PART I - THE SCHEDULE Request for Proposal
SECTION A - SOLICITATION FORM No. AHRQ-10-10005

Date Issued: **January 20, 2010**
Date Questions Due: **February 4, 2010 12:00 PM ET**
Date Notice of Intent Due: **March 1, 2010**
Date Proposals Due: **March 23, 2010 12:00 PM ET**

You are invited to submit a proposal to the Agency for Healthcare Research and Quality (AHRQ) for Request for Proposal (RFP) No. AHRQ-10-10005, entitled "Accelerating Change and Transformation in Organizations and Networks (ACTION II)." Your proposal must be developed and submitted in accordance with the requirements and instructions of this RFP.

A cost reimbursement, multiple-award, task order-type contract is contemplated for a period of five years, Three years with one two-year option.

The Government anticipates awarding 12-15 contracts from this one solicitation.

Offerors shall submit the following:

A. Technical Proposal (See Section L.10) (Original and 12 copies)
B. Past Performance Information (See Section L.11) (Original and 5 copies)
C. Business Proposal (See Section L.13) (Original and 5 copies)

Your technical proposal must be concisely written and should be limited to **100 typewritten pages** (double-spaced), exclusive of personnel qualifications (i.e., resume, etc., see Section L.10 for additional details). This limitation is for administrative purposes only and exceeding the limitation shall not, of itself, be considered a basis for rejection of your proposal.

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

1. Certified, unloaded, labor rates for individuals expected to work on a project of this size and nature (Class Levels I through VI, see Sections B.3 and L.10).

2. Certified documentation indicating that the offeror has a cost accounting system in place which allows for the collection, tracking and reporting of all costs under a cost reimbursement-type contract.

3. Certified documentation that the offeror has a current indirect cost rate agreement in place with a federal agency or that is in the process of obtaining or revising such an agreement. A copy of the indirect cost rate agreement or the proposed rate agreement must be provided.

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

YOUR ATTENTION IS CALLED TO THE LATE PROPOSAL PROVISIONS PROVIDED IN SECTION L.3 OF THIS RFP. YOUR ATTENTION IS ALSO DIRECTED TO THE TECHNICAL PROPOSAL INSTRUCTIONS PROVIDED IN SECTION L.10 OF THE SOLICITATION.

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

Questions regarding this solicitation shall be received in this office no later than **February 4, 2010** (See Section L.7). All questions shall be submitted electronically by e-mail to Nicola L. Carmichael, Contracting Officer at the following email address: nicola.carmichael@ahrq.hhs.gov. Subject line shall read: **"Proposal Questions RFP No. AHRQ-10-10005."**

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

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

The proposal shall be signed by an authorized official to bind your organization and must be received in our Contracts Office no later than **12 noon**, local prevailing time, on **March 23, 2010**. Your proposal must be mailed to the following address:

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

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

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

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

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

Requests for any information concerning this RFP should be referred to Nicola L. Carmichael,

(301) 427-1705 or e-mail: Nicola.Carmichael@ahrq.hhs.gov. Please note e-mail requests should state subject as **RFP AHRQ 10-10005**.

Sincerely,

Nicola L. Carmichael
Contracting Officer
Agency for Healthcare Research and Quality

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SECTION B-SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 BRIEF DESCRIPTION OF SUPPLIES OR SERVICES

"Accelerating Changes and Transformation in Organizations and Networks (ACTION II)
See Section C for a complete description.

The goal of ACTION II is to promote and accelerate the development, implementation, dissemination and sustainability of evidence-based innovation in health care delivery and organization to measurably improve health care in the U.S. In support of this goal, ACTION II will focus on practice-based research to achieve the following 4 objectives:

- Implementation of a proof of concept, through which a previously untested innovation is tested on a small scale to demonstrate its feasibility for addressing an identified problem (OR: to determine whether it works to solve/address an identified problem);

- Implementation of an innovation or improvement approach*, to provide information for decision-makers about structural, contextual and process factors that play a critical role in increasing (or reducing) the chances that a proven, evidence-based innovation will actually work in a given setting;

- Spread, or the taking to scale, of one or more proven innovations or delivery system improvements, including the active, wide dissemination of information about what works, accompanied by concrete guidance on how to maximize the likelihood of successful implementation and sustainability. Increasing knowledge about strategies used to promote the systematic uptake of research findings and other evidence-based practice by providers and other decision-makers is an important ACTION objective as well.

