

**PART I - THE SCHEDULE  
SECTION A - SOLICITATION FORM**

Request for Proposal  
No. AHRQ-10-10003

Date Issued: **February 25, 2010**  
Date Questions Due: **March 11, 2010 12:00 PM ET**  
Date Notice of Intent Due: **April 1, 2010**  
Date Past Performance Questionnaires Due:  
**April 15, 2010, 12:00 PM ET**  
Date Proposals Due: **April 15, 2010 12:00 PM ET**

***RECOVERY – The base period of this contract (24 months) will be funded by the American Recovery and Reinvestment Act of 2009 (Recovery Act, P.L. 111-5). Please review the required ARRA reporting requirements in Section H and I of this solicitation which will apply to the base period of this contract..***

You are invited to submit a proposal to the Agency for Healthcare Research and Quality (AHRQ) for Request for Proposal (RFP) No. AHRQ-10-10003, entitled "Horizon Scanning System." Your proposal must be developed and submitted in accordance with the requirements and instructions of this RFP.

A firm, fixed-priced contract is contemplated for a period of two years, with three 1-year option periods.

The Government anticipates awarding one contract from this solicitation.

The North American Industry Classification System (NAICS) code that best describes the requirement is 541611.

For this particular acquisition, the 2010 AHRQ recommended goal (as a percentage of total contract value for the base period) is 28% for Small Businesses, which shall include at least 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 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 Service Disabled 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.

Offerors shall submit the following:

- A. Technical Proposal (See Section L.10) (Original and 11 copies)
- B. Past Performance Information (See Section L.11) (Original and 5 copies)
- C. Small Disadvantaged Business Participation Plan (See Section L.12) (Original and 2 copies)
- C. Business Proposal (See Section L.13) (Includes Small Business Subcontracting Plan, Section K clauses, and completed Invoice Schedule – Attachment 6) (Original and 5 copies)

Your technical proposal must be concisely written and should be limited to 80 **typewritten pages** (double-spaced), not including resumes or bibliographies, with no less than 11 point, double-spaced text (lists of deliverables, person loading charts, and similar materials need not be double-spaced so

long as they are legible). See Section L.10 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 and the completed Invoice Schedule, see Section L.13 and Attachment 6.

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.

**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.10 OF THE SOLICITATION.**

If you intend to submit a proposal in response to this solicitation, please inform the Contracting Officer of your intent by completing the Proposal Intent Response Form (Attachment 3 to this solicitation) and send it to the Contracting Officer no later than **April 1, 2010**. You may send it to the address below or fax it to 301-427-1740, Attention: Sharon Williams, Contracting Officer.

Questions regarding this solicitation shall be received in this office no later than **March 11, 2010** (See Section L.7). All questions shall be submitted electronically by e-mail to Sharon Williams, Contracting Officer at the following email address: [sharon.williams@ahrq.hhs.gov](mailto:sharon.williams@ahrq.hhs.gov). Subject line shall read: **"Proposal Questions RFP No. AHRQ-10-10003."**

Answers to questions will be provided in the form of an Amendment to this solicitation and will be posted on AHRQ's web page: [www.ahrq.gov](http://www.ahrq.gov) under "Funding Opportunities," "Contract Solicitations" and Federal Business Opportunities web page: [www.fedbizopps.gov](http://www.fedbizopps.gov). It is your responsibility to monitor the web sites where the RFP will be posted to learn about any amendments to the solicitation.

**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 **April 15, 2010**. 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 or e-mail: [sharon.williams@ahrq.hhs.gov](mailto:sharon.williams@ahrq.hhs.gov). Please note e-mail requests should state subject as **RFP AHRQ 10-10003**.

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- (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 and
- (12) Food and 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.

## **SECTION C- DESCRIPTION/SPECIFICATION/WORK STATEMENT**

### **I. BACKGROUND**

#### **A. COMPARATIVE EFFECTIVENESS AND THE AMERICAN RECOVERY AND REINVESTMENT ACT**

The American Recovery and Reinvestment Act (ARRA) appropriates \$1.1 billion for comparative effectiveness research (CER), of which \$300 million is allocated to the Agency for Healthcare Research and Quality (AHRQ). The goal of CER, an integral component of AHRQ's health services research program, is to improve health outcomes and the quality of care by providing evidence to inform and enhance medical decisions made by patients and their medical providers.

The Department of Health and Human Services uses the definition of CER set forth by the Federal Coordinating Council for Comparative Effectiveness Research:

Comparative effectiveness research is the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in "real world" settings. The purpose of this research is to improve health outcomes by developing and disseminating evidence-based information to patients, clinicians, and other decision-makers, responding to their expressed needs, about which interventions are most effective for which patients under specific circumstances.

*Federal Coordinating Council for Comparative Effectiveness Research. (June 30, 2009).  
Report to the President and the Congress on Comparative Effectiveness Research.  
U.S. Department of Health and Human Services.  
<http://www.hhs.gov/recovery/programs/cer/cerannualrpt.pdf>,  
accessed July 1, 2009.*

The purpose of CER is to provide information that helps clinicians and patients choose the preventive, diagnostic, treatment, or other healthcare options which best fit an individual patient's needs and preferences. Clinicians and patients need to know not only that a treatment works on average but also which interventions work best for specific types of patients, for example elderly patients, members of racial and ethnic minorities, or patients with specific comorbidities. Policy makers and public health professionals need comparative effectiveness information to inform system-level decisions, for example designing prevention programs both for patients and for those not regularly accessing the health care system. CER is essential for translating new discoveries into better health outcomes for Americans, accelerating the application of beneficial innovations, and delivering the right treatment to the right patient at the right time.

AHRQ will use ARRA funds to expand and broaden existing CER activities and to support new initiatives in CER. All activities undertaken will be consistent with Titles III and IX of the Public Health Services Act; Part A of title XI of the Social Security Act; and Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This effort is designed to increase the national output of comparative effectiveness research; in addition, it will build research infrastructure and capacity, allowing future studies to address questions where data are currently not sufficient to provide guidance about competing alternatives and to improve the efficiency with which

the research infrastructure is able to respond to pressing health care questions. AHRQ's research activities will be performed using rigorous scientific methods within a previously-established process that emphasizes stakeholder involvement and transparency.

AHRQ ARRA-funded programs will include activities to identify emerging issues and existing gaps in CER; synthesize comparative effectiveness evidence, generate new CER, improve the infrastructure for gathering data to support comparative effectiveness studies, enhance public participation, and support training and career development.

Among these activities, this solicitation presents AHRQ's effort to implement its own healthcare horizon scanning framework and infrastructure in order to identify new and emerging issues for comparative effectiveness investments. The goal of this effort is to provide AHRQ with a systematic process to identify healthcare technologies that are purported to or may hold potential to have a high clinical, system and/or cost impact in the US and to analyze the contextual landscape in which these technologies exist. The background information that follows describes the context in which the AHRQ Healthcare Horizon Scanning System will exist, including AHRQ's current and future work in CER through the Effective Health Care (EHC) Program.

## **B. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY**

The mission of the AHRQ is to improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans. Toward this end, AHRQ conducts and supports health services research in leading academic institutions, hospitals, physicians' offices, health care systems, and many other settings across the country as part of a broad research portfolio that touches on nearly every aspect of health care. AHRQ-supported researchers are working to answer questions about:

- Clinical practice.
- Outcomes of care and effectiveness.
- Evidence-based medicine.
- Primary care and care for priority populations.
- Health care quality.
- Patient safety/medical errors.
- Organization and delivery of care and use of health care resources.
- Health care costs and financing.
- Health care system and public health preparedness.
- Health information technology.

AHRQ's ultimate goal is to disseminate research findings to produce healthier, more productive individuals and an enhanced return on the Nation's substantial investment in healthcare. Essential to this goal is the translation of research into healthcare practice. Healthcare providers, patients, policymakers, payers, administrators, and others use AHRQ research findings to make informed decisions, improving health care quality, accessibility, and outcomes of care.

## **C. THE EFFECTIVE HEALTH CARE PROGRAM**

AHRQ's CER initiative, the Effective Health Care (EHC) Program, was launched in 2005 under the authorization of Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. Section 1013 instructs AHRQ to conduct and support CER, strategically focusing on comparing the outcomes, clinical effectiveness, and appropriateness of pharmaceuticals, devices, and health care services, with broad and ongoing consultation with relevant stakeholders.

The EHC Program's primary principle is that all Americans should have the best available evidence upon which to base decisions about health care interventions and services. Patients, health care providers (including nurses, doctors and other clinicians), and policymakers all share an interest in health decisions. One of their greatest challenges, however, is finding reliable and practical data that can inform these decisions. The EHC Program is dedicated to fulfilling this need by supporting high-quality research and making current, reliable evidence on health care interventions available and accessible to those who need it.

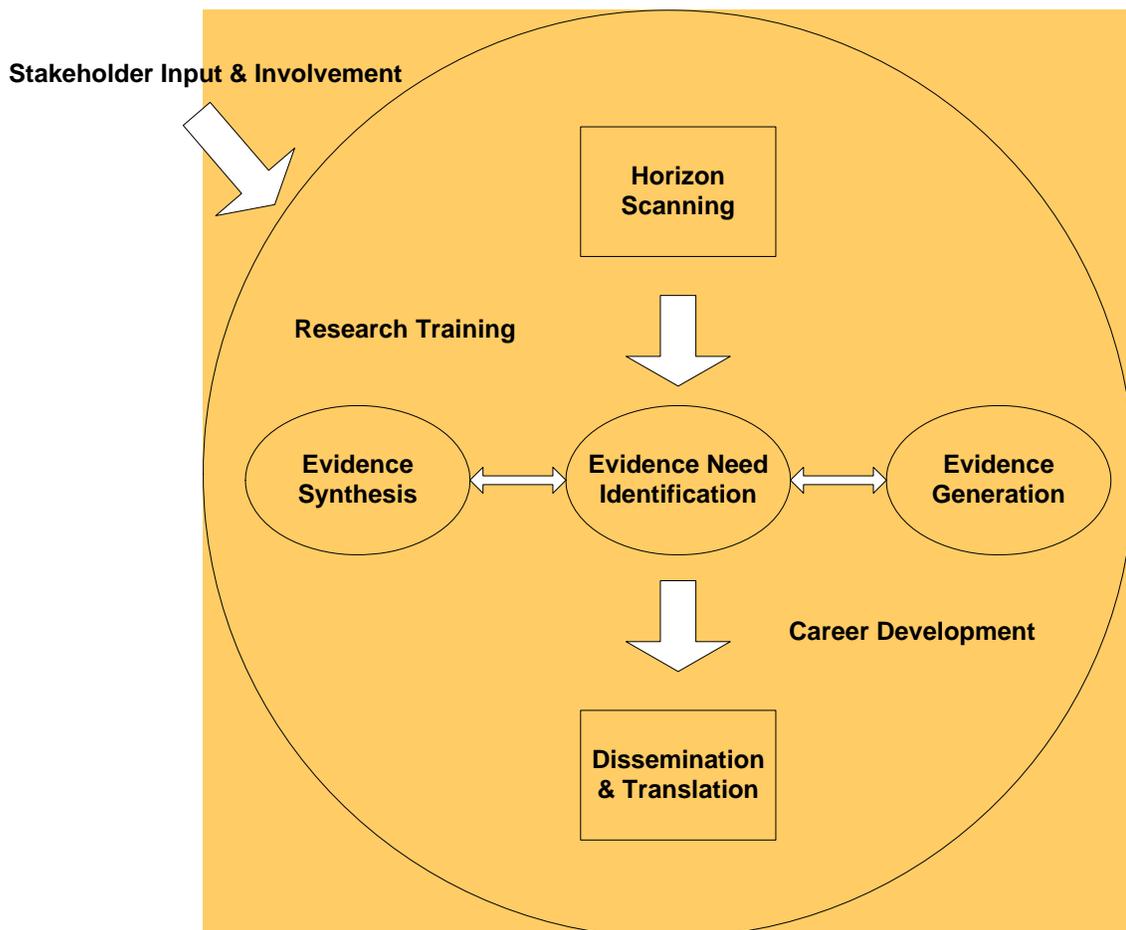
The EHC Program is guided by several principles which shape its activities:

- **Focus on Effectiveness.** The EHC Program focuses on evidence of the relative benefits and risks of different treatments and therapeutic approaches for a clinical condition in different populations. It does not make treatment recommendations. Instead, it enables health care decision-makers, including patients and providers, to use effectiveness findings along with other considerations to make decisions that reflect their own needs and values.
- **Transparency & Open Processes.** Extensive opportunities for stakeholder input and public comment help ensure that the EHC Program will respond to the most pressing issues and that final products will be useful to health care decision-makers.
- **Usability & Real World Applicability.** Comprehensive research reports and other technical reports are distilled into key findings to make them more accessible to a variety of audiences. Summary guides and other translation products target consumers, clinicians, and policymakers with relevant information.
- **Driving Research Forward.** The EHC Program identifies topics requiring further study and then both conducts and supports timely research to address these issues. At the same time, it develops and refines methodologies to improve comparative effectiveness research.
- **Consideration of Vulnerable Populations and Priority Conditions.** In selecting research topics, priority is given to healthcare services that: 1) impose high costs on Medicare, Medicaid, or SCHIP; 2) may be over- or under-utilized; 3) may significantly improve the prevention, treatment, or cure of diseases and conditions that impose high direct or indirect costs on patients or society; and 4) place a big burden on people, especially the AHRQ “priority populations.” Priority is given to research topics that address inequities or vulnerable populations, which include low-income groups, minority groups, women, children, the elderly, and individuals with special healthcare needs (including those with disabilities, those requiring care for chronic conditions or end-of-life care, or those living in inner-city or rural areas). Other considerations include the following: appropriateness, importance, duplication, feasibility, and potential value. Additionally, the AHRQ Priority Conditions guide research, synthesis, and translation and dissemination priorities for the AHRQ EHC program. The AHRQ priority conditions are as follows:
  - Arthritis and nontraumatic joint disease
  - Cancer
  - Cardiovascular disease
  - Dementia (including Alzheimer’s Disease)
  - Depression and other mental health disorders

- Developmental delays, attention-deficit hyperactivity disorder, and autism
- Diabetes mellitus
- Functional limitations and disability
- Infectious Disease, including HIV/AIDS
- Obesity
- Peptic ulcer disease and dyspepsia
- Pregnancy, including preterm birth
- Pulmonary disease/asthma
- Substance abuse

Additional information on the AHRQ priority conditions and the Effective Health Care Program can be found at <http://effectivehealthcare.ahrq.gov/>

### C.1. EHC Component Programs



The EHC Program has three approaches to developing and translating current, unbiased information on the comparative effectiveness of different treatments and clinical practices (see figure above). Each of these approaches is encompassed in one or more component programs of the EHC Program.

**1. Synthesizing research:** The EHC Program systematically reviews, critically appraises, and synthesizes scientific literature into comprehensive evidence reports.

AHRQ created the **Evidence-based Practice Centers (EPCs)** in 1997 to synthesize existing scientific literature about important health care topics and to promote evidence-based practice and decision-making. The EPCs are located at 14 public- and private-sector research institutions throughout the United States and Canada. The EPCs have addressed a range of topics, mostly related to significant diseases or health problems affecting Medicare or Medicaid beneficiaries or other special populations.

The major products of the EPCs are evidence reports, including systematic reviews; technology assessments; technical briefs; and research reviews covering non-clinical methods topics. All reports are based on rigorous, comprehensive syntheses, and analyses of the scientific literature and emphasize detailed documentation of methods. The reports do not make clinical recommendations or recommendations related to coverage and reimbursement policies. A list of published EPC evidence reports can be reviewed at [www.ahrq.gov/clinic/epcix.htm](http://www.ahrq.gov/clinic/epcix.htm).

With the launch of the EHC Program in 2005, the EPCs began to conduct Comparative Effectiveness Reviews, a type of systematic review that compares relative benefits and harms among a range of available treatment or interventions for a given condition. Comparative Effectiveness Reviews provide building blocks to support evidence-based practice and decision making. They address questions about treatments or diagnostic tests to help clinicians and patients choose the best options and help healthcare policy makers formulate decisions about health care services and quality improvement. An important component of Comparative Effectiveness Reviews is the systematic identification of research gaps and the recommendation of studies and approaches to fill those gaps. A list of published EPC Comparative and Effectiveness Reviews can be found on the Effective Health Care Program website ([www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov)). For more information about Comparative Effectiveness Reviews, please visit the EPC website.

With ARRA funding, the EPCs will significantly expand their efforts in topic development, topic refinement, and evidence synthesis. The EPCs will advance research methods and update methods guidance. ARRA funding will also allow for advances in identifying evidence gaps to further consider the timing, value, and feasibility of research that would fill the gaps as well as coordination with other funders and researchers able to conduct the needed research.

**2. Generating new research:** The EHC Program develops new scientific knowledge to address knowledge gaps and to meet the needs of clinical and health policy decision-makers.

The **DEcIDE (Developing Evidence to Inform Decisions about Effectiveness) Network** was created in 2005 as part of the EHC Program to develop scientific evidence and new analytic tools to inform patients, providers, and policy-makers involved in decisions about the effectiveness, comparative effectiveness, appropriateness, safety, efficiency, and outcomes of healthcare items and services. The DEcIDE Network is comprised of 13 academic, clinical, and practice-based organizations with access (or partners providing access) to electronic health information databases and the capacity to conduct timely research. The types of databases represented in the DEcIDE Network include electronic medical record data, pharmacy records, public and private health insurance data, long-term care data, and special databases such as disease, medical procedure, or medical device registries.

The DEcIDE Network conducts practical studies using electronic health data to examine the outcomes, comparative clinical effectiveness, safety, and appropriateness of health care items and services. Current DEcIDE Network research focuses on the outcomes of prescription drug use and other interventions for which randomized controlled trials would not be feasible or timely, or would raise ethical concerns that are difficult to address. Other projects focus on electronic registries, methods for analyzing health databases, and prospective observational or interventional studies. Several of the DEcIDE Centers are part of three multi-center research consortia that focus specifically on Diabetes, Cancer, and Cardiovascular Disease research. Examples of reports generated by the DEcIDE Research Network may be found at <http://effectivehealthcare.ahrq.gov>.

Another source of new evidence, the **Centers for Education and Research on Therapeutics (CERTs)**, has collaborated with the EHC Program to generate new scientific evidence and provide education that advances the optimal use of therapeutics (i.e., drugs, medical devices, and biological products). Established in 1999, the CERTs is a cooperative agreement program administered by AHRQ in consultation with the [U.S. Food and Drug Administration](http://www.fda.gov), and is comprised of 14 research centers. CERTs projects focus on therapeutic areas chosen based on a demonstrated need for improved clinical practice or implementation in that area. CERTs projects for the Effective Health Care Program may be found at <http://certs.hhs.gov/about/certsovr.htm>.

