "include content," such as applets, plug-ins, or animation, cause the screen to flicker with a frequency greater than 2 Hz or less than 55 Hz?

- a.  Yes
- b.  No

32. If this page cannot be made accessible, do you have a 'text only' version that is updated the same time the inaccessible page is updated?

- a.  Yes
- b.  No
- c.  N/A, this page is accessible

## Section 11: Style Sheets

Content on a Web page must use layout that allows the page to be readable without a style sheet.

**Issues:** A Web page using a style sheet is not properly rendered when the style sheet is not used or not supported by a browser. Content on pages may appear to be layered on top of each other.

**How to Test:** Turn off style sheets in the browser. Put the style sheet on a separate page to test for proper reading. Check for absolute positioning instead of relative positioning. Ensure that accommodations are made for various browsers.

33. If the page has style sheets, is it viewable by a user's browser that does not support style sheets?

- a.  Yes
- b.  No
- c.  N/A, this page does not have style sheets

34. Does the style sheet interfere with style sheets set by the user's browser?

- a.  Yes
- b.  No
- c.  N/A, this page does not have style sheets

## Tips for Testing

Automated validation methods are generally rapid and convenient but cannot identify all accessibility issues. Human review can help ensure clarity of language and ease of navigation.

Use the following method for validating your Web pages:

1. Review your code using HTML 4.01 coding practices. HTML 4.01 code can be checked and validated at the W3C HTML Validation site (<http://validator.w3.org/>). This site does not check your code or Web page for accessibility.

2. Use an assistive technology device to determine whether information can be interpreted correctly on the Web page.

**Screen Readers:**

- IBM Home Reader 3.0 (<http://www.ibm.com>)
- JAWS for Windows (<http://www.freedomscientific.com/>)
- Window-Eyes (<http://www.GWmicro.com/>)

3. Use W3C's CSS Validation Service (<http://jigsaw.w3.org/css-validator/>) for validating your style sheets. This validates code only, not accessibility.

4. Test the Web pages with the keyboard only; rather than an event-driven device (mouse, etc).

5. Test the Web pages with sounds, graphics, and style sheets turned off.

PAST PERFORMANCE QUESTIONNAIRE

PART ONE: INSTRUCTIONS

The offeror listed below has submitted a proposal in response to the Agency for Healthcare Research and Quality (AHRQ) **Solicitation No. AHRQ-2009-10003**, entitled "Agency for Healthcare Research and Quality National Resource Center for Health IT (NRC)." Past performance is a very important part of the evaluation criteria for this acquisition, so input from previous customers of the offeror is extremely important. This office would greatly appreciate you taking the time to complete this form. **This information is to be provided to Sharon Williams, the AHRQ Contracting Officer and is NOT to be disclosed to the offeror either verbally or in writing.** Please provide an honest assessment and return to AHRQ (either by mail, fax or email), no later than **February 19, 2009 by 12 noon EST.** Questionnaires received after this date will not be evaluated. If you have any questions, please contact Sharon Williams via e-mail at [sharon.williams@ahrq.hhs.gov](mailto:sharon.williams@ahrq.hhs.gov)

Sharon Williams  
Agency for Healthcare Research and Quality  
Division of Contracts Management  
540 Gaither Road  
Rockville, Maryland 20850  
FAX: (301) 427-1740

NAME OF OFFEROR:

ADDRESS:

**Contractor Performance Form**

1. Name of Contractor: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Contract/Grant Number: \_\_\_\_\_
4. Contract/Grant Value (Base Plus Options): \_\_\_\_\_
5. Contract/Grant Award Date: \_\_\_\_\_
6. Contract/Grant Completion Date: \_\_\_\_\_
7. Type of Contract/Grant: (Check all that apply) ( )FP ( )FPI ( )FP-EPA  
( ) Award Fee ( ) CPFF-Completion ( ) CPFF-Term ( ) CPIF ( ) CPAF  
( ) IO/IQ ( ) BOA ( ) Requirements ( ) Labor-Hour ( )T&M ( ) SBSA  
( )8(a) ( )SBIR ( ) Sealed Bid( )Negotiated( )Competitive ( )Non-Competitive
8. Description of Requirement:

**CONTRACTOR’S PERFORMANCE RATING**

Ratings: Summarize contractor performance and circle in the column on the right the number which corresponds to the performance rating for each rating category. Please see reverse page for explanation of rating scale.

