

PART I - THE SCHEDULE

SECTION A - SOLICITATION FORM

Request for Proposal
No. AHRQ-10-10004

Date Issued: February 22, 2010
Date Due: April 7, 2010
Time Due: 12 noon local time.

You are invited to submit a proposal to the Agency for Healthcare Research and Quality (AHRQ) for Request for Proposal (RFP) No. AHRQ-10-10004, entitled "Citizen's Forum". Your proposal must be developed and submitted in accordance with the requirements and instructions of this RFP.

A Firm Fixed Price contract of three (3) years and two (2) option years is contemplated to be awarded from this RFP and this is also a full and open competition contract, open to all sources.

Please submit the following:

- A. Technical Proposal (See Section L. 8) **Original and 10 Copies**
- B. Business Proposal (Section L.10) **Original and 3 Copies**
- C. Small Disadvantaged Business Subcontracting Proposal **Original and 3 Copies**
- D. Past Performance Information (SEE Section L.9) **Original and 3 copies**

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

YOUR ATTENTION IS ALSO DIRECTED TO THE TECHNICAL PROPOSAL INSTRUCTIONS IN SECTION L.8 OF THE SOLICITATION.

PLEASE ALSO NOTE: The prospective contract award from this RFP is to be funded using ***American Recovery and Reinvestment (ARRA) Funds. That will require adherence to ARRA reporting requirements.***

Your **technical proposal** must be concisely written and should be limited to **100 typewritten pages** (double-spaced, single sided), exclusive of personnel qualifications (ie: resume, etc., SEE Section I.10 for further details). Your **appendices** are limited to **50 pages** (single sided) including resumes, bibliographies, exhibits and attachments. This limitation is for administrative purposes only and exceeding this limitation is not, in and of itself, to be considered a basis for rejection of your proposal.

Questions regarding this solicitation shall be received in this office no later than March 15, 2010. Your questions should be submitted to the attention of Robert Zuhlke, Contracting Officer, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850 and the envelope should be marked "Proposal Questions RFP No. AHRQ-10-10004 if being sent via US Mail. Questions may also be emailed to Robert.Zuhlke@ahrq.hhs.gov .

The proposal shall be signed by an authorized official to bind your organization and must be received in our Contracts Office no later than 12:00 Noon, local prevailing time, on April 7, 2010. Your proposal must be mailed to the following address:

Agency for Healthcare Research and Quality
OPART/ Contracts Management
540 Gaither Road
Rockville, MD 20850

Hand carried proposals may be dropped off at the above location. The Contracts Management offices are located on the 4th Floor. However, please allow ample time as proposals cannot be accepted until they have been processed 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 costs 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) data base in order to conduct business with the government [See Section I – FAR clauses 52.204-7 Central Contractor Registration (OCT. 2003), Alternate I (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.

Request for any information concerning this RFP should be referred to Mr. Robert Zuhlke 301-427-1714. Robert.Zuhlke@ahrq.hhs.gov

Sincerely,

Robert A. Zuhlke
Contracting Officer
Agency for Healthcare Research and Quality

TABLE OF CONTENTS

PART I		PAGES
Section A	Solicitation	1a -2a
	Table of Contents	1
Section B	Supplies or Services & Prices/Costs	2 – 3
Section C	Description/Specifications	4 – 42
	Work Statement	
Section D	Packaging and Marking	43
Section E	Inspection and Acceptance	43
Section F	Deliveries and Performance	44 – 49
Section G	Contract Administration Data	50 – 52
Section H	Special Contract Requirements	53 – 62
PART II		
Section I	Contract Clauses	63 – 66
PART III		
Section J	List of Attachments	67
PART IV		
Section K	Representations and Instructions	68 – 74
Section L	Instructions, Conditions & Notices To Offerors	75 – 91
Section M	Evaluation Factors	92 – 95
Attachments		

1. Past Performance Questionnaire
2. Performance Requirements Summary

SECTION B – SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 BRIEF DESCRIPTION OF SUPPLIES OR SERVICES

“Citizen’s Forum”. SEE Section C for complete description

B.2 FIRM FIXED PRICE

- a. The firm fixed price for this three (3) year contract is \$ (TO BE NEGOTIATED).

B.3 OPTION PERIODS

In the event that the option period(s) is exercised, contract value will be increased by the following amounts:

Option 1 (7/15/13 – 7/14/14)	\$ (TO BE NEGOTIATED)
Option 2 (7/15/14 – 7/15/15)	\$ (TO BE NEGOTIATED)

B.4 PROVISIONS APPLICABLE TO DIRECT COSTS

- a. Items Unallowable Unless Otherwise Provided Notwithstanding the clauses, ALLOWABLE COST AND PAYMENT, and FIXED FEE, incorporated into this contract, unless authorized in writing by the Contracting Officer, the costs of the following items or activities shall be unallowable as direct costs:

- (1) Acquisition, by purchase or lease, of any interest in real property;
- (2) Rearrangement or alteration of facilities;
- (3) Purchase or lease of any item of general purpose-office furniture or office equipment regardless of dollar value. (General purpose equipment is defined as any items of personal property which are usable for purposes other than research, such as office equipment and furnishings, pocket calculators, etc.);
- (4) Accountable Government property (defined as both real and personal property with an acquisition cost of \$1,000 or more, with a life expectancy of more than two years) and "sensitive items" (defined and listed in the Contractor's Guide for Control of Government Property, 1990, regardless of acquisition value;
- (5) Travel to attend general scientific meetings;

- (6) Foreign Travel;
- (7) Any costs incurred prior to the contract's effective date;
- (8) Rental of meeting rooms not otherwise expressly paid for by the contract;
- (9) Any formal subcontract arrangements not otherwise expressly provided for in the contract;
- (10) Consultant fees in excess of \$800/day;
- (11) Information Technology hardware or software; and
- (12) Food or 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/ STATEMENT OF WORK

DESCRIPTION/SPECIFICATION/WORK STATEMENT

I. OVERVIEW

The Agency for Healthcare Research and Quality (AHRQ) is soliciting proposals for a Citizens' Forum. The Citizens' Forum is an initiative funded by the American Recovery and Reinvestment Act (ARRA) to expand and systematize broad citizen and stakeholder engagement in AHRQ's comparative effectiveness research initiative. Specifically, the goal of this effort is to develop and demonstrate mechanisms to engage representatives of the public – both citizens and stakeholders – in processes that utilize comparative effectiveness evidence for making decisions concerning healthcare policy and practice, and in decisions related to the conduct of comparative effectiveness research itself. For purposes of this RFP, we define citizens as members of the general public without intended medical or clinical background. AHRQ's stakeholders are persons or groups who have a vested interest in the clinical decision and the evidence that supports that decision.

The Citizens' Forum Contractor will work in cooperation with AHRQ and its contractors who are implementing Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which instructs AHRQ to conduct and support Comparative Effectiveness Research (CER), comparing the outcomes, clinical effectiveness, and appropriateness of pharmaceuticals, devices, and health care services. The activities of the Citizens' Forum will support the MMA mandate to ensure that there is broad and ongoing consultation with relevant stakeholders. This section of the mandate supports the basic premise that stakeholder involvement leads to more applicable and relevant research and results to support healthcare decision making. The Citizens' Forum will develop and test methods to gather informed citizen and clinician opinion on value-based health care questions. The Citizens' Forum will also work closely with AHRQ and EHC Program components, including its research networks, to expand stakeholder involvement in EHC research processes and activities.

The background information which follows describes and provides context within which the Citizens' Forum will function. It provides greater detail on AHRQ and its CER initiative, the Effective Health Care Program, followed by a discussion of stakeholder and citizen participation.

II. BACKGROUND

A. The Agency for Healthcare Research and Quality

The mission of the AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. To achieve these goals, the Agency conducts and supports a broad base of scientific research and promotion of improvements in clinical and health system practices, including the prevention of diseases and other health conditions. AHRQ sponsors and conducts research that develops and presents evidence-based information on healthcare outcomes, quality, patient safety, cost, use and access. Included in AHRQ's mandate is support of generation, synthesis and dissemination of scientific evidence, including effectiveness research and analytic methods. AHRQ also sponsors and conducts research on existing as well as innovative technologies, and conducts research on methods for measuring quality and strategies for improving quality.

AHRQ recognizes that a number of populations experience persistent disparities in access to care, quality of care, and health outcomes. To address these disparities, AHRQ encourages research projects to include special populations such as low-income groups, racial and ethnic minority groups, women, children, the elderly, and individuals with disabilities and chronic health conditions. AHRQ-supported research helps health care decision makers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve health care quality, accessibility, and outcomes of care.

B. The American Recovery and Reinvestment Act and Comparative Effectiveness

The American Recovery and Reinvestment Act (ARRA) appropriated \$1.1 billion for comparative effectiveness research (CER), of which \$300 million was appropriated to AHRQ. CER has been an integral component of AHRQ's health services research program for the past decade. The goal of CER is to improve health outcomes 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:

Box 1

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. Policy makers and public health professionals need comparative effectiveness information to inform system-level decisions. 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 is using ARRA funds to expand and broaden existing CER activities, located within its Effective Healthcare Program (EHC), and to support new CER initiatives. ARRA-funded programs will include activities in the broad areas of identifying emerging issues and existing gaps in CER; synthesizing comparative effectiveness evidence; generating new CER; improving the infrastructure for gathering data to support comparative effectiveness studies; training and career development; and enhancing public participation, as described in this RFP. The overall 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 improving the efficiency with which the research infrastructure is able to respond to pressing health care questions. All research activities will be performed using rigorous scientific methods within an established process that emphasizes stakeholder involvement and transparency, that was designed to prioritize among pressing health issues, and whose products are designed for maximum usefulness for health care decision makers.

C. AHRQ's CER Initiative – The Effective Health Care Program

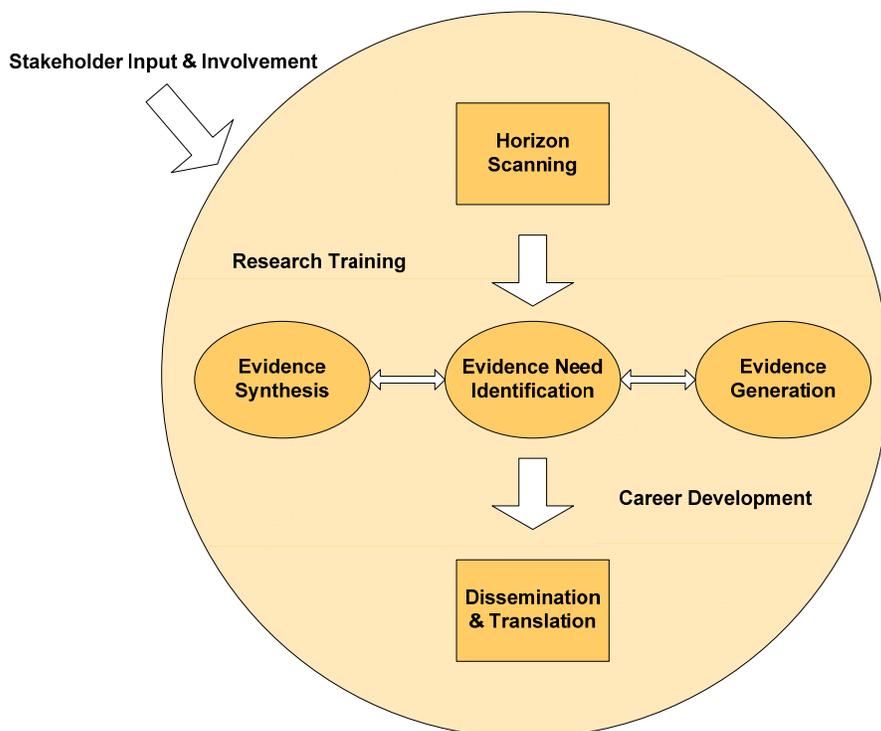
The Effective Health Care (EHC) Program is AHRQ's Comparative Effectiveness Research (CER) initiative, launched in 2005 under the authorization of Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The EHC Program focuses on research comparing the relative benefits and risks of different therapeutic approaches for a clinical condition in different populations, on clear and accessible translation of research results, and on advancing CER methods. The EHC Program does not make treatment recommendations, but instead provides relevant, accessible, and current comparative effectiveness information to support health care decisions in both the clinical and policy domains.

C.1. EHC Program Framework and Components

The EHC Program was built on three main components of CER: evidence synthesis, generation of new evidence, and translation and dissemination of research findings. ARRA funding will expand the scope and capacity of the EHC Program in each of these areas and will formalize additional program components.

The comparative effectiveness research process (Figure 1) starts with **horizon scanning**, the identification of current or emerging medical interventions available to diagnose, treat, or otherwise manage a particular condition. Horizon scanning activities are vital for understanding the relevant healthcare context and landscape as a basis for identifying and beginning to prioritize among research needs. AHRQ is using ARRA funding to establish an infrastructure to identify new and emerging issues for comparative effectiveness review investments.

Figure 1.



Once issues are identified, **evidence synthesis** focuses on the systematic review, critical appraisal, and synthesis of current medical research, to provide rigorous evaluation of what is known about the comparative effectiveness of alternative approaches to the given clinical problem. Evidence synthesis involves the distillation of a body of evidence generally comprised of multiple studies and often including a combination of trials and non-experimental studies.

AHRQ's Evidence-based Practice Centers (EPCs) house the EHC Program's activities in evidence synthesis. AHRQ created the EPCs in 1997 to conduct systematic literature reviews and to promote evidence-based practice and decision making; they became an essential component of the EHC Program at its inception in 2005. The EPCs are located at 14 public- and private-sector research institutions throughout the United States and Canada. The EPCs' major products are evidence reports including systematic reviews, technology assessments, technical briefs, and research reviews covering non-clinical methods topics. For the EHC Program the EPCs conduct Comparative Effectiveness Reviews, a subset of their systematic reviews focusing on explicit comparisons among available treatments or other interventions for a given condition. With ARRA funding, AHRQ will significantly expand CER topic development, refinement, and evidence synthesis through the EPCs.

The process of **identifying evidence needs and gaps** locates areas where new research conducted within a comparative effectiveness framework would contribute to bridging the gap between existing medical research and clinical practice. AHRQ will use ARRA funds to advance systematic and rigorous methods to identify evidence needs, emphasizing consideration of the timing, value, and feasibility of research as well as systems for coordinating research efforts with other funders and researchers.

Another important component of CER is the **generation of new evidence** or scientific knowledge to fill evidence gaps. The EHC Program targets its efforts in evidence generation to areas where randomized controlled trials would not be feasible or timely, or would raise ethical concerns that are difficult to address. To supply this information, the EHC Program conducts practical studies using electronic health data to examine outcomes, comparative clinical effectiveness, safety, and appropriateness of health care items and services. These studies are undertaken through the DEcIDE (Developing Evidence to Inform Decisions about Effectiveness) Network. Created in 2005 as part of the EHC Program, 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 DEcIDE Network also develops 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. (See: <http://effectivehealthcare.ahrq.gov>.)

The EHC Program has also collaborated with the Centers for Education and Research on Therapeutics (CERTs) 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](#), and is comprised of 14 research centers. CERTs projects focus on therapeutic areas where there is a demonstrated need for improved clinical practice or implementation. CERTs projects for the Effective Health Care Program may be found at <http://certs.hhs.gov/about/certsovr.htm>.

ARRA funds will support the generation of new evidence in several ways. Funding will support additional comparative effectiveness research through the DeCIDE network. In addition, AHRQ has begun to 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 comparative effectiveness projects in priority areas of clinical care having a high likelihood of creating major advancements in those areas. 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, relevant stakeholders, and other experts in health information technology and outcomes research to identify challenges to conducting comparative effectiveness research using electronic data and to propose realistic solutions to advance this field of research.

The final stage of the research development process is to **translate complex research** findings into understandable summary guides and **disseminate** them to decision-makers who can use them. The EHC Program oversees the John M. Eisenberg Clinical Decisions and Communications Science Center, located at Baylor College of Medicine in Houston, Texas, in taking a systematic approach to translating scientific evidence produced by EHC Program. Products include a range of short, plain-language materials and products, including summary guides and decision aids, designed 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's Office of Communication and Knowledge Transfer (OCKT) to disseminate the guides, and it maintains the Effective Health Care Web site, www.effectivehealthcare.ahrq.gov.

With ARRA funding, AHRQ will increase efforts in translation and dissemination through expanded Eisenberg Center activities and new investigator-initiated research. Grants under the iADAPT (Innovative Adaptation and Dissemination of AHRQ Comparative Effectiveness Research Products) Funding Opportunity Announcement will support development and implementation of innovative approaches for integrating

comparative effectiveness research findings into clinical practice and health care decision making. These grants will fund local organizations such as medical societies, state institutions of higher learning, patients, and community advocacy organizations in projects that promote education, dissemination and application of comparative effectiveness research.