ARRA funding will increase DEcIDE activities for conducting new comparative effectiveness research. In addition, AHRQ will invest significantly in investigator-initiated research through grant mechanisms. Grants funded under the AHRQ **Clinical and Health Outcomes Initiative in Comparative Effectiveness (CHOICE)** will be large projects in comparative effectiveness aimed at generating new knowledge to help inform decision-making in priority areas of clinical care and should have high likelihood of creating major advancements in clinical care. Grants funded as AHRQ **Prospective Outcome Systems using Patient-specific Electronic data to Compare Tests and therapies (PROSPECT)** studies will focus on developing infrastructure and improving the methodology for collecting prospective data from electronic clinical databases to generate new evidence on the comparative effectiveness of healthcare interventions. The **Electronic Data Methods Forum** will convene PROSPECT studies investigators with other experts and relevant stakeholders in health information technology and in outcomes research to identify the challenges to conducting comparative effectiveness research using electronic data and to propose realistic solutions to advance this field of research.

**3. Translating and disseminating research:** The EHC Program turns complex research reports into understandable summary guides for different audiences and gets them into the hands of decision-makers who can use them.

The **John M. Eisenberg Clinical Decisions and Communications Science Center**, located at Baylor College of Medicine in Houston, Texas, takes a systematic approach to translating complex scientific evidence produced by EHC Program into short, understandable, and actionable materials and products. The Eisenberg Center creates a variety of products, ranging from summary guides to decision aids and other materials, presenting research results in plain language for three audiences: consumers (patients, family members, and others who are not medical professionals), clinicians, and policy makers.

The Eisenberg Center works closely with AHRQ to disseminate the translation products to the appropriate audiences and in a manner that encourages utilization. The Eisenberg Center also designed and maintains the Effective Health Care Web site, [www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov).

With ARRA funding, AHRQ will increase efforts in translation and dissemination through the Eisenberg Center. Increased grant funding will also support the development and implementation of innovative approaches to integrating comparative effectiveness research findings into clinical practice and health care decision making. Investments will be in multiple geographically dispersed translation, implementation, and evaluation projects to be carried out by local organizations such as medical societies, state institutions of higher learning, patients, community advocacy organizations and others to promote education, dissemination and application of comparative effectiveness research.

## **C.2. Topic Identification**

The EHC Program is built around stakeholder-driven research. Stakeholders are involved in the process of identifying, selecting, and refining topics for investigation, and they also inform prospective researchers who apply for CER research grants. Currently the program has a formal process by which any person may nominate a topic for comparative effectiveness research using a web-based form. The EHC Program also actively seeks out topic nominations. Previous strategies have involved targeted outreach to specific organizations and in-person group meetings with an array of health care decision-makers and researchers to identify clinical research questions of interest. A topic selected to move forward using an established set of criteria can proceed to an EPC or DEcIDE Center for further development as a research review or new research, respectively. Additionally, research gaps identified by the EPCs subsequently guide the DEcIDE Program to identify new areas of research.

It is anticipated that an AHRQ Healthcare Horizon Scanning System will help inform stakeholders as they participate in the topic nomination process. Reports from horizon scanning will be made public to help inform stakeholders about technologies that have potential for a high impact on clinical care in the future and stakeholders can consider the information from these reports along with their experience and expertise to identify potential topics for future EHC research. In addition to informing AHRQ CER priority setting, reports produced from horizon scanning will also inform other funders of research.

It is also important for the AHRQ Healthcare Horizon Scanning System to be responsive to the needs of the EHC Program. Topics are nominated for comparative effectiveness research on a continuing basis, and horizon scanning information will be useful in research priority setting. Therefore, in addition to periodic reports, the AHRQ Healthcare Horizon Scanning System will allow for the timely production of reports on healthcare technologies of interest at the request of the Agency.

Investigators requesting AHRQ grant funding also select topics for comparative effectiveness research. The AHRQ Healthcare Horizon Scanning System will inform investigators as they consider research topics. Reports made public from AHRQ horizon scanning will help inform investigators about healthcare technologies that have potential for a high impact on clinical care in the future as they consider areas in which to focus their own research.

## **D. IDENTIFICATION OF NEW AND EMERGING ISSUES (HORIZON SCANNING) FOR COMPARATIVE EFFECTIVENESS RESEARCH**

Horizon scanning involves two processes. The first is the identification and monitoring of new and evolving healthcare interventions that are purported to or may hold potential to diagnose, treat, or otherwise manage a particular condition. The second is the analysis of the relevant healthcare

context in which these new and evolving interventions exist in order to understand their potential impact on clinical care, the healthcare system, patient outcomes and costs. Important considerations in an analysis of the relevant healthcare context include potential alternative treatments, the availability of care in different geographic regions, training needed for providers, and other contextual issues that are likely to impact healthcare delivery and health outcomes. The healthcare interventions of interest for horizon scanning are those that have yet to diffuse into or to become part of established healthcare practice. Horizon scanning is focused on the healthcare interventions that are still in the early stages of development or adoption.

Currently, many public and private entities around the world are involved in the horizon scanning of medical technology and have developed methodologies for identifying target technologies that have the potential for a large future impact. EuroScan, for example, is an international organization composed of government-funded agencies involved in the area of horizon scanning, and counts among its 20 member organizations the Australia and New Zealand Horizon Scanning Network (ANZHSN) and the National Horizon Scanning Centre (NHSC) in the UK. Horizon scanning has been used for long-term planning, anticipating future needs, and generating information about changes in the delivery and use of new and existing technologies (ANZHSN, 2006). It has also been used by decisionmakers to identify areas requiring additional research.

Healthcare interventions and technology have been defined in a variety of ways. In its definition of healthcare interventions, the IOM includes drugs, tests to screen for or monitor disease, surgical techniques, and therapeutic alternatives, as well as different means of delivering healthcare (IOM, 2009). The Federal Coordinating Council for Comparative Effectiveness Research has defined medical technology as “medications, procedures, medical and assistive devices and technologies, diagnostic tests, behavioral change, and delivery system strategies” (FCC, 2009).

The EuroScan has identified the following technology categories of interest for horizon scanning (Langer, 2006):

- New Technologies: technology in the adoption phase that has been available for clinical use for a short period of time.
- Emerging Technologies: technology not yet available for use in the health care system (i.e., pharmaceutical products in Phase II and III trials).
- Established Technologies with new indications
- Technologies that are a part of a group of developing technologies that may as a whole have an impact

The technologies to be targeted in horizon scanning shall meet the criteria of “newness” as described by the four Euroscan categories of interest. These areas of innovation shall henceforth, be referred to as the “target” technologies in this RFP. We include all healthcare interventions and technology as defined in the IOM and Federal Coordinating Council definitions above as areas of interest for horizon scanning, though with an emphasis on clinical interventions. Moreover, the product of this solicitation shall be referred to as the AHRQ Healthcare Horizon Scanning System.

AHRQ has been involved in some forms of horizon scanning for reports that were produced at the request of the Center for Medicare and Medicaid Services (CMS) and in the production of technical briefs, which are reviews focused on emerging clinical interventions for which there are limited published data. Examples of these reports include the following:

- Genetic Tests for Non-Cancer Diseases/Conditions: A Horizon Scan
- Horizon Scan: Lipoprotein Subfractions for Identifying Patients at Increased Risks for Cardiovascular Disease
- Technical Brief: Particle Beam Radiation Therapies for Cancer

The topics of AHRQ technical briefs are selected through the topic identification and nomination process discussed above and not identified by a horizon scanning methodology designed to forecast the future impact of these technologies. These previous horizon scans and technical briefs include some components of horizon scanning. Information for these reports was obtained from published narrative reviews and the gray literature in order to describe the regulatory, clinical, and contextual status of identified technologies and to predict the impact of these technologies on clinical care, the healthcare system, patient outcomes, and costs in the near future.

The work requested as part of this RFP will create the infrastructure for AHRQ to conduct comprehensive horizon scanning including both the identification of target technologies and the assessment of their contextual landscape. The AHRQ Healthcare Horizon Scanning System will establish a clearly defined methodology and criteria to identify target healthcare technologies with potential for a high clinical, system, and/or cost impact that may be worthy of comparative effectiveness research investment. Furthermore, the work described in this RFP calls for a review of the evidence for the most up-to-date methods for horizon scanning, including the identification, prioritization, assessment, and monitoring of target technologies in healthcare, thus allowing for effective strategies to be appropriately incorporated into the AHRQ process in the future.

## **II. STATEMENT OF WORK**

### **A. GOAL**

The purpose of this contract is to meet an immediate need at AHRQ to establish a horizon scanning system. Through this procurement, AHRQ will quickly and efficiently implement a horizon framework and infrastructure to immediately generate information that will inform comparative effectiveness research investments through the Effective Health Care (EHC) Program. It is expected that a majority of the effort necessary to accomplish the required tasks below will be dedicated to the implementation of a horizon scanning system and to the actual conduct of horizon scanning. Through this project, AHRQ will accomplish the following goals:

- 1) To develop and implement an innovative horizon scanning protocol to identify and monitor target technologies in healthcare.
- 2) To develop and implement a framework for forecasting which target technologies have the highest potential impact on clinical care, the healthcare system, patient outcomes and cost.
- 3) To evaluate components of existing horizon scanning systems and their respective protocols in order to identify best practices and effective methods.

There is no publicly available, comprehensive system for horizon scanning in the United States. AHRQ is looking to implement a horizon scanning framework and infrastructure that builds on prior work to identify, monitor, and assess target technologies in healthcare but also includes novel and inventive methods that improve upon existing systems. Although some of the principles and procedures developed for other countries may be applicable in the United States, there is a need for a horizon scanning process that takes into account the unique characteristics of the healthcare system in this country. Moreover, the AHRQ Healthcare Horizon Scanning System will utilize methods developed to meet the specific needs of AHRQ and the EHC Program. Through these horizon scanning activities, AHRQ will be able to identify and monitor potential future topics for comparative effectiveness research.

## **B. PERFORMANCE PERIOD OF CONTRACT**

This contract will have a period of performance of a base period consisting of 24 months. There are three (3) 12-month option periods (possible funding with annual appropriations based on availability of funds). Contractor shall fully perform all of tasks specified in this Statement of Work (SOW), beginning in the first full performance period. **It should be noted that the Government is not obligated to exercise any options.**

The first full performance period will start on the effective date of contract (EDOC), and conclude two (2) years later with options to further extend the contract up to three (3) additional years.

## **C. SPECIFIC REQUIREMENTS**

The requirements of this Contract are as follows:

- TASK 1- Participate in a “Kick-off” meeting with AHRQ to discuss goals, objectives and assigned tasks of the project.
- TASK 2- Revise and finalize the horizon scanning system submitted in response to the RFP in preparation for implementation.
- Task 3- Implement the AHRQ Healthcare Horizon Scanning System.
- TASK 4- Report on findings from horizon scanning activities.
- TASK 5- Review methods of horizon scanning used by public and private organizations in the US and internationally.
- Task 6- Develop a plan to evaluate the AHRQ Healthcare Horizon Scanning System.
- Task 7- Keep the AHRQ PO and CO up-to-date on Contract activities and manage the Contract in accordance with all relevant laws and regulations.

Completion of the following tasks and subtasks will provide AHRQ with timely information on potential future comparative effectiveness research topics and will aid in the prioritization of research funding. Unless otherwise noted, the Contractor shall perform tasks and subtasks during the first full Performance Period of the Contract.

### **TASK 1- Participate in a “Kick-off” meeting with AHRQ to discuss goals, objectives and assigned tasks of the project.**

**Subtask 1.1- Kick-off Meeting.** Meet in Rockville, MD with AHRQ staff within two (2) weeks of the effective date of the contract (EDOC) to discuss the goals, objectives, and assigned tasks of the project. The meeting will be attended by the Contractor and AHRQ staff. Tasks 2 and 3 will be a significant discussion item for the meeting. A schedule for future meetings (either in-person or via conference calls) shall be established to facilitate future communication between AHRQ and the Contractor.

**Subtask 1.2- Meeting Materials.** Prepare a meeting agenda and meeting materials that will facilitate discussion of project tasks at the “Kick-off” meeting. These materials shall be submitted to the AHRQ Project Officer (PO) for review and approval at least one (1) week in advance of the meeting.

**Subtask 1.3- Work and Management Plan.** Within two (2) weeks of meeting adjournment, develop a comprehensive work and project management plan for all tasks outlined in the SOW and incorporate those areas addressed in the “Kick-off” meeting. This document shall include an updated project timeline based on discussions with AHRQ at the kick-off meeting. It should also

provide a timeline for future meetings (in-person and conference calls) and identify all relevant Contractor personnel and provide their contact information. The work and project management plan shall be submitted to the AHRQ PO and Contracting Officer (CO) for review and approval.

#### Task 1 Deliverables

- Agenda for “Kick-off” meeting and other meeting materials (1 week before meeting)
- Comprehensive work and project management plan for all project tasks (2 week after meeting)

#### **TASK 2- Revise and finalize the horizon scanning system submitted in response to the RFP in preparation for implementation.**

The Contractor shall revise the proposed horizon scanning system submitted in response to the RFP. The horizon scanning system developed by the Contractor shall consist of three components: 1) a protocol to identify and monitor target healthcare technology; 2) a methodology to analyze contextual factors of target healthcare technology and forecast future impact; and 3) an indexing framework to link target technologies identified and monitored in horizon scanning.

**Subtask 2.1- Identification and Monitoring.** Revise and finalize the proposed protocol submitted in response to the RFP to identify and monitor target healthcare technologies (see TPI- L.10.B.2.b). The identification and monitoring protocol shall include a detailed description of the methods that shall be used to: 1) identify target technologies; 2) prioritize which technologies to monitor; and 3) monitor target technologies over time. The Offeror shall also describe its methods for deciding when a previously identified and monitored technology will no longer be monitored. The protocol shall give AHRQ the ability to request that the Contractor monitor a particular healthcare technology, and the Contractor shall be responsible for monitoring any healthcare technology at the request of the AHRQ PO. The protocol shall also include a list of key data elements that will be captured for each target technology, including information on the technology itself and information on contextual factors surrounding a target technology that may affect its use in a clinical or healthcare setting. Some key elements that should be considered include, but are not limited to, the following:

- *Information on the technology:* name, description, mode of administration, dose range, manufacturer, stage of development, FDA status, cost of the technology.
- *Information on patients and setting:* indication, incidence and prevalence of the condition, setting(s) for use of the intervention, types of providers and training needed for the intervention, adjunct techniques and interventions.
- *Information on the clinical pathways of the technology:* clinical algorithms for use, including selection of patients for the procedure, prior and concurrent ancillary treatments, and follow-up care.
- *Information on the alternatives to the intervention:* usual care for the condition and other recommended treatments from published guidelines.
- *Information on the commercial status of the technology:* current number of units in physician offices, hospitals, or other settings; geographic distribution of access to the technology; and awareness and attitudes of physicians and patients toward the technology
- Any other data elements as needed for the metrics in Subtask 2.2.

The revised identification and monitoring protocol shall be submitted to the AHRQ PO within four (4) weeks of the EDOC, and the Contractor shall work with the AHRQ PO to incorporate suggested changes into the protocol. The final protocol shall be submitted to the AHRQ PO no later than 75 days after the EDOC. The final horizon scanning protocol shall be subject to the approval of the

AHRQ PO, and AHRQ shall have the right to make the horizon scanning protocol available to the public.

**Subtask 2.2- Analysis & Forecasting.** Revise and finalize the proposed methodology submitted in response to the RFP to analyze the relevant contextual factors and forecast the future impact of target healthcare technologies identified and monitored in horizon scanning (see TPI- L.10.B.2.c). This analysis shall utilize data elements collected as part of Subtask 2.1. The analysis of the context in which a target healthcare technology exists shall consist of an analysis of the factors that affect the current and potential future clinical, system, and cost impact of the target healthcare technology.

The analysis of contextual factors considered in the methodology shall be used to forecast the future clinical, system, and cost impact of the technology. This methodology shall include metrics for measuring “high impact” based on a technology having a forecasted significant clinical, system, and/or cost impact in the future. These metrics shall be developed and finalized from the proposed metrics submitted in response to the RFP (see TPI-L-10.B.2.d). The primary perspective for these metrics shall be that of the patient and clinician. The analytic horizon shall be chosen to accurately reflect all important consequences resulting from the target technology and to predict which target technologies will have the largest clinical, system and cost impact (based on the metrics that will be defined in the methodology). The forecasting methodology may be incorporated into the protocol to identify and monitor target healthcare technologies required as part of Subtask 2.1.

The revised forecasting methodology shall be submitted to the AHRQ PO within four (4) weeks of the EDOC, and the Contractor shall work with the AHRQ PO to incorporate suggested changes into the methodology. The final forecasting methodology shall be submitted to the AHRQ PO no later than 75 days after the EDOC. The final forecasting methodology shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the final forecasting protocol available to the public.

**Subtask 2.3 – Indexing and Linking.** Develop and revise the framework submitted in response to the RFP to index information on target technologies being monitored (see TPI- L.10.B.2.e). The indexing framework shall allow target technologies to be linked with one another and will enhance information queries on target technologies. Possible data elements and categories that should be considered for use in indexing include, but are not limited to, those data elements collected as part of Subtask 2.1 as well as data elements used for analysis and forecasting in Subtask 2.2. This framework shall incorporate the identification and monitoring protocol required as part of Subtask 2.1 as well as the analysis and forecasting methodology required as part of Subtask 2.2. The Contractor shall submit documentation outlining and describing its indexing framework to the AHRQ PO for review. This documentation shall include a description of how data elements captured on target healthcare technologies will be used to make links to other target healthcare technologies.

A description of the revised linking framework shall be submitted to the AHRQ PO within four (4) weeks of the EDOC, and the Contractor shall work with the AHRQ PO and other AHRQ staff to incorporate suggested changes into a framework. The final framework will be submitted to the AHRQ PO no later than 75 days after the EDOC. The final linking framework shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the final linking framework available to the public.

### Task 2 Deliverables:

- Identification and monitoring protocol
- Clinical, system and cost impact forecasting methodology
- “High Impact” technology metric
- Description of linking framework

Draft versions of all Task 2 deliverables shall be submitted to the AHRQ PO within four (4) weeks of the EDOC, with all final deliverables due no later than 75 days after the EDOC.

### **Task 3- Implement the AHRQ Healthcare Horizon Scanning System.**

After receiving approval from the AHRQ PO for the deliverables required as part of Subtasks 2.1, 2.2, and 2.3, the Contractor shall implement the AHRQ Healthcare Horizon Scanning System developed as part of Task 2 no later than 90 days after the EDOC.