- Sustainability, to increase knowledge about the factors that contribute to, or impede, the long term sustainability of innovation. In particular, we will look to ACTION II to closely examine the experiences and outcomes of ACTION projects that were implemented 3 or more years ago, with a focus on measuring whether and to what degree positive outcomes were sustained and enhancing understanding of the factors that supported or impeded sustainability.

B.2 TASK ORDERS

This is a task order requirement for "Changes and Transformation in Organizations and Networks (ACTION II)." Services will be acquired on an as-needed basis through issuance of task orders. The minimum total amount to be awarded over the three year base period is plus two (2) year Option Period will be $3,750,000.00. It is anticipated that the maximum total amount for the Base period will be $4,500,000.00 and 3,000,000.00 for the Option Periods. Typical task orders are expected to range between $250,000.00 and $500,000.00

B.3 PROPOSED LABOR RATES FOR TASK ORDERS

Note: The following labor rates are NOT loaded rates. (Ranges in rates may be provided)

Base Year 1

LABOR CATEGORY	HOURLY RATE
Class I	$
Class II	$
Class III	$
Class IV	$

Base Year 2

LABOR CATEGORY	HOURLY RATE
Class I	$
Class II	$
Class III	$
Class IV	$

Base Year 3

LABOR CATEGORY	HOURLY RATE
Class I	$
Class II	$
Class III	$
Class IV	$

Option Year 1

LABOR CATEGORY	HOURLY RATE
Class I	$
Class II	$
Class III	$
Class IV	$

Option Year 2

LABOR CATEGORY	HOURLY RATE
Class I	$
Class II	$
Class III	$
Class IV	$

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 $1000/day;

(11) Information Technology hardware or software and

(12) Food and Beverages.

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

SECTION C- DESCRIPTION/SPECIFICATION/WORK STATEMENT

Background

AHRQ's mission is to improve the quality, safety, efficiency and effectiveness of health care for all Americans. Agency funding is growing for research that advances the implementation and dissemination of promising or proven innovations that address the most pressing concerns of those who deliver, manage, pay for, or receive health care services. AHRQ's role in supporting efforts to improve real-world practice and policy has expanded rapidly, in part as a result of the recent emergence of health care reform as one of the most pressing challenges the nation faces.

In 2004, Greenhalgh et al.[1] completed an extensive review of literature addressing the question "how can we spread and sustain innovations in health service delivery and organization?" These authors identified several knowledge gaps on which to focus further research, and suggested that the most serious gap must be addressed by answering the question: "By what processes are particular innovations implemented and sustained (or not) in particular contexts and settings, and can these processes be enhanced?" In 2006, AHRQ launched an initiative titled "Accelerating Change and Transformation in Organizations and Networks (ACTION)" that attempted to address many aspects of the gap identified by Greenhalgh et al., and that is the precursor of the current procurement, ACTION II.

ACTION is a five-year task order contract model of practice-based implementation research that includes 15 Partnerships that work under task order contracts. The Partnerships include a total of over 140 additional collaborating organizations. In total, ACTION Partnerships provide care to more than 100 million people nationwide that represent a broad geographic, demographic and payer mix. The 15 Partnerships reach across all states and are composed of diverse organizations involved in health care, including: hospital systems; ambulatory care practices; long-term care systems (nursing homes, home health, assisted living); safety net systems; health plans; university schools of medicine, nursing, public health, health policy, and management; health services and outcomes research organizations; Veterans Integrated Delivery System Networks; health care quality assurance organizations, associations of healthcare providers; and consumer advocacy organizations. Each Partnership contains operational systems that house large, robust, healthcare databases, clinical and research expertise, and the authority to implement health care innovations. A particular focus of ACTION task orders has been on increasing understanding not only of whether a particular innovation "works," but on how and why it does or does not work. ACTION represents one of the Agency's most successful efforts to foster public-private collaboration and incorporate best practices into health care delivery, broadly defined (see Definitions below). The period of performance for the current ACTION initiative ends September 30, 2010. For more information about ACTION, including descriptions and funding levels for task orders funded to date, go to www.ahrq.gov/research/ACTION.htm.