C.2. Public Involvement in the EHC Program: Stakeholder Participation

Public input regarding health care research has been a mainstay of AHRQ's EHC Program since its inception. Stakeholder involvement at all stages in the research process helps ensure that the program responds to the issues that are most pressing for health care decision makers and in ways that are accessible and useful. Stakeholders – persons or groups who have a vested interest in the clinical decision and the evidence that supports that decision - contribute to the research process by nominating topics for comparative effectiveness research, developing specific research questions, refining research strategy and design, reviewing draft research reports, and facilitating product dissemination. A formal stakeholder panel, the EHC Stakeholder Group, has also provided guidance on broad elements of the program such as transparency of research processes and approaches to development, dissemination, and use of program research products.

Topic Identification and Nomination. The EHC Program has a formal process by which any person may nominate a topic for comparative effectiveness research using a web-based form (<http://www.effectivehealthcare.ahrq.gov/getInvolved.cfm?involytype=sr#suggestRes>). The Program also seeks topic nominations actively from specific organizations and convenes meetings with an array of health care decision-makers and researchers to identify questions of interest.

Topic Refinement for Research Reviews. After a research review is assigned to an EPC, the investigative team must identify Key Questions to guide the systematic review. Stakeholders contribute to this process as Key Informants, helping to ensure that the topic and research questions are valid, relevant, and applicable to the real-world decision the research will address, and advising on the appropriate audience for eventual research products. Key informants typically include patients and caregivers, practicing clinicians, professional and consumer organizations, purchasers of health care, policy-makers, and others with direct experience in making health care decisions relevant to the topic. At the stage of topic refinement, the public also has an opportunity to comment on the Key Questions proposed for research or review.

Expert Consultation. The EHC Program draws on an external Technical Expert Panel (TEP) to inform the technical scientific processes of the research review or project. For a systematic review, input may address study aspects such as literature search strategies or inclusion criteria; TEP members may later serve as peer reviewers.

Patient, caregiver, and consumer group representation in TEPs is encouraged to assist in maintaining a patient-centered focus to the research activities.

Review, Translation, and Dissemination. The EHC Program invites both scientific peer review and public review of all draft Research Reviews and Research Reports. To enhance transparency, all comments and responses are publicly posted. The process of research translation involves the public as members of focus groups to ensure that products are easy to understand and answer questions relevant to their audience. Dissemination efforts include partner organizations that can disseminate EHC research products to their constituencies and encourage their use.

Program Input. The EHC Stakeholder Group provides input to improve program quality and impact among users. This volunteer panel, which has included consumers, practicing clinicians, researchers, policymakers, industry representatives, private and public healthcare purchasers, and other healthcare leaders, brings unique experiences and perspectives to the table. The Stakeholder Group provides feedback on concerns such as program transparency, quality improvement of products and processes, types of products that will be most useful to healthcare decision-makers, dissemination and implementation issues for EHC Program findings, and report content.

Other stakeholder engagement. In addition to the engagement of stakeholders in development stages of the research process, the EHC Program also periodically convenes stakeholders and scientists to better identify and define the questions which raise important health care dilemmas. EPCs and DEcIDEs work with stakeholders (particularly policy-makers and guideline groups) to consider the potential for change resulting from evidence review or the generation of new evidence. The DEcIDE Consortia have met with their stakeholder committees to identify and prioritize topics for new research in cardiovascular disease, diabetes, and cancer. The EHC Program also plans to engage stakeholder through Issue Exploration Forums to explore and identify research needs in the areas of common gynecologic problems and common gastrointestinal disorders.

The Citizens' Forum. As described in this RFP, ARRA funding will support the Citizens' Forum Initiative to develop new mechanisms and refine existing approaches to eliciting public – both citizens' and stakeholders' – views as an input to health care decisions. This effort will expand our ability to draw on public views to inform health care policy, with particular application to obtaining input that will inform comparative effectiveness research in AHRQ's Effective Healthcare Program.

D. ENGAGING THE PUBLIC IN HEALTHCARE DECISION-MAKING

To date, the EHC Program has focused on seeking input from decision makers with a broad public health and clinical decision interest, such as professional societies and representatives of public and private payers. ARRA funding will allow the program to expand its efforts to obtain valuable guidance and insights from a broader public. This

initiative will develop and demonstrate methods for obtaining input from “frontline” health care decision makers—patients and practicing clinicians—and more generally will advance the Program’s ability to obtain public input, particularly on questions that cannot be decided on the basis of technical or scientific expertise alone.

Interest in eliciting citizens’ values and preferences to inform healthcare decisions made by public officials or healthcare institutions has grown steadily in recent years. A number of reasons are given to involve the public in health care decision making (See Box 2). Research describing differences in the views of members of the public from those of researchers and professionals has added momentum to efforts to find ways to bring public perspectives into both research and policy decisions.¹

Box 2

- Increasing the transparency and legitimacy of the decision making process of healthcare institutions;
- Making the healthcare system more responsive to the needs and desires of the public;
- Becoming better informed about societal values, needs, concerns and preferences;
- Fostering discussion about the direction of future healthcare reforms);
- Including users’ perspectives in designing program changes;
- Gauging the public’s response to a decision or proposal;
- Educating the public about a particular issue;
- Building support or consensus for a final decision; or
- Addressing public or media criticisms of an issue

From: A Framework for Involving the public in healthcare coverage and resource allocation decisions, 2007(accessed at www.dal.ca/shsa/Research/)

In addition to early efforts in the United States, government officials and public commissions in a number of countries have cited the need and priority for a greater public voice in health care policies and have moved to develop processes for obtaining public input. In the U.K., interest in opening the national health system to public input grew during the 1990s (Minton 2009). Citizens’ juries, consultation panels, and surveys have been used to assess health care needs and to consider research prioritization and technology-related issues. In Canada, calls for greater public involvement in health technology assessment and coverage policy have led to a variety of efforts to

¹ Goberman-Hill R, Horwwd J, Calnan M. Citizens’ juries in planning research priorities: process, engagement and outcome. *Health Expectations* 11; 2008. pp272-281.

incorporate public values into existing processes, including deliberative and “dialogue” approaches.^{2, 3}

In the United States, efforts to incorporate public views in healthcare decision making processes are prevalent, although not systematic. Citizen and stakeholder representatives have been included in processes to set research priorities and to consider coverage decisions in public settings. For example, the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC), which advises the Centers for Medicare and Medicaid Services on coverage policy and other issues, includes a consumer representative and patient advocate at every meeting. Medicare’s rule-making activities for payment decisions and its national coverage process are statutorily mandated to have citizen participation, accomplished through soliciting public comments at various points during each process. Consumer representatives are regularly included in policy settings, such as advising Institute of Medicine committees that generate policy recommendations regarding health care policies and practices. At AHRQ, stakeholders have participated in the CER program since its inception. The Obama Administration has highlighted a commitment to broadening citizen participation in government, including the health care arena:

“Much of the expertise we need can be found among the nation’s citizens. From economic recovery and health care reform to environmental protection and homeland security, we must ensure that government makes the best possible decisions informed by the best possible expertise and information.”

There are a variety of mechanisms beyond traditional opinion polls that are in development or in use for eliciting public views on healthcare topics. Most, although not all of these, involve a process of educating participants, eliciting views, providing feedback, and opportunities for revising opinion. Table 1 describes these methods.

Table 1.

Method	Description
Citizen’s Panel	Large, demographically representative group of citizens regularly used to assess public preferences and opinions.
Citizens' Summits	Large-scale deliberative public meeting that use communications technology to facilitate discussions.
Citizens Jury	Small panel of non-specialists, modeled on the structure of a criminal jury, that sets out to examine an issue of public significance in detail and deliver a "verdict".
Consensus	A panel of citizens who question expert witnesses on a

² Maxwell J, Rosell S, Forest PG; Giving citizens a voice in healthcare policy in Canada. British Medical Journal 326; 2003. pp1031-1033.

³ Menon D, Stafinski T. Engaging the public in priority-setting for health technology assessment: findings from a citizens’ jury. Health Expectations 11; 2008. pp. 282-293.

Conference	particular topic at a public conference to formulate recommendations that are then circulated widely.
Consensus Voting	A balanced voting system that aims to identify the best consensus opinion.
Deliberative Mapping	A process that combines varied approaches to assess how participants, both specialists and members of the public, rate different policy options against a set of defined criteria.
Deliberative Polling	A process that measures what the public would think about an issue if they had an adequate chance to reflect on the questions at hand. Deliberative polling observes the evolution of the views of a citizen test group as they learn more about a topic and is more statistically representative than many other approaches due to its large scale.
Delphi Survey	A series of questionnaires that allow experts or people with specific knowledge to develop ideas about potential future developments around an issue. The questionnaires are developed throughout the process in relation to the responses given by participants.
Focus Groups	Guided discussions of a small group of citizens. They are normally one-time sessions, although several may be run simultaneously in different locations and sometimes groups are reconvened several times.

Despite the interest in these approaches, methods for eliciting informed opinion are not well-developed nor have they been broadly tested. Little work has been done to develop the mechanisms or the ability to involve a broad cross section of the public in processes for obtaining public input. Although the Web and other online technologies offer tremendous potential for informing and involving the public, work to design or develop such tools for obtaining public input relevant to health care decisions is just beginning.

E. Web Technology

The Obama Administration and many federal departments, including HHS, have encouraged the use of Web 2.0 and Social Media technologies to engage citizens in the important decisions and actions of our nation. Web 2.0 and Social Media use many technologies and forms to integrate technology, social interaction, and content creation. These include blogs, wikis, video-sharing, podcasts, social networking, mashups, virtual worlds, micro-blogs, and widgets. Technology tools that specifically facilitate polling and deliberative processes, such as ideascale.com, have also been developed. Use of Web 2.0 and Social Media technologies is accelerating in the health care arena with applications in medical education, continuing education, communities of practice, and

learning communities. The evidence-base supporting the use of these tools is just beginning to develop.

The White House has made public engagement and an open government a top priority; HHS is working to provide guidance to facilitate implementation of that priority. The U.S. General Services Administration has also been instrumental in government technology adoption by developing terms of service agreements with a number of social media sites that can then be used by each Federal Department and its own Agencies.

Utilizing Web 2.0 and Social Media has important potential to contribute to the development of formal, scalable methods to engage the public in health care decision making. Further development of these tools must address important challenges, such as the inclusion of population subgroups whose access to access to computers or cell phones is currently limited, representativeness of participants, management of "information overload" and fragmented dialogue, and barriers related to consideration of legal, privacy and other issues.

To incorporate public views more systematically and effectively in U.S. healthcare policy and other decision processes, more formal, scalable techniques for eliciting public views are needed. It is the goal of the Citizens' Forum RFP to develop and demonstrate mechanisms for obtaining input relevant to healthcare decisions, in particular those relevant to the processes of comparative effectiveness research and implementation.

III. STATEMENT OF WORK

A. GOALS

ARRA funding will support the Citizens' Forum Initiative to develop new mechanisms and refine existing approaches to eliciting public views as an input to health care decisions. This effort will expand our ability to draw on public views to inform health care policy, with particular application to obtaining input that will inform comparative effectiveness research in AHRQ's Effective Healthcare Program. The Citizens' Forum initiative will expand AHRQ's existing efforts to obtain professional and consumer input to inform its EHC Program activities, build methods and capacity for obtaining public input, and allowing the program to obtain guidance and insights from a broader public.

B. PROJECT TASKS

The work under this contract is divided into two (2) focus areas with separate tasks as indicated below.

Focus Area 1

Broadly engage members of the public in providing input on ethical and value-based questions that arise in health care decisions, particularly questions arising in the conduct and use of comparative effectiveness research.

Task 1: Review literature on use of deliberative methods

Task 2: Design, develop, demonstrate and evaluate mechanisms for eliciting informed public input on ethical and value-based questions.

Focus Area 2

Ensure consistent and comprehensive stakeholder involvement in all aspects of AHRQ's expanded Effective Health Care (EHC) Program.

Task 3: Develop Innovative Methods to Meaningfully Engage Stakeholders in Comparative Effectiveness Research

Task 4: Support Stakeholder Engagement in EHC Program Research Processes

Task 5: Manage and Support the Effective Health Care Stakeholder Group

Cross-Cutting

Task 6: Manage Contract

A detailed description of each Focus Area and Task follows.

<p>FOCUS AREA 1: Broadly engage members of the public in providing input on ethical and value-based questions that arise in health care decisions, particularly questions arising in the conduct and use of comparative effectiveness research.</p>
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TASK 1 - Review literature on use of deliberative methods

The Contractor will conduct a Literature Review on the subject of Deliberative Methods, covering the background and development of these methods, how they have been used in the context of health care, and current efforts to advance the field. The review should also describe the use of Deliberative Methods in other (non-healthcare) settings where relevant to past applications or potential future applications in health care.

The Contractor shall submit the draft Literature Review to the AHRQ Project Officer within four (4) months EDOC. The AHRQ staff will review and comment on the draft within 1 month of draft submission. The Contractor shall submit the final Literature Review to the AHRQ Project Officer within six (6) months EDOC.

TASK 2 - Design, develop, demonstrate and evaluate mechanisms for eliciting informed public input on ethical and value-based questions that arise in the context of the design, evaluation, and implementation of comparative effectiveness research.

Subtask 2.1 – Design and develop methods for eliciting public input.

A preliminary description of the approach to be used for eliciting public input for this task will be proposed and justified in the Proposal developed in response to this RFP (see Technical Proposal Instructions - L.10.C.). Once the contract is awarded, the Contractor will be responsible for fully designing and developing the methods to be used and presenting them in the Deliberative Approach Conceptual Framework and Methods Document (see Subtask 2.6).

The methods used should reflect a deliberative approach that includes the education of respondents about the topic at hand, elicitation of initial views, feedback regarding the implications of these views, and revision of opinion based on such feedback. The approach should advance the state of the art in deliberative methods, either improving on methods that have been used within or outside of the healthcare sector or developing new approaches to eliciting public input.

Methods should be developed with consideration of their relevance to the task of broadening citizen input in health care decision making and the ultimate scalability of the methods.

Subtask 2.1.1 – Convene Technical Expert Panel

The Contractor shall convene a Technical Expert Panel (TEP) composed of 4-6 individuals expert in deliberative processes, at a location to be agreed upon by the Contractor and the TOO. The purpose of the TEP will be to assist the Contractor in designing and developing methods for eliciting public input and provide feedback to the Contractor as the project progresses. The Contractor will present literature review findings and preliminary ideas for the methods for eliciting public input which the Contractor intends to develop and pilot at a ½ - 1-day meeting. The Contractor will obtain further input and feedback from members of the TEP by conference call or email. Please note: *In accordance with AHRQ policy, contract funds may not be used to purchase meals or refreshments for attendees at this or any other meeting described in this Statement of Work.*

Subtask 2.2 – Technology tools to implement the deliberative process.

The Contractor is encouraged to consider the use of Web 2.0, Social Media, and/or other technology tools to enhance the quality of communications and improve the scalability and the feasibility of processes to elicit input on health related questions. The use of such tools should be described in the Proposal developed in response to this RFP (see Technical Proposal Instructions - L.10.C.).

The Contractor should describe the approach, the advantages offered by the proposed tools, and the work required to develop and implement the tools for use in eliciting citizen input. For any proposed Web 2.0, Social Media, or other technology solution the Contractor must provide:

- a description of solutions that will support and facilitate the deliberative approach;
- the costs of acquisition of these solutions and the number of licenses covered, if applicable;
- the purpose of the solutions and how they will be used in this contract;
- whether and to what extent programming will be needed to customize the solutions for the purposes of this contract;
- the solutions' compliance with federal regulations and measures for remedying any compliance issues; and
- the terms of service agreements for the solutions (<http://www.newmedia.hhs.gov/standards/>).

The proposed technology solutions or tools must adhere to HHS and AHRQ guidance and requirements (see <http://www.ahrq.gov/news/policyix.htm> and <http://www.newmedia.hhs.gov/standards/>).

Once the contract is awarded, the Contractor will be responsible for fully articulating and describing these elements in the Deliberative Approach Conceptual Framework and Methods Document (see Subtask 2.6). In addition, the Contractor should provide electronic information in a format that is accessible to the public with disabilities, consistent with Section 508 of the Rehabilitation Act (see Subtask 6.10).

Subtask 2.3 – Educational Materials

The Citizens' Forum initiative is concerned with eliciting *informed* public views; a critical component of the proposed process will be the task of developing educational materials to educate participants. Materials should utilize state-of-the-art, evidence-

based approaches to communicating the information that will contribute to participants' information base. The Contractor should describe in the Deliberative Approach Conceptual Framework and Methods Document (see Subtask 2.6) the topics education materials will address, the approach to preparing these materials, what will be included in the materials, and how they will be evaluated.

Educational materials may be electronic (web-based or using other electronic formats) or hard copy. They should be part of a considered deliberative approach, enhancing the usability and scalability of the process. Materials may include background information concerning health topic(s) to be addressed, information on ethical contexts, information on decision strategies, devices for practicing and obtaining feedback on decisions, or any other materials required to implement the project.