### **TASK 4- Report on findings from horizon scanning activities.**

**Subtask 4.1- Horizon Scanning Status Updates.** Every two (2) months, submit to the AHRQ PO a Horizon Scanning Status Update. The Status Updates shall be comprised of a summary of data elements collected from implementation of the Horizon Scanning Identification and Monitoring Protocol (Subtask 2.1) and shall include a summary of all healthcare technologies being monitored by the Contractor. The reports shall also list technologies identified but not selected for monitoring by the Contractor (based on the protocol developed as part of Subtask 2.1) and provide a brief explanation for why these identified technologies are not being monitored. The Updates shall also highlight any changes/additions since the previous Update. The Contractor shall include in the Status Updates a brief description of all target technologies being monitored, including the name and indication of each target technology organized in a framework that indicates linkages with other target technologies by clinical condition or other relevant parameters. The Contractor shall:

**Subtask 4.1.1- Status Update Format.** Submit to the AHRQ PO for review and approval a revision of the format and organizing framework for the Horizon Scanning Status Updates based on the format proposed in response to the RFP (see TPI- L.10.B.2.f). The Contractor shall provide a description of how technologies will be organized in the status updates. The draft format and framework shall be submitted to the AHRQ PO no later than 75 days after the EDOC, and the Contractor shall work with the AHRQ PO to finalize the report format no later than 30 days after implementation of the horizon scanning protocol (Task 3). The final horizon scanning status update format shall be subject to the approval of the AHRQ PO.

**Subtask 4.1.2-** Submit the first Horizon Scanning Status Update 60 days after implementation of the horizon scanning protocol (Task 3). The status update shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the status update available to the public.

**Subtask 4.1.3-** For each subsequent Horizon Scanning Status Update, the Contractor shall include all technologies currently being monitored and provide a brief description of newly identified technologies as well as any changes to previously identified technologies being monitored. Additionally, these status updates shall include a description of why any technology has been dropped from the horizon scanning efforts of the Contractor. The Horizon Scanning Status Updates shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the status updates available to the public.

**Subtask 4.2- High Impact Reports.** Every three (3) months, submit to the AHRQ PO a High Impact Report. These written reports shall identify and describe the Top 20 forecasted “High Impact” technologies for each AHRQ EHC priority condition based on the predefined metrics developed as part of Subtask 2.2. These reports shall also include a description of the high impact technologies based on the data elements and information collected using the protocol developed as part of Subtask 2.1. The High Impact Reports shall provide a detailed discussion of the methods used to analyze the contextual factors affecting each target technology, and the Contractor shall discuss the results from applying the analytic and forecasting methodology developed in Subtask 2.2 that led to the conclusions about the specific technologies included in the report. The Contractor shall:

**Subtask 4.2.1- Report Format.** Submit to the AHRQ PO for review and approval a revision of the format and organizing framework for the High Impact Reports based on the format proposed in response to the RFP (see TPI- L.10.2.B.g). The draft format and framework shall be submitted to the AHRQ PO no later than 75 days after the EDOC, and the Contractor shall work with the AHRQ PO to finalize the report format. The Contractor shall submit the final report format to the AHRQ PO no later than 30 days after implementation of the horizon scanning protocol (Task 3). The final report format shall be subject to the approval of the AHRQ PO.

**Subtask 4.2.2-** Submit the first High Impact Report to the AHRQ PO 90 days after implementation of the horizon scanning protocol (Task 3). The report shall be subject to the approval of the AHRQ PO and AHRQ shall have the right to make the High Impact Report available to the public.

**Subtask 4.2.3-** Thereafter, the Contractor shall submit an updated High Impact Report every three (3) months. These quarterly reports shall specifically note changes, including, but not limited to, the addition of new entries, the removal of previously included entries, and the modification of current entries. The reports shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the High Impact Reports available to the public.

**Subtask 4.3- Additional Reports.** Maintain the capacity to produce additional reports on target healthcare technologies identified and/or monitored in horizon scanning as well as other technologies that may not have been identified or monitored in horizon scanning. Target Technology Reports (Subtask 4.3.2) shall be based on technologies that were identified and/or monitored by the Contractor in the most recent Horizon Scanning Status Update or that have been identified and are being monitored since the most recent Horizon Scanning Status Update was received, while Existing Technology Reports shall be based on technologies not identified or currently being monitored by the Contractor (Subtask 4.3.3)

**Subtask 4.3.1. Weekly Teleconference.** Beginning 90 days after implementation of the horizon scanning protocol (Task 3) and at the discretion of the AHRQ PO, the Contractor shall schedule and hold weekly teleconferences with the AHRQ PO to identify and clarify any requests for Additional Reports. The Contractor shall submit a summary of each teleconference within three (3) days of the call.

**Subtask 4.3.2- Target Technology Reports.** At the request of the AHRQ PO, the Contractor shall produce a report on a target healthcare technology or a group of target technologies that focus on a particular disease condition. These reports shall provide a detailed description of the technology (or technologies) based on data elements and information already collected and evaluated using the protocol developed as part of Subtask 2.1. The Target Reports shall also include an analysis of the forecasted impact of the technology (or technologies) based on the methodology developed as part of Subtask 2.2 and highlight links with other target technologies identified in horizon scanning using the indexing framework developed as part of Subtask 2.3. The Contractor shall maintain the capacity to produce up to twenty (20) Target Technology Reports per month.

**Subtask 4.3.2.1- Report Format.** Submit to the AHRQ PO for review and approval a revision of the format and organizing framework for these Target Technology Reports based on the format proposed in response to the RFP (see TPI- L.10.2.B.h). The draft format shall be submitted to the AHRQ PO no later than 75 days after the EDOC, and the Contractor shall work with the AHRQ PO to finalize the report format. The Contractor will submit the final report format to the AHRQ PO no later than 30 days after implementation of the horizon scanning protocol (Task 3). The final report format shall be subject to the approval of the AHRQ PO.

**Subtask 4.3.2.2-** Submit Target Technology Reports to the AHRQ PO within two (2) weeks of the date of the weekly teleconference during which they are requested. These reports shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make them available to the public.

**Subtask 4.3.2.3-** The Contractor shall be prepared to begin producing Target Technology Reports 90 days after implementation of the horizon scanning protocol (Task 3).

**Subtask 4.3.3- Existing Technology Reports.** At the request of the AHRQ PO, the Contractor shall produce additional reports on existing healthcare technologies not meeting the definition of “newness” above and/or not identified or monitored by the Contractor. These Existing Technology Reports shall focus on a technology selected by the AHRQ PO. The Contractor shall provide information on the technology and perform an analysis of the technology using the protocol and methodology developed as part of Subtasks 2.1 and 2.2, respectively. Although these existing technologies are not being monitored as part of the horizon scanning project, an analysis using the methods and resources of the horizon scanning infrastructure will help to inform other AHRQ activities. The Contractor shall maintain the capacity to produce up to three (3) Existing Technology Reports per month.

**Subtask 4.3.3.1- Report Format.** Submit to the AHRQ PO for review and approval a revision of the format and organizing framework for these Existing Technology Reports based on the report format proposed in response to the RFP (see TPI- L.10.2.B.i). The draft format shall be submitted to the AHRQ PO no later than 75 days after the EDOC, and the Contractor shall work with the AHRQ PO to finalize the report format. The Contractor shall submit the final report format to the AHRQ PO no later than 30 days after implementation of the horizon scanning protocol (Task 3). The final report format shall be subject to the approval of the AHRQ PO.

**Subtask 4.3.3.2-** Submit Existing Technology Reports to the AHRQ PO within four (4) weeks of the weekly teleconference during which they are requested. These reports shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make them available to the public.

**Subtask 4.3.3.3-** The Contractor shall be prepared to begin producing Existing Technology Reports 90 days after implementation of the horizon scanning protocol (Task 3).

**Subtask 4.3.4- Report Request Form.** Develop a concise form that will be filled-out by the AHRQ PO and submitted to the Contractor when an additional report is requested. The purpose of the form shall be to guide the focus of requested reports. The draft form shall be submitted to the AHRQ PO for review and approval no later than 75 days after the EDOC, and the Contractor shall work with the AHRQ PO to finalize the form. The Contractor shall submit the final form to the AHRQ PO no later than 30 days after implementation of the horizon scanning protocol (Task 3). The final form shall be subject to the approval of the AHRQ PO.

**Subtask 4.4- Horizon Scanning Artifacts.** At the end of the Contract, deliver to the AHRQ PO all data gathered in the horizon scanning of healthcare technology, including a list of information

sources used to identify target healthcare technologies, data used to monitor and assess identified technologies, and data elements used to link target technologies identified in horizon scanning. The Contractor shall also submit detailed documentation of all processes and procedures developed. The Contractor shall submit all horizon scanning artifacts to the AHRQ PO one (1) week before the conclusion of the contract.

Should the Government exercise any option years to the Contract, the Contractor shall submit the horizon scanning artifacts to the AHRQ PO one (1) week before the conclusion of the final option year. All deliverables shall be subject to the approval of the AHRQ PO.

#### Task 4 Deliverables:

- Format for Horizon Scanning Status Updates
- Format for High Impact Reports
- Format for Target Technology Reports
- Format for Existing Technology Reports
- Horizon Scanning Status Updates
- High Impact Reports
- Target Technology Reports
- Existing Technology Reports
- Report Request Form
- Horizon scanning artifacts at the conclusion of the Contract

#### **TASK 5- Review methods of horizon scanning used by public and private organizations in the US and internationally.**

Though the primary objective of this solicitation is to implement a horizon scanning system to immediately provide AHRQ with information on new and emerging issues for comparative effectiveness research investment, the Contractor shall also be required to examine other horizon scanning methods in use. This requirement will allow both AHRQ and the Contractor to identify additional resources and methods to improve the AHRQ Healthcare Horizon Scanning System in the future. The Contractor shall be required to complete the following Subtasks:

**Subtask 5.1- Study Plan.** Within four (4) months of the EDOC, submit to the AHRQ PO for review and approval a draft study plan to review published and unpublished literature to identify horizon scanning methods for target technologies in healthcare. This study plan shall be based on the preliminary study plan submitted in response to the RFP (see TPI- L.10.2.B.j). This effort shall be a review of methods used for the identification, prioritization, assessment, and monitoring of healthcare technologies. The purpose and mandate of each horizon scanning system found in the review shall also be specified and intended audiences shall be identified. The Contractor shall include in the review an assessment of methods to disseminate findings from horizon scanning to target audiences. The study plan shall also discuss how the expert meeting required as part of Subtask 5.4 will be incorporated with the literature review.

The Contractor shall work with the AHRQ PO to finalize the study plan within 18 weeks of the EDOC. The final study plan shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the study plan available to the public.

**Subtask 5.2- Literature Review.** Based on the study plan approved by the AHRQ PO under Subtask 5.1, conduct a review of published and unpublished literature to identify horizon scanning methods for target technologies in healthcare. A draft report shall be submitted to the AHRQ PO

within ten (10) months of the EDOC, and the Contractor shall organize a teleconference with AHRQ to discuss the draft report to take place within two (2) weeks of it being submitted to AHRQ. This draft report will then be modified following completion of Subtask 5.4.

**Subtask 5.3- Expert Panel.** Identify developers and users of horizon scanning systems to constitute a panel of experts, the purpose of which is to inform the Agency on horizon scanning methods. The panel of experts, which will include between 15 and 30 individuals who have agreed to participate in the expert meeting required as part of Subtask 5.4, shall include individuals involved in the development and implementation of horizon scanning systems, including experts from the US and abroad as well as from public and private institutions. The panel shall include experts who have experience developing and implementing horizon scanning systems designed for clinicians, payers, venture capital and investment firms, market research firms, etc. This list of individuals shall be submitted to the AHRQ PO for review and approval within nine (9) months of the EDOC.

**Subtask 5.4- Expert Meeting.** Plan, convene, and facilitate a meeting attended by the panel of experts approved by the AHRQ PO as part of Subtask 5.3. The meeting shall take place on-site at AHRQ in Rockville, MD. The purpose shall be to discuss: 1) the methods used in existing horizon scanning systems; and 2) the implementation and refinement of the AHRQ Healthcare Horizon Scanning System. The meeting shall also provide the Contractor and AHRQ with an opportunity to gain insight from the past experiences of developers of horizon scanning systems as well as from users of these systems. The final list of attendees shall include developers and users in both the public and private sectors. The expert meeting shall take place within twelve (12) months of the EDOC.

**Subtask 5.4.1- Meeting Logistics.** The Contractor shall handle all logistics and support for the expert meeting. The expert meeting shall be two (2) days in length and be held on a date on which at least 90 percent of expert panel members can attend. The number of meeting attendees shall number no fewer than 20 non-federal attendees and two (2) federal attendees, excluding AHRQ staff. The Contractor shall arrange travel and hotel reservations for all meeting participants and reimburse non-federal attendees for travel expenses in accordance with federal regulations (refer to Section 5703 of Title 5, U.S.C and the DHHS Travel Manual). In accordance with AHRQ policy, contract funds shall not be used to purchase meals or refreshments for meeting attendees. The Contractor shall finalize all meeting logistics three (3) weeks in advance of the meeting.

**Subtask 5.4.2- Materials.** The Contractor shall prepare meeting materials for the expert meeting. Included in these materials shall be a meeting agenda and the draft report on horizon scanning methods required as part of Subtask 5.2. All meeting materials, including the agenda and participant list, shall also be submitted to the AHRQ PO at least three (3) weeks in advance of the meeting for review and final approval. Approved meeting materials shall be sent to meeting participants in both electronic and hard copies at least two (2) weeks in advance of the meeting.

**Subtask 5.5- Revised Draft Report.** Within fifteen (15) months of the EDOC, revise the draft report completed under Subtask 5.2 and submit to the AHRQ PO an updated report summarizing and synthesizing information and findings from the literature review and expert meeting. The report shall include summary tables on methods used for the identification, prioritization, assessment, and monitoring of healthcare technologies. The report shall also summarize in table form the purpose and mandate of each horizon scanning system, intended audiences, and methods of disseminating findings to these identified audiences. The Contractor shall organize a teleconference with AHRQ to discuss the revised draft report within two (2) weeks of it being submitted to AHRQ.

**Subtask 5.6- Expert Review.** Organize and manage an expert review of the revised draft report on horizon scanning methods submitted under Subtask 5.5. The Contractor shall identify reviewers, contact reviewers with invitations to review the draft report, answer all questions from reviewers, manage the distribution of the draft report to selected reviewers, receive all incoming reviewer comments, and distribute honoraria. Expert reviewers for the draft report shall include a balance of developers of horizon scanning systems and potential users in the public and private sectors. A list of reviewers who have agreed to review the report shall be submitted to the AHRQ PO for review and approval no later than twelve (12) months after the EDOC. The Contractor shall provide the revised draft report to the reviewers one (1) week after it is submitted to the AHRQ PO. The reviewers shall be given four (4) weeks to review the draft report. The Contractor shall compile the expert reviewer comments and make them available to the AHRQ PO two (2) weeks after all comments are submitted to the Contractor.

**Subtask 5.7- Public Review.** Work with the AHRQ PO and other AHRQ staff to allow for a public review of the revised draft report submitted under Subtask 5.5. The draft report shall be made available on the AHRQ Effective Health Care Program website for public comment for four (4) weeks beginning one (1) week after it is submitted to the AHRQ PO. The Contractor shall compile and summarize the public comments and make this summary available to the AHRQ PO two (2) weeks after the final day of public review.

**Subtask 5.8- Disposition of Comments.** Address all reviewer comments, including those from invited experts and the public. The Contractor shall provide a final disposition of comments to be posted on the EHC website within ten (10) weeks of the submission of the revised draft report submitted under Subtask 5.5. The Contractor shall also schedule a teleconference with the AHRQ PO to take place within two (2) weeks of submission of the disposition of comments to AHRQ.

**Subtask 5.9- Final Report.** Submit a final report on horizon scanning methods to the AHRQ PO after consideration of both expert reviewer comments and public comments. The final report shall be submitted to the AHRQ PO within twenty (20) months of the EDOC, and acceptance of the final report on horizon scanning methods shall occur only after the approval of the AHRQ PO.

**Subtask 5.10- Update Plan.** Propose and develop a plan to incorporate important findings from the literature review and expert meeting as well as from lessons learned during the development and implementation of Tasks 2 and 3 into an update of the AHRQ Healthcare Horizon Scanning System. The Contractor shall submit this plan to the AHRQ PO within twenty-two (22) months of the EDOC for review and approval.

**Subtask 5.11- Manuscript.** Prepare and submit a minimum of one (1) manuscript suitable for publication in the peer-reviewed literature that is based on the final report. The Contractor shall submit the manuscript to the AHRQ PO for review and approval within two (2) years of the EDOC.

#### Task 5 Deliverables

- Study plan for reviewing horizon scanning methods
- Draft report of literature review findings
- Identification of a panel of experts.
- Meeting logistics for the expert meeting, including travel and accommodations for meeting attendees
- Meeting agenda and meeting materials
- Revised draft report synthesizing results from the literature search along with findings from the expert meeting.
- Proposed list of expert reviewers and management of the review process.

- Summary of review comments from invited experts and the public
- Disposition of review comments
- Final report after review and consideration of reviewer comments
- AHRQ Healthcare Horizon Scanning Update Plan
- Manuscript

**Task 6- Develop a plan to evaluate the AHRQ Healthcare Horizon Scanning System.**

**Subtask 6.1- Identification and Monitoring Protocol Evaluation Plan.** Develop an evaluation plan to measure the success of the identification and monitoring protocol developed as part of Subtask 2.1. The evaluation plan shall be based on the evaluation plan proposed in response to the RFP (see TPI- L.10.2.B.k). The evaluation plan shall include a list of metrics and definitions for measuring success. The Contractor shall develop metrics to evaluate all facets of horizon scanning, including its healthcare technology identification, assessment, and monitoring activities. The evaluation plan shall be submitted to the AHRQ PO for review and approval within 75 days of the EDOC, and the Contractor shall work with the AHRQ PO to finalize the evaluation plan. The Contractor shall submit the final evaluation plan no later than 18 months after the EDOC. The final evaluation plan shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the final plan available to the public.

**Subtask 6.2- Forecasting Methodology Evaluation Plan.** Develop a forecasting evaluation plan to assess the accuracy of the methodology to forecast the clinical, system, and cost impact of identified healthcare technologies developed as part of Subtask 2.2. The evaluation plan shall be based on the forecasting evaluation plan proposed in response to the RFP (see TPI- L10.2.B.l). The Contractor shall develop definitions and metrics to measure the accuracy and success of the forecasting methodology. A draft forecasting evaluation plan shall be submitted to the AHRQ PO within 75 days of the EDOC, and the Contractor shall work with the AHRQ PO to finalize the plan. The Contractor shall submit the final forecasting evaluation plan no later than 18 months after the EDOC. The final forecasting evaluation plan shall be subject to the approval of the AHRQ PO, and AHRQ shall have the right to make the final plan available to the public.

Task 6 Deliverables

- Identification and Monitoring Evaluation Plan
- Forecasting Evaluation Plan

**Task 7- Keep the AHRQ PO and CO up-to-date on Contract activities and manage the Contract in accordance with all relevant laws and regulations.**

**Subtask 7.1- Conference Calls.** At the discretion of the AHRQ PO, the Contractor shall be available to participate in a weekly conference call, separate from the calls required as part of Subtask 4.3.1. These calls will facilitate the discussion of current progress, identification of potential problems, and the planning of future tasks relevant to the goals and objectives of the project. The Contractor shall provide an agenda one (1) day in advance and provide meeting summaries within three (3) day following the meeting.