Since ACTION was launched in 2006, calls for additional practice-based research endeavors have increased, and the value of this type of research has been more widely recognized (Shortell et. al, JAMA 2007, Berwick JAMA 2008, Wachter[2]). Berwick highlighted the need for research methodologies that focus on "the local details about 'how' something works and about the 'what' of contexts," rather than removing these details in theoretical pursuit of generalizable knowledge. Berwick noted that it is only by retaining and sharing information about "both the mechanisms … and

[1] Greenhalgh T, Robert G, MacFarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Quarterly* 2004; 82(4):581-629.

[2] Interview by AHRQ WebM&M editor Robert Wachter with Steven Spear at http://www.webmm.ahrq.gov/perspective.aspx?perspectiveID=77.%0A%20

contexts (local conditions that could have influenced the outcomes of interest)," that one develops an understanding of the factors that affect generalizability. [3] Shortell and his colleagues similarly identified the need for increased knowledge about how to put known improvements into routine practice as a key component for improving the quality of care. Shortell et. al. noted that this integration of content and context seldom happens, and specifically called for the expansion "of practice-based research networks such as AHRQ's ACTION. "[4] Furthermore, Harvard's Steven Spear offered the following guidance and insights from his study of Toyota: When experimenting with innovations, do not merely ask "what did we accomplish?"' but "what did we learn and how can we put that learning to good use?" [5] Spear has noted that

> …(i)f you manage your work to achieve constant discovery—doing your work with a close eye toward what you don't understand, seeing problems as they occur, solving those problems, converting what you don't understand into something that you do understand, and then putting to use what you now understand and what others don't understand—you could improve and invent more quickly, for longer, and in more areas than anyone else. …The key is not importing the answer: it's in importing the robust process by which the great answers are discovered. [6]

Particular interest in research on delivery of care improvement (e.g. process redesign, organizational changes, or financial incentives) has increased since efforts to launch health care reform began in earnest in early 2009. Nearly one quarter of the priority topics specified by the Institute of Medicine (IOM) in *Initial National Priorities for Comparative Effectiveness Research (*http://www.iom.edu/?ID=71025) as meriting more attention are classified in the IOM's broad health care delivery system (HCDS) research area. This type of research is, of course, particularly well-suited to the interests and capabilities of past and future ACTION researchers.

The current procurement for ACTION II seeks to answer these calls. ACTION II is open to all offerors and will establish an entirely new set of task order contracts. For ACTION II, AHRQ anticipates making awards to between 12 and 15 ACTION II Partnerships that are expected to have many similar characteristics to ACTION Partnerships. Barring unforeseen circumstances, similarities in task order characteristics are likely to apply as well. There is a high probability of steady or increasing funding for task orders from AHRQ portfolios. In addition, funding may be provided from external sponsors. Organizations that have funded past task orders include the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Department of Defense, the Department of Homeland Security, the DHHS Office of Minority Health/Office of the Secretary, the National Cancer Institute, the Office of the Assistant Secretary for Public Health Emergency Preparedness, and the Robert Wood Johnson Foundation. For ACTION II, AHRQ is taking steps to better meet the needs of users, stakeholders and Agency and DHHS goals, to improve work flow and productivity and to support enhanced communication and collaboration within and among the Partnerships.

Definitions and Frequently Asked Questions

For the purposes of this RFP, the following definitions, some of which have been adapted from Greenhalgh et al., apply:

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[3] Berwick DM. The science of improvement. JAMA. 2008 Mar 12;299(10):1182-4.
[4] Shortell S, Rundal T, Hsu J. Improving patient care by linking evidence-based medicine and evidence-based management. JAMA 2007 Aug 8;298(6):673-6
[5] "Leadership and Innovation in a Commoditized World," e article on HarvardBusiness.Org
[6] http://www.webmm.ahrq.gov/perspective.aspx?perspectiveID=77.%0A%20

Innovation in health care delivery, organization, payment and practice (referred to hereafter as "health care delivery"): a novel set of behaviors, routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost effectiveness, access to care or users' experience and that are implemented by planned and coordinated actions. Innovations can either be new to the field of health care delivery or new to a given organization or particular type of setting.