Materials should be pilot tested. Methods for developing materials, sources, and other information necessary to reproduce the service shall be documented. When Web-based tools and materials are proposed, the Contractor shall address compliance with 508 regulations (see Subtask 6.10), adding the appropriate time and budget to the plan, and adherence to the AHRQ Publishing and Communication Guidelines.

In addition to materials targeted to the citizens providing input on their views, educational materials should also include manuals or other training materials for those conducting group surveys or sessions, including all materials required to implement the proposed activities.

Any educational or training materials developed shall be submitted to the Project Offer for review and approval at least 1 month prior to use and implementation.

Subtask 2.4 – Evaluation Plan

The Contractor will submit an Evaluation Plan as part of the Deliberative Approach Conceptual Framework and Methods Document (see Subtask 2.6) outlining the evaluation criteria for all aspects of the project. This plan will form the basis for the evaluation of the project.

Subtask 2.5 – Demonstrate Mechanism

This subtask covers the Contractor's work in demonstrating the deliberative methods that are developed in Subtask 2.1.

Subtask 2.5.1 – Determine and finalize target groups to be included in the demonstration of elicitation of public input for this project.

A preliminary definition of the target demographic groups from whom views will be elicited for this project will be proposed and justified in the Proposal developed in response to this RFP (see Technical Proposal Instructions - L.10.C.). Once the contract

is awarded, the Contractor will be responsible for fully articulating the choice of target groups, the composition of subgroups of each target group to be included in the demonstration and the selection process. These aspects of the Contractor's plan will be presented in the Deliberative Approach Conceptual Framework and Methods Document (See Subtask 2.6).

The Contractor should justify the choice of target groups for the demonstration on the basis of the importance of the input of the target group for decision makers responsible for decisions concerning the conduct of comparative effectiveness research or for decisions drawing on comparative effectiveness findings. A minimum of 4 target groups should be identified, with emphasis on priority populations. The Contractor should justify the number of persons in each target group to be included in the demonstration and the size of subgroups. (For example, the deliberative methods developed might suggest an optimal group size of 15 persons, in which case the Contractor might propose that Target Group 1 would include 60 members, who would be convened in groups of 4, meeting 3 times each.) The target groups should be described in terms of demographics, geographic location, and all other characteristics that serve as a basis for their selection.

The Contractor will be responsible for developing and implementing a plan for selecting a sample of members of the target group who will participate in the demonstration of the deliberative process.

Subtask 2.5.2 – Determine and finalize ethical and value-based questions on three (3) different comparative effectiveness research topics that will be used in the demonstration of the deliberative methods developed in this project.

In Subtask 2.1, the Contractor will develop methods for eliciting public views on *ethical and value-based questions*. Subtask 2.2, in which the Contractor will demonstrate these methods, requires ethical and value-based questions on specific comparative effectiveness research topics that will serve as the focus of public input. This part of Subtask 2.2 addresses the development of these questions.

Preliminary questions on specific comparative effectiveness research topics will be proposed and justified in the Proposal developed in response to this RFP (see Technical Proposal Instructions - L.8.C. referring to the submission of a minimum of 3 such questions). Once the contract is awarded, the Contractor will be responsible for fully articulating the questions to be used. The choice of questions should be discussed with the AHRQ Project Officer during the biweekly conference calls scheduled at the outset of the project. The finalized choice should be fully described and discussed in the Deliberative Approach Conceptual Framework and Methods Document (see Subtask 2.6).

The Contractor should justify the choice of comparative effectiveness research topics and questions on the basis of their relevance to health care dilemmas. Questions should be relevant to the conduct of comparative effectiveness research or be placed in the context of decisions regarding diagnosis, treatment or policy where the use of comparative effectiveness findings is important but not sufficient for decision making. Questions selected must be adequate and appropriate for demonstrating the deliberative methods developed.

Examples of questions are presented in Box 3. These examples are for reference only, to demonstrate the types of questions relevant for this Project.

BOX 3

Example 1: Medications for Alzheimers disease may have side effects including headaches, diarrhea, nausea, and vomiting. Alzheimers is characterized by a decline in cognitive function, often starting with memory impairment, and can progress to behavioral changes, mood changes, and the inability to perform activities of daily living. In evaluating drug treatments, which therapeutic effects and which side effects do people see as most important in affecting their choices? What are the relevant outcomes for a Comparative Effectiveness Review of drugs used to treat Alzheimers in patients over age 70?

The identification of relevant outcomes for a comparative effectiveness review involves judgment. Public input on this type of question would help guide the research process. The deliberative methods developed could be applied to obtaining the views of families or from a relevant population group contemplating their own future choices. A demonstration might be structured to examine the views of ethnically diverse population groups to characterize a range of preferences affecting these choices.

Example 2: A recent report on catheter ablation for atrial fibrillation found fair quality RCTs that show a benefit for catheter ablation in maintaining sinus rhythm and potentially improving quality of life, in some, but not all, patients over one year. However, patients incur a small risk of adverse events including serious and potentially fatal cardiovascular events such as pulmonary vein stenosis, cardiac tamponade, or stroke, and long-term effects are not well known. What information do people view as most important in their decisions?

Many effective treatments have serious risks. Use of deliberative processes to develop information on people's views regarding the importance of certain types of risks and uncertainty can assist in the translation of research findings for clinicians and patients. Input on such problems as how to communicate the presence of small risks for

very serious harms would provide important guidance for those communicating the findings of comparative effectiveness research.

Example 3: What is the level of risk of an inaccurate diagnosis that is acceptable to avoid an invasive diagnostic procedure like a breast biopsy in favor of a non-invasive test like a radiology scan?

Diagnostic tests can vary in their accuracy and in their harms (e.g. some tests are invasive, like biopsies that require insertion of a large needle or minor surgery). For cancer, a biopsy sample of the affected area is generally considered the gold-standard for diagnosis. Non-invasive diagnostic tests such as X-rays, CT scans, or MRI scans do not involve sampling tissue, but these may not be as accurate as an invasive biopsy. Medical practice assumes that it is not desirable to perform an invasive test in all cases – that is, there is an assumption that some level of risk is acceptable to avoid biopsy. An examination of people’s views regarding the trade-off between side-effects and other harms and the lowering of risk would be a useful input to decisions that also incorporate evidence on the comparative effectiveness of alternate approaches.

Please note: These examples are intended to demonstrate the type of questions that would be appropriate for obtaining public input; they should not be incorporated into the Offeror’s Proposal or the Contractor’s work.

Subtask 2.5.3– Convene Groups and Implement Proposed Process

The Contractor is responsible for implementing the process developed for obtaining public input on ethical and value-based questions developed using the methods and materials developed for this purpose (Subtasks 2.1 through 2.3). The Contractor shall convene the groups as outlined in the Deliberative Approach Conceptual Framework and Methods Document (See Subtask 2.6), facilitate or otherwise manage the group sessions, collect data, and report the results of the meetings. The Contractor shall begin this subtask by twelve (12) months EDOC and complete it within 21 months EDOC.

The Contractor is responsible for all logistics required to implement the meetings. For all meetings, whether in-person or online, the Contractor will address logistical concerns as necessary, including setting meeting dates; travel, accommodations, and per diem for in-person gatherings or online gatherings where citizens must travel to facilities with computers; meeting support to include a facilitator; technical support; honoraria; materials distribution; and all other activities required for the successful implementation of the meetings. In accordance with AHRQ policy, contract funds shall not be used to purchase meals or refreshments for meeting attendees.

Subtask 2.6 – Deliberative Approach Conceptual Framework and Methods Document

The Contractor shall develop a Deliberative Approach Conceptual Framework and Methods Document that reflects work performed under Subtasks 2.1 – 2.4, 2.5.1, and 2.5.2. This document will present the deliberative methods developed in this project as well as the design and methods for the demonstration. The Contractor shall address AHRQ comments from the Contract negotiation or the project's Kick-off meeting (see Subtask 6.1) in this document.

The Deliberative Approach Conceptual Framework and Methods Document plan should contain all elements of the deliberative methods developed. It should fully describe the approach and methods that will be used to elicit public input, including any Web or technology components to be employed, educational materials to be developed and used, and evaluation plans. It should describe the sessions, meetings, or other interactions required for the elicitation of input.

This document should also describe all aspects of the demonstration and details that will be involved in its implementation. It should include the finalized questions to be used, a description and justification for the target groups included, number of participants, process for selecting participants, and a description of the logistics required, including number, schedule and content of sessions. The document will serve as a final, well-documented plan for the demonstration in Subtask 2.5.3.

The Contractor shall submit a draft Deliberative Approach Conceptual Framework and Methods Document within seven (7) months EDOC and a final version incorporating comments received within nine (9) months EDOC.

Subtask 2.7 - Evaluation

The Contractor will be responsible for evaluating the methods used on the basis of criteria proposed at the beginning of the project in the Evaluation Plan (Subtask 2.4). Evaluation results shall be provided in a written report for review and approval by the AHRQ Project Officer within 24 months EDOC. The evaluation report should include evaluation results, detailed description and commentary regarding the strengths and weaknesses of the mechanisms developed, recommendations for improvement, recommendations for measures to enhance scalability of the approach, recommendations for future research, and other information the Contractor can contribute to future efforts to use and improve deliberative methods.

Subtask 2.8 – Reporting

The Contractor will be responsible for submitting quarterly progress reports (see Subtask 4.5) describing all project activities taking place each quarter. Materials developed for the project should be submitted as attachments to these reports.

The Contractor shall also be responsible for preparing and submitting a minimum of one (1) manuscript suitable for publication in the peer-reviewed literature within 28

months EDOC. This manuscript should advance the state of the science with regard to the use of deliberative processes for eliciting public views as an input to health care decisions.

The Contractor will be also responsible for submitting a Final Report (see Subtask 4.7) that includes a full description and documentation of the demonstration of the deliberative methods. In addition, the Final Report should detail any changes in the design of the deliberative methods or the demonstration which took place after the writing of the Deliberative Approach Conceptual Framework and Methods Document. Such changes should be fully described, explained, and justified.

FOCUS AREA 2: Ensure consistent and comprehensive public involvement in all aspects of AHRQ's expanded research program in Comparative Effectiveness Research.

A second area of focus for the Citizens' Forum will be to formally engage stakeholders of the EHC Program at the critical comparative research stages of identifying research needs, development of research products, and research dissemination. Stakeholders of the EHC Program include patients and caregivers, practicing clinicians, professional and consumer organizations, purchasers of health care, policy-makers, researchers, industry representatives, and other health care decision makers. AHRQ recognizes that different types of stakeholders have different priorities and evidence requirements for decision making, and therefore may need to be engaged in different ways. Consistent with AHRQ priorities, all of stakeholder engagement activities should emphasize both inclusiveness and transparency.

One of the challenges in working with stakeholders in research-related activities that has been raised by both stakeholders and researchers alike, is that the stakeholders often either are not or do not feel adequately prepared to be effective participants. Reasons range from unfamiliarity with the EHC Program and/or comparative effectiveness research as a concept to unclear roles and responsibilities of participants at each stage of the process. Adding to the challenge, stakeholder-driven research is a different concept than the traditional investigator-initiated research. Although most of the EHC Program investigators have been working with stakeholders to inform their research to some degree, it is still a fairly new concept and practice. The investigators may not be fully aware of best practices or available tools for working with stakeholder informants. It is essential that the EHC Program provide an environment and the required resources for both stakeholder participants and the EHC investigators to optimally carry out the stakeholder-driven research paradigm.

In this focus area, methods for stakeholder participation and input in the EHC Program's comparative effectiveness research shall be further developed, formalized, and implemented, with emphasis on preparing the stakeholder for optimal participation, inclusiveness, and transparency.

Task 3 – Develop Innovative Methods to Meaningfully Engage Stakeholders in Comparative Effectiveness Research

In Task 3, the Contractor will conduct research on best practices and methods in engaging and educating stakeholders, with particular emphasis on patients, caregivers, and clinicians, in a research program to support health care decision making. The Contractor will apply the results to enhance and expand meaningful stakeholder participation in a taxpayer-funded research program for comparative effectiveness. The findings should be applicable to both the governance structure and research processes of the program.

Subtask 3.1 – Literature Review

The Contractor shall conduct a literature review on the subject of engaging stakeholders in clinical research processes as a means to support health care decision making. The literature review should focus specifically on inclusion of patients, caregivers, and practicing clinicians who are on the frontlines for making clinical decisions. The literature review should identify both standard and innovative engagement methods that are currently being used in the health care field and cover the background and development of those methods, how those methods have been used in the context of health care, and current efforts to advance the field. The review should also describe the use of stakeholder engagement methods in other (non-healthcare) settings, where relevant to past applications or potential future applications in health care. Methods should include education or preparation of the stakeholder for optimal participation. Additionally, the review should explore the use of Web 2.0, Social Media, and other technologies in stakeholder engagement and input in the context of a research program and health care decision making.

The Contractor shall submit the draft Literature Review to the AHRQ Project Officer within eight (8) months EDOC. The AHRQ staff will review and comment on the draft within 1 month of draft submission. The Contractor shall submit the final Literature Review to the AHRQ Project Officer within ten (10) months EDOC.

The Literature Review will also inform the White Paper which the Contractor will submit as a Deliverable for this Task (see Subtask 3.4) and should inform the Conceptual Framework and Methods to Engage Stakeholders in the EHC Program Document (see Subtask 3.6).

Subtask 3.2 – Review Current EHC Program Infrastructure and Processes for Stakeholder Engagement

The Contractor shall work with the AHRQ Project Officer and other key AHRQ and EHC Program staff to learn about and review the infrastructure and processes for stakeholder engagement and participation in the EHC Program research processes and

governance structure, including the EHC Stakeholder Group (see background section C.2.).

The Program review will involve interactions with current Effective Health Care Program components, including the AHRQ staff, the Scientific Resource Center (SRC), the Eisenberg Center (EC), and the EPC and DEcIDE staff and centers to learn current practices and stakeholder engagement and participation needs in conducting comparative effectiveness research. The review should focus on Program components and processes that actively engage stakeholders as well as those that may not routinely include stakeholder input to identify gaps and areas for improvement in stakeholder representation and participation.

The Program infrastructure and process review shall be completed within 15 months EDOC. The review will form part of the White Paper which the Contractor will submit as a Deliverable for this Task (see Subtask 3.4) and should inform the Conceptual Framework and Methods to Engage Stakeholders in the EHC Program Document (see Subtask 3.6).

Subtask 3.3 – Convene Expert Panel

The Contractor shall convene an expert panel within 14 months EDOC to discuss and assess the state of the art in stakeholder engagement and education for health care issues to support clinical decision making. The expert panel should identify knowledge gaps and emerging issues in stakeholder participation in research processes and propose innovative methods or strategies to advance the field.

The expert panel discussions will inform part of the White Paper which the Contractor will submit as a Deliverable for this Project (see Subtask 3.4) and should inform the Conceptual Framework and Methods to Engage Stakeholders in the EHC Program Document (see Subtask 3.6).

Subtask 3.4 – Produce a White Paper on Stakeholder Engagement

The Contractor shall produce a White Paper on stakeholder engagement methods in the context of a taxpayer-funded research program in comparative effectiveness. The White Paper shall address the issues identified in Subtasks 3.1 through 3.3 as well as results from an on-going evaluation of the governance of the EHC Program as they become available.

The Contractor shall submit the draft White Paper to the AHRQ Project Officer within 17 months of the EDOC for review and approval. The Contractor shall submit the final White Paper and a Power Point slide presentation within 19 months EDOC.

The White Paper should inform the Conceptual Framework and Methods to Engage Stakeholders in the EHC Program Document (see Subtask 3.6).

Subtask 3.5 – Present White Paper to AHRQ and the EHC Stakeholder Group

The Contractor shall present the research findings contained within the White Paper to AHRQ and the EHC Stakeholder Group for discussion and feedback. The findings shall be formally presented with a Power Point slide presentation at the EHC Stakeholder Group meeting immediately following the final submission of the White Paper to the AHRQ Project Officer. The purpose of this presentation is to get feedback on the concepts presented in the White Paper and to facilitate discussion with the EHC Stakeholder Group on the application of such concepts to and the role of stakeholders in the EHC Program governance structure and research processes. This feedback and discussion should inform the Conceptual Framework and Methods to Engage Stakeholders in the EHC Program Document (see Subtask 3.6).

Subtask 3.6 – Develop Conceptual Framework and Methods to Engage Stakeholders in EHC Program Activities and CER.

The Contractor shall develop a Conceptual Framework and Methods Document that proposes strategies to innovatively expand stakeholder engagement in the EHC Program and CER.