**Subtask 7.2- Progress Reports.** Prepare and submit monthly progress reports to the AHRQ PO and CO detailing Contractor progress and other key activities during the previous month. These progress reports shall identify accomplishments as well as any potential problems or barriers that may have a negative impact on the completion of the project, including but not limited to changes in

personnel and other unexpected risks. At any other time that problems are anticipated, the Contractor shall contact the AHRQ PO immediately.

These reports shall be a separate deliverable from reports required as part of Task 4 and shall be no longer than two (2) pages (double-spaced) in length. The progress reports shall be submitted to the AHRQ PO for review and approval.

In addition, the Contractor shall submit the progress report online to the AHRQ Research Reporting System (ARRS) within ten days after the end of the month being reported. The report format shall conform to instructions on electronic reporting provided by AHRQ. The Contractor will be contacted after award by their TOO with instructions for entering data in the ARRS.

**Subtask 7.3- Final Contract Report.** One (1) month before the end of the two-year performance period of the Contract, the Contractor shall prepare and submit to the AHRQ PO and CO for approval a Final Contract Report. The Final Contract Report shall summarize the full contract experience, including 1) accomplishments of contract objectives; 2) technical specifications; 3) evaluation of barriers encountered; and 4) recommendations to AHRQ on ways to improve the process and products. The Report shall be submitted to the AHRQ PO and CO for review and approval.

Should the government choose to exercise any option years to the Contract, the Contractor shall submit a Final Contract Report one (1) month before the end of the final option year. The Report shall be submitted to the AHRQ PO and CO for review and approval.

**Subtask 7.4- ARRA Reporting.** Prepare and submit all reports required under ARRA during the base period (Years 1 and 2). The base period of the contract will be supported with funds made available through the American Recovery and Reinvestment Act (ARRA) and is, therefore, subject to ARRA reporting requirements as described in the Federal Accounting Regulations (FAR) Subpart 4.15- American Recover and Reinvestment Act- Reporting Requirements and clause 52.204-11. The Contractor shall adhere to all reporting requirements as they relate to activities carried as part of this contract. **Option periods would be supported by AHRQ funds and therefore they do not fall under the ARRA requirements.**

In addition, the Contractor shall submit the ARRA report online to the AHRQ Research Reporting System (ARRS) within ten days after the end of the period being reported. The report format shall conform to instructions on electronic reporting provided by AHRQ. The Contractor will be contacted after award by their TOO with instructions for entering data in the ARRS.

Within four (4) weeks of the EDOC, the Contractor shall submit a project timeline to AHRQ as a Microsoft Excel spreadsheet or as a Microsoft Project file. The project timeline shall be based on the work and management plan developed as part of Subtask 1.3. The project timeline shall be subject to the approval of the AHRQ PO.

**Subtask 7.5- OMB.** When appropriate and in consultation with the AHRQ PO and relevant AHRQ personnel, the Contractor shall develop an Information Collection Package for submission to the Office of Management and Budget (OMB). OMB approval is required prior to any testing and/or focus group activities. If the Contractor's proposed horizon scanning protocol involves these data collection activities, then the Contractor shall be responsible for developing the required application.

The Contractor shall also comply with the Paperwork Reduction act (44 U.S.C Chapter 35), information on which can found at <http://www.hhs.gov/ocio/policy/collection/index.html>

**Subtask 7.6- Section 508.** Comply with all applicable provisions of Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as it relates to all materials, information, tools, electronic and information technology, etc produced as part of this Contract. Section 508 requires that Federal agencies make their electronic and information technology accessible to people with disabilities. Under Section 508, agencies must give disabled employees and members of the public access to information that is comparable to the access available to others.

#### Task 7 Deliverables

- Weekly meeting agendas and summaries (meetings will be scheduled at the discretion of the AHRQ PO.)
- Monthly Progress Reports
- Final Contract Report

**Should the Government choose to exercise any option periods to the Contract, the Contractor shall be required to continue the following requirements:**

- **Task 3- Implement the AHRQ Horizon Scanning System**
- **Subtask 4.1.3- Horizon Scanning Status Updates**
- **Subtask 4.2.3- High Impact Report Updates**
- **Subtask 4.3.1- Weekly Teleconference**
- **Subtask 4.3.2.2- Target Technology Reports**
- **Subtask 4.3.3.2- Existing Technology Reports**
- **Subtask 4.4- Delivery of Horizon Scanning Artifacts**
- **Subtask 7.1- Conference Calls**
- **Subtask 7.2- Progress Reports**
- **Subtask 7.3- Final Contract Report**
- **Subtask 7.5- OMB Requirements**
- **Subtask 7.6- Section 508 Compliance**

**Additionally, the Contractor shall be required to complete the following tasks:**

#### **Task 8- Evaluate and Improve the AHRQ Healthcare Horizon Scanning System.**

**Subtask 8.1- Identification and Monitoring Protocol Evaluation.** Based on the identification and monitoring protocol evaluation plan developed as part of Subtask 6.1, the Contractor shall submit a written evaluation of the horizon scanning protocol used to identify and monitor target healthcare technologies during the initial two (2) years of the Contract. The evaluation shall be submitted to the AHRQ PO within three (3) years of the EDOC. The protocol evaluation shall be subject to the approval of the AHRQ PO.

**Subtask 8.2- Forecasting Methodology Evaluation.** Based on the forecasting methodology evaluation plan developed as part of Subtask 6.2, the Contractor shall submit a written evaluation of its forecasting efforts during the initial two (2) years of the Contract. The evaluation shall be submitted to the AHRQ PO within three (3) years of the EDOC. The forecasting evaluation shall be subject to the approval of the AHRQ PO.

**Subtask 8.3- Horizon Scanning System Update.** Implement the plan submitted to the AHRQ PO in response to Subtask 5.10 to incorporate important findings from the literature review and expert meeting as well as from lessons learned during the development and implementation of this project into an update of the AHRQ Healthcare Horizon Scanning System. The Contractor shall implement the plan within 27 months of the EDOC.

#### Task 8 Deliverables

- Identification and Monitoring Protocol Evaluation
- Forecasting Evaluation

#### References

Australia and New Zealand Horizon Scanning Network— About Horizon Scanning—What is Horizon Scanning?

<http://www.health.gov.au/internet/horizon/publishing.nsf/Content/process-2#what> (accessed August 10, 2009).

IOM (Institute of Medicine). 2009. *Initial National Priorities for Comparative Effectiveness Research*. Washington, DC: The National Academies Press.

Federal Coordinating Council for Comparative Effectiveness Research (FCC). *Report to the President and the Congress on Comparative Effectiveness Research: Executive Summary*. <http://www.hhs.gov/recovery/programs/cer/execsummary.html> (accessed September 3, 2009)

Langer T, Wild C, Douw K. Overview on Horizon Scanning System (HSS) for Priority Setting on emerging/new technologies. Ludwig Boltzmann Institute LBI-HTA Projektbericht Nr.002 (EUNetHTA WP7 Strand B – 1 Deliverable). 2006.

**SECTION D - PACKAGING AND MARKING**

Not Applicable

**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>
52.246-4	Inspection of Services-Fixed Price (AUG 1996)

**SECTION F - PERIOD OF PERFORMANCE AND DELIVERY SCHEDULE**

**F.1 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.

**FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1) CLAUSES**

<b>FAR Clause No.</b>	<b>Title and Date</b>
52.242-15	Stop Work Order (AUG 1989) Alternate I (APRIL 1984)

**F.2 PERIOD OF PERFORMANCE**

The Government anticipates the period of performance shall begin on or about August 15, 2010 and run through August 14, 2012, with three one-year option periods.

**F.3 DELIVERABLE SCHEDULE**

**Key Deliverables**

<b>Task</b>	<b>Description</b>	<b>Due Date</b>
<i>Task 1- Participate in a "Kick-off" meeting with AHRQ to discuss goals, objectives and assigned tasks of the project</i>		
Subtask 1.1	Kick-off meeting	Within 2 weeks of EDOC
Subtask 1.2	Kick-off meeting agenda	1 week before kick-off meeting
Subtask 1.3	Work and management plan	2 weeks after meeting adjournment
<i>Task 2- Revise and finalize the horizon scanning system submitted in response to the RFP in preparation for implementation</i>		
Subtask 2.1	Identification and Monitoring Protocol	Within 4 weeks of EDOC (draft) Within 75 days of EDOC (final)
Subtask 2.2	Forecasting Methodology & High Impact Metrics	Within 4 weeks of EDOC (draft) Within 75 days of EDOC (final)
Subtask 2.3	Indexing Framework	Within 4 weeks of EDOC (draft) Within 75 days of EDOC (final)
Task 3	Implement the AHRQ Healthcare Horizon Scanning System	Within 90 days of EDOC
<i>Task 4- Report on findings from horizon scanning activities</i>		

<b>Subtask 4.1</b>	<b>Horizon Scanning Status Updates</b>	<b>Every 2 months</b>
Subtask 4.1.1	Horizon Scanning Status Update Format and Organizing Framework	Within 75 days of EDOC (draft) Within 30 days of horizon scanning implementation (final)
Subtask 4.1.2	First Horizon Scanning Status Update	Within 60 days of horizon scanning implementation
Subtask 4.1.3	Subsequent Horizon Scanning Status Updates	Every other month after submission of the first horizon scanning status update
<b>Subtask 4.2</b>	<b>High Impact Reports</b>	<b>Quarterly</b>
Subtask 4.2.1	High Impact Report Format and Organizing Framework	Within 75 days of EDOC (draft) Within 30 days of horizon scanning implementation (final)
Subtask 4.2.2	First High Impact Report	Within 90 days of horizon scanning implementation
Subtask 4.2.3	Subsequent High Impact Report Updates	Every three months after submission of the first horizon scanning status update
<b>Subtask 4.3</b>	<b>Additional Reports</b>	
Subtask 4.3.1	Weekly Teleconference	Beginning 90 days after horizon scanning implementation
	Teleconference Summary	Within 3 days of the call
Subtask 4.3.2	Additional Reports- Target Technology Reports	
Subtask 4.3.2.1	Target Technology Report Format and Organizing Framework	Within 75 days of EDOC (draft) Within 30 days of horizon scanning implementation (final)
Subtask 4.3.2.2	Target Technology Reports	Within 2 weeks of the weekly call during which they are requested
Subtask 4.3.2.3	Contractor begins accepting Target Technology Report Requests	90 days after horizon scanning implementation
Subtask 4.3.3	Additional Reports- Existing Technology Reports	
Subtask 4.3.3.1	Existing Technology Format and Organizing Framework	Within 75 days of EDOC (draft) Within 30 days horizon scanning implementation (final)
Subtask 4.3.3.2	Existing Technology Reports	Within 4 weeks of request
Subtask 4.3.3.3	Contractor begins accepting Existing Technology Report Requests	90 days after horizon scanning implementation
Subtask 4.3.4	Report Request Form	Within 75 days of EDOC (draft) Within 30 days horizon scanning implementation (final)
Subtask 4.4	Delivery of Horizon Scanning Artifacts	1 week before the conclusion of the contract

<i>Task 5- Review methods of horizon scanning used by public and private organizations in the US and internationally</i>		
Subtask 5.1	Study Plan	Within 4 months of EDOC (draft) Within 18 weeks of EDOC (final)
Subtask 5.2	Draft Report	Within 10 months of EDOC
	Teleconference to discuss draft report	Within 2 weeks of the day the draft report is submitted to the AHRQ PO
Subtask 5.3	Expert Panel List	9 months of EDOC
Subtask 5.4	Expert Meeting	12 months of EDOC
Subtask 5.4.1	Meeting Logistics	Finalized 3 weeks before the meeting
Subtask 5.4.2	Meeting Materials	Submitted to PO 3 weeks before meeting & to Meeting Attendees 2 weeks before meeting
Subtask 5.5	Revised Draft Report	Within 15 months of EDOC
	Teleconference to discuss revised draft report	Within 2 weeks of the day the revised draft is submitted to the AHRQ PO
Subtask 5.6	Expert Review	Within 12 months of EDOC Within 2 weeks of receiving all expert comments
	- List of Expert Reviewers - Summary of Reviewer Comments	
Subtask 5.7	Summary of Public Review Comments	Within 2 weeks of the final day of public review
Subtask 5.8	Disposition of Comments	Within 10 weeks of submission of the revised draft report (Subtask 5.5)
Subtask 5.9	Final Report	Within 20 months of EDOC
Subtask 5.10	Horizon Scanning Update Plan	Within 20 months of EDOC
Subtask 5.11	Horizon Scanning Manuscript	2 years of EDOC
<i>Task 6- Develop a plan to evaluate the AHRQ Healthcare Horizon Scanning System</i>		
Subtask 6.1	Identification and Monitoring Protocol Evaluation Plan	Within 75 days of EDOC (draft) Within 18 months of EDOC (final)
	Forecasting Methodology Evaluation Plan	Within 75 days of EDOC (draft) Within 18 months of EDOC (final)
<i>Task 7- Keep the AHRQ PO up-to-date on Contract activities and manage the Contract in accordance with all relevant laws and regulations</i>		
Subtask 7.1	Conference Calls	Weekly at the discretion of the AHRQ PO
Subtask 7.2	Progress Reports	Monthly
Subtask 7.3	Final Contract Report	1 month before the end of the

		contract
Subtask 7.4	ARRA reporting - Project Timeline	ongoing Within 4 weeks of EDOC
Subtask 7.5	OMB requirements	ongoing (if applicable)
Subtask 7.6	Section 508 Compliance	Ongoing
<b><i>Option Period Tasks:</i></b>		
<b><i>Task 8- Evaluate and Improve the AHRQ Healthcare Horizon Scanning System</i></b>		
Subtask 8.1	Identification and Monitoring Protocol Evaluation	3 years of EDOC
Subtask 8.2	Forecasting Methodology Evaluation	3 years of EDOC
Subtask 8.3	Implement Horizon Scanning Update Plan	90 days of Option Exercise
<b><i>The Contractor shall also continue the following activities:</i></b>		
Task 3	Implement the AHRQ Healthcare Horizon Scanning System	Ongoing
Subtask 4.1.3	Horizon Scanning Status Updates	Every other month
Subtask 4.2.3	High Impact Report Updates	Every three months
Subtask 4.3.1	Weekly Teleconference Teleconference Summary	weekly Within 3 days of the call
Subtask 4.3.2.2	Target Technology Reports	Within 2 weeks of request
Subtask 4.3.3.2	Existing Technology Reports	Within 4 weeks of request
Subtask 4.4	Delivery of Horizon Scanning Artifacts	1 week before the conclusion of the final option year
Subtask 7.1	Conference Calls	Weekly at the discretion of the AHRQ PO
Subtask 7.2	Progress Reports	Monthly
Subtask 7.3	Final Contract Report	1 month before the end of the final option year
Subtask 7.5	OMB requirements	ongoing (if applicable)
Subtask 7.6	Section 508 Compliance	Ongoing

The items specified for delivery are subject to the review and approval of the Government Contracting Officer's Technical Representative (COTR) before final acceptance. The Contractor shall be required to make revisions deemed necessary by the Task Order Officer.

In addition, the Contractor shall submit the following items in accordance with the stated delivery schedule:

<u>Item</u>	<u>Description</u>	<u>Quantity/Delivery Date</u>
1	Subcontracting Report for Individual Contracts (SF -294)	April 30 (annually) October 30 (annually) (1 original and 2 copies to the

		Contracting Officer)
2	Summary Subcontractor Report (SF 295)	October 30 (annually) (1 copy to the Office of Small and Disadvantaged Business Utilization (DHHS))
3	Small Disadvantaged Business Participation Report	1 copy at contract completion

In addition, one electronic and one hard copy of final reports and all other deliverables shall be submitted to COTR Officer at the address below:

The Contracting Officer shall receive one copy of each progress report and final report/ final deliverable.

Contracting Officer:  
Agency for Healthcare Research and Quality  
ATTN: Sharon Williams, Contracting Officer  
Contracts Management / OPART  
540 Gaither Road  
Rockville, Maryland 20850

COTR:  
Agency for Healthcare Research and Quality  
ATTN: Chuck Shih  
Center for Outcomes and Evidence  
540 Gaither Road  
Rockville, Maryland 20850

**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>
-------------	--------------

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

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 CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE**

The following Contracting Officer's Technical Representative will represent the Government for the purpose of this contract:

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

The Contracting Officer's Technical Representative is 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 Contracting Officer's Technical Representative 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 two 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**

##### **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 (i.e., Task/Subtask Name);
- (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;
- (f) The Internal Revenue Service Taxpayer Identification Number, and
- (g) Amount of current invoice and cumulative 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 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.

## 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 COTR 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, H.7, H.8, H-9, and H.10. 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**

Pursuant to the applicable Public Law 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 I)
Consolidated Appropriations Act, 2010 Public Law 111-117	1/1/10 – Until revised	\$199,700

## **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 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.9 OPTIONS

Unless the Government exercises its options pursuant to Options 1, 2, and 3 described in Section B, the contract consists of one 24-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 3, 4 and 5 of the Statement of Work as also defined in Section C 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.

## H.10 - AMERICAN RECOVERY AND REINVESTMENT ACT REQUIREMENTS (FOR BASE CONTRACT PERIOD)

The base period of this contract is funded under the American Recovery and Reinvestment Act of 2009 ("ARRA" or "Recovery Act") and requires as a condition of receipt of funds, quarterly reporting on the use of funds. Contractors that receive awards (or modifications to existing awards) funded, in whole or in part by the Recovery Act, must report information including, but not limited to:

- a. The dollar amount of contractor invoices;
- b. The supplies delivered and services performed;
- c. An assessment of the completion status of the work;
- d. An estimate of the number of jobs created and the number of jobs retained as a result of the Recovery Act funds;
- e. Names and total compensation of each of the five most highly compensated officers for the calendar year in which the contract is awarded; and
- f. Specific information on first-tier subcontractors.

***Option periods would be supported by AHRQ funds and therefore ARRA requirements would not apply to the option periods.***

The following FAR Clauses relating to ARRA are included in this Task Order:

FAR 52.203-15 – Whistleblower Protection Under the American Recovery and Reinvestment Act of 2009 (MAR 2009)

FAR 52.204-11 – American Recovery and Reinvestment Act – Reporting Requirements (MAR 2009)

FAR 52.215-2 – Audit and Records – Negotiation (Alternate I) (MAR 2009)

FAR 52.204-11 states in part:

This contract requires the contractor to provide products and/or services that are funded under the American Recovery and Reinvestment Act of 2009 (Recovery Act). Section 1512(c) of the Recovery Act requires each contractor to report on its use of Recovery Act funds under this contract. These reports will be made available to the public.

Reports shall be submitted no later than the 10th day after the end of each calendar quarter.

The Contractor shall report the following information, using the **online reporting tool available at [www.FederalReporting.gov](http://www.FederalReporting.gov)**.