Implementation: active and planned efforts to mainstream an innovation within an organization

Dissemination: active and planned efforts to persuade target groups to adopt an innovation

Sustainability: making an innovation routine until it reaches obsolescence

AHRQ priority populations: children, the elderly, women, individuals affected by low income, who belong to racial/ethnic minorities, who live in rural areas, who are disabled or have special needs

AHRQ target audiences: clinical, health care provider, purchaser/business, policy, and consumer/patient decision-makers

Appendix 1 includes a series of frequently asked questions, based on prior RFPs for implementation research.

Objectives

The goal of ACTION II is to promote and accelerate the development, implementation, dissemination and sustainability of evidence-based innovation in health care delivery to measurably improve the effectiveness, safety, quality and efficiency of health care in the U.S. In support of this goal, ACTION II will support practice-based research focused on achieving one or more of the following four objectives:

- Test or expand investigation of innovations that are new to the health care field, (proofs of concept). Research focused on this objective involves: testing a previously untested innovation on a small scale to demonstrate its feasibility for addressing an identified health care problem; documenting whether and how well it did or did not work, and why; spreading knowledge generated by this research to appropriate decision-makers and other audiences.

- Implement, in additional settings, interventions or improvement approaches that have been demonstrated to have worked in a limited type or number of settings. Research aimed at achieving this objective would generate findings about structural, contextual and process factors that play a critical role in increasing (or reducing) the chances that a proven, evidence-based innovation actually works in various settings; and spreading findings to appropriate decision-makers and other audiences.

- Spread, or take to scale, one or more proven innovations or delivery system improvements. Activities to achieve this objective would include the active, wide dissemination of one or more innovations that have proven successful in improving health outcomes or on-the-ground care delivery and the provision of guidance on how to maximize the likelihood of successful implementation and sustainability of the innovation/s. Identifying and evaluating different strategies for promoting the systematic uptake of research findings and other evidence-based practice by providers and other decision-makers is another important component of this objective. Activities to increase spread can take many forms, and can be undertaken by and/or target any key stakeholder groups.

- Support Sustainability. To achieve this objective, researchers shall: identify and study the factors that contribute to, or impede, the routinization of innovation by appropriate decision-makers and other audiences. In particular, AHRQ will look to ACTION II to closely examine past ACTION (and other) projects to assess whether and to what degree positive outcomes were sustained, and to learn more about their longer term experiences in trying to sustain their innovations.

ACTION II Characteristics

ACTION II will embody some similar and some new features when compared with ACTION. The principal features of ACTION II include:

Task Order Master Contract Mechanism: Each ACTION II awardee shall hold a 3-year task order master contract with a 2-year option to extend the contract. Competitive (or justified sole-source) solicitations for task orders will be sent by email to these "pre-competed" prime contractors throughout each fiscal year. Each prime contractor shall share these requests for task order (RFTO) with others in its Partnership and decide whether or not to submit one or more task order proposals in response to the RFTO. AHRQ will specify the number of awards anticipated in response to a single RFTO, and the range or ceiling on the cost estimate for each award. Generally, proposals must be submitted within four to eight weeks. The proposals submitted in response to each RFTO will be reviewed on average within two to three weeks by a committee of approximately five expert reviewers selected among AHRQ staff, co-funders (where applicable), and external experts in the areas critical to the success of the task order. Revisions may be required of one or more top scoring proposals for each anticipated award. Awards will generally be made within two to three weeks of receipt of best and final proposals.

Topics for Research: ACTION II is intended to generate and spread knowledge about solutions to current problems in a timely way. ACTION II will thus focus on practical, applied topics of high interest to: the DHHS and AHRQ's portfolios (see Appendix 2), the Partners' own operational leaders and champions, others making critical decisions and managing change, and other users/stakeholders. AHRQ intends to use various mechanisms (e.g., Requests for Information, email queries, input from the ACTION II Steering Committee, input from an AHRQ web call for ACTION II concepts) to solicit user input on task order topics and ensure they are feasible, of high priority and ready for implementation or dissemination.