The proposed framework should integrate results from Subtasks 3.1 through 3.5 and apply them to develop innovative methods and opportunities for stakeholder outreach and engagement in the EHC Program on an ongoing basis. The framework should address current stakeholder engagement processes and activities as well as the need to expand AHRQ's infrastructure for stakeholder engagement to accommodate exponential EHC Program growth. The framework, as well as proposed methods and opportunities, should be inclusive of a broad array of stakeholders but should focus primarily on patients, caregivers and practicing clinicians. The framework and methods should also address educating or preparing stakeholders for optimal Program participation. All methods should be fully transparent and clearly defined to promote external understanding, validation, and acceptance of resulting opportunities and processes. Development of this framework may involve interactions with current Effective Health Care Program components, including the AHRQ staff, the Scientific Resource Center (SRC), the Eisenberg Center (EC), and the EPC and DEClDE staff and centers to learn current practices and needs.

The proposed framework and methods should also incorporate Web 2.0, Social Media, and/or other technology where possible to promote and facilitate expanded stakeholder engagement in EHC Program activities for eliciting public input to inform its comparative effectiveness research enterprise. These technologies and tools should be used to enhance the quality, efficiency, and effectiveness of communications between

stakeholder participants, AHRQ, and the Contractor, as well as improve the participation of stakeholders in EHC research and related activities. For any proposed Web 2.0, Social Media, or other technology solution the Contractor must provide:

- a description of solutions that will support and facilitate stakeholder engagement strategies, methods, or activities;
- the costs of acquisition of these solutions and the number of licenses covered, if applicable;
- the purpose of the solutions and how they will be used in this contract;
- whether and to what extent programming will be needed to customize the solutions for the purposes of this contract;
- the solutions' compliance with federal regulations and measures for remedying any compliance issues; and
- the terms of service agreements for the solutions (<http://www.newmedia.hhs.gov/standards/>).

The proposed technology solutions or tools must adhere to HHS and AHRQ guidance and requirements (see <http://www.ahrq.gov/news/policyix.htm> and <http://www.newmedia.hhs.gov/standards/>).

The Contractor shall submit to the Project Officer a draft Conceptual Framework and Methods for Stakeholder Engagement Document within twenty-four (24) months of the EDOC. The draft may be reviewed and commented on by AHRQ staff and EHC Program components within 1 month of draft submission. A final Conceptual Framework and Methods Document that addresses those comments shall be submitted to the AHRQ PO within one (1) month of receiving AHRQ comments.

(Optional) Subtask 3.7 – Implement Methods and Opportunities as Approved in the Conceptual Framework and Methods Document

The option to carry out subtask 3.7 may be exercised at the discretion of AHRQ during the contract period through a contract modification if time permits or during option years. A budget will be negotiated at the time the tasks are identified.

The Contractor shall be responsible for implementing the methods developed for expanded stakeholder engagement and described in the section of the Conceptual Framework and Methods for Stakeholder Engagement Document (see Subtask 3.6). The Contractor shall be responsible for all logistics required to implement the methods. If the approved methods include convening stakeholders by any means, the Contractor will address logistical concerns as necessary, including setting meeting dates; travel, accommodations, and per diem for in-person gatherings; meeting support to include professional facilitation; technical support; honoraria; materials distribution; and all other activities required for successful implementation.

Methods must be implemented in adherence with all applicable and relevant Federal laws and regulations as well as HHS and AHRQ policies and guidance.

TASK 4 – Support Stakeholder Engagement in EHC Program Research Processes

The EHC Program has built its research paradigm around ongoing consultation with relevant stakeholders to ensure the resulting research products are as relevant and useful as possible to health care decision makers. Currently stakeholders are involved at various stages of CER in the EHC Program (see background section C.2.). This approach ensures broad stakeholder inclusion but requires coordination and collaboration among the EHC Program components to be efficient and effective and to avoid confusion among stakeholder participants.

While the Contractor will be exploring innovative ways to expand opportunities for stakeholder input in the EHC Program, current efforts must continue. Additionally, stakeholders must be aware of opportunities for involvement and must be prepared to participate effectively. The goal of Task 4 will be to support current efforts and create new opportunities for stakeholder engagement and involvement in the EHC Program research process in a collaborative and coordinated fashion.

Subtask 4.1 – Collaborate with other EHC Components to Coordinate Stakeholder Engagement Activities

The Contractor shall collaborate with other EHC Program components to coordinate stakeholder engagement and involvement efforts across the EHC Program. This effort involves establishing on-going working relationships with the Effective Health Care Program components, including the AHRQ staff, Scientific Resource Center (SRC), the Eisenberg Center (EC), and the EPCs and DEcIDEs, to ensure awareness and understanding of the needs for stakeholder involvement at each research stage and type of project.

The Contractor shall be available for consultation for EHC Investigators to learn about effective stakeholder engagement. The Contractor may develop and provide tools or materials as necessary to do so. The Contractor will be expected to attend meetings (usually biennial) of the EPCs and DEcIDE Research Centers and to present the Contractor's current work on stakeholder engagement, participate in discussions, and seek input on their work based upon these discussions.

The Contractor shall also participate in regular conference calls with AHRQ, the Eisenberg Center, and other Program components as necessary, to discuss, develop, and implement Program-wide efforts to coordinate ongoing outreach and engagement efforts and activities and to identify new opportunities and areas for collaboration among EHC Program components. The Contractor will share with other Program components lessons learned in work under this contract to be applied to the Program.

The Contractor shall also report in quarterly progress reports (See Subtask 4.5) all contacts with stakeholders to the AHRQ Project Officer. The report shall include contact information for all stakeholders that agree to allow AHRQ to contact them in the future for EHC Program purposes only. Contact information may include the stakeholder's name, title, affiliation, address, phone number, email, as well as information regarding how the stakeholder participated in the EHC Program. This information will be stored in a secure database that is accessible by AHRQ and EHC Program staff.

Subtask 4.2 – Educate and Prepare Stakeholders for EHC Program Involvement

In order to enable stakeholders to optimally participate in EHC Program research and other activities and to facilitate EHC investigators to effectively include stakeholder perspectives in their research, the Contractor shall develop educational materials and/or tools for stakeholders. Materials may focus on how stakeholders can be effective participants in research and related activities, roles and responsibilities of those involved in the research, and how the EHC Program will work with the stakeholders at each stage of the research, among others. Materials and tools should be developed in collaboration and coordination with other EHC Program components.

The contractor is encouraged to use innovative adult education strategies and methods, including computer- or Web-based tools, Web 2.0, Social Media, or other innovative technologies to communicate lessons separately to each audience. Any tools and materials for preparing and educating stakeholder participants shall be accessible via the EHC Website, in a downloadable and printable electronic format as possible, to be easily used and efficiently disseminated either by the contractor or by other EHC Program components. The Contractor shall be available for technical assistance and consultation to EHC Program staff after dissemination.

Educational or training materials shall be updated as necessary to reflect current EHC Program processes, policies, components, or other possible changes.

Any educational or training materials developed shall be submitted to the Project Officer for review and approval at least 1 month prior to dissemination. The Project Officer may require consultation with other EHC Program components prior to approval.

Subtask 4.3 – Support Ongoing and Create New Opportunities for Stakeholder Engagement

The Contractor shall support ongoing efforts to involve stakeholders in the EHC research processes as described in background section C.2. The Contractor shall also create and support new opportunities for stakeholder engagement in the Program as deemed necessary by AHRQ. New opportunities shall be informed by lessons learned through the experience of the Contractor and work performed under this contract.

The Contractor may be responsible for all logistics required to support such stakeholder engagement opportunities. If the approved opportunities include convening stakeholders by any means, the Contractor will address logistical concerns as necessary, including setting meeting dates; travel, accommodations, and per diem for in-person gatherings; meeting support to include professional facilitation; technical support; honoraria; materials distribution; and all other activities required for successful implementation.

Subtask 4.4 – Communicate Opportunities for Stakeholder Involvement

The EHC Program offers many opportunities for stakeholders, both individuals and organizations, to be involved throughout the research process as well as other research-related activities. Many organizations are interested in participating but are unaware of the opportunities to do so. The Contractor shall communicate information regarding stakeholder involvement opportunities through the EHC Website and other channels, as approved by AHRQ, in coordination and collaboration with AHRQ and the Eisenberg Center.

AHRQ and the Eisenberg Center lead the dissemination efforts for the EHC Program and their efforts focus on uptake and utilization of research products and general Program information. However, it is important to work in collaboration and coordination with AHRQ and the Eisenberg Center to present clear and consistent messages to stakeholders and the public. The Contractor should discuss any ideas about dissemination and marketing efforts for involvement opportunities with AHRQ staff with the goal to ensure that efforts are coordinated with other Agency activities. This is critical when outreach to the general and trade press is involved. Any contact with the media will take place in close coordination with AHRQ and the press offices of the Contractor's institution.

Subtask 4.5 – Routinely Evaluate Stakeholder Engagement Methods

Evaluation of stakeholder engagement methods and activities shall be integrated throughout the contract period and activities to ensure the best service to both stakeholders and the EHC Program. The Contractor shall focus evaluation efforts for this task on the following:

- Whether stakeholders feel they are being effectively engaged by these activities.
- Whether stakeholders feel they are adequately prepared to participate in Program activities.
- How effective both researchers and stakeholder participants feel inclusion in the research process is to informing the research product and capturing the stakeholders' perspectives.

and may also include evaluation of the following:

- How effective consumer education materials are for preparing consumers to participate in EHC activities.
- How stakeholder participation in EHC activities affects stakeholder utilization of resulting products.
- How efficient and comprehensive the processes are at capturing stakeholder involvement in EHC Program research and other activities.
- The type of participants included in each stage of the research process.

The Contractor shall provide a draft evaluation plan that details proposed evaluation methods, including participants, timing, and application of results to the AHRQ Project Officer within 2 months of the EDOC, in conjunction with the draft framework and methods document. The draft evaluation plan shall address any suggestions or comments expressed by AHRQ during negotiation and the project's Kick-off meeting (see Subtask 4.1). The final evaluation plan shall be submitted to the AHRQ PO within four (4) months of the EDOC.

The Contractor shall implement the evaluation strategy as approved by the Project Officer. Evaluation plans may require OMB review and approval (refer to Subtask 4.9). Evaluation results shall be provided in written reports for review and approval by the AHRQ Project Officer within two (2) months of the conclusion of the evaluation. The Project Officer may require dissemination of evaluation reports to and consultation with other EHC Program components that may be affected by the evaluation results or application of the results.

The Contractor shall apply lessons learned to improve engagement strategy and methods. Any changes to the engagement methods, strategies, or activities must be reviewed and approved by the Project Officer.

TASK 5 - Manage and Support The Effective Healthcare Stakeholder Group

The purpose of this component of the Citizens' Forum RFP is to manage the input and work of and provide logistical support for the EHC Stakeholder Group while developing new methods for formally eliciting stakeholder views. Opportunities for stakeholder involvement and input at the program level are extremely important to shaping the direction of and garnering public trust in the EHC Program as it expands under ARRA funding.

The EHC Stakeholder Group has provided valuable input to a variety of Programmatic areas. Management of the Stakeholder Group requires a number of logistical functions, which will the Contractor will perform under this Contract. In addition, the Contractor will manage the Stakeholder Group through transitions in form and format that are likely to occur over the Contract Period in response to the changing healthcare policy environment. AHRQ has recently commissioned an independent evaluation of the governance structure of the EHC Program, including the formal EHC

Stakeholder Group, that may inform the Program of better ways to garner and utilize stakeholder input in a formal mechanism and may require changes in the Group's function, role, and configuration. The Contractor, in consultation with AHRQ and the EHC Program components, will determine the most appropriate ways to work with the EHC Stakeholder Group.

At the time of this solicitation, AHRQ has extended the 2008-2009 term for the EHC Stakeholder Group through January 2010. AHRQ plans to solicit nominations and select a new EHC Stakeholder Group for 2010-2012 prior to the start date for this contract. The contractor will work with and support the 2010-2012 EHC Stakeholder Group.

In the Spring of 2012, AHRQ plans to again solicit nominations and select members for the 2012-2014 EHC Stakeholder Group. The Contractor will have the opportunity to provide recommendations for the form and function of that Group based on work with, evaluations, and assessments of the 2010-2012 Group.

Subtask 5.1 – Convene Meeting for the EHC Stakeholder Group

The Contractor shall hold and provide support (i.e., pre-, post-, and interim support) for meetings of the EHC Stakeholder Group. The Group at large is expected to meet in person four times in each year of the contract, with at least two meetings taking place in Rockville, MD (preferably at the AHRQ Conference Center). It is also anticipated that conference calls with panel members and periodic electronic and paper correspondence will occur between meetings, as needed. The purpose of the meetings and communications will be to provide input and feedback to AHRQ and the EHC Program on issues related to broad Program areas such as Program priorities and enhancing product development to better meet stakeholder needs.

In consultation with the Project Officer, the Contractor shall plan all activities in support of meetings and inter-meeting conference calls and mailings. Specifically, the Contractor shall plan agendas; assemble, prepare, print, and distribute materials needed for meetings; prepare audio-visual materials as required; reserve meeting facilities and hotel accommodations; notify members and confirm participation in the meetings; arrange travel and process expense vouchers for non-Federal participants; and prepare detailed written summaries of the meetings. All meetings should be led by a professional or experienced meeting facilitator that is able to work with participants from a broad array of backgrounds and experiences within the health care field.

The meetings may be one or two days in length and held on a date in which at least 90 percent of the EHC Stakeholder Group members can attend. Estimated attendance is 18-20 members at each meeting. Federal participants will be responsible for their own travel arrangements and lodging costs. The Contractor shall provide hotel reservations at the Federal Government lodging per diem for Federal participants. All non-Federal expert members will be reimbursed for travel expenses, including a per

diem allowance as authorized under [section 5703 of Title 5, U.S.C.](#) and as further described in [GSA Federal Travel Regulations](#) (FTR), contained in 41 Code of Federal Regulations (CFR), Chapters 300 through 304 and the Department of Health and Human Services Travel Manual. It is estimated that all of the EHC Stakeholder Group members will require overnight accommodations for one (1) evening for each meeting.

It is anticipated that the 2010-2012 EHC Stakeholder Group will be selected prior to the EDOC. The Contractor will be expected to convene the first meeting of the EHC Stakeholder Group within 3 months of the EDOC. The contractor shall also be responsible for orienting the new members to the EHC Program, an important step to work with them efficiently and effectively. Orientation materials should include an overview of the EHC Program, describe the role of the EHC Stakeholder Group, and brief the new members on ongoing issues relevant to comparative effectiveness and the Program. The contractor is encouraged to use electronic or Web-based methods, as possible, to disseminate orientation and meeting materials or information.

In consultation with the AHRQ and the Project Officer, the Contractor shall develop and finalize meeting and orientation materials for the first meeting. Draft materials that address any suggestions or comments expressed by AHRQ during negotiation and the project's Kick-off meeting (see Subtask 4.1) shall be submitted to the AHRQ Project Officer within six (6) weeks of the EDOC. Final materials for the first meeting shall be submitted to the AHRQ Project Officer and distributed to meeting participants at least two (2) weeks prior to the date of the meeting.

Thereafter, all agendas and pre-meeting materials will be provided to the Project Officer for review, comment, and approval at least three (3) weeks prior to the meeting, and all materials shall be sent to the EHC Stakeholder Group members and other participants at least two (2) weeks before the meeting. Materials will also be posted to the AHRQ secure Website.

The Contractor shall provide a detailed written draft meeting summary within two (2) weeks after the EHC Stakeholder Group meeting. The summary should include names and titles of participants and observers, agenda, and a substantive, detailed summary of the discussions, action items, and recommendations. The Contractor shall provide a final summary one (1) week after receiving Agency comments. Approved post-meeting materials shall be distributed to meeting participants as necessary and posted to the AHRQ secure Website.

Subtask 5.2 – Follow Up on Input from the EHC Stakeholder Group

The EHC Stakeholder Group has provided valuable input on many aspects of the EHC Program. Therefore, in order to efficiently and effectively follow-up on ideas and input from the EHC Stakeholder Group members, the Contractor shall develop and implement, in collaboration with AHRQ and EHC Program components, a process for disseminating and following up on Stakeholder input and ideas to the appropriate

Program components. The Contractor shall document the process for review and approval by the Project Officer within two (2) months of the EDOC. The Project Officer may require further consultation with other EHC Program components prior to approval and implementation. The approved processes shall be implemented after each meeting with the EHC Stakeholder Group.

Subtask 5.3 – Communicate Program Information to the Current EHC Stakeholder Group Members and Alumni.

Periodic Program updates allow members of the EHC Stakeholder Group to keep abreast of EHC Program activities between in-person meetings. The contractor is encouraged to use electronic or Web-based communication tools to develop and implement a communication tool that can be used on a periodic but ongoing basis to communicate EHC Program activities, news and announcements to the EHC Stakeholder Group and alumni members. Any communications to the EHC Stakeholder Group and alumni members should be reviewed and approved by the Project Officer prior to dissemination.