- (1) The Government contract and order number, as applicable.
- (2) The amount of Recovery Act funds invoiced by the contractor for the reporting period. A cumulative amount from all the reports submitted for this action will be maintained by the government's on-line reporting tool.
- (3) A list of all significant services performed or supplies delivered, including construction, for which the contractor invoiced in this calendar quarter.
- (4) Program or project title, if any.
- (5) A description of the overall purpose and expected outcomes or results of the contract, including significant deliverables and, if appropriate, associated units of measure.
- (6) An assessment of the contractor's progress towards the completion of the overall purpose and expected outcomes or results of the contract (*i.e.*, not started, less than 50 percent completed, completed 50 percent or more, or fully completed). This covers the contract (or portion thereof) funded by the Recovery Act.
- (7) A narrative description of the employment impact of work funded by the Recovery Act. This narrative should be cumulative for each calendar quarter and only address the impact on the contractor's workforce. At a minimum, the contractor shall provide—
  - (i) A brief description of the types of jobs created and jobs retained in the United States and outlying areas (see definition in FAR [2.101](#)). This description may rely on job titles, broader labor categories, or the contractor's existing practice for describing jobs as long as the terms used are widely understood and describe the general nature of the work; and
  - (ii) An estimate of the number of jobs created and jobs retained by the prime contractor, in the United States and outlying areas. A job cannot be reported as both created and retained.
- (8) Names and total compensation of each of the five most highly compensated officers of the Contractor for the calendar year in which the contract is awarded if—
  - (i) In the Contractor's preceding fiscal year, the Contractor received—
    - (A) 80 percent or more of its annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; and
    - (B) \$25,000,000 or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; and
  - (ii) The public does not have access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 ([15 U.S.C. 78m\(a\), 78o\(d\)](#)) or section 6104 of the Internal Revenue Code of 1986.
- (9) For subcontracts valued at less than \$25,000 or any subcontracts awarded to an individual, or subcontracts awarded to a subcontractor that in the previous tax year had gross income under \$300,000, the Contractor shall only report the aggregate number of such first tier subcontracts awarded in the quarter and their aggregate total dollar amount.
- (10) For any first-tier subcontract funded in whole or in part under the Recovery Act, that is over \$25,000 and not subject to reporting under paragraph 9, the contractor shall require the subcontractor to provide the information described in (i), (ix), (x), and (xi) below to the contractor for the purposes of the quarterly report. The contractor shall advise the subcontractor that the information will be made available to the public as required by section 1512 of the Recovery Act. The contractor shall provide detailed information on these first-tier subcontracts as follows:
  - (i) Unique identifier (DUNS Number) for the subcontractor receiving the award and for the subcontractor's parent company, if the subcontractor has a parent company.

- (ii) Name of the subcontractor.
- (iii) Amount of the subcontract award.
- (iv) Date of the subcontract award.
- (v) The applicable North American Industry Classification System (NAICS) code.
- (vi) Funding agency.
- (vii) A description of the products or services (including construction) being provided under the subcontract, including the overall purpose and expected outcomes or results of the subcontract.
- (viii) Subcontract number (the contract number assigned by the prime contractor).
- (ix) Subcontractor's physical address including street address, city, state, and country. Also include the nine-digit zip code and congressional district if applicable.
- (x) Subcontract primary performance location including street address, city, state, and country. Also include the nine-digit zip code and congressional district if applicable.
- (xi) Names and total compensation of each of the subcontractor's five most highly compensated officers, for the calendar year in which the subcontract is awarded if—
  - (A) In the subcontractor's preceding fiscal year, the subcontractor received—
    - (1) 80 percent or more of its annual gross revenues in Federal contracts (and subcontracts), loans, grants (and subgrants), and cooperative agreements; and
    - (2) \$25,000,000 or more in annual gross revenues from Federal contracts (and subcontracts), loans, grants (and subgrants), and cooperative agreements; and
  - (B) The public does not have access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 ([15 U.S.C. 78m\(a\), 78o\(d\)](#)) or section 6104 of the Internal Revenue Code of 1986.

**PART II - CONTRACT CLAUSES  
(2/10 DCM)  
FAC 2005-38**

**SECTION I  
CONTRACT CLAUSES  
GENERAL CLAUSES FOR A NEGOTIATED FIXED-PRICE 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 Fees (APR 1984)
52.203-6	Restrictions on Subcontractor Sales to the Government (SEPT 2006)
52.203-7	Anti-Kickback Procedures (JUL 1995)
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_Poster.pdf">http://www.oig.hhs.gov/hotline/OIG_Hotline_Poster.pdf</a> )
52.203-15	Whistleblower Protections Under the American Recovery and Reinvestment Act of 2009 (MAR 2009)
52.204-4	Printing or Copying Double-Sided on Recycled Paper (AUG 2000)
52.204-7	Central Contractor Registration (APR 2008)
52.204-11	American Recovery and Reinvestment Act Reporting Requirements (MAR 2009)

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 (MAR 2009)
52.215-8	Order of Precedence-Uniform Contract Format (Oct 1997)
52.215-17	Wavier of Facilities Capital Cost of Money (OCT 1997)
52.217-8	Option to Extend Services (NOV 1999)
52.217-9	Option to Extend the Term of the Contract (MAR 2000)
52.219-8	Utilization of Small Business Concerns (MAY 2004)
52.219-9	Small Business Subcontracting Plan (APR 2008)
52.219-28	Post-Award Small Business Program Representation (JUNE 2007)
52.222-3	Convict Labor (JUNE 2003)
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)
52.222-50	Combating Trafficking in Persons (FEB 2009)
52.222-54	Employment Eligibility Verification (FEB 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)
52.225-13	Restrictions on Certain Foreign Purchases (JUNE 2008)
52.227-1	Authorization and Consent (DEC 2007)
52.227-2	Notice and Assistance Regarding Patent and Copy-Right 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)
52.232-1	Payments (APR 1984)
52.232-8	Discounts for Prompt Payment (FEB 2002)
52.232-9	Limitation on Withholding of Payments (APRIL 1984)
52.232-11	Extras (APR 1984)
52.232-17	Interest (OCT 2008)
52.232-18	Availability of Funds (APRIL 1984)
52.232-20	Limitation of Cost (APR 1984)
52.232-22	Limitation of Funds (APR 1984) (This clause supersedes the Limitation of Cost clause found in the General Clauses of this contract.)
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)
52.239-1	Privacy or Security Safeguards (AUG 1996)
52.242-13	Bankruptcy (JULY 1995)
52.243-1	Changes – Fixed Price (AUG 1987) - Alternate I (APRIL 1984)
52.244-2	Subcontracts (JUNE 2007)
52.244-5	Competition in Subcontracting (DEC 1996)
52.246-4	Inspection of Services-Fixed Price (AUG 1996)

52.246-25	Limitation of Liability-Services (FEB 1997)
52.249-4	Termination for Convenience of the Government (Services) (Short Form) (APR 1984)
52.249-8	Default (Fixed-Price Supply and Service) (APR 1984)
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
352.223-70	Safety and Health (JAN 2006)
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)

**The following clause is applicable to this contract and is provided in full text:**

**KEY PERSONNEL (APR 1984) (HHSAR 352.270-5)**

The personnel specified in this contract are considered to be essential to the work being performed hereunder. Prior to diverting any of the specified individuals to other programs, the Contractor shall notify the Contracting Officer reasonably in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No diversion shall be made by the Contractor without the written consent of the Contracting Officer; provided, that the Contracting Officer may ratify in writing such diversion and such ratification shall constitute the consent of the Contracting Officer required by this clause. The contract may be amended from time to time during the course of the contract to either add or delete personnel, as appropriate.

(End of clause)

**OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000) 52.217-9**

(a) The Government may extend the term of this contract by written notice to the Contractor within 30 days of the expiration date of the contract; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 60 days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 60 months.

(End of clause)

**PART III- LIST OF DOCUMENTS, EXHIBITS AND ATTACHMENTS**

**SECTION J - LIST OF ATTACHMENTS**

Attachment

1. Past Performance Questionnaire and Contractor Performance Form
2. SF LLL-A, Disclosure of Lobbying Activities
3. Proposal Intent Form
4. Small Business Subcontracting Plan
5. Breakdown of proposed Fixed Price and Labor Hours/Rates
6. Invoice Schedule

**NOTE: ALL ATTACHMENTS ARE LOCATED AT THE END OF THIS REQUEST FOR PROPOSAL.**

**PART IV. REPRESENTATIONS AND INSTRUCTIONS**

**SECTION K**

(FAC 2005-30)

**PART IV. REPRESENTATIONS AND INSTRUCTIONS**

**SECTION K**

**REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS**

K.1	HHSAR 315.204-5	Representations and Instructions
K.2.	FAR 52.204-8	Annual Representations and Certifications (FEB 2009)
K.3	FAR 52.209-5	Certification Regarding Responsibility Matters (DEC 2008)
K.4.	FAR 52.222-21	Prohibition of Segregated Facilities (FEB 1999)
K.5.	FAR 52.230-1	Cost Accounting Standards Notices and Certification (JUNE 2000)
K.6.	FAR 15.406-2	Certificate of Current Cost and Pricing Data
K.7.	P.L. 103-227	Certification Regarding Environmental Tobacco Smoke
K.8.	HHSAR 352.204	Certification of Filing and Payment of Federal Taxes

**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 (FEB 2009) (FAR 52.204-8)

ANNUAL REPRESENTATIONS AND CERTIFICATIONS (FEB 2009)

(a)(1) The North American Industry Classification System (NAICS) code for this acquisition is \_\_\_\_\_ [*insert NAICS code*].

(2) The small business size standard is \_\_\_\_\_ [*insert size standard*].

(3) The small business size standard for a concern which submits an offer in its own name, other than on a construction or service contract, but which proposes to furnish a product which it did not itself manufacture, is 500 employees.

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

(ii) Paragraph (c) does not apply and the offeror has completed the individual representations and certifications in the solicitation.

(c) 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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_____	_____	_____	_____
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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 Certification Regarding Responsibility Matters (Dec 2008)

(a)(1) The Offeror certifies, to the best of its knowledge and belief, that—

(i) The Offeror and/or any of its Principals—

(A) Are \_\_\_ are not \_\_\_ presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;

(B) Have \_\_\_ have not \_\_\_, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violating Federal criminal tax laws, or receiving stolen property;

(C) Are \_\_\_ are not \_\_\_ presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision;

(D) Have \_\_\_, have not \_\_\_, within a three-year period preceding this offer, been notified of any delinquent Federal taxes in an amount that exceeds \$3,000 for which the liability remains unsatisfied.

(1) Federal taxes are considered delinquent if both of the following criteria apply:

(i) The tax liability is finally determined. The liability is finally determined if it has been assessed. A liability is not finally determined if there is a pending administrative or judicial challenge. In the case of a judicial challenge to the liability, the liability is not finally determined until all judicial appeal rights have been exhausted.

(ii) The taxpayer is delinquent in making payment. A taxpayer is delinquent if the taxpayer has failed to pay the tax liability when full payment was due and required. A taxpayer is not delinquent in cases where enforced collection action is precluded.

(2) Examples.

(i) The taxpayer has received a statutory notice of deficiency, under I.R.C. § 6212, which entitles the taxpayer to seek Tax Court review of a proposed tax deficiency. This is not a delinquent tax because it is not a final tax liability. Should the taxpayer seek Tax Court review, this will not be a final tax liability until the taxpayer has exercised all judicial appeal rights.

(ii) The IRS has filed a notice of Federal tax lien with respect to an assessed tax liability, and the taxpayer has been issued a notice under I.R.C. § 6320 entitling the taxpayer to request a hearing with the IRS Office of Appeals contesting the lien filing, and to further appeal to the Tax Court if the IRS determines to sustain the lien filing. In the course of the hearing, the taxpayer is entitled to contest the underlying tax liability because the taxpayer has had no prior opportunity to contest the liability. This is not a delinquent tax because it is not a final tax liability. Should the taxpayer seek tax court review, this will not be a final tax liability until the taxpayer has exercised all judicial appeal rights.

(iii) The taxpayer has entered into an installment agreement pursuant to I.R.C. § 6159. The taxpayer is making timely payments and is in full compliance with the agreement terms. The taxpayer is not delinquent because the taxpayer is not currently required to make full payment.

(iv) The taxpayer has filed for bankruptcy protection. The taxpayer is not delinquent because enforced collection action is stayed under 11 U.S.C. 362 (the Bankruptcy Code).

(ii) The Offeror has \_\_\_ has not \_\_\_, within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(2) "Principal," for the purposes of this certification, means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment; and similar positions).

This Certification Concerns a Matter Within the Jurisdiction of an Agency of the United States and the Making of a False, Fictitious, or Fraudulent Certification May Render the Maker Subject to Prosecution Under Section 1001, Title 18, United States Code.

(b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror nonresponsible.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

(End of provision)

#### K.4. 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.5. 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.6. 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.7. 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.8 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. Upon request, the contracting officer will make the full text available. Also, 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 which 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) *Submission, 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 identity of the person requesting withdrawal is established and the person 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 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) Offerors 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 without discussions with offerors (except clarifications as described in FAR 15.306(a)). Therefore, the offeror's initial proposal should contain the offeror's best terms from a cost or price and technical standpoint. The Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary. 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.
- (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 offeror as to whether source-selection procedures set forth in the solicitation, applicable regulations, and other applicable authorities were followed by the agency.

(End of provision)

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

The Government contemplates award of a firm, fixed-priced, completion type contract resulting from this solicitation.

It is anticipated that one contract award will be made from this solicitation and that the award is estimated to be made in August 2010.

**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 POINT OF CONTACT FOR TECHNICAL INQUIRIES**

The technical contact for additional information and answering inquiries is the Contracting Officer. All questions regarding this solicitation shall be in writing and received by the Contracting Officer no later than 12:00 noon ET on March 11, 2010. All questions shall be e-mailed to Sharon Williams at [sharon.williams@ahrq.hhs.gov](mailto:sharon.williams@ahrq.hhs.gov).

**L.8 PROPOSAL INTENT/ APPROVAL FOR CONTACT INFORMATION FOR BIDDERS LIST (Attachment 3)**

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.

**L.9 GENERAL INSTRUCTIONS**

Introduction

The following instructions will establish the acceptable minimum requirements for the format and contents of proposals. Special attention is directed to the requirements for technical and business proposals to be submitted in accordance with these instructions:

- a. Contract Type and General Provisions: It is contemplated that a firm fixed price contract 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. To expedite the proposal evaluation, all documents required for responding to the RFP should be placed in the following order:
- I. TECHNICAL PROPOSAL: See Technical Proposal Instructions for recommended format (L.10). Please mark as original or copy.
  - II. PAST PERFORMANCE INFORMATION: See Past Performance Information Instructions for format (L.11)
  - III. SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN: See Small Disadvantaged Business Plan Instructions for format (L.12)
  - IV. BUSINESS PROPOSAL: See Business Proposal Instructions for recommended format (L.13).
- c. Separation of Technical, Past Performance Information, and Business Proposal: The proposal shall be in 3 parts:
- (1) Technical Proposal; (2) Past Performance Information; and (3) Business Proposal. 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. **The technical proposal shall not contain reference to cost/price**; however resources information, such as data concerning labor hours and categories, 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 the technical proposal instructions.
- d. Evaluation of Proposals: The Government will evaluate technical proposals in accordance with the criteria set forth in Section M, Evaluation/Award Criteria.
- e. 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.

- f. 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.
- g. 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 General Accounting Officer 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.

- h. 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 eleven (11) hard copies. The technical proposal described below shall be limited to **80 pages** not including resumes or bibliographies, with no less than 11 point, double-spaced, so long as they are legible). Brief biographic sketches or CVs (less than 10 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. One (1) manually signed original 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 listed below. The offeror shall further state that no deviations or exceptions to the Statement of Work (SOW) are taken.

**Technical proposals submitted in response to this RFP shall address each of the items described below, and shall be organized in the same manner and within the page limitations specified. Proposals shall be prepared in double-spaced format, with numbered pages.**

## **B. Technical Proposal Requirements**

### **1. Understanding the Project**

Briefly, but in sufficient detail to demonstrate a knowledge and understanding of the requirements of this Contract, the Offeror shall provide a brief statement of the issues which underscore the concepts of and need for this project. This statement shall include a description of the scope and purpose of the project and show the Offeror's overall understanding of the issues at play. At a minimum, the Offeror shall:

- a. Clearly demonstrate an understanding of healthcare delivery, innovation and diffusion of healthcare technology, and the impact of regulatory requirements and payer policies in the US.
- b. Clearly demonstrate an understanding of the Effective Health Care Program and how horizon scanning fits into the comparative effectiveness research efforts at AHRQ.
- c. Briefly discuss how pertinent work already published and/or performed by the Offeror demonstrates an understanding of horizon scanning.
- d. Briefly discuss the potential challenges of horizon scanning based on experience in similar work and discuss how these challenges were addressed.

### **2. Response to the SOW**

The Offeror shall clearly address its technical approach proposed for tasks and subtasks in the SOW and provide a description that clearly addresses how it plans to develop, design, and implement a process to meet the requirements of the project. Methods proposed by the Offeror to accomplish the required tasks shall be based on a justified scientific rationale, and the Offeror shall demonstrate an understanding of its proposed methods. In particular, the Offeror shall demonstrate the ability to implement horizon scanning protocol and methods as well as produce written reports that are scientifically and methodologically rigorous. For each section below, the Offeror shall include a description of its prior experience and technical ability to perform each task and subtask of the SOW. At a minimum, the Offeror shall:

- a. Provide and discuss a conceptual model of the Offeror's proposed horizon scanning system. At a minimum, the Offeror's conceptual model shall consist of: 1) a protocol to identify and monitor target healthcare technologies; 2) a methodology to analyze and forecast the future impact of target healthcare technologies; and 3) an indexing framework to allow different target healthcare technologies to be linked with one another.

- b. Clearly propose and describe a horizon scanning protocol to identify and monitor target healthcare technologies. The Offeror shall discuss how its protocol will be used to: 1) identify target technologies; 2) prioritize which target technologies to monitor; and 3) monitor target technologies over time. The Offeror shall also describe its methods for deciding when a previously identified and monitored technology will no longer be monitored. The Offeror shall also provide a scientific justification for choosing specific elements in its protocol. When possible, a description of previous experience implementing specific elements of its proposed protocol shall be provided, including any evidence of success and a description of the metric(s) used to evaluate success. The Offeror shall at a minimum:
- i. Discuss separately the protocol to 1) identify target technologies; 2) prioritize which target technologies to monitor; and 3) monitor target technologies over time.
  - ii. Discuss the horizon scanning protocol as it relates to the following technology categories: 1) new technology, 2) emerging technology, 3) established technology with a new indication, and 4) a group of developing technologies that may as a whole have an impact.
  - iii. Discuss separately the information sources for horizon scanning.
    - 1) Identify a preliminary list of existing information sources that will be used in horizon scanning for target healthcare technologies and describe how these sources will be used to identify, assess, and monitor healthcare technology. The Offeror shall provide justification for including its proposed data sources. Possible sources of information may include the following:
      - Federal Government websites (including, but not limited to, the FDA website and clinicaltrials.gov)
      - Blogs
      - Newspapers and journals
      - Abstracts presented at scientific meetings and conference notes
      - Private market research firms
    - 2) Identify a preliminary list of new information sources that will be created and describe how these sources will be used to identify, assess, and monitor healthcare technologies. The Offeror shall provide justification for including its proposed data sources. Where appropriate, the Offeror shall provide letters of support confirming access to the data sources. Possible sources of information may include the following:
      - Focus groups of physicians, health plans, hospitals, patients
      - Data mining healthcare data sources such as administrative data and electronic data records
  - iv. Provide a description of the information to be collected on target healthcare technologies identified and monitored in horizon scanning. The Offeror shall also include a description of information to be collected on contextual factors surrounding a target technology that may affect its use in a clinical or healthcare setting. The Offeror shall also specify sources that will be used to obtain information on contextual factors surrounding a target healthcare technology. Possible data elements may include, but are not limited to, the following:
    - *Information on the technology*: name, description, mode of administration, dose range, manufacturer, stage of development, FDA status, cost of the technology.