Broadly speaking, topics will likely include, but will not be limited to: patient safety, health information technology, the structure, organization and coordination of care; payment; quality of care; comparative effectiveness of systems design and change strategies; health care for priority populations; prevention and care management, long-term care, health literacy and emergency preparedness. No health care setting, type of provider, type of recipient, payer or health condition will be excluded from consideration with respect to research topics that may be undertaken under ACTION II, though individual RFTOs are likely to focus on particular types of settings, providers or patients. It is expected that there will be a wide array of topics with substantial diversity within a given topic area. Because the period of performance is three years with a two-year option to extend, important topics that are unknown at the launch of ACTION II may emerge over time. As was noted earlier, task orders will have a particular focus on research designed to increase knowledge about contextual factors that may facilitate or impede implementation, spread and sustainability.

Nature of the Research: Practice-based research on the development, testing, implementation, spread and sustainability of innovations can take many forms. Some task orders will support the development or preliminary testing (proof-of concept) of "package" deliverables (e.g., toolkits, curricula, workbooks, guides, models, practice strategies) that address a problem in a new or novel way. Other task orders may call for the implementation of a proven innovation in sites similar to, and/or different from, those in which it was developed, with the goal of increasing knowledge about the process of implementing innovations and the contextual factors influencing implementation. Still other task orders may focus on the evaluation of different strategies for spreading a proven intervention widely, in order to identify those that are most effective in increasing the systematic and successful adoption and utilization of evidence-based practices. Finally, an additional set of task orders may focus on evaluating whether and to what degree innovations implemented under past ACTION contracts (or other AHRQ initiatives) were sustained, and increasing knowledge about the factors that support or impede sustainability.

Types of Innovations: As previously defined, innovations are a novel set of behaviors, routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost effectiveness or users' experience and that are implemented by planned and coordinated actions. Examples of current health care delivery innovations include evidence-based improvement strategies or activities such as Lean, positive deviance, social network analysis, and the implementation of "bundled" interventions (e.g. Pronovost's Keystone ICU bundle to reduce central line-associated bloodstream infections[7]), bundled payments (e.g. around the Patient Centered Medical Home) or other innovative financial mechanisms . Future innovations will emerge over the course of the ACTION II period of performance.

ACTION II innovations may be local to national in scope. Some past innovations have spread internationally, although this will not be explicitly envisioned or intended in the development of ACTION II RFTOs. AHRQ will make efforts to select and emphasize project work that is broadly responsive to existing user and stakeholder needs and operational interests, and that has the potential for future dissemination to additional health care settings, providers. payors or recipients of care. While a minority of task orders are expected to focus on large (regional, national) implementation or dissemination projects, Partnerships that have the capacity to take innovations to scale, either on their own or in partnership with others, to spread an innovation will be of special interest to AHRQ.

Deliverables: AHRQ and others' experience has shown that delivery of a product or "package" alone to an intended audience is generally insufficient to induce tangible change in care delivery. Those delivering and receiving care often need help in using a new product or approach, particularly if behavior change is required to improve care. ACTION II will thus seek to generate deliverables that maximize the likelihood that research findings and best practices can and will be appropriately utilized by the intended audience/s. Final deliverables may include, but would not be limited to:

- products (e.g. toolkits, workbooks or guides) that provide detailed, practical descriptions of an innovation, explanations of how it is supposed to work and advice for implementing it
- innovative educational or training materials, including curricula for educational/training sessions or workshops (these may be web based)
- provision of support and technical assistance in the adaptation and adoption of a package or process by various new users
- research findings written for decision-makers

[7] Pronovost et al. An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU. NEJM 2006;355(26):2725-2732)

- peer-reviewed and trade journal manuscripts, or final reports suitable for web-posting, summarizing lessons learned

Every deliverable, regardless of its form or content, must be specifically developed for or adapted to the intended audience/s.

Task orders may require the provision of a series of interim deliverables to accelerate delivery of critical findings or better document implementation processes as they unfold. Interim deliverables might include the completion of an environmental scan, the convening of focus groups, technical expert panels or stakeholder meetings, and the development or testing of measures or data bases, interim reports, surveys, or case studies, to name just a few.