Subtask 5.4 – Support the EHC Stakeholder Group Members as Program Ambassadors

AHRQ encourages the EHC Stakeholder Group to be two-way information channels, i.e. providing external input to the Program and promoting comparative effectiveness research and disseminating EHC Program information and products. The EHC Stakeholder Group members may act as ambassadors of the EHC Program by speaking at conferences, fostering relationships with potential stakeholder organizations, and other similar activities. The Contractor shall encourage and support these activities by providing up-to-date Program information and materials that the EHC Stakeholder Group members can use to promote the Program. Materials may be developed specifically for this purpose. Any such materials must be consistent with established Program messages, developed in collaboration with other Program components, and periodically reviewed and updated. Materials must be submitted to the AHRQ Project Officer for review and approval at least 1 month prior to use and dissemination by the EHC Stakeholder Group members.

Subtask 5.5 – Evaluate the EHC Stakeholder Group Impact and Support

Evaluation of the EHC Stakeholder Group and of the Contractor's support functions should occur routinely to ensure the time and effort of the Group members is used effectively and creates valuable impact on the EHC Program. The Contractor shall develop and implement a plan to evaluate the impact of the EHC Stakeholder Group on the EHC Program and the support of the Group (meetings, processes, etc.) by the Contractor. The evaluation elements may address:

- How effective both EHC Program staff and the EHC Stakeholder Group members feel participation in the Group is serving the Program in their stated role and function.
- Whether input from the EHC Stakeholder Group is being incorporated into the EHC Program.
- Whether and how effectively the EHC Stakeholder Group members are acting as ambassadors to promote the EHC Program and its research products.
- Whether members feel they are adequately prepared to participate in meeting discussions.
- How well the meetings are planned, convened and facilitated.
- How satisfied Group members are with their experience.

An evaluation plan should detail proposed evaluation methods for each activity. The plan should also describe how any lessons learned may be applied for improvement. The Contractor shall submit the evaluation plan to the Project Officer within two (2) months of the EDOC for review and approval. Evaluation plans may require OMB review and approval. The evaluation strategy shall be implemented as approved by the Project Officer.

The Contractor shall prepare the evaluation results in written reports with recommendations or plans to apply any lessons learned to improve the work with the EHC Stakeholder Group. The reports shall be submitted to the Project Officer for review and approval within two (2) months of the conclusion of the evaluation. Any changes to processes resulting from the evaluation must be reviewed and approved by the Project Officer prior to implementation. The Project Officer may require dissemination of evaluation reports to and consultation with other EHC Program components that may be affected by the evaluation results or application of the results.

The Contractor shall submit a separate written report on the impact of the 2010-2012 EHC Stakeholder Group on the EHC Program with recommendations for working with the future EHC Stakeholder Group. The recommendations shall propose the function, role, configuration, and meeting schedule for the first year of the 2012-2014 EHC Stakeholder Group term. The recommendations should also take into account the results from the independent evaluation on the governance of the EHC Program and any other applicable supporting literature on best practices and methods for soliciting input from public stakeholders. The report should also detail methods for working with the EHC Stakeholder Group and suggested resource allocation for the contractor and other EHC Program components. The report shall be submitted at least 2 months prior to initiation of the nomination, solicitation, and selection process for the 2012-2014 EHC Stakeholder Group. The Contractor shall convene a meeting with AHRQ to discuss the recommendations and plans to implement them.

Subtask 5.6 – Provide Support to AHRQ’s nomination, solicitation, and selection process for the 2012-2014 EHC Stakeholder Group.

In the Spring of 2012, AHRQ will solicit and receive nominations for the 2012-2014 EHC Stakeholder Group. The Contractor may provide suggestions for posting nomination solicitations for broad distribution and representation. Upon receipt of nominations, AHRQ will forward them to the Contractor for preparing and organizing the information for AHRQ's review and selection of new members. The Contractor shall process the process the nominations and return to AHRQ within 1 month of the final nomination receipt date as listed in the Federal Register Notice.

Cross-Cutting

TASK 6 - Manage Contract in Coordination with All Relevant EHC Program Components and in Conjunction with All Applicable Laws and Regulations.

The Contractor shall provide for the effective and efficient management of the technical, administrative, logistical, and support functions described in this statement of work.

Subtask 6.1 – Participate in a Kick-off meeting to discuss contract goals and tasks.

The Contractor shall hold a Kick-off meeting at the AHRQ offices in Rockville, MD, with the Project Officer and key AHRQ staff within 1 week of the effective date of the contract (EDOC). The primary purpose of this meeting will be for the Contractor to present plans for the first quarter and a general timeline for the Project as a whole, and to resolve any questions concerning the Project. The meeting will provide an opportunity to review the Project goals, tasks, deliverables, and delivery schedule. Any procedural issues related to the Statement of Work that require clarification, including roles, responsibilities, and communication protocols should be discussed at this meeting, as should coordination with relevant AHRQ components (Scientific Resource Center, EPCs, DEcIDEs, AHRQ EHC research contracts and grantees).

The Contractor is responsible for preparing the agenda for this meeting. The agenda shall be submitted to the AHRQ Project Officer for review and approval at least 2 days in advance of the meeting. A summary of the meeting highlights and action items shall be submitted to the Project Officer two days after 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 6.2 – Participate in a transition meeting for stakeholder engagement activities.

Within a week of the Kick-off meeting, the Contractor will hold a transition meeting with the AHRQ Project Officer, key AHRQ staff, and personnel from other EHC components that work with stakeholders to discuss current stakeholder engagement

activities such as specific relationships and materials/tools developed and in use for engagement and outreach. The goal of this meeting will be to develop plans for an orderly transition of EHC stakeholder engagement activities to the contractor. An agenda shall be submitted to the AHRQ Project Officer for review and approval at least 2 days in advance of the meeting. A summary of meeting highlights and action items shall be submitted to the Project Officer two days after the meeting.

Subtask 6.3 – Provide a work plan and project management plan.

Within 1 month of the EDOC, the Contractor shall develop and submit to the AHRQ Project Officer and to the Contracting Officer a comprehensive, descriptive work plan that addresses the tasks outlined in the RFP and reflecting the issues discussed at the Kick-off and transition meetings. The Work Plan shall also include an explicit plan for transition from the prior Stakeholder Engagement contractor to the current contractor to minimize disruptions in ongoing activities. The work plan shall be updated on an annual basis, or at mutual agreement between AHRQ and the Contractor.

In addition to the descriptive work plan, the contractor shall deliver to the Project Officer and to the Contracting Officer a comprehensive electronic project plan including deliverables, tasks and schedule and provide updates for developing and implementing the evaluation plan using Microsoft Office Project (version 2003). The electronic project plan should include a work breakdown structure (WBS) with a minimum of 3 levels of detail with unique numbering, deliverables, milestones, and Gantt chart. Also, the contractor shall deliver to the Project Officer a hierarchical-type Project Organization Chart and a Responsibility Assignment Matrix (RAM).

Subtask 6.4 – Bi-weekly progress meetings and monthly outreach and engagement coordination meetings.

The Contractor shall schedule a progress meeting with AHRQ staff shall by conference call or in-person every 2 weeks or upon the request of the AHRQ Project Officer. These calls will facilitate the Contractor's ability to discuss task related progress, any barriers or problems and plans to overcome those problems, future tasks and plans relevant to the goals and objectives of this RFP, and any administrative issues relevant to the routine performance of duties. The goal of this call is to facilitate regular communication between AHRQ and the Contractor about the operations associated with the contract. The Contractor will be expected to provide a preliminary call agenda one working day in advance of the call, and a summary of call highlights and action items two days after the call.

The Contractor shall also participate in monthly outreach and engagement coordination meetings with AHRQ and other EHC Program components. (See Subtask 2.5.)

Subtask 6.5 – Prepare and Submit Quarterly Reports.

The Contractor shall submit quarterly reports to the Project Officer and to the Contracting Officer. The reports should detail key activities undertaken during the previous quarter. The import of these activities for the achievement of Project Goals should be clear. The Contractor should include materials developed, descriptions of tools developed, and report on preliminary or interim results. The reports shall also address any barriers or problems encountered in performance of tasks and how they were handled or should be addressed; adjustments that are being implemented to study plans; and planned activities during the next reporting period, including anticipated staffing requirements, level of effort and cost; and any other issues of which AHRQ should be aware. The progress reports do not preclude the contractor from contacting AHRQ regarding any issue that may have a negative impact on the project.

Reports shall be submitted within ten (10) calendar days after the end of the quarter being reported. The Contractor shall negotiate with the Project Officer an acceptable alternative date for quarterly progress report submission for those instances when the tenth calendar day falls on a weekend.

Subtask 6.6 – Prepare and submit an Annual Report.

The Contractor shall prepare an outline, draft and final Annual Report for the Project Officer that compares work performed in the current year to the work that was planned for that year. The Annual Report shall also compare work performed in the current year to the work performed in past years, when possible.

At a minimum, the Annual Reports will include full details on the purpose of the contract, methods of performance, activities undertaken to accomplish tasks and goals of the contract and whether the tasks were successfully completed, findings, conclusions, and recommendations resulting from the work performed.

An outline (to identify substantive content) shall be completed by the 12th month of the contract, and every 12 months thereafter during the contract period. Draft reports shall be completed by the 13th month of the contract, and every 12 months thereafter during the contract period. Final annual reports shall be completed within two weeks after receipt of PO feedback. This same time cycle of submitting outline, draft, and final reports will continue if the period of contract performance is extended. The annual report shall be organized to reflect the structure of the WBS (at a high-level).

Generally, the annual report will include a cover, title page, table of contents, text with associated graphics, and addenda (e.g., appendices, glossary, bibliography, and

indices). The main text of the annual report shall address all the tasks listed and provide all information called for in the scope of work of the contract unless otherwise specified by the Agency. All reports, including text, tables, and graphics shall be provided in hard copy and as an electronic file in a format that is acceptable to the Project Officer (e.g., Microsoft Word).

The annual report shall also include an executive summary that concisely describes the results to a non-technical audience, which may include but not be limited to policymakers and program administrators. The executive summary shall be complete and able to stand alone as a separate document.

The Contractor shall submit the revised/approved report with three (3) hard copies to the Project Officer, one (1) copy to the Contracting Officer, and one (1) electronic copy to both the Project Officer and the Contracting Officer.

Subtask 6.7 – Prepare and submit a Final Report.

Two months before the contract ends, the Contractor shall submit a draft Final Report. It will summarize the full contract experience, such as: (1) accomplishments of contract objectives; (2) technical specifications; (3) evaluations of barriers encountered; (4) recommendations to the Agency on ways to improve the process and products. The Project Officer may suggest revisions or approve the draft. At the end of the final month of performance, the Contractor shall submit the revised/approved report with four (4) hard copies to the Project Officer, one (1) copy to the Contracting Officer, and one (1) electronic copy to both the Project Officer and the Contracting Officer.

Subtask 6.8 – Prepare and submit reports required under ARRA.

This contract will be supported with funds made available through the American Recovery and Reinvestment Act (ARRA) and, therefore, is subject to ARRA reporting requirements as described in the Federal Accounting Regulations (FAR) *Subpart 4.15—American Recovery and Reinvestment Act—Reporting Requirements* and *clause 52.204-11*. Web-based training materials that further explain the reporting process for recipients of ARRA funds may be found at <http://www.whitehouse.gov/Recovery/WebinarTrainingMaterials/>.

Subtask 6.9 – Prepare and submit Information Collection Package for Office of Management and Budget (OMB) clearance.

In consultation with the AHRQ Project Officer and relevant AHRQ personnel, develop an application for OMB clearance for data collection activities that will be performed within the Citizens' Forum. The Contractor shall submit to the Project Officer an information collection package, including the online submission form, for review and

approval. The Agency will submit the information collection package to OMB for clearance.⁴ Approval from OMB may take six (6) to eight (8) months.

One of the principal requirements of the Paperwork Reduction Act (44 U.S.C. Chapter 35) is that Federal agencies must have OMB approval before collecting information from the public (such as forms, general questionnaires, surveys, instructions, and other types of collections) to ensure that information collected from the public minimizes burden and maximizes public utility⁵, and they must display the current OMB control number on the collection form. Further detail about the necessary clearances for information collection under the Paperwork Reduction Act of 1995 can be found at <http://www.hhs.gov/ocio/policy/collection/index.html>

Subtask 6.10 – Comply with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).

This language is applicable to Statements of Work (SOW) 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

⁴ <http://www.whitehouse.gov/omb/infocoll.html#fapraf>

⁵ http://www.archives.gov/federal_register/public_laws/paperwork_reduction_act/3507.html

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 subcontractors⁶) 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.

References:

HHS Policy for Section 508 Electronic and Information Technology (E&IT) (January 2005): 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>

C. PERFORMANCE PERIOD OF CONTRACT

The Contractor shall fully perform all of the tasks specified in this Statement of Work (SOW), beginning in the first full performance period. Full performance of services shall be provided for a three (3) year base period funded by ARRA and two (2) option years (possible funding with annual appropriations based on availability of funds). **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 three (3) years later with options to further extend the contract two (2) additional years.

OPTION YEARS 1 and 2:

Work to be done for the Option periods will be negotiated at the time prior to exercise of the options and will be based on contractor recommendations to the government as a result of earlier work during the base period of the contract.

⁶ 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.

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 purposes 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 Health Care 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 full text available.

FAR CLAUSE NO.

Title and Date

52.246-5

Inspection of Services – Cost
Reimbursement (April 1984)

SECTION F – PERIOD OF PERFORMANCE AND DELIVERY SCHEDULE

F.1 CLAUSES INCORPORATED BY REFERENCE (FEB 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 a full text version available.

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

FAR Clause No.

Title and Date

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 July 12, 2010 and run through July 11, 2013 with 2 one-year options (if exercised), from July 12, 2013 through July 11, 2015.

F.3 DELIVERY SCHEDULE

The items specified for delivery below are subject to the review and approval of the Project Officer (PO) before acceptance. The Contractor shall be required to make revisions deemed necessary by the PO. The Contractor shall produce the following scheduled reports/deliverables in the amount, and within the time frame indicated. Deliverables shall be submitted to the PO, Agency for Health Care Research and Quality, 540 Gaither Road, Rockville, Maryland 20850. Draft deliverables are those submitted to the PO for review. Final deliverables are those incorporating changes requested by the PO. **One electronic copy** of the monthly progress report shall be provided to the Contracting Officer. The Contractor shall submit the following items in accordance with the stated delivery schedule:

Task	Deliverable	Quantity	Due Date
1	Literature Review	1 electronic copy, 1 hard copy	Draft: within 4 months EDOC Final: within 6 months EDOC
2.1.1	Convene Technical Expert Panel		By month 6 EDOC
2.1.1	Conference Call or email exchange with Technical Expert Panel		By month 9 EDOC

2.3	Educational materials	1 electronic copy, 1 hard copy	As negotiated with Project Officer and at least 1 month prior to use and implementation
2.5.3	Convening of demonstration groups, including logistical concerns as approved		To begin by 12 months EDOC and completed by 21 months EDOC
2.6	Conceptual Framework and Methods Document	1 electronic copy, 1 hard copy	Draft: within 7 months EDOC Final: within 9 months EDOC
2.7	Evaluation Report	1 electronic copy, 1 hard copy	Within 24 months EDOC
2.8	Manuscript	1 electronic copy, 1 hard copy	Within 28 months EDOC
3.1	Literature Review	1 electronic copy, 3 hard copy	Draft: within 8 months EDOC Final: within 10 months EDOC
3.2	Review of EHC Infrastructure and Processes		To be completed within 15 months EDOC
3.3	Convene Expert Panel		Within 14 months EDOC
3.4	White Paper on Stakeholder Engagement	1 electronic copy, 1 hard copy	Draft: within 17 months EDOC Final: within 19 months
3.4	Slide Presentation on White Paper		Within 19 months EDOC in conjunction with Final White Paper
3.5	Present White Paper to AHRQ and the EHC Stakeholder Group		At EHC Stakeholder Group Meeting immediately following final submission of White Paper
3.6	EHC Stakeholder Engagement Conceptual Framework and Methods	1 electronic copy, 1 hard copy	Draft: within 24 months EDOC Final: within 26 months EDOC