- *Information on patients and setting:* indication, incidence and prevalence of the condition, setting(s) for use of the intervention, types of providers and training needed for the intervention, adjunct techniques and interventions.
  - *Information on the clinical pathways of the technology:* clinical algorithms for use, including selection of patients for the procedure, prior and concurrent ancillary treatments, and follow-up care.
  - *Information on the alternatives to the intervention:* usual care for the condition and other recommended treatments from published guidelines.
  - *Information on the commercial status of the technology:* current number of units in physician offices, hospitals or other settings; geographic distribution of access to the technology; and awareness and attitudes of physicians and patients toward the technology.
  - Any other data elements as needed for the metrics to be developed in Subtask 2.2 of the SOW.
- c. Clearly propose and describe a methodology to conduct an analysis of the contextual factors surrounding a target healthcare technology and to forecast the future clinical, system, and cost impact of the target healthcare technology. Data elements that will be used to make forecasting predictions shall be specified. The Offeror shall provide a scientific justification for choosing specific elements in its methodology and provide evidence of the accuracy of its proposed forecasting methodology. The Offeror shall also describe methods that will be used to determine an appropriate analytic horizon. A brief description of any previous experience implementing and working with specific elements of the Offeror's proposed forecasting methodology shall be provided.
  - d. Clearly propose and describe preliminary metrics for measuring "high impact" based on a technology having a forecasted significant clinical, system, and/or cost impact in the future. The Offeror shall provide a scientific justification for choosing its metrics. A brief description of any previous experience implementing and working with the proposed metrics shall be provided.
  - e. Propose and describe an indexing framework for linking target technologies using data elements that the Offeror has proposed to collect.
  - f. Propose and describe a format and organizing framework for the Horizon Scanning Status Updates required in the SOW (Subtask 4.1). The Offeror shall identify data elements that will be included in the status updates and discuss how information from horizon scanning activities will be summarized.
  - g. Propose and describe a format and organizing framework for the High Impact Reports required in the SOW (Subtask 4.2). The Offeror shall identify data elements to be included in the reports as well as discuss how information on the high impact healthcare technologies will be summarized and linked with other target healthcare technologies identified and monitored in horizon scanning.
  - h. Propose and describe a format and organizing framework for the Target Technology Reports required in the SOW (Subtask 4.3.2). The Offeror shall identify data elements to be included in the reports as well as discuss how information on the healthcare technology (or technologies) of interest will be summarized and linked with other target healthcare technologies identified and monitored in horizon scanning.
  - i. Propose and describe a format for the Existing Technology Reports required in the SOW (Subtask 4.3.3). The Offeror shall discuss the methods that will be used to assess the existing technology of interest. The Offeror shall also discuss how information on the existing technology will be summarized in the report.

- j. Propose and describe a preliminary study plan to review published and unpublished literature on horizon scanning methods. The Offeror shall, at a minimum, identify potential sources of information and discuss ways that the findings from a literature review will be integrated with findings from an expert meeting.
- k. Propose and describe a plan to evaluate the horizon scanning identification and monitoring protocol. The Offeror shall, at a minimum, propose a list of metrics and definitions for measuring success.
- l. Propose and describe a plan to evaluate the forecasting methodology. The Offeror shall, at a minimum, propose metrics and definitions for measuring the accuracy and success of the forecasting methodology.
- m. Describe and discuss the Offeror's ability to incorporate knowledge gained from research and quality improvement efforts into existing infrastructure, such as that which will be in place with the AHRQ Healthcare Horizon Scanning System. In particular, the Offeror shall provide evidence of its ability to incorporate new scientific, policy and process findings into the AHRQ Horizon Scanning System. Furthermore, the Offeror shall identify and discuss no more than three (3) key factors to consider in incorporating findings from the literature review and discussions with experts into the horizon scanning system.

### **3. Key Personnel & Staffing Plan**

The Offeror shall specify the project team, including the Project Director, Project Manager, subcontractors and consultants. The Offeror shall provide evidence of the availability, qualifications, and demonstrated experience of key management personnel, including the Project Director and Project Manager. Project personnel shall have experience relevant to achieving the requirements of the SOW as well as for implementing the Offeror's proposed methods. The Offeror shall:

- a. Designate and clearly identify a Project Director. This individual shall possess strong corporate level management experience. The Project Director is responsible for the overall management of the Contract, including coordination and cooperation with the AHRQ PO, direction and oversight of all activities to be performed under this Contract involving internal staff and subcontractors, and assuring the highest quality and timeliness of work performed. The Project Director should have, at a minimum, a doctoral or medical degree and have demonstrated knowledge of healthcare technology innovation and diffusion within the context of the US healthcare system. In addition, the Project Director shall have experience overseeing projects that have involved development and analysis of relational data. The Project Director shall not have less than ten (10) years of total work experience which includes: 1) at least eight (8) years in experience related to the tasks specified in the SOW; 2) demonstrated skills in organizing and monitoring complex projects conducted by groups of diverse professionals; 3) knowledge of payer (including Medicare) policies; and 4) knowledge of FDA regulatory requirements for drugs, devices and biologics. The Offeror shall provide a narrative discussing the following:
  - i. Describe how the education and technical experience of the Project Director specifically relate to the SOW requirements.
  - ii. Provide information on the length and currency of the overall education of the Project Director.
  - iii. Describe the experience of the Project Director in managing projects with similar SOW requirements as this project and other complex projects involving scheduling multiple assignments that require the participation of external partners;

- providing logistics support for off-site projects and meetings; organizing, developing and managing complex data; report development and management, and quality control. Describe those projects managed and how the management experience of the proposed Project Director equips them to manage a staff needed to complete the required tasks of the SOW.
- iv. Describe the ability of the Project Director to address issues of policy and legal sensitivity as they relate to the SOW.
- b. Designate and clearly identify a Project Manager responsible for the day-to-day management of the activities performed under this Contract. The Project Manager must be highly experienced and qualified with significant leadership and communication skills and demonstrated experience in managing complex, large-scale projects with similar requirements and outcomes. It is expected that the Project Manager shall have training and experience in health services research, development and implementation of quality improvement strategies, and personnel/project management. In addition, the Project Manager must have experience in working with diverse groups such as innovators, healthcare providers and purchasers, clinical and health service researchers, and healthcare policymakers. The Project Manager shall have, at a minimum, a Master's degree in a health and human services-related specialty and at least ten (10) years total work experience which includes: 1) at least eight (8) years in a health-related field; and 2) demonstrated skills in organizing and monitoring complex projects conducted by groups of diverse professionals. The Offeror shall provide a narrative discussing the following:
    - i. Describe how the education and technical experience of the Project Manager specifically relate to the SOW requirements.
    - ii. Provide information on the length and currency of the overall education of the Project Manager.
    - iii. Describe the experience of the Project Manager in managing projects with similar SOW requirements as this project and other complex projects involving scheduling multiple assignments that require the participation of external partners; providing logistics support for off-site projects and meetings; organizing, developing and managing complex data; report development and management, and quality control. Describe those projects managed and how the management experience of the proposed Project Manager equips them to manage a staff needed to complete the required tasks of the SOW.
    - iv. Describe the ability of the Project Manager to address issues of policy and legal sensitivity as they relate to the SOW.
  - c. Provide evidence of the availability, qualifications, and demonstrated experience of other key clinical, policy, and technical personnel (i.e., excluding the Project Director and Project Manager). The Offeror's project team shall have demonstrated experience in developing and analyzing relational data and in working with issues related to healthcare technology innovation and diffusion in the US; payer (including Medicare) policies; and FDA regulatory policies. The Offeror shall:
    - i. Describe how the education and technical experience of the key proposed personnel relate to specific tasks of the SOW.
    - ii. Provide length and currency of education for the proposed personnel
    - iii. Describe the management experience of the proposed personnel if they are to serve as team leaders. Include a description of their experience in independent problem solving and conflict resolution, facilitating groups in the analysis of large quantities of information, and coordinating and editing the work of others in the production of written reports. Describe those projects currently managed or managed in the past.

- iv. Describe the ability of these personnel to address issues related to the horizon scanning of healthcare technology, literature review, meeting planning and facilitation, analysis of relational data, and other tasks similar to the SOW tasks.
- v. Describe the experience of these personnel in developing and analyzing relational data and/or in working with issues related to healthcare technology innovation and diffusion in the US; payer (including Medicare) policies; FDA regulatory policies; and other activities pertinent or related to the horizon scanning activities required in the SOW.

#### **4. Management Plan**

The Offeror shall demonstrate its ability to achieve the delivery of performance requirements through the proposed use of corporate management and other personnel resources as well as demonstrate that its organizational structure and capabilities will meet the project's milestones in a timely manner. The Offeror shall describe its relevant organizational qualifications and experience, especially that relating to the design and implementation of a horizon scanning system; design and analysis of relational data; literature reviews; and planning expert meetings. At a minimum, the Offer shall:

- a. Demonstrate corporate experience in managing projects of a similar size and nature.
- b. Provide a fully supported narrative showing the 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:
  - i. Labor skill mix determination
  - ii. Personnel selection and assignment
  - iii. The percentage of full-time core personnel. If a ratio of less than 70 percent full-time core staff to 30 percent consultants/subcontractors is proposed, the 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.
  - iv. Monitoring and control of services provided: technical quality, responsiveness, cost control, effective and efficient resource utilization, and compliance with technical requirements and Contract provisions.
  - v. Managerial challenges the Offeror expects to encounter (a maximum of 3). Describe the methods proposed to solve these problems. Demonstrate ability and flexibility to rapidly solve the same or similar managerial problems encountered previously.
  - vi. Ability and flexibility to respond rapidly to changes in budget, priorities, and schedule.
  - vii. The Offeror's ability to quickly respond to report requests.
- c. Indicate clear lines of authority and delineation of staff responsibility.
- d. Describe the number of person-hours for each task and for service delivery.
- e. Provide an organizational chart and Program Evaluation Review Technique (PERT) chart showing all tasks (i.e., a staffing plan).
- f. Describe coordination with proposed subcontractors and consultants, including monitoring of their performance.
- g. 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.
- h. Provide a person-level task-loading chart (to include the efforts of consultants and subcontractors) 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 clearly listed with an asterisk (\*).

## **5. Facilities & Equipment**

The Offeror shall describe the available facilities, space, and equipment necessary to adequately support the efforts needed to accomplish the project goals and objectives. If any location is rented or leased, the Offeror shall so indicate and give the date that the lease ends.

### **L.11 PAST PERFORMANCE INFORMATION**

Offerors shall submit the following information (original and 5 copies) as part of their proposal for both the offeror and proposed major subcontractors:

(1) A list of the last five (5) contracts and subcontracts completed during the past three years and all contracts and subcontracts currently in process that include services similar or relevant to the requirements of this solicitation. 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 may 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.

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

Sharon Williams  
Agency for Healthcare Research and Quality  
Division of Contracts Management  
540 Gaither Road  
Rockville, Maryland 20850  
FAX: 301-427-1781

Evaluation forms must be received by **12:00 noon Local Time, April 15, 2010** 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 \$500,000 (\$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 an original and two (2) copies.

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 – FIRM FIXED PRICE**

The offeror shall submit as part of the proposal a separate enclosure titled "Business Proposal." The Business Proposal shall include the Cost/Price Proposal, the Small Business Subcontracting Plan, and Other Administrative Data in accordance with the following:

A. Cost/Price Proposal

*A price proposal shall be submitted in accordance with FAR 15, in a format similar to the attachment. The offeror's own format may be utilized, but all required information in the attachment shall be provided.*

The business proposal must contain sufficient information to allow the Government to perform a basic analysis of the proposed cost or price of the work. This information shall include the amounts of the basic elements of the proposed cost or price.

As appropriate, cost breakdowns shall be provided for the following cost elements.

(a) Direct Labor

The estimated cost for all personnel who will be assigned for direct work on this project shall be included. Give the name, title, percent of effort or time, salary and fringe benefits for each employee.

Salary increases that are anticipated during performance of a resultant contract should be proposed as a cost. If escalation is included, state the degree (percent) and methodology, e.g., annual flat rate applied to a base rate as of a specific date or a mid-pointed rate for the period of performance. State whether any additional direct labor (new hires) will be required during the performance period of this procurement. If so, state the number required and anticipated date of hire. Also, specify the month and day on which your fiscal year commences.

(b) Supplies and Equipment

Include description, unit price, quantity, total price, justification for purchasing or leasing items and the basis for pricing (vendor quotes, invoices prices, etc.).

(c) Travel

The amount proposed for travel shall be supported with a breakdown which includes purposes, destination, duration, and estimated cost (transportation and per diem) for each proposed trip. If travel costs are proposed on the basis of your organization's established travel policy, a copy of the policy must be provided.

(d) Consultants

This element should include name(s) of consultant, number of days, and daily rate. The method of obtaining each consultant, either sole source or competitive, and the degree of competition or the rationale for sole source shall be explained.

(e) Subcontractors

Subcontractor costs shall be broken down and supported by cost and pricing data adequate to establish the reasonableness of the proposed amount. Subcontract cost detail should be similar to the level of detail provided for the prime contractor, with the same cost elements. Support documentation should include degree of subcontract competition and basis for selecting source.

(f) Other Direct Costs

Any proposed other direct costs shall be supported with breakdown outlining the separate costs proposed and details supporting the formulation of the costs proposed. A signed agreement between the offeror and any personnel other than direct employees that includes dates of employment, salary, and specific tasks to be performed should be included.

(g) Indirect Costs

Indicate how you have computed and applied indirect costs, and provide a basis for evaluating the reasonableness of the proposed rates.

B. Cost/Price Analysis

In order for AHRQ to conduct a complete cost/price analysis please include the following information in the cost proposal:

- Copy of most recent payroll register for ALL proposed employees. If necessary, show proposed hourly rate calculations for each employee.
- Copy of most current indirect cost rate agreement. If no rate agreement exists, show detailed calculations of all proposed indirect rates, supported by audited or reviewed financial statements.
- Detailed breakdown of each proposed direct cost element by contract year (not by task only), showing proposed total quantities per year and corresponding proposed unit costs for each item.

- Supporting documentation for each proposed unit cost. Examples of accepted forms of documentation include invoices, catalog pages, quotations, and general ledgers showing historical costs for comparable items.
- State salary increase policy, as well as proposed increase factor. If it is company policy for employees to receive salary increases on their anniversary dates of hire, please indicate the anniversary dates of hire for each proposed employee.
- Breakdown of proposed unloaded direct labor rates and proposed number of direct labor hours for each employee for each contract year.
- State the proposed period of performance that proposed costs are based upon.

C. Small Business Subcontracting Plan:

All offerors except small businesses are required to submit a subcontracting plan in accordance with the Small Business Subcontracting Plan, FAR 52.219-9, incorporated in this solicitation. 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 with the initial 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 contract will be awarded unless and until an acceptable plan is negotiated with the Contracting Officer. The plan will be incorporated in to the contract.
- 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 contract.
- 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 28% for Small Businesses, which shall include at least 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.

D. 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. **Section K shall be made a part of the original business proposal.**

E. Invoice Schedule

The Invoice Schedule (Attachment 6) shall be completed by entering in the proposed price of each deliverable identified and listed on the Invoice Schedule. This schedule shall be completed for both the 2-year base contract period and for each of the three 1-year option periods. This Invoice Schedule will be used by the Contractor to submit monthly invoices as the tasks are completed and accepted as identified on the schedule. The completed Invoice Schedule shall be included in the Business Proposal.

#### L.14 SELECTION OF OFFERORS

- a. The acceptability of the technical portion of each contract proposal will be evaluated by the 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 cost review, management analysis, etc.
- c. Past performance, Small Business Subcontracting Plan and the Small Disadvantaged Business Participation Plan of the technically acceptable offerors will be evaluated by AHRQ staff. A competitive range will be determined. Oral or written discussions will be conducted with all offerors in the competitive range, if necessary. All aspects of the proposals are subject to discussions, including cost, technical approach, past performance, Small Disadvantaged Business Participation Plan and contractual terms and conditions. Final Proposal Revisions will be requested with the reservation of the right to conduct limited negotiations after submission of the Final Proposal Revisions.
- d. A final best-buy 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.
- e. The Government reserves the right to make a single award, multiple awards, or no award at all to the RFP.

## **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 4 factors. These factors are 1) scientific technical merit, 2) cost/price, 3) past performance, and 4) the Small Disadvantaged Business Participation Plan. Scientific technical merit of proposals will receive paramount consideration in the selection of the Contractor for this acquisition and will be evaluated based on the evaluation factors and assigned weights outlined below. The technical proposal consists of the responses to evaluation criteria 1, 2, 3, 4, and 5 included in the Technical Proposal Requirements, and factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found in Section L (the Technical Proposal Instructions) of this solicitation. Evaluation criteria A, B, C, D, and E will be evaluated by a peer review technical committee that will also recommend acceptability or unacceptability of submitted proposals. Offerors who submit technically acceptable proposals will subsequently be evaluated based on past performance and for their Small Disadvantaged Business Participation Plan. Following these evaluations, a competitive range will be determined. The award will be made to that responsible Offeror whose proposal is most advantageous to the Government.

All evaluation factors, other than cost/price, when combined are significantly more important than cost/price alone. However, cost/price may become a critical factor in source selection in the event that two or more Offerors are determined to be essentially equal following the evaluation of all other factors. The Government reserves the right to make an award to the Offeror whose proposal provides the best overall value. While the scientific technical merit of the proposals receives paramount consideration in the selection of the Contractor for this acquisition, the Government may also consider other factors in source selection.

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

All proposals will be reviewed in accordance with governing regulations and AHRQ policies and procedures. The technical proposal, past performance information, and Small Disadvantaged Business Plan will be evaluated in terms of the Offeror's response to each of the evaluation factors. The Offeror should show that the objectives for the solicitation are understood and propose a logical program for their accomplishment. Each proposal will be evaluated on the likelihood of it meeting the Government's requirements. The evaluation will be based on technical and administrative capabilities in relation to the needs of the program, anticipated tasks, and the reasonableness of costs shown in relation to the work to be performed. The Government reserves the right to make an award to the best advantage of the Government.