Quality of Product or Service	Comments	0 1 2 3 4 5
Cost Control	Comments	0 1 2 3 4 5
Timeliness of Performance	Comments	0 1 2 3 4 5
Business Relations	Comments	0 1 2 3 4 5

Customer Satisfaction - Is/was the Contractor committed to customer satisfaction? Yes No ;  
 Would you use this Contractor again? Yes No

Reason:

**NAME OF EVALUATOR:** \_\_\_\_\_  
(Please Print)

**TITLE OF EVALUATOR:** \_\_\_\_\_

**SIGNATURE OF EVALUATOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MAILING ADDRESS: Include name of organization/ federal agency**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**E-MAIL :** \_\_\_\_\_

**Rating Guidelines:** Summarize contractor performance in each of the rating areas. Assign each area a rating 0(Unsatisfactory), 1(Poor), 2(Fair), 3(Good), 4(Excellent) 5(Outstanding). Use the following instructions as guidance in making these evaluations.

	<b>Quality</b>	<b>Cost Control</b>	<b>Timeliness of Performance</b>	<b>Business Relation</b>
	-Compliance with contract requirements -Accuracy of reports -Technical excellence	-Within budget(over/under target costs) -Current, accurate, and complete billings -Relationship of negotiated costs to actual -Cost efficiencies -Change orders issue	-Met interim milestones -Reliable -Responsive to technical direction -Completed on time, including wrap-up and contract adm -No liquidated damages assessed	-Effective management -Businesslike correspondence -Responsive to contract requirements -Prompt notification of problems - Reasonable/cooperative -Flexible -Pro-active -Effective small/small disadvantaged business sub-contracting program
0-unsatisfactory	Nonconformances are jeopardizing the achievement of contract requirements, despite use of Agency resources	Ability to manage cost issues is jeopardizing performance of contract requirements, despite use of Agency resources	Delays are jeopardizing the achievement of contract requirements, despite use of Agency's resources	Response to inquiries, technical/service/administrative issues is not effective
1-Poor	Overall compliance requires major Agency resources to ensure achievement of contract requirements	Ability to manage cost issues requires major Agency resources to ensure achievement of contract requirements	Delays require major Agency resources to ensure achievement of contract requirements	Response to inquiries, technical/service/administrative issues is marginally effective

2-Fair	Overall compliance requires minor Agency resources to ensure achievement of contract requirements	Ability to manage cost issues requires minor Agency resources to ensure achievement of contract requirements	Delays require minor Agency resources to ensure achievement of contract requirements	Response to inquiries, technical/service/administrative issues is somewhat effective
3-Good	Overall compliance does not impact achievement of contract requirements	Management of cost issues does not impact achievement of contract requirements	Delays do not impact achievement of contract requirements	Response to inquiries, technical/service/administrative issues is usually effective
4-Excellent	There are no quality problems	There are no cost management issues	There are no delays	Response to inquiries, technical/service/administrative issues is effective

5-Outstanding. The Contractor has demonstrated an outstanding performance level that justifies adding a point to the score. It is expected that this rating will be used in those rare circumstances where Contractor performance clearly exceeds the performance levels described as "Excellent."

**PROPOSAL INTENT RESPONSE SHEET**

RFP No. AHRQ-2009-10003

Please review the attached request for proposal. Furnish the information requested below and return this page by January 21, 2009 (12:00 PM ET). Your expression of intent is not binding but will greatly assist us in planning for the proposal evaluation.

---

INTEND TO SUBMIT A PROPOSAL FOR THE FOLLOWING DOMAIN(S):

\_\_\_\_\_ Domain 1

\_\_\_\_\_ Domain 3

\_\_\_\_\_ Domain 2

\_\_\_\_\_ Domain 4

DO NOT INTEND TO SUBMIT A PROPOSAL

---

I GRANT PERMISSION TO THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, CONTRACTS OFFICE TO ADD THE CONTACT INFORMATION BELOW TO A BIDDERS LIST TO PROVIDE TO OTHER INTERESTED OFFERORS FOR TEAMING/SUBCONTRACTING OPPORTUNITIES. (\*MUST INCLUDE AUTHORIZED SIGNATURE)

COMPANY/INSTITUTION NAME & ADDRESS:

\*AUTHORIZED SIGNATURE: \_\_\_\_\_

TYPED/PRINT NAME AND TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE DO NOT RELEASE THE CONTACT INFORMATION.

---

Please return to: Sharon Williams  
Agency for Healthcare Research and Quality  
Contracts Management  
540 Gaither Road  
Rockville, Maryland 20850