4.1	Participation in 1 biennial EPC meeting and 1 annual DEcIDE meeting		As scheduled (DeCIDE meeting generally occurs in September)
4.1	Participation in conference calls with EHC components to coordinate stakeholder outreach and engagement activities		Monthly
4.2	Educational or training materials for stakeholders	1 electronic copy, 1 hard copy	As negotiated with Project Officer and at least 1 month prior to dissemination
4.3	Opportunities for stakeholder engagement in EHC Program research processes		As negotiated with the PO
4.4	Communication documents for stakeholder engagement opportunities		As negotiated with PO
4.5	Evaluation Plan	1 electronic copy, 1 hard copy	Draft: within 2 months EDOC Final: within 4 month EDOC
4.5	Evaluation Reports	1 electronic copy, 1 hard copy	Within 2 months of conclusion of evaluation as indicated in AHRQ-approved Work Plan and Work Breakdown Structure
5.1	First meeting orientation and meeting materials		Draft to PO: Within 6 weeks EDOC Final to participants: 2 weeks prior to first meeting
5.1	EHC Stakeholder Group meeting agendas and materials for each meeting or conference call.	1 electronic copy	Draft to PO: 3 weeks prior to meeting Final to participants: 2 weeks prior to meeting
5.1	At least 3 in-person meetings per year for the full EHC Stakeholder Group.		First meeting within 3 months EDOC; Subsequent meetings approximately every 4 months and as

			negotiated with PO
5.1	Other EHC Stakeholder Group meetings as proposed.		As negotiated with the PO
5.1	EHC Stakeholder Group meeting summaries.	1 electronic copy	Draft: 2 weeks after meeting; Final: 1 week after receiving PO comments
5.2	Process for disseminating and following up on Stakeholder Group input and ideas		Within 2 months EDOC
5.3	Communications to EHC Stakeholder Group and alumni		Ongoing and as indicated in AHRQ-approved Work Plan and Work Breakdown Structure
5.4	EHC Stakeholder Group Ambassador materials		At least 1 month prior to use and dissemination by EHC Stakeholder Group members
5.5	EHC Stakeholder Group Evaluation Plan	1 electronic copy, 1 hard copy	Within 2 months EDOC
5.5	EHC Stakeholder Group process and meeting evaluation reports	1 electronic copy, 1 hard copy	Within 2 months of conclusion of evaluations and as indicated in AHRQ-approved Work Plan and Work Breakdown Structure
5.5	Final 2010-2012 EHC Stakeholder Group Impact Evaluation	1 electronic copy, 1 hard copy	At least 2 months prior to initiation of the 2012-2014 nomination solicitation and selection process as indicated in the AHRQ-approved Work Plan and Work Breakdown Structure
5.6	Processed 2012-2014 nominations		Within 1 month of final receipt date as listed in the Federal Register Notice

6.1	Kick-off meeting		Within 1 week of EDOC
6.1	Kick-off meeting agenda		2 days prior to meeting
6.1	Kick-off meeting summary		2 days after meeting
6.2	Transition meeting with Scientific Resource Center Stakeholder Engagement Team		Within 2 weeks of EDOC
6.2	Transition meeting agenda	1 electronic copy	2 days prior to meeting
6.2	Transition meeting summary	1 electronic copy, 1 hard copy	2 days after meeting
6.3	Work Plan and Project Management Plan with Work Breakdown Structure, Project Organization Chart and Responsibility Assignment Matrix. Submit to TOO with copy to CO.	2 electronic copy and 2 hard copy; deliver 1 each to TOO and to CO	Within 1 month of EDOC
6.4	Bi-Weekly Progress Meetings		Bi-Weekly or as negotiated with the PO
6.4	Bi-Weekly Progress Meeting agenda		1 day prior to meeting
6.4	Bi-Weekly Progress Meeting Summary	1 electronic copy	2 days after meeting
6.5	Quarterly Progress Reports	2 electronic copy and 2 hard copy; deliver 1 each to TOO and to CO	10 days after end of quarter being reported
6.6	Annual Report	Three (3) hard copies to the Project Officer, one (1) copy to the Contracting Officer, and one (1) electronic copy to both the Project Officer and the Contracting Officer.	Outline: every 12 th month of the yearly cycle; Draft: every 13 th month of the yearly cycle; Final: 2 weeks after PO approval of Draft

6.7	Final Report	Four (4) hard copies to the Project Officer, one (1) copy to the Contracting Officer, and one (1) electronic copy to both the Project Officer and the Contracting Officer.	Draft: within 2 months of the contract expiration; Final: at the end of the final month of the contract
6.8	ARRA Reports	1 electronic copy to TOO; 1 electronic and 1 hard copy as required by ARRA	As required by ARRA
6.9	Information Collection Package for OMB approval	1 electronic copy to TOO; 1 electronic and 1 hard copy as required by OMB	As negotiated with the PO and as indicated in the AHRQ-approved Work Plan and Work Breakdown Structure

OPTION PERIODS:

OPTION 1: (if exercised) July 12, 2013 – July 11, 2014

OPTION 2: (if exercised) July 12, 2014 – July 11, 2013

Specific deliverable dates to be negotiated at a later date.

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:

NAME

TITLE

(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 PROJECT OFFICER

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

(TO BE COMPLETED AT TIME OF CONTRACT AWARD)

The Project Officer 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 Project Officer designation.

G.3 INVOICE SUBMISSION

a. INVOICE SUBMISSION

Billing Instructions are attached and made part of this contract. Instructions and the following directions for the submission of invoices must be followed to meet the

requirements of a "proper" payment request pursuant to FAR 32.9, and must be in accordance with the General Provisions clause 52.232-25 Prompt Payment (OCT 2003). Invoices/financing requests shall be submitted in an original and three copies to:

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

G.4 INFORMATION ON VOUCHERS

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

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

G.5 INDIRECT COST RATES and FEE

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

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

G.6 ELECTRONIC FUNDS TRANSFER

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

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. 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.

The purpose of such consultation is to assure that:

- (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.

(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.

(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 RIGHTS IN DATA – SPECIAL WORKS

FAR 52.227-17 Rights in Data – Special Works is hereby incorporated by reference.

H.3 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.2 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.4 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.3, and H.6. 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.5 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.6 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.7 SALARY RATE LIMITATION (JANUARY 2009)

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)
Public Law 111-117 Omnibus Appropriations Act, 2010	1/1/10 – Until revised	\$199,700

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

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>

The following 3 FAR Clauses are related to the special funding of this contract and are provided in full text below:

H.9 52.203-15 Whistleblower Protections Under the American Recovery and Reinvestment Act of 2009.

WHISTLEBLOWER PROTECTIONS UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT 2009
(MAR 2009)

(a) The Contractor shall post notice of employees rights and remedies for whistleblower protections provided under section 1553 of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5).

(b) The Contractor shall include the substance of this clause including this paragraph (b) in all subcontracts.

H.10 52.204-11 American Recovery and Reinvestment Act—Reporting Requirements

AMERICAN RECOVERY AND REINVESTMENT ACT—REPORTING REQUIREMENTS (MAR 2009)

(a) *Definitions.* As used in this clause—

“Contract”, as defined in FAR [2.101](#), means a mutually binding legal relationship obligating the seller to furnish the supplies or services (including construction) and the buyer to pay for them. It includes all types of commitments that obligate the Government to an expenditure of appropriated funds and that, except as otherwise authorized, are in writing. In addition to bilateral instruments, contracts include (but are not limited to) awards and notices of awards; job orders or task letters issued under basic ordering agreements; letter contracts; orders, such as purchase orders, under which the contract becomes effective by written acceptance or performance; and bilateral contract modifications. Contracts do not include grants and cooperative agreements covered by [31 U.S.C. 6301](#), *et seq.* For discussion of various types of contracts, see FAR [Part 16](#).

“First-tier subcontract” means a subcontract awarded directly by a Federal Government prime contractor whose contract is funded by the Recovery Act.

“Jobs created” means an estimate of those new positions created and filled, or previously existing unfilled positions that are filled, as a result of funding by the American Recovery and Reinvestment Act of 2009 (Recovery Act). This definition covers only prime contractor positions established in the United States and outlying areas (see definition in FAR [2.101](#)). The number shall be expressed as “full-time equivalent” (FTE), calculated cumulatively as all hours worked divided by the total number of hours in a full-time schedule, as defined by the contractor. For instance, two full-time employees and one part-time employee working half days would be reported as 2.5 FTE in each calendar quarter.

“Jobs retained” means an estimate of those previously existing filled positions that are retained as a result of funding by the American Recovery and Reinvestment Act of 2009 (Recovery Act). This definition covers only prime contractor positions established in the United States and outlying areas (see definition in FAR [2.101](#)). The number shall be expressed as “full-time equivalent” (FTE), calculated cumulatively as all hours worked divided by the total number of hours in a full-time schedule, as defined by the contractor. For instance, two full-time employees and one part-time employee working half days would be reported as 2.5 FTE in each calendar quarter.

“Total compensation” means the cash and noncash dollar value earned by the executive during the contractor’s past fiscal year of the following (for more information see 17 CFR 229.402(c)(2)):

(1) *Salary and bonus.*

(2) *Awards of stock, stock options, and stock appreciation rights.* Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

(3) *Earnings for services under non-equity incentive plans.* Does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

(4) *Change in pension value.* This is the change in present value of defined benefit and actuarial pension plans.

(5) *Above-market earnings on deferred compensation which is not tax-qualified.*

(6) *Other compensation.* For example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property if the value for the executive exceeds \$10,000.

(b) 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.

(c) Reports from contractors for all work funded, in whole or in part, by the Recovery Act, and for which an invoice is submitted prior to June 30, 2009, are due no later than July 10, 2009. Thereafter, reports shall be submitted no later than the 10th day after the end of each calendar quarter.

(d) The Contractor shall report the following information, using the online reporting tool available at 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.

H.11 52.215-2 Audit and Records—Negotiation

AUDIT AND RECORDS—NEGOTIATION (MAR 2009)

(a) As used in this clause, “records” includes books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or in any other form.

(b) *Examination of costs.* If this is a cost-reimbursement, incentive, time-and-materials, labor-hour, or price redeterminable contract, or any combination of these, the Contractor shall maintain and the Contracting Officer, or an authorized representative of the Contracting Officer, shall have the right to examine and audit all records and other evidence sufficient to reflect properly all costs claimed to have been incurred or anticipated to be incurred directly or indirectly in performance of this contract. This right of examination shall include inspection at all reasonable times of the Contractor’s plants, or parts of them, engaged in performing the contract.

(c) *Cost or pricing data.* If the Contractor has been required to submit cost or pricing data in connection with any pricing action relating to this contract, the Contracting Officer, or an authorized representative of the Contracting Officer, in order to evaluate the accuracy, completeness, and currency of the cost or pricing data, shall have the right to examine and audit all of the Contractor’s records, including computations and projections, related to—

- (1) The proposal for the contract, subcontract, or modification;
- (2) The discussions conducted on the proposal(s), including those related to negotiating;
- (3) Pricing of the contract, subcontract, or modification; or
- (4) Performance of the contract, subcontract or modification.

(d) Comptroller General.—

(1) The Comptroller General of the United States, or an authorized representative, shall have access to and the right to examine any of the Contractor’s directly pertinent records involving transactions related to this contract or a subcontract hereunder and to interview any current employee regarding such transactions.

(2) This paragraph may not be construed to require the Contractor or subcontractor to create or maintain any record that the Contractor or subcontractor does not maintain in the ordinary course of business or pursuant to a provision of law.

(e) *Reports.* If the Contractor is required to furnish cost, funding, or performance reports, the Contracting Officer or an authorized representative of the Contracting Officer shall have the right to examine and audit the supporting records and materials, for the purpose of evaluating—

- (1) The effectiveness of the Contractor’s policies and procedures to produce data compatible with the objectives of these reports; and
- (2) The data reported.

(f) *Availability.* The Contractor shall make available at its office at all reasonable times the records, materials, and other evidence described in paragraphs (a), (b), (c), (d), and (e) of this clause, for examination, audit, or reproduction, until 3 years after final payment under this contract or for any shorter period specified in [Subpart 4.7](#), Contractor Records Retention, of the Federal Acquisition Regulation (FAR), or for any longer period required by statute or by other clauses of this contract. In addition—

(1) If this contract is completely or partially terminated, the Contractor shall make available the records relating to the work terminated until 3 years after any resulting final termination settlement; and

(2) The Contractor shall make available records relating to appeals under the Disputes clause or to litigation or the settlement of claims arising under or relating to this contract until such appeals, litigation, or claims are finally resolved.

(g) The Contractor shall insert a clause containing all the terms of this clause, including this paragraph (g), in all subcontracts under this contract that exceed the simplified acquisition threshold, and—

(1) That are cost-reimbursement, incentive, time-and-materials, labor-hour, or price-redeterminable type or any combination of these;

(2) For which cost or pricing data are required; or

(3) That require the subcontractor to furnish reports as discussed in paragraph (e) of this clause.

The clause may be altered only as necessary to identify properly the contracting parties and the Contracting Officer under the Government prime contract.

Alternate I (Mar 2009). As prescribed in [15.209\(b\)\(2\)](#), substitute the following paragraphs (d)(1) and (g) for paragraphs (d)(1) and (g) of the basic clause:

(d) *Comptroller General or Inspector General.* (1) The Comptroller General of the United States, an appropriate Inspector General appointed under section 3 or 8G of the Inspector General Act of 1978 ([5 U.S.C. App.](#)), or an authorized representative of either of the foregoing officials, shall have access to and the right to—

(i) Examine any of the Contractor's or any subcontractor's records that pertain to and involve transactions relating to this contract or a subcontract hereunder; and

(ii) Interview any officer or employee regarding such transactions.

(g)(1) Except as provided in paragraph (g)(2) of this clause, the Contractor shall insert a clause containing all the terms of this clause, including this paragraph (g), in all subcontracts under this contract. The clause may be altered only as necessary to identify properly the contracting parties and the Contracting Officer under the Government prime contract.

(2) The authority of the Inspector General under paragraph (d)(1)(ii) of this clause does not flow down to subcontracts.

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 (FEBRUARY1998)

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/>

A. FEDERAL ACQUISITION REGULATION (FAR) (48 CHAPTER 1) CLAUSES

<u>FAR CLAUSE NO.</u>	<u>TITLE AND DATE</u>
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 Activity (JAN 1997)	Price or Fee Adjustment for Illegal or Improper
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) (Dept. of Health and Human Services Poster at: http://www.oig.hhs.gov/hotline/OIG_Hotline_Poster.pdf)
52.203-15	Whistleblower Protections Under the American

	Recovery and Reinvestment Act of 2009 (MAR 2009)
52.204-4	Printing/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 Interests 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 (OCT 1997)	Waiver of Facilities Capital Cost of Money
52.217-9	Option to Extend the Term of the Contract (MAR 2000)
52.219-8	Utilization of Small Business Concerns (MAY 2004)
52.219-28	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 Veterans, Veterans of the Vietnam Era, and other Eligible Veterans (Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and other Eligible Veterans (SEPT 2006)
52.222-36 (JUNE 1998)	Affirmative Action for Workers with Disabilities

52.222-37	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and other Eligible Veterans (SEPT 2006)
52.222-39	RESERVED
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 2003)	Toxic Chemical Release Reporting (AUG
52.225-13 (JUNE 2008)	Restrictions on Certain Foreign Purchases
52.227-1	Authorization and Consent (DEC 2007)
52.229-4	Federal, State and Local Taxes (Noncompetitive Contract (APRIL 2003)
52.232-1	Payments (APR 1984)
52.232-8	Discounts for Prompt Payment (FEB 2002)
52.232-9 1984)	Limitation on Withholding of Payments (APRIL
52.232-11	Extras (APR 1984)
52.232-17	Interest (OCT 2008)
52.232-23	Assignment of Claims (JAN 1986)
52.232-25	Prompt Payment (OCT 2008)
52.233-1	Disputes (JULY 2002)

52.233-3	Protest After Award (AUG 1996)
52.233-4 2004)	Applicable Law for Breach of Contract Claim (OCT 2004)
52.242-13	Bankruptcy (JUL 1995)
52.243-1 (APRIL 1984)	Changes - Fixed Price (AUG 1987) Alternate I
52.246-4	Inspection of Services - Fixed Price (AUG 1996)
52.246-25	Limitation of Liability - Services (FEB 1997)
52.249-4 (Services) (Short Form) (APRIL 1984)	Termination for Convenience of the Government
52.249-8 1984)	Default (Fixed-Price Supply and Service) (APRIL 1984)

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

<u>HHSAR CLAUSE NO.</u>	<u>TITLE AND DATE</u>
352.202-1	Definitions (JAN 2006)
352.232-9	Withholding of Contract Payments (JAN 2006)
352.270-1 Seminars to Persons with Disabilities (DEC 2006)	Accessibility of Meetings, Conferences, and
352.270-4	Pricing of Adjustments (JAN 2001)
352.270-7	Paperwork Reduction Act (JAN 2006)

PART III- LIST OF DOCUMENTS, EXHIBITS AND ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

<u>Attachment</u>	<u>Pages</u>
1. Past Performance Questionnaire	5
2. Performance Requirements Summary	5

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

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 (JAN 2006)
K.3.	FAR 52.222-21	Prohibition of Segregated Facilities (FEB 1999)
K.4.	FAR 52.230-1	Cost Accounting Standards Notices and Certification (JUNE 2000)
K.5.	FAR 15.406-2	Certificate of Current Cost and Pricing Data
K.6.	P.L. 103-227	Certification Regarding Environmental Tobacco Smoke
K.7.	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 (JAN 2005) (FAR 52.204-8)

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

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

(i) Paragraph (b) applies

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

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

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

(End of provision)

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

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

(End of Clause)

K.4. COST ACCOUNTING STANDARDS NOTICES AND
CERTIFICATION
(FAR 52.230-1) (JUNE 2000)

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

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

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

I. Disclosure Statement - Cost Accounting Practices and Certification

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

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

(c) Check the appropriate box below:

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

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

Date of Disclosure Statement: _____

Name and Address of Cognizant

ACO or Federal official where filed:

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

- (2) Certificate of Previously Submitted Disclosure Statement.