#### **Evaluation Criteria**

#### **Weight**

##### **A. Understanding of the Project**

**10**

Proposals will be evaluated on completeness and on whether the Offeror demonstrates an overall understanding of the purpose of the project, specifically as it relates to informing the comparative effectiveness research priority setting process in the Effective Health Care Program at AHRQ. Proposals will also be evaluated on the Offeror's demonstrated understanding of the potential challenges of this work and their response to these challenges.

## **B. Response to the Statement of Work**

**45**

Proposals will be evaluated on the scientific rationale, innovation, completeness, reasonableness, clarity, and feasibility of the Offeror's approach to meeting the requirements of each task and subtask in the SOW and the extent to which the Offeror clearly demonstrates its experience, creativity, and ability to:

- Quickly and efficiently finalize for implementation the proposed horizon scanning methods to 1) identify and monitor target technologies; 2) analyze and forecast the potential impact of target technologies; and 3) index target technologies being monitored. Proposed horizon scanning methods will also be evaluated on their scope of healthcare technology coverage and the depth and relevancy of the information that will be collected on target healthcare technologies.
- Implement and maintain a horizon scanning protocol that will identify and monitor target healthcare technologies over the performance period of the Contract.
- Implement and maintain a methodology to analyze and forecast the future clinical, system, and cost impact of target healthcare technology.
- Produce high quality reports every two months on horizon scanning activities.
- Produce high quality quarterly reports on "High Impact" technologies identified and being monitored in horizon scanning.
- Quickly respond to requests for additional information on healthcare technologies identified in horizon scanning and of interest to AHRQ.
- Include relevant information in all written reports submitted to AHRQ. Proposals will be evaluated on the extent to which proposed formats for written reports include relevant and thorough information.
- Conduct a review of published and unpublished literature to identify horizon scanning methods.
- Plan meetings and other events.
- Complete the tasks in the SOW within the specified time frames and produce high-quality, accurate deliverables and information.
- Identify and adapt to potential challenges in order to achieve the aims of the project.
- Ensure the efficient use of staff and other resources to accomplish the required tasks.

## **C. Key Personnel and Staffing**

**20**

Proposals will be evaluated on the extent to which the Offeror demonstrates the availability, qualifications, and experience of the proposed project team, including the Project Director, Project Manager, subcontractors, consultants, and other personnel as it relates to the tasks and subtasks outlined in the SOW. The Offeror will be evaluated on the following:

- Availability of scientific personnel with the breadth and depth of expertise to accomplish tasks outlined in the SOW.
- Overall degree to which the Offeror is able to provide the range of professional, technical, management and other personnel, both in leadership and support positions, with required experience and expertise to accomplish tasks outlined in the SOW.

## **D. Management Plan**

**20**

Proposals will be evaluated on the extent to which the Offeror's management plan demonstrates its ability to achieve the delivery of performance requirements outlined in the SOW through the proposed use of corporate/organizational management and other personnel resources available. The Offeror's demonstrated ability to manage its own staff, subcontractors and consultants will be evaluated as it relates to the following:

- Efforts to ensure that qualified personnel will be available for individual tasks and subtasks outlined in the SOW.
- Plans for organizing, managing, and coordinating the respective roles and responsibilities of the various personnel.
- Quality control processes.
- Procedures to assure timely start-up and completion of work.
- Procedures to assure the timely completion of requested work, including Target Technology Reports and Existing Technology Reports.
- Methods to manage relationships with subcontractors and consultants (if applicable).
- Methods to ensure the efficient and cost-effective use of staff and other resources in conducting required tasks.

**E. Facilities and Equipment 5**

Proposals will be evaluated on the availability of the following:

- Appropriate hardware and software capabilities to complete the tasks required in the SOW.
- Duplicating and facsimile capabilities.
- Capacity to access electronic databases and online sources of information to search biomedical and health services literature and to obtain hard and electronic copies of materials.
- Capacity to communicate via electronic mail using state-of-the-art hardware and software.
- Capacity to teleconference using state-of-the-art equipment.

**TOTAL POINTS BEFORE PAST PERFORMANCE 100**

**F. Past Performance 20**

Offerors will be evaluated on relevant past performance. Completed questionnaires will provide a basis for determining past performance evaluation along with information obtained from the references listed in the proposal, other customers known to the Government, consumer protection organizations, and any others who may have useful and relevant information. Information will also be considered regarding any significant subcontractors and key personnel records.

The Offeror's past performance will be evaluated on the basis of the following factors:

- a. Quality**  
How well has the Offeror conformed to the performance standard in providing the services or achieving the stated objective(s) of contracts or grants? Quality will be evaluated by the personnel provided, the level of effort agreed to in the contract statement of work or grant, and quality of final products (e.g., written reports).
- b. Timeliness**  
How well has the Offeror adhered to timetables and delivery schedules in providing the required services or products? Consideration is given to the Offeror's efforts to recommend and/or take corrective actions to keep work on schedule.

**c. Business Relations/ Customer satisfaction**

The Offeror will be rated on professional and cooperative behavior with the client.

**d. Cost control**

The Offeror will be rated on the ability to set reasonable budgets within contracting or grant guidelines and adhere to them in conducting research.

Assessment of the Offeror's past performance will be one means of evaluating the credibility of the Offeror's proposal and relative capability to meet performance requirements.

Evaluation of past performance will often be quite subjective based on 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 consistently demonstrated a commitment to customer satisfaction and timely delivery of services and quality products at fair and reasonable prices.

The assessment of the Offeror's past performance will be used as a means of evaluating the relative capability of the Offeror and the other competitors. Thus, an Offeror with an exceptional record of past performance may receive a more favorable evaluation than another whose record is acceptable, even though both may have acceptable technical proposals.

By past performance, the Government means the Offeror's record of conforming to specifications and to standards of good workmanship; the Offeror's record of forecasting and controlling costs; the Offeror's adherence to contract schedules, including the administrative aspects of performance; the Offeror's reputation for reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the Offeror's business-like concern for the interest of the customer.

The Government will consider the number or severity of an Offeror's problems, the effectiveness of corrective actions taken, the Offeror's overall work record, and the age and relevance of past performance information.

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.

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

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 Contracts Office NO LATER than the closing date and time for receipt of proposals. It is the Offeror's responsibility to ensure that these documents are forwarded to Sharon Williams by email: [sharon.williams@ahrq.hhs.gov](mailto:sharon.williams@ahrq.hhs.gov) or by fax at 301-427-1740.

**G. Small Disadvantaged Business Participation Plan**

**5**

The evaluation will be based on information obtained from the plan provided by the Offeror, the realism of the proposal, other relevant information obtained 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 POINTS AVAILABLE**

**125**

**ATTACHMENT 1**

**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-10-10003, entitled "Horizon Scanning System." Past performance is an important part of the evaluation criteria for this acquisition, so input from previous customers of the offeror is 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 to the address shown below, no later than **April 15, 2010**. If you have any questions, please contact Ms. Sharon Williams at (301) 427-1740.

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

FAX: (301) 427-1781

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:** \_\_\_\_\_

**TITLE OF EVALUATOR:** \_\_\_\_\_

**SIGNATURE OF EVALUATOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**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."



15. Continuation Sheet(s) SF- Yes No  
LLL-A attached:

<p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.</p>	<p>Signature: _____ _____ Print Name: _____ _____ Title: _____ _____ Telephone No.: _____ Date: _____ _____</p>
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<b>Federal Use Only</b>	Authorized for Local Reproduction Standard Form--LLL
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**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_  
of \_\_\_\_\_

Authorized for Local Reproduction  
Standard Form--LLL-A

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee of prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for

Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a); Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material charge report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

ATTACHMENT 3

*PROPOSAL INTENT RESPONSE SHEET*  
RFP No. AHRQ-10-10003  
Horizon Scanning System

Please review the attached request for proposal. Furnish the information requested below and return this page by April 1, 2010. Your expression of intent is not binding but will greatly assist us in planning for the proposal evaluation.

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INTEND TO SUBMIT A PROPOSAL

DO NOT INTEND TO SUBMIT A PROPOSAL FOR THE FOLLOWING REASONS:

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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 SUBCONTRACTING OPPORTUNITIES.  
(\*MUST INCLUDE AUTHORIZED SIGNATURE)

COMPANY/INSTITUTION NAME:

\*AUTHORIZED SIGNATURE:

TYPED 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

**Attachment 4**

**SMALL BUSINESS SUBCONTRACTING PLAN**

**DATE OF PLAN:** \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
**DUNN & BRADSTREET NUMBER:**

\_\_\_\_\_  
**SOLICITATION OR CONTRACT NUMBER:**

\_\_\_\_\_  
**ITEM/SERVICE (Description):**

<b>TOTAL CONTRACT AMOUNT:</b>	\$ _____
\$ _____	
	Total contract or Base-Year, if options
\$ _____	\$ _____
Option #2 (if applicable)	Option #3 (if applicable)
	Option #1 (if applicable)
	Option #4 (if applicable)

**TOTAL MODIFICATION AMOUNT, IF APPLICABLE** \$ \_\_\_\_\_  
**TOTAL TASK ORDER AMOUNT, IF APPLICABLE** \$ \_\_\_\_\_

**PERIOD OF CONTRACT PERFORMANCE (Month, Day & Year):** \_\_\_\_\_

The following outline meets the minimum requirements of section 8(d) of the Small Business Act, as amended, and implemented by Federal Acquisition Regulations (FAR) Subpart 19.7. While this outline has been designed to be consistent with statutory and regulatory requirements, other formats of a subcontracting plan may be acceptable. It is not intended to replace any existing corporate plan that is more extensive. Failure to include the essential information of FAR Subpart 19.7 may be cause for either a delay in acceptance or the rejection of a bid or offer when a subcontracting plan is required.

“SUBCONTRACT,” as used in this clause, 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 performance of the contract or subcontract. **If assistance is needed to locate small business sources, contact the Office of Small and Disadvantage Business Utilization (OSDBU) at (202) 690-7300 or the OPDIV Small Business Specialist at**

\_\_\_\_\_. **Sources may also be obtained from SBA’s PRONET website.** Please note that the Department of Health and Human Services (HHS) has subcontracting goals of 30% for small business (SB), 11% for small disadvantaged business (SDB), 3% for HubZone businesses (HUBZone), 5% for women-owned business (WOSB), 3% for veteran-owned business (VOSB), and service disabled veteran-owned small business (SDVOSB) concerns for fiscal year \_\_\_\_\_. For this procurement, HHS expects all proposed subcontracting plans to contain the following goals, at a

minimum, \_\_\_\_% for small business, \_\_\_\_% small disadvantaged business, \_\_\_\_% for HubZone businesses, \_\_\_\_% for woman owned businesses, and \_\_\_\_% for veteran-owned businesses. These percentages shall be expressed as percentages of the total estimated subcontracting dollars. **The offeror is required to include an explanation for a category that has zero as a goal.**

**NOTE TO CONTRACTORS:** Please provide your CCS number with your Dun & Bradstreet number.

**1. Type of Plan (check one)**

\_\_\_\_ **Individual plan** (all elements developed specifically for this contract and applicable for the full term of this contract).

\_\_\_\_ **Master plan** (goals developed for this contract) all other elements standardized and approved by a lead agency Federal Official; must be renewed every three years and contractor must provide copy of lead agency approval.

\_\_\_\_ **Commercial products/service plan** This plan is used when the contractor sells products and services customarily used for non-government purposes. Plan/goals are negotiated with the initial agency on a company-wide basis rather than for individual contracts. The plan is effective only during the year approved. The contractor must provide a copy of the initial agency approval, and must submit an annual SF 295 to HHS with a breakout of subcontracting prorated for HHS (with a OPDIV breakdown, if possible.)

**2. Goals**

State separate dollar and percentage goals for Small Business (SB), Small Disadvantaged Business (SDB), Woman-owned Small Business (WOSB), Historically Underutilized Business Zone (HUBZone) Small Business, Veteran-owned (VOSB), Service-Disabled Veteran-owned Small Business (SDVOSB) and “Other than small business” (Other) as subcontractors, for the base year and each option year, as specified in FAR 19.704 (break out and append option year goals, if the contract contains option years) or project annual subcontracting base and goals under commercial plans.

- a. Total estimated dollar value of ALL planned subcontracting, i.e., with ALL types of concerns under this contract is \$ \_\_\_\_\_ (b + h = a) (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
 \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

- b. Total estimated dollar value and percent of planned subcontracting with SMALL BUSINESSES (including SDB, WOSB, HUBZone, SDVOSB and VOSB): (% of “a”) \$ \_\_\_\_\_ and \_\_\_\_\_% (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
 \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

- c. Total estimated dollar value and percent of planned subcontracting with SMALL DISADVANTAGED BUSINESSES: (% of “a”) \$ \_\_\_\_\_ and \_\_\_\_\_% (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
 \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

d. Total estimated dollar value and percent of planned subcontracting with WOMAN-OWNED SMALL BUSINESSES: (% of "a") \$ \_\_\_\_\_ and \_\_\_\_\_% (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
\$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

e. Total estimated dollar and percent of planned subcontracting with HUBZone SMALL BUSINESSES:  
(% of "a") \$ \_\_\_\_\_ and \_\_\_\_\_% (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
\$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Total estimated dollar and percent of planned subcontracting with VETERAN SMALL BUSINESSES:  
(% of "a") \$ \_\_\_\_\_ and \_\_\_\_\_% (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
\$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

g. Total estimated dollar and percent of planned subcontracting with SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS: (% of "a") \$ \_\_\_\_\_ and \_\_\_\_\_% (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
\$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

h. Total estimated dollar and percent of planned subcontracting with "OTHER THAN SMALL BUSINESSES":  
(% of "a") \$ \_\_\_\_\_ and \_\_\_\_\_% (Base Year)

FY \_\_\_1<sup>st</sup> Option    FY \_\_\_2<sup>nd</sup> Option    FY \_\_\_3<sup>rd</sup> Option    FY \_\_\_4<sup>th</sup> Option  
\$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

- Notes:**
1. Federal prime contract goals are:  
SB equals 30%; SDB equals 11%; HUBZone equals 3%, WOSB equals 5% and SDVOSB equals 3%, VOSB equals 3% and can serve as objectives for subcontracting goal development.
  2. SDB, WOSB, HUBZone, SDVOSB and VOSB goals are subsets of SB and should be counted and reported in multiple categories, as appropriate.
  3. If any contract has more four options, please attach additional sheets showing dollar amounts and percentages.



- k. If indirect costs have been included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to SB, SDB, WOSB, HUBZone, SDVOSB and VOSB concerns.

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**3. Program Administrator:**

NAME/TITLE:  
 ADDRESS:  
 TELEPHONE/E-MAIL:

**Duties:** Does the individual named above have general overall responsibility for the company’s subcontracting program, i.e., developing, preparing, and executing subcontracting plans and monitoring performance relative to the requirements of those subcontracting plans and perform the following duties? (If NO is checked, please indicate who in the company performs those duties, or indicate why the duties are not performed in your company.)

Developing and promoting company-wide policy initiatives that demonstrate the company’s support for awarding contracts and subcontracts to SB, SDB, WOSB, HUBZone, SDVOSB and VOSB concerns; and for assuring that these concerns are included on the source lists for solicitations for products and services they are capable of providing. \_\_\_\_\_ yes \_\_\_\_\_ no

Developing and maintaining bidder source lists of SB, SDB, WOSB, HUBZone, SDVOSB and VOSB concerns from all possible sources; \_\_\_\_\_ yes \_\_\_\_\_ no

- a. Ensuring periodic rotation of potential subcontractors on bidder’s lists; \_\_\_\_\_ yes \_\_\_\_\_ no
- b. Assuring that SB, SDB, WOSB, HUBZONE, SDVOSB and VOSB businesses are included on the bidders’ list for every subcontract solicitation for products and services that they are capable of providing.  
 \_\_\_\_\_ yes \_\_\_\_\_ no
- c. Ensuring that requests for proposals (RFPs) are designed to permit the maximum practicable participation of SB, SDB, WOSB, HUBZone, SDVOSB and VOSB concerns. \_\_\_\_\_ yes \_\_\_\_\_ no
- d. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, HubZone small, small disadvantaged, and women-owned small business participation.  
 \_\_\_\_\_ yes \_\_\_\_\_ no

- e. Accessing various sources for the identification of SB, SDB, WOSB, HUBZone, SDVOSB and VOSB concerns to include the SBA's PRO-Net and SUB-Net Systems, (<http://www.sba.gov>), the National Minority Purchasing Council Vendor Information Service, the Office of Minority Business Data Center in the Department of Commerce, local small business and minority associations, contact with local chambers of commerce and Federal agencies' Small Business Offices; \_\_\_\_\_ yes \_\_\_\_\_ no
  - f. Establishing and maintaining contract and subcontract award records; \_\_\_\_\_ yes \_\_\_\_\_ no
  - g. Participating in Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, Procurement Conferences, etc;
  - h. Ensuring that SB, SDB, WOSB, HUBZone, and VOSB concerns are made aware of subcontracting opportunities and assisting concerns in preparing responsive bids to the company;
  - i. Conducting or arranging for the conduct of training for purchasing personnel regarding the intent and impact of Section 8(d) of the Small Business Act, as amended;
  - j. Monitoring the company's subcontracting program performance and making any adjustments necessary to achieve the subcontract plan goals;
  - k. Preparing, and submitting timely, required subcontract reports;
  - l. Conducting or arranging training for purchasing personnel regarding the intent and impact of 8(d) of the Small Business Act on purchasing procedures.
  - m. Coordinating the company's activities during the conduct of compliance reviews by Federal agencies; and
  - n. Other duties:
- 

#### 4. Equitable Opportunity

Describe efforts the offeror will Describe efforts Describe efforts the offeror will make to ensure that SB, SDB, WOSB, HUBZone, and VOSB concerns will have an equitable opportunity to compete for subcontracts. These efforts include, but are not limited to, the following activities:

- a. Outreach efforts to obtain sources:
  - 1. Contacting minority and small business trade associations; 2) contacting business development organizations and local chambers of commerce; 3) attending SB, SDB, WOSB, HUBZone, and VOSB procurement conferences and trade fairs; 4) requesting sources from the Small Business Administrations (SBA) PRO-Net and SUB-Net Systems, (<http://www.sba.gov>) and other SBA and Federal agency resources. Contractors may also conduct market surveys to identify new sources, to include, accessing the NIH e-Portals in Commerce, (e-PIC), (<http://epic.od.nih.gov/>). The NIH e-Portals in Commerce is not a mandatory source and may be used at the offeror's

discretion.

b. Internal efforts to guide and encourage purchasing personnel:

1. Conducting workshops, seminars, and training programs;
2. Establishing, maintaining, and utilizing SB, SDB, WOSB, HUBZone, and VOSB source lists, guides, and other data for soliciting subcontractors; and
3. Monitoring activities to evaluate compliance with the subcontracting plan.

Additional efforts:

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**5. Flow Down Clause**

The contractor agrees to include the provisions under FAR 52.219-8, "Utilization of Small Business Concerns," in all acquisitions exceeding the simplified acquisition threshold that offers further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) must adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan." (Flow down is not applicable for commercial items/services as described in 52.212-5(e) and 52.244-6(c).)