Dissemination: Spreading knowledge generated under task orders is a key component of all four objectives for ACTION II. ACTION II Partnerships may opt to include that capability within their proposed Partnership (by including as members one or more organizations with expertise in dissemination/knowledge transfer), or to subcontract for that expertise on a case-by-case basis, as dictated by the needs or requirements of a specific RFTO. Such expertise should include editing and technical writing, at a minimum. In addition, AHRQ technical assistance with dissemination, communication and marketing may also be provided (see Appendix 3).

Rapid Cycle Research: Individual ACTION II task orders must be completed within as short a time frame as feasible. As a frame of reference, ACTION task orders have been completed within 20 months, on average, of the award date. AHRQ expects ACTION II task orders to meet this average timeline of performance. Exceptions to accelerated task orders may include task orders that require an additional 7-9 months (on average, currently) to meet OMB clearance requirements, and/or task orders that are very large, multifaceted, and require longer periods of data collection. In AHRQ's experience, several factors help accelerate the turn-around time of task orders once awarded. These factors include, but are not limited to: a focus on topics for which there is a clearly expressed need by a specific intended audience, that are of high current interest to the Partnerships themselves, and for which there is alignment of interest of all parties involved in making the innovation successful; active involvement of champions and operational leaders; and inclusion of individuals in the Partnership who are knowledgeable about, and can readily access and manipulate, needed health care delivery and organizational data.

Sequenced and "Bundled" Work: AHRQ may, where appropriate, reduce the current focus on individual task orders and increase the emphasis on a series of task orders or "bundled" sets of task orders to permit pursuit of topics to their logical and practical ends and take applications to scale. Some of the work to be done under ACTION II will likely be sequenced, with the work of each new phase being dependent on the results of a previous phase. In other cases, a set ("bundle") of task orders may be awarded in response to a single RFTO on a topic. It is to be expected that some mix of individual and bundled/serial task orders will be awarded in each year.

Freedom to Partner with Diverse Organizations or Stakeholder Groups on an "As Needed" Basis. Partnerships will be allowed to subcontract with other organizations, as necessary, to meet the needs of a given RFTO. Partners shall have to decide at the outset which capacities they are likely to need on a continuing basis, and which they may prefer to seek and obtain on a case by case basis to enable them to compete for, and successfully complete, specific task orders throughout the contractual timeline.

Opportunities for Broad-based Collaboration: AHRQ expects to encourage more intersections among the ACTION II Partnerships. For example awardees of "bundled" task orders may wish, or be

expected, to share lessons learned with each other as the task orders progress. Depending on the nature of specific task orders, ACTION II Partners many also be encouraged or required to interact with other AHRQ initiatives and programs such as the Health Care Innovations Exchange, the Primary-care Practice-based Research Networks (PBRNs), or the HIV Research Network. More information on these and other programs is available at www.ahrq.gov.

Emphasis on Communication and Knowledge Capture: A number of mechanisms will be utilized to support and ensure regular communication between AHRQ and its ACTION II Partners, and among the ACTION II members-- both within and across Partnerships. These will include electronic transmission of progress reports, phone calls, virtual and face-to-face meetings, and the use of a new ACTION II portal. More specifically:

- ACTION II task order contractors shall communicate with their task order officers on a regular basis (monthly/bimonthly/quarterly) by submitting progress reports and deliverables through AHRQ's electronic reporting system. In addition, contractors and task order officers are expected to meet by phone or in person at regular, specified intervals.

- ACTION II members shall communicate with each other, both within and across Partnerships, through an ACTION II web portal (see Appendix 3) that will be created for this purpose. Tools to support dialogue and collaboration will include web conferencing, collaborative work spaces, technical assistance request processes, online reporting and assessment, a suggestion box and threaded discussion lists. The portal will also serve as an additional avenue for communication between task order officers or ACTION II staff, and contractors. For example, ACTION II staff might use it for teleconferences or webinars to solicit input or feedback from ACTION II members or to provide members with technical support or information updates. External task order funders or co