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

Date of Disclosure Statement: _____

Name and Address of Cognizant

ACO or Federal official where filed:

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

- (3) Certificate of Monetary Exemption.

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

- (4) Certificate of Interim Exemption.

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

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

II. Cost Accounting Standards - Eligibility for Modified Contract Coverage

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

- The offeror hereby claims an exemption from the Cost Accounting Standards clause under the provisions of 48 CFR, Subpart 9903.201-2(b) and certifies that the offeror is eligible for use of the Disclosure and Consistency of Cost Accounting Practices clause because during the cost accounting period immediately preceding the period in which this proposal was submitted, the offeror received less than \$25 million in awards of

CAS-covered prime contracts and subcontracts or the offeror did not receive a single CAS-covered award exceeding \$1 million. The offeror further certifies that if such status changes before an award resulting from this proposal, the offeror will advise the Contracting Officer immediately.

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

III. Additional Cost Accounting Standards Applicable to Existing Contracts

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

Yes No

(End of Provision)

ALTERNATE I (APR 1996)

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

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

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

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

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

(END OF ALTERNATE I)

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

CERTIFICATE OF CURRENT COST OR PRICING DATA

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

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

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

FIRM

NAME _____ Signature

TITLE

DATE OF EXECUTION***

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

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

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

End of Certificate

K.6. ENVIRONMENTAL TOBACCO SMOKE

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

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Organization: _____

Signature _____ Title _____

Date _____

K.7 Certification of Filing and Payment of Federal Taxes

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

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

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

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

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

Name of Offeror

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 TYPE OF CONTRACT (APRIL 1984) (FAR 52.216-1)

The Government contemplates award of a Firm Fixed Price contract.

It is anticipated that 1 contract award will be made from this solicitation and that the award is estimated to be made in July 2010.

L.4 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.5 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.6 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 (by email) and received by the Contracting Officer no later than **March 15, 2010**. All questions should be e-mailed to Robert Zuhlke at Robert.Zuhlke@ahrq.hhs.gov. The subject line should be marked "Proposal Questions RFP No. AHRQ-10-10004."

L.7 GENERAL INSTRUCTIONS

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 type 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.8). Please mark as original or copy.
 - II. PAST PERFORMANCE INFORMATION: See Past Performance Information Instructions for format (L.9)
 - III. BUSINESS PROPOSAL: See Business Proposal Instructions for recommended format (L.10).
- 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; 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.8 Technical Proposal Instructions

The technical proposal shall contain an original and ten (10) copies. The technical proposal described below shall be limited to **100 pages** not including biographic sketches, with no less than a 11 point font, double-spaced (lists of deliverables, person

loading charts, and similar materials need not be double-spaced, so long as they are legible). Brief biographic sketches or CVs (less than ten pages in length) providing the relevant qualifications necessary for this effort are only required for key personnel. The technical proposal shall not contain reference to cost; however resources information, such as data concerning labor hours and categories, labor mix, materials, subcontracts, etc., shall be contained in the technical proposal so that your understanding of the Statement of Work (SOW) may be evaluated. It must disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of these instructions. Lengthy proposals and voluminous appendices are neither needed nor desired as they are difficult to read and evaluate and may indicate the offeror's inability to concisely state their proposal. Appendices are to be provided electronically in MS Office format on CD, in the same quantity as the technical proposal.

a. Recommended Technical Proposal Format

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

- 1) Cover Page: The name of the proposing organization, 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 copy of the proposal and the number of copies specified in the RFP cover letter are required.
- 2) Table of Contents: Provide sufficient detail so that all important elements of the proposal can be located readily.
- 3) Introduction: This should be a one or two page summary outlining the proposed work, your interest in submitting a proposal, and the importance of this effort in relation to your overall operation.
- 4) Technical Discussion: The offeror shall prepare a technical discussion which addresses evaluation criteria A, B, C, D & E below (including their subcriteria). The offeror shall further state that no deviations or exceptions to the Statement of Work (SOW) are taken. The evaluation criteria (and their respective subcriteria) are as follows:

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.

A. Understanding the Project

The Offeror should present a brief statement demonstrating knowledge and understanding of the significance of this project and the requirements of this Contract. At a minimum, the Offeror shall:

- (1) Demonstrate an understanding of the value of citizen input in health care policy setting in the context of ethical dilemmas.
- (2) Demonstrate an understanding of comparative effectiveness research and its role in health care decision making.
- (3) Demonstrate an understanding of the value and importance of stakeholder input into the comparative effectiveness research process.
- (4) Briefly discuss pertinent work already published and/or performed by the Offeror that is relevant to this project.

B. Previous Experience

In this section, the Offeror shall submit a narrative describing previous experience that is relevant to this project, particularly as it relates to

- a. Design and implementation of deliberative processes and other forms of citizen and stakeholder engagement;
- b. Management experience on similar-size projects, including experience with meeting planning, support, and facilitation;
- c. Use of innovative tools for education or training (Web 2.0, social media, or other innovative tools);
- d. Project evaluation;
- e. Compliance with government regulations, such as security requirements, 508 requirements, and OMB clearance processes; and
- f. Ability and experience collaborating on large projects

C. Technical Approach by Task

In this section, the Offeror should address the technical approach proposed for each Task required by the Statement of Work. For each Task, the Offeror shall describe proposed methods and indicate the rationale for the choice of approach, considering the chosen methods in the context of comparable work in progress elsewhere. The Offeror should describe how the proposed methods will meet the requirements set forth in the statement of work; and address any challenges anticipated.

Task 1: Literature Review on Deliberative Methods

The Offeror should present a brief overview of Deliberative Methods in the Proposal, demonstrating knowledge of the field and the state of the art. The Proposal should describe plans for the detailed literature review that will be undertaken as part of the Project and submitted as a Deliverable. The Review will cover the background and development of these methods, how they have been used in the context of health care, and current efforts to advance the field. It should also describe the use of Deliberative Methods in other (non

healthcare) settings, where relevant to past applications or potential future applications in health care.

In the Proposal, the Offeror should address the scope of the review, outlining the specific methods that will be described and discussed and the sectors using these methods. Literature review methods and an outline of the proposed review should also be presented.

Task 2: Deliberative Process Design and Plan.

The Offeror should provide a detailed discussion of the background and significance of the Task, the intended approach, and methods that will be used. The Offeror should address:

1. The approach intended for eliciting public input. The methods will reflect a deliberative approach including the education of respondents about the topic at hand, elicitation of initial views, feedback regarding the implications of these views, and revision of opinion based on such feedback. The approach should advance the state of the art in deliberative methods, either improving on methods that have been used within or outside of the healthcare sector or developing new approaches to eliciting public input. The Offeror should describe the relevance of the approach to the task of broadening citizen input in health care decision making and ultimate scalability. The Offeror should also address:
 - a. Tools that may be used for implementing the deliberative process. This may include Web 2.0, Social Media, or other technology tools. The Contractor should describe the approach and how it will be used, the advantages offered by the proposed tools, and the work required to develop and implement the tools for use in eliciting citizen input. For any proposed technology solution the Contractor must also describe associated costs
 - b. Types of educational materials to be used. The Offeror should describe the topics planned education materials will address, the approach to preparing these materials, what they will consist of, and how they will be evaluated.
2. The target groups from whom views will be elicited. The Offeror should carefully describe the relevant attributes of the target groups and justify the choice on the basis of the importance of the groups' input in the types of questions that are the focus of this Task. A minimum of **4** target groups should be identified and described in terms of demographics, geographic location, and all other characteristics that serve as a basis for selection. The Offeror should also indicate how many subgroups will be included in the project for each of the target groups. (For example, the Offeror might define the first target group as including women aged 60-75, and might intend to demonstrate the methods developed with four groups of 15 women each in this target group.)
3. The ethical and value-based question(s) that will be used in the demonstration of the deliberative methods. The Offeror should propose **a minimum of 3** questions on specific comparative effectiveness questions about which public input is obtained in the demonstration phase of Task 2. The Offeror should justify the choice based on relevance to health care questions, specifically in relation to the conduct of comparative effectiveness research or in the context of decisions regarding diagnosis,

treatment or policy where the use of comparative effectiveness findings is important but not sufficient for decision making. The Offeror may use the example questions as a reference but should not include these in the Proposal.

4. Evaluation criteria should be presented for all aspects of this Task. This should include criteria for evaluating the approach overall and for specific tools and materials developed or used as part of the Project.
5. The Offeror should describe the composition of expertise to be included in the 4-6 member Technical Expertise Panel to be convened as part of Task 2. Costs should reflect a ½ - 1-day meeting to take place at AHRQ to include the TEP members and representatives of the Contractor as needed. Please note: *In accordance with AHRQ policy, contract funds may not be used to purchase meals or refreshments for attendees at this meeting or any other meeting convened as part of this Contract.*

Task 3. Innovative Methods to Meaningfully Engage Stakeholders in Comparative Effectiveness Research

The Offeror should provide a detailed discussion of the background and significance of the Task, the approach chosen, and methods that will be used. The Offeror should address:

1. Plans for the detailed literature review on stakeholder engagement methods that will be undertaken as part of Task 3 and submitted as a Deliverable. The Review will cover both standard and innovative engagement methods that are currently being used in the health care field and cover the background and development of those methods, how those methods have been used in the context of health care, and current efforts to advance the field. The review should also describe the use of stakeholder engagement methods in other (non-healthcare) settings, where relevant to past applications or potential future applications in health care. Methods should include education or preparation of the stakeholder for optimal participation. Additionally, the review should explore the use of Web 2.0, Social Media, and other technologies in stakeholder engagement and input in the context of a research program and health care decision making.

In the Proposal, the Offeror should address the scope of the review, outlining the specific methods that will be described and discussed and the sectors using these methods. Literature review methods and an outline of the proposed review should also be presented.

2. Plans to conduct a review of the current EHC Program infrastructure and processes for stakeholder engagement. The purpose of the review is to learn current practices and stakeholder engagement and participation needs in conducting comparative effectiveness research. The review should focus on Program components and processes that actively engage stakeholders as well as those that may not routinely include stakeholder input to identify gaps and areas for improvement in stakeholder representation and participation.

3. Plans to convene an expert panel to discuss and assess the state of the art in stakeholder engagement and education for health care issues to support clinical decision making. The expert panel should identify knowledge gaps and emerging issues in stakeholder participation in research processes and propose innovative methods or strategies to advance the field.
4. Plans to produce a White Paper on stakeholder engagement methods in the context of a taxpayer-funded research program in comparative effectiveness and present it to AHRQ and the EHC Stakeholder Group. The purpose of this presentation is to get feedback on the concepts presented in the White Paper and to facilitate discussion with the EHC Stakeholder Group on the application of such concepts to and the role of stakeholders in the EHC Program governance structure and research processes.
5. Capacity and expertise to implement any strategies proposed to innovatively expand stakeholder engagement in the EHC Program and comparative effectiveness research.

Task 4. Support Stakeholder Engagement in EHC Program Research Processes

The Offeror should provide a detailed discussion of the background and significance of the Task and the activities therein, the approaches chosen, and methods that will be used. The Offeror should also address its ability, expertise and capacity to:

1. Collaborate with other EHC components to coordinate stakeholder engagement activities in EHC research processes.
2. Educate or otherwise prepare stakeholders to participate in EHC Program research and activities. Describe proposed strategies to reach target audiences and educational materials for various stakeholder audiences. Discuss the use of innovative adult education strategies and methods, including computer- or Web-based tools, Web 2.0, Social Media, or other innovative technologies.
3. Support ongoing efforts and to create new opportunities to involve stakeholders in the EHC Program research activities with the ability to be inclusive of a broad array of stakeholders, including patients, practicing clinicians, professional and consumer organizations, purchasers of health care, policy-makers and others with direct experience making health care decisions.
4. Communicate information regarding stakeholder involvement opportunities with relevant audiences. Describe proposed strategies to reach target audiences and discuss the possible use of innovative technologies including Web 2.0, Social Media.
5. Routinely evaluate stakeholder engagement methods and activities to ensure the best service to both the stakeholders and the EHC Program. The Offeror should also discuss how evaluation results may be applied to improve stakeholder engagement strategies and methods. The evaluation plans for this task should focus on questions such as:
 - a. Whether stakeholders feel they are being effectively engaged by these activities.

- b. Whether stakeholders feel they are adequately prepared to participate in Program activities.
- c. How effective both researchers and stakeholder participants feel inclusion in the research process is to informing the research product and capturing the stakeholders' perspectives.

Task 5: Manage and support the EHC Stakeholder Group.

The Offeror should describe approaches to manage and support the work of and facilitate meetings for the EHC Stakeholder Group, including plans and a description of proposed materials for the first meeting and orientation. The Offeror should also describe experience with and strategies for professional facilitation and support of meetings with leaders of the health care industry.

D. Project Management

The Offeror shall demonstrate that its corporate management, organizational structure, and personnel resources are adequate to manage the project effectively and meet the project's performance requirements and milestones in a timely manner. At a minimum, the Offeror shall:

- a. Demonstrate corporate experience in managing projects of a similar size and nature.
- b. Fully demonstrate the Offeror's understanding of the requirements of the Statement of Work from a managerial perspective. The narrative should at a minimum address the following topics:
 - i. Rationale for the skill mix chosen for this Project;
 - ii. Reasons for personnel selection and assignment (why a particular person has been selected for a specific job);
 - iii. Justification for the balance of full time core personnel and consultants/ subcontractors proposed. Provide a detailed explanation of how the proposed staffing plan ensures the availability of individuals with a mastery of the technical requirements in the Statement of Work.
 - iv. Monitoring and control of services provided. The Offeror should address its ability to assure technical quality, responsiveness, cost control, risk management, effective and efficient resource utilization, and compliance with technical requirements and contract provisions. Describe the proposed systems for management control, quality control of deliverables, and the management of Contract compliance.
 - v. Managerial challenges the Offeror expects to encounter and the methods proposed to solve these problems. Address ability to respond to managerial problems rapidly and with flexibility. Describe managerial

problems encountered in previous projects and how they were addressed. .

- vi. Project management approach the Offeror will use to manage the contract activities. Demonstrate knowledge and experience with government requirements and industry best practices.
- c. Provide a person-level task-loading chart (to include the efforts of consultants and subcontractors) and an organizational chart indicating clear lines of authority, staff responsibilities, and a plan for organizational backup. Employees not currently employed by the Offeror shall be clearly indicated with an asterisk (*).
- d. Describe coordination with proposed subcontractors, including monitoring of their performance.
- e. 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.

E. 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. In doing so, and at a minimum, the Offeror shall:

- a. Designate and clearly identify a **Project Director**. This individual shall possess strong 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 possess a terminal degree and a minimum of 10 years of total work experience, OR a minimum of 15 years total work experience in the health services research field. He or she should have demonstrated knowledge of and experience using citizen and stakeholder engagement strategies.

In addition, the Project Director shall have 1) at least eight (8) years in experience related to the tasks specified in the SOW; 2) knowledge of deliberative processes and citizen engagement in health-related areas; 3) knowledge of the field of evidence-based medicine; and 4) 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 Director specifically relate to the SOW.

- ii. Provide length and currency of the overall education of the Project Director.
 - iii. Describe the experience of the Project Director as relevant to managing this Project. Specifically address experience in projects involving multiple partners, logistics support for off-site projects and meetings, report development and management, and quality control.
 - iv. Describe the ability of the Project Director to address issues of policy and legal sensitivity as they relate to the SOW. Specifically demonstrate the Project Director's experience managing high-profile projects.
- b. Designate and clearly identify a **PMI-certified 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 large, complex, projects with similar requirements and outcomes. It is expected that the Project Manager will have training and experience in health services research and familiarity with comparative effectiveness research, management of group processes, and personnel/project management. The Project Manager shall have, at a minimum, a Master's degree in a health and human services-related specialty and 1) at least five (5) years work experience in a health-services or project management capacity; and 2) demonstrated skills in organizing and monitoring complex projects. The Offeror shall provide a narrative discussing items i-iii as listed above for the Project Director. .
- c. Provide evidence of the availability, qualifications, and demonstrated experience of key **clinical, policy, and technical personnel**. Describe how all critical requirements of the proposed project will be satisfied by proposed staff.
- i. Describe the experience of key personnel in projects related to evidence-based medicine, citizen or stakeholder engagement, education and training, program evaluation, use of Web-based technology, professional facilitation and meeting support. Describe the intended role of each key staff person and explain how his or her background and experience qualify the individual for that role.
 - ii. Describe how the education and technical experience of the key proposed personnel relate to all major tasks in the SOW.
 - iii. Provide length and currency of the overall education of the proposed personnel
 - iv. 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, project management, and management of group processes and logistics.

F. Facilities

The Offeror shall describe the availability of facilities, space, and equipment necessary to adequately support the needs to successfully accomplish the projects goals and objectives. If the location where work will be performed is rented or leased, the Offeror shall so indicate and give the date that the lease ends.