**6. Reporting and Cooperation**

The contractor gives assurance of (1) cooperation in any studies or surveys that may be required; (2) submission of periodic reports which show compliance with the subcontracting plan; (3) submission of Standard Form (SF) 294, "Subcontracting Report for Individual Contracts," and attendant Optional Form 312, SDB Participation Report, if applicable, (required only for contracts containing the clause 52.219-25) and SF 295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensuring that subcontractors agree to submit Standard Forms 294 and 295.

Reporting Period	Report Due	Due Date
Oct 1 - Mar 31	SF 294	4/30
Apr 1 - Sept 30	SF 294	10/30
Oct 1 - Sept 30	SF 295	10/30
		30 days after

Contract Completion	OF 312	completion
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Special instructions for commercial plan: SF 295 Report is due on 10/30 each year for the previous fiscal year ending 9/30.

- a. Submit SF 294 to cognizant Awarding Contracting Officer.
- b. Submit Optional Form 312, (OF-312), if applicable, to cognizant Awarding Contracting Officer.
- c. Submit SF 295 to cognizant Awarding Contracting Officer and to the:
 

Office of Small and Disadvantaged Business Utilization  
 Department of Health and Human Services  
 200 Independence Avenue, SW  
 Humphrey H. Building, Room 517-D  
 Washington, D.C. 20201
- d. Submit “information” copy of the SF 295 and the SF 294 upon request to the SBA Commercial Market Representative (CMR); visit the SBA at <http://www.sba.gov/gc> and click on assistance directory to locate your nearest CMR.

## 7. Record keeping

FAR 19.704(a) (11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. The following is a recitation of the types of records the contractor will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records will include, but not be limited to, the following:

- a. SB, SDB, WOSB, HUBZone, and VOSB source lists, guides and other data identifying such vendors;
- b. Organizations contacted in an attempt to locate SB, SDB, WOSB, HUBZone, and VOSB sources;
- c. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000, which indicate for each solicitation (1) whether SB, SDB, WOSB, HUBZone, and/or VOSB concerns were solicited, if not, why not and the reasons solicited concerns did not receive subcontract awards.
- d. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conferences and trade fairs;
- e. Records to support internal guidance and encouragement provided to buyers through (1) workshops, seminars, training programs, incentive awards; and (2) monitoring performance to evaluate compliance with the program and requirements; and

f. On a contract-by-contract basis, records to support subcontract award data including the name, address, and business type and size of each subcontractor. (This item is not required on a *contract – by – contract basis* for company or division-wide commercial plans.)

g. Other records to support your compliance with the subcontracting plan: (Please describe)

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**8. Timely Payments to Subcontractors**

FAR 19.702 requires your company to establish and use procedures to ensure the timely payment of amounts due pursuant to the terms of your subcontracts with small business concerns, HubZone small business concerns, small disadvantaged small business concerns, veteran-owned small business concerns and women-owned small business concerns.

Your company has established and uses such procedures: \_\_\_\_\_ yes \_\_\_\_\_ no

**9. Description of Good Faith Effort**

Maximum practicable utilization of small, HubZone small, small disadvantaged, veteran-owned, and women-owned small business concerns as subcontractors in Government contracts is a matter of national interest with both social and economic benefits. **When a contractor fails to make a good faith effort to comply with a subcontracting plan, these objectives are not achieved, and 15 U.S.C. 637(d) (4) (F) directs that liquidated damages shall be paid by the contractor.** In order to demonstrate your compliance with a good faith effort to achieve the small, HubZone, small disadvantaged, veteran-owned and women-owned small business subcontracting goals, outline the steps your company plans to take. These steps will be negotiated with the contracting officer prior to approval of the plan.

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**SIGNATURE PAGE**

Signatures Required:

This subcontracting plan was submitted by:

**Signature:** \_\_\_\_\_  
**Typed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

This plan was reviewed by:

**Signature:** \_\_\_\_\_  
**Typed Name:** \_\_\_\_\_  
**Title:** Contracting Officer  
**Date:** \_\_\_\_\_

This plan was reviewed by:

**Signature:** \_\_\_\_\_  
**Typed Name:** \_\_\_\_\_  
**Title:** Small Business Specialist  
**Date:** \_\_\_\_\_

This plan was reviewed by:

**Signature:** \_\_\_\_\_  
**Typed Name:** \_\_\_\_\_  
**Title:** SBA Procurement Center Representative  
**Date:** \_\_\_\_\_

**And Is Accepted By:**

**OPDIV:** \_\_\_\_\_  
**Typed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**BREAKDOWN OF PROPOSED PRICE (PLUS FEE) AND LABOR HOURS/RATES**

**INSTRUCTIONS FOR USE OF THE FORMAT**

1. Refer to Business Proposal Instructions, Section L of this solicitation. The Instructions contain the requirements for proper submission of cost/price data which must be adhered to.
2. This sample format has been prepared as a universal guideline for all solicitations. It may require amending to meet the specific requirements of this solicitation. For example, this solicitation may require the submission of cost/price data for three years listed on this form. (See Section L, Instructions, Conditions and Notices to Offerors, for the estimated duration of this project.) If this solicitation is phased, identify each phase in addition to each year. Total each year, phase, and sub-element.
3. This format must be used to submit the breakdown of all proposed estimated cost elements. List each cost element and sub-element for direct costs, indirect costs and fee, if applicable. In addition, provide detailed calculations for all items. For example:
  - a. For all personnel, list the name, title, rate per hour and number of hours proposed. If a pool of personnel is proposed, list the composition of the pool and how the cost proposed was calculated. List the factor used for prorating Year One and the escalation rate applied between years.

Offeror's proposal should be stated in the same terms as will be used to account for and record direct labor under a contract (i.e. percentage of effort is used for most faculty and professional employees at educational institutions). If percentages of effort are used, the basis to which such percentages are applied must also be submitted by the offeror. The attached format should be revised to accommodate direct labor proposed as a percentage of effort.
  - b. For all materials, supplies, and other direct costs, list all unit prices, etc., to detail how the calculations were made.
  - c. For all indirect costs, list the rates applied and the base the rate is applied to.
  - d. For all travel, list the specifics for each trip.
  - e. For any subcontract proposed, submit a separate breakdown format.
  - f. Justification for the need of some cost elements may be listed as an attachment, i.e., special equipment, above average consultant fees, etc.
4. If the Government has provided "uniform pricing assumptions" for this solicitation, the offeror must comply with and identify each item.

RFP Number:  
 Organization:  
 Date:

**BREAKDOWN OF PROPOSED PRICE**

<b><u>COST ELEMENT</u></b>		<b><u>Year 1</u></b>		<b><u>Year 2</u></b>		<b><u>Year 3</u></b>		<b><u>Option 1</u></b>		<b><u>Option 2</u></b>	
<b><u>Total</u></b>											
<b><u>DIRECT LABOR:</u></b>											
<b><u>Labor Category</u></b>	<b><u>Rate</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>	<b><u>Hours</u></b>
(Title and Name-- use additional pages as necessary)		<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>	<b><u>Amt</u></b>
<b><u>DIRECT LABOR COST:</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>MATERIAL COST:</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>TRAVEL COST:</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>OTHER (Specify)</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>OTHER (Specify)</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>TOTAL DIRECT COST:</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>FRINGE BENEFIT COST:</u></b> (if applicable)											
__% of Direct Labor Cost		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>INDIRECT COST:</u></b>											
__% of Total Direct Cost		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>TOTAL COST:</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>FIXED &amp; AWARD FEES:</u></b> (if applicable)											
__% of Total Est. Cost		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____
<b><u>GRAND TOTAL PRICE</u></b>		\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____	\$ ____

**Attachment 6**

**INVOICE SCHEDULE**

BASE CONTRACT – YEARS 1 AND 2

<b><u>Period of Performance</u></b>	<b><u>Deliverable/Task</u></b>	<b><u>Price</u></b>
Month 1	Task 1 – Kickoff Meeting Task 2 – Draft Documents Task 7 – Management/Progress Reports including Project Timeline	_____ _____ _____
-----		
Month 2	Task 7 – Management/Progress Reports	_____
-----		
Month 3	Task 2 – Final Documents Task 3 – Implement Horizon Scan System Task 4 – Draft Reports (Subtasks 4.1.1, 4.2.1, 4.3.3.1, 4.3.4.) Task 6 – Draft Reports (Subtasks 6.1, 6.2) Task 7 – Management/Progress Reports	_____ _____ _____ _____ _____
-----		
Month 4	Task 4 – Final Reports Task 7 – Management/Progress Reports	_____ _____
-----		
Month 5	Task 4 – First Horizon Scanning Status Update (Subtask 4.1.2) Task 5 – Final Study Plan (Subtask 5.1) Task 7 – Management/Progress Reports	_____ _____ _____
-----		
Month 6	Task 4 – First High Impact Report (Subtask 4.2.2) Task 7 – Management/Progress Reports	_____ _____
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Month 7	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 7 – Management/Progress Reports	_____ _____
<hr style="border-top: 1px dashed black;"/>		
Month 8	Task 7 – Management/Progress Reports	_____
<hr style="border-top: 1px dashed black;"/>		
Month 9	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 4 – High Impact Report Update (Subtask 4.2.3) Task 5 – Expert Panel List (Subtask 5.3) Task 7 – Management/Progress Reports	_____ _____ _____ _____
<hr style="border-top: 1px dashed black;"/>		
Month 10	Task 5 – Draft Report (Subtask 5.2) Task 7 – Management/Progress Reports	_____ _____
<hr style="border-top: 1px dashed black;"/>		
Month 11	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 7 – Management/Progress Reports	_____ _____
<hr style="border-top: 1px dashed black;"/>		
Month 12	Task 4 – High Impact Report Update (Subtask 4.2.3) Task 5 – Expert Meeting (Subtask 5.4) Task 5 – Expert Review (Subtask 5.6) Task 7 – Management/Progress Reports	_____ _____ _____ _____
<hr style="border-top: 1px dashed black;"/>		
Month 13	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 7 – Management/Progress Reports	_____ _____
<hr style="border-top: 1px dashed black;"/>		

Month 14	Task 7 – Management/Progress Reports	_____
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Month 15	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 5 - Revised Draft Report (Subtask 5.5)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 16	Task 7 – Management/Progress Reports	_____
-----		
Month 17	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 18	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 5 – Summary of Reviewer Comments (Subtask 5.6)	_____
	Task 5 – Summary of Public Review Comments (Subtask 5.7)	_____
	Task 5 – Disposition of Comments (Subtask 5.8)	_____
	Task 6 – Draft Evaluation Plan (Subtask 6.1)	_____
	Task 7 – Management/Progress Reports	_____
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Month 19	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
	Task 7 – Management/Progress Reports	_____
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Month 20	Task 5 – Final Report (Subtask 5.9)	_____
	Task 5 – Horizon Scanning Update Plan (Subtask 5.10)	_____
	Task 7 – Management/Progress Reports	_____

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Month 21	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 7 – Management/Progress Reports	_____

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Month 22	Task 7 – Management/Progress Reports	_____
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Month 23	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
	Task 7 – Final Contract Report (Subtask 7.3)	_____

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Month 24	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 4 – Horizon Scanning Artifacts (Subtask 4.4)	_____
	Task 5 – Final Study Plan (Subtask 5.1)	_____
	Task 7 – Management/Progress Reports	_____

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FINAL INVOICE	The final invoice shall include any previously unbilled tasks/deliverables for the base period
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The following deliverables are required as requested by the Contracting Officer’s Technical Representative (COTR). Please provide a price for each report. Once the report is received and accepted by the COTR, you will be provided with an e-mail from the COTR authorizing you to submit for payment of the report(s) on the following month’s invoice. No reports will be approved for payment without the COTR’s authorization.

Task 4 – Subtask 4.3.2.2. – Target Technology Reports – For pricing purposes, assume twenty (20) Target Technology Report requests per month for a total of 480 reports for the base contract period (Years 1 and 2).

Target Technology Report                      \$\_\_\_\_\_ each

Task 4 – Subtask 4.3.3.2 – Existing Technology Reports – For pricing purposes, assume three (3) Existing Technology Report requests per month for a total of 72 reports for the base contract period (Years 1 and 2).

Existing Technology Report                      \$\_\_\_\_\_ each

OPTION PERIOD 1

<u>Period of Performance</u>	<u>Deliverable/Task</u>	<u>Price</u>
Month 25	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 26	Task 7 – Management/Progress Reports	_____
-----		
Month 27	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 7 – Management/Progress Reports	_____
	Task 8 – Horizon Scanning System Update (Subtask 8.3)	_____
-----		
Month 28	Task 7 – Management/Progress Reports	_____
-----		
Month 29	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 30	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 31	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
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Month 32                      Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 33                      Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)                      \_\_\_\_\_  
Task 4 – High Impact Report Update (Subtask 4.2.3)                      \_\_\_\_\_  
Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 34                      Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 35                      Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)                      \_\_\_\_\_  
Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 36                      Task 4 – High Impact Report Update (Subtask 4.2.3)                      \_\_\_\_\_  
Task 4 – Horizon Scanning Artifacts (Subtask 4.4)                      \_\_\_\_\_  
Task 7 – Management/Progress Reports                      \_\_\_\_\_  
Task 7 – Final Report for Option Period 1 (Subtask 7.3)                      \_\_\_\_\_  
Task 8 – Identification and Monitoring Protocol Evaluation (Subtask 8.1)                      \_\_\_\_\_  
Task 8 – Forecasting Methodology Evaluation (Subtask 8.2)                      \_\_\_\_\_

FINAL INVOICE                      The final invoice shall include any previously unbilled tasks/deliverables for Option 1

The following deliverables are required as requested by the Contracting Officer’s Technical Representative (COTR) for Option 1. Please provide a price for each report. Once the report is received and accepted by the COTR, you will be provided with an e-mail from the COTR authorizing you to submit for payment of the report(s) on the following month’s invoice. No reports will be approved for payment without the COTR’s authorization.

Task 4 – Subtask 4.3.2.2. – Target Technology Reports – For pricing purposes, assume twenty (20) Target Technology Report requests per month for a total of 240 reports for Option Period 1 of the contract.

Target Technology Report                      \$\_\_\_\_\_ each

Task 4 – Subtask 4.3.3.2 – Existing Technology Reports – For pricing purposes, assume three (3) Existing Technology Report requests per month for a total of 36 reports for Option Period 1 of the contract.

Existing Technology Report                      \$\_\_\_\_\_ each

OPTION PERIOD 2

<u>Period of Performance</u>	<u>Deliverable/Task</u>	<u>Price</u>
Month 37	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 38	Task 7 – Management/Progress Reports	_____
-----		
Month 39	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 40	Task 7 – Management/Progress Reports	_____
-----		
Month 41	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 42	Task 4 – High Impact Report Update (Subtask 4.2.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		
Month 43	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)	_____
	Task 7 – Management/Progress Reports	_____
-----		

Month 44                      Task 7 – Management/Progress Reports \_\_\_\_\_

Month 45                      Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) \_\_\_\_\_  
Task 4 – High Impact Report Update (Subtask 4.2.3) \_\_\_\_\_  
Task 7 – Management/Progress Reports \_\_\_\_\_

Month 46                      Task 7 – Management/Progress Reports \_\_\_\_\_

Month 47                      Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) \_\_\_\_\_  
Task 7 – Management/Progress Reports \_\_\_\_\_

Month 48                      Task 4 – High Impact Report Update (Subtask 4.2.3) \_\_\_\_\_  
Task 4 – Horizon Scanning Artifacts (Subtask 4.4) \_\_\_\_\_  
Task 7 – Management/Progress Reports \_\_\_\_\_  
Task 7 – Final Report for Option Period 2 (Subtask 7.3) \_\_\_\_\_

FINAL INVOICE                      The final invoice shall include any previously unbilled tasks/deliverables for Option 2

The following deliverables are required as requested by the Contracting Officer’s Technical Representative (COTR) for Option 2. Please provide a price for each report. Once the report is received and accepted by the COTR, you will be provided with an e-mail from the COTR authorizing you to submit for payment of the report(s) on the following month’s invoice. No reports will be approved for payment without the COTR’s authorization.

Task 4 – Subtask 4.3.2.2. – Target Technology Reports – For pricing purposes, assume twenty (20) Target Technology Report requests per month for a total of 240 reports for Option Period 2 of the contract.

Target Technology Report                    \$\_\_\_\_\_ each

Task 4 – Subtask 4.3.3.2 – Existing Technology Reports – For pricing purposes, assume three (3) Existing Technology Report requests per month for a total of 36 reports for Option Period 2 of the contract.

Existing Technology Report                    \$\_\_\_\_\_ each

OPTION PERIOD 3

<u>Period of Performance</u>	<u>Deliverable/Task</u>	<u>Price</u>
Month 49	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 7 – Management/Progress Reports	_____ _____
Month 50	Task 7 – Management/Progress Reports	_____
Month 51	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 4 – High Impact Report Update (Subtask 4.2.3) Task 7 – Management/Progress Reports	_____ _____ _____
Month 52	Task 7 – Management/Progress Reports	_____
Month 53	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 7 – Management/Progress Reports	_____ _____
Month 54	Task 4 – High Impact Report Update (Subtask 4.2.3) Task 7 – Management/Progress Reports	_____ _____
Month 55	Task 4 – Horizon Scanning Status Update (Subtask 4.1.3) Task 7 – Management/Progress Reports	_____ _____

Month 56                      Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 57                      Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)                      \_\_\_\_\_  
Task 4 – High Impact Report Update (Subtask 4.2.3)                      \_\_\_\_\_  
Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 58                      Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 59                      Task 4 – Horizon Scanning Status Update (Subtask 4.1.3)                      \_\_\_\_\_  
Task 7 – Management/Progress Reports                      \_\_\_\_\_

Month 60                      Task 4 – High Impact Report Update (Subtask 4.2.3)                      \_\_\_\_\_  
Task 4 – Horizon Scanning Artifacts (Subtask 4.4)                      \_\_\_\_\_  
Task 7 – Management/Progress Reports                      \_\_\_\_\_  
Task 7 – Final Report for Option Period 3 (Subtask 7.3)                      \_\_\_\_\_

FINAL INVOICE                      The final invoice shall include any previously unbilled tasks/deliverables for Option 3

The following deliverables are required as requested by the Contracting Officer’s Technical Representative (COTR) for Option 3. Please provide a price for each report. Once the report is received and accepted by the COTR, you will be provided with an e-mail from the COTR authorizing you to submit for payment of the report(s) on the following month’s invoice. No reports will be approved for payment without the COTR’s authorization.

Task 4 – Subtask 4.3.2.2. – Target Technology Reports – For pricing purposes, assume twenty (20) Target Technology Report requests per month for a total of 240 reports for Option Period 3 of the contract.

Target Technology Report                      \$\_\_\_\_\_ each

Task 4 – Subtask 4.3.3.2 – Existing Technology Reports – For pricing purposes, assume three (3) Existing Technology Report requests per month for a total of 36 reports for Option Period 3 of the contract.

Existing Technology Report                      \$\_\_\_\_\_ each