L.9 PAST PERFORMANCE INFORMATION

Offerors shall submit the following information in an original and three (3) 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. 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:

Include the following information for each contract, subcontract or grant:

- A. Name of contracting/grant activity
 - B. Contract/Grant number
 - C. Contract/Grant type
 - D. Total contract/grant value
 - E. Brief description of Contract/Grant
 - F. Contracting Officer and telephone number
 - G. Program Manager and telephone number
 - H. Administrative Contracting Officer, if different from F., and telephone number
 - I. List of major subcontractors
- (2) The offeror may provide information on problems encountered on the contracts, grants 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/grants. General performance information will be obtained from the evaluation forms.
 - (3) The offeror may describe any quality awards or certifications that 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 offerors' 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.

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

Robert Zuhlke
Agency for Healthcare Research and Quality
Division of Contracts Management

540 Gaither Road
Rockville, Maryland 20850
FAX: 301-427-1740
Email: Robert.Zuhlke@ahrq.hhs.gov

Evaluation forms must be received by April 6, 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.10 BUSINESS PROPOSAL

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

A. Cost/Price Proposal

A cost 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 Attachment 5 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. Indicate specific off-site rates for those employees housed at AHRQ, 540 Gaither Road, Rockville, MD 20850.

(h) Labor-Hour Chart. Offerors must submit a consolidated Labor-Hour Chart that displays proposed hours by labor category for the phase-in period and each performance year, and is consistent with the Staffing Plan Matrix provided as part of the technical proposal. The prime contractor and all proposed subcontractor(s) hours must be separately identified. All phase-in and yearly manning summaries should roll up to a total program-manning summary for the applicable period. During the technical evaluation process, comparisons are made between the Staffing Plan proposed in the technical proposal and the Manpower Chart in the price proposal (raw numbers only) to ensure consistency as to number and skill levels proposed. The presentation of manpower in both the technical and price proposals should be in a format to allow this comparison to be made easily.

B. Other Administrative Data

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

Minimum Bid Acceptance Period (April 1984)

- (a) "Acceptance period," as used in this provision, means the number of calendar days available to the Government for awarding a contract from the date specified in this solicitation for receipt of bids.
- (b) This provision supersedes any language pertaining to the acceptance period that may appear elsewhere in this solicitation.
- (c) The Government requires a minimum acceptance period of 120 days.
- (d) A bid allowing less than the Government's minimum acceptance period may be rejected.

- (e) The bidder agrees to execute all that it has undertaken to do, in compliance with its bid, if that bid is accepted in writing within (i) the acceptance period stated in paragraph (3) above, or (ii) any longer acceptance period stated in paragraph (4) above.
- (2) Authority to Conduct Negotiations: The proposal shall list the names and telephone numbers of persons authorized to conduct negotiations and to execute contracts.
- (3) Property:
 - (a) It is HHS policy that contractors will provide all equipment and facilities necessary for performance of contracts. Exception may be granted to furnish Government-owned property, or to authorize purchase with contract funds, only when approved by the contracting officer. If additional equipment must be acquired, you shall include the description, estimated cost of each item and whether you will furnish such items with your own funds.
 - (b) You shall identify Government-owned property in your possession and/or property acquired from Federal funds to which you have title, that is proposed to be used in the performance of the prospective contract.
 - (c) The management and control of any Government property shall be in accordance with HHS Publication (OS) 74-115 entitled, Contractor's Guide for Control of Government Property" 1990, a copy of which will be provided upon request.
- (4) Royalties: You shall furnish information concerning royalties which are anticipated to be paid in connection with the performance of work under the proposed contract.
- (5) Commitments: You shall list other commitments with the Government relating to the specified work or services and indicate whether these commitments will or will not interfere with the completion of work and/or services contemplated under this proposal.
- (6) Financial Capacity: You shall provide sufficient data to indicate that you have the necessary financial capacity, working capital, and other resources to perform the contract without assistance from any outside source. If not, indicate the amount required and the anticipated source. (Financial data such as balance sheets, profit and loss statements, cash forecasts, and financial histories of your organization's affiliated concerns should be utilized.)
- (7) Performance Capability: You shall provide acceptable evidence of your "ability to obtain" equipment, facilities, and personnel necessary to perform the requirements of this project. If these are not represented in your current operations, they should normally be supported by commitment or explicit arrangement, which is in existence at the time the contract is to be awarded, for the rental, purchase, or other acquisition of such resources, equipment, facilities, or personnel. In addition, you shall indicate your ability to comply with the required or proposed delivery or performance schedule taking into consideration all existing business commitments, commercial as well as Government.

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

L.11 SELECTION OF OFFERORS

- a. The acceptability of the technical portion of each contract proposal will be evaluated by a 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 of the acceptable offerors will also be evaluated. 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 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 four factors and award will be made to that responsible offeror whose proposal is most advantageous to the Government. The three factors are: scientific technical merit, cost and past performance. The scientific technical merit of the proposals will receive paramount consideration in the selection of the Contractor(s) for this acquisition. Offerors that submit technically acceptable proposals will then be evaluated for past performance. Following these evaluations a competitive range will be determined.

All evaluation factors, other than cost or price, when combined are significantly more important than cost or price. 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 factors other than cost or price. In any event, the Government reserves the right to make an award to that offeror whose proposal provides the best overall value to the Government. The Government reserves the right to make a single award, multiple awards, or no award at all.

The Government reserves the right to make an award without discussion

All proposals will be reviewed in accordance with the governing regulations and AHRQ policies and procedures. The technical proposal and past performance information will be evaluated in terms of the offeror's responses to each of the evaluation factors. Each proposal will be evaluated on the likelihood of meeting the Government's requirements. The evaluation will be based on the technical and administrative capabilities in relation to the needs of the program, 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.

The evaluation factors and assigned weights which will be used in the overall review of the offeror's proposal are outlined below. The technical proposal shall consist of the responses to evaluation criteria A through E. The offeror should show that the objectives stated in the proposal are understood and offer a logical program for their achievement. The following criteria will be used to evaluate proposals and will be weighted as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criteria below are referenced in the corresponding criteria found in Section L of this solicitation

OFFERORS PLEASE NOTE: Evaluation Criteria A through E, for a total of 100 points, will be evaluated by a peer review panel that will also recommend technical acceptability or unacceptability of the proposal. Program staff and contracting personnel will evaluate past performance and the business proposal separately.

Evaluation Criteria

Weight

A. UNDERSTANDING THE PROJECT

10 Points

The proposal shall be evaluated on the completeness of the proposal and the Offeror's demonstrated knowledge and understanding of the value of citizen input in health care decision making, the role of comparative effectiveness evidence in informing health care decisions, and the value of stakeholder input in comparative effectiveness research.

The proposal shall also be evaluated on the Offeror's demonstrated understanding of the project in its response to the objectives and tasks and solution approach thereto, specifically as it relates to developing new mechanisms and refining existing approaches to eliciting public views as an input to health care decisions; citizen and stakeholder input in comparative effectiveness research, health care decision making, and health care policy setting in the context of ethical and value-based dilemmas.

B. PREVIOUS EXPERIENCE

10 Points

The proposal shall be evaluated on the Offeror's demonstrated previous experience as it relates to:

- a.) Design and implementation of deliberative processes and other forms of citizen and stakeholder engagement;
- b.) Management experience on similarly sized projects, including experience with meeting planning, support and facilitation;
- c.) Use of innovative tools for education of training (Web 2.0, social media, or other innovative tools);
- d.) Project Evaluation;
- e.) Compliance with government regulations, such as security requirements, 508 requirements, and OMB clearance processes; and
- f.) Ability and experience collaborating on large projects.

C. TECHNICAL APPROACH

35 Points

The proposal shall be evaluated on its discussion of the technical approaches, including completeness, reasonableness, clarity, and feasibility, to satisfy the requirement of each individual task in the Statement of Work. Specific attention will be paid to the extent to which the Offeror clearly demonstrates its creativity, innovation, and ability to:

- a.) Conduct a literature review on deliberative methods 5
- b.) Develop and implement a deliberative approach or method to obtain input from citizens on issues involving questions of ethics and values related to health care decisions. 10
- c.) Develop innovative methods to meaningfully engage stakeholders in comparative effectiveness research. 10
- d.) Support stakeholder engagement in EHC Program research processes. 5

e.) Manage and support the Stakeholder Group

5

D. PROJECT MANAGEMENT

15 Points

The Offeror's demonstrated ability to achieve the delivery of performance requirements through the proposed use of corporate/organizational management and other personnel resources will be evaluated. The Offeror's demonstrated ability to manage subcontractors and consultants, and the ability to complete the project milestones using a cost-effective approach will be evaluated.

E. KEY PERSONNEL AND STAFFING

25 Points

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:

- Overall degree to which Offeror is able to provide the range of professional, technical, management and other personnel, both in leadership positions and support positions, with required experience and expertise to meet the requirements for work envisioned under this contract.
- Percentage and category(ies) of personnel who are (a) full-time or part-time employees (b) consultants, or (c) subcontractors.

F. FACILITIES

5 Points

Proposals will be evaluated on the availability of adequate facilities, space, and equipment (computers, word processors, photocopying ability and faxes) for accomplishing the project goals and objectives. In addition to computer hardware, the contractor must provide necessary computer software capability.

Offerors will be evaluated on their past performance (since 2005).

The offerors past performance will be evaluated on the basis of the following factors:

- (a) Quality: How well the contractor conformed to the performance standard in providing the services or achieved the stated objective of the contract. Quality will be evaluated by the personnel provided, the level of effort agreed to in the contract statement of work, and quality of final products (e.g., written reports).
- (b) Timeliness: Rates adherence to time-tables and delivery schedules in providing the service or product. Consideration is given to contractor's effort to recommend and/or take corrective actions to keep the contract on schedule.
- (c) Customer satisfaction: Rates the professional and cooperative behavior of the contractor with the client.
- (d) Cost control: Rates the cost-effectiveness of the contractor in providing the services.

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.

The offeror's past performance will be evaluated after determination of the competitive range. Only those offerors included in the competitive range will be evaluated.

The completed questionnaires will provide a basis for determining past performance evaluation as well as information obtained from the references listed in the proposal, other customers known to the Government, consumer protection organizations, and others who may have useful and relevant information. Information will also be considered regarding any significant subcontractors and key personnel records. Past performance will be scored on a range from 0 to 10, with 10 being the most favorable.

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 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 contractor'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.

The lack of a performance record may result in an unknown performance risk assessment, which will neither be used to the advantage nor disadvantage of the offeror.

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

Total Score

100 points

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-10-10004, entitled "Citizen's Forum." 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 Robert Zuhlke, 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 (or by fax or email), no later than **April 6, 2010**. If you have any questions, please contact Robert Zuhlke at (301) 427-1714

Mrs. Robert Zuhlke
Agency for Healthcare Research and Quality
Division of Contracts Management
540 Gaither Road
Rockville, Maryland 20850
FAX: (301) 427-1714
EMAIL: Robert.Zuhlke@ahrq.hhs.gov

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.

	Quality	Cost Control	Timeliness of Performance	Business Relation
	-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."

<p>2. Make Arrangements for Specific Applications, Space, Equipment and Other Materials for Meetings (cont'd).</p>	<p>of structures. Contractor provides copies of all forms and proofs of payment to the PO to substantiate their monthly invoices.</p> <p>d. Pre-meeting planning trip report prepared by the Contractor is clear, well-organized and useful; and contains: (1) all logistical details, such as name, place, dates, and hours of meeting; (2) number of boxes/crates/cases shipped; (3) names and addresses of the shippers; (3) descriptions of all on-site rentals and services and names of companies providing such services; (4) names of persons staffing the exhibit, as well as phone numbers and hotels where the staff can be reached; (5) name and phone number of the Contractor's contact who can be reached for emergencies during set up, conduct of the meeting, and dismantling; and (6) set up and dismantle times as well as times for laborers to assist, if required.</p> <p>e. Pre-meeting planning trip report is submitted on a timely basis, in accordance with the Schedule of Deliverables.</p> <p>f. Contractor efficiently and effectively provides courier service for pickup and delivery of materials to AHRQ and other designated buildings.</p>	<p>Review of services and products by PO and other AHRQ staff.</p> <p>Feedback from meeting coordinators.</p>
<p>3. Provide Staffing for Exhibits at Meetings.</p>	<p>a. Contractor provides staff for any designate meeting and exhibits that collectively: (1) demonstrate knowledge in trade show operations and procedures; (2) demonstrate a working knowledge of AHRQ programs after orientation by AHRQ; (3) demonstrate knowledge of AHRQ exhibit structures; and (4) are able to both answer questions about the exhibit and supervise set up and dismantling of exhibit structures.</p> <p>b. Contractor submits resumes for proposed exhibit staff to the PO for review and approval prior to the meeting. Resumes are in sufficient detail to enable PO to determine the staff's qualifications to meet the task requirements, as stated in the SOW. Any substitutions are submitted to the PO for approval prior to the meeting.</p> <p>c. Contractor arranges and pays for travel for their exhibit staff in accordance with guidelines set by the PO and in accordance with U.S. Government travel regulations.</p>	<p>Review of services and products by PO and other AHRQ staff.</p> <p>Feedback from meeting coordinators.</p>
<p>4. Provide Post Meeting Reports.</p> <p>4. Provide Post</p>	<p>a. Post meeting report prepared by the Contractor is clear, well-organized and useful; and contains the meeting name, location, dates, persons attending, structure used and all costs associated with meeting (i.e., application fees, services, labor, rentals, etc.).</p> <p>b. Post meeting evaluation/analysis report is clear, well-organized and useful; and contains: (1) an analysis of the impact of each exhibit in terms of the success of the exhibit strategy in reaching targeted audiences and in generating interest in AHRQ programs; and (2) any suggestions by the Contractor about future attendance. Analysis includes such information as</p>	<p>Review of services and products by PO and other AHRQ staff.</p> <p>Review of services and products by PO and other AHRQ staff.</p>

<p>Meeting Reports (cont'd).</p>	<p>the number of orders taken for given products, the number of publications taken from the display table by the attendees, the number of attendees requesting addition to the AHRQ subscription list, and the number of visitors to the exhibit booth. Report is useful in planning future exhibit presentations.</p> <p>c. Post meeting reports are submitted on a timely basis, in accordance with the Schedule of Deliverables.</p>	
<p>5. Provide Logistical Support for Unplanned Meetings and Foreign Meetings.</p>	<p>a. Contractor provides efficient and effective logistical support for unexpected or unplanned meetings that require AHRQ exhibits. This is demonstrated by the Contractor: (1) providing budget breakdowns on a timely basis, as required by AHRQ; (2) providing the required staff with the appropriate skills on a timely basis; and (3) providing all the exhibit logistical tasks outlined in the SOW for planned meetings in an efficient and effective manner.</p> <p>b. Contractor provides efficient and effective exhibit logistical support for meetings held in foreign countries. This is demonstrated by the Contractor: (1) performing effective planning for such meetings beginning approximately 1 year in advance of the meeting date; and (2) providing all the exhibit logistical tasks outlined in the SOW for domestic meetings in an efficient and effective manner, to the extent practical in the foreign location.</p>	<p>Review of services and products by PO and other AHRQ staff.</p> <p>Feedback from meeting coordinators.</p>
<p>6. Provide Project Management. 6. Provide Project Management. 6. Provide Project Management. 6. Provide Project Management (cont'd).</p>	<p>a. Monthly progress reports are clear, concise, and useful; and contain: (1) a short summary of all tasks completed; (2) the hours spent on each task; and (3) as requested by the PO, a list of proposed meetings for 12 months in advance that includes the title of the meeting, location, dates, staffing information, exhibit structure to be sent, and all costs associated with the meeting, such as on-site services, rentals, shipping, etc.</p> <p>b. Monthly progress reports are submitted on a timely basis, in accordance with the Schedule of Deliverables.</p> <p>c. Contractor notifies the PO promptly of any problems (technical, schedule, staffing, or cost) that could impact successful completion of the individual tasks or deliverables; and recommends practical solutions.</p> <p>d. Contractor is flexible and responsive to PO written and verbal communications re: (1) requested changes in tasks or deliverables; (2) adjustments in technical approaches and staffing arrangements based on changed requirements or priorities; and (3) requests for meetings or other discussions. Contractor responds to all phone calls and e-mails promptly, i.e., within 1 work day.</p> <p>e. Contractor provides sound quality control of deliverables with respect to accuracy and completeness of content, compliance with SOW requirements, and editorial accuracy.</p> <p>f. Contractor is pro-active with respect to (1) identifying implications of changes in requirements or approaches in selected tasks on other project</p>	<p>Review of services and products by PO and other AHRQ staff.</p> <p>Review of services and products by PO and other AHRQ staff.</p>

	<p>activities; and (2) presenting options with the associated advantages and disadvantages, where viable options are available.</p>	
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	<p>g. Invoices are clear, accurate, and complete; include the items specified in the contract; and are submitted in a timely basis.</p>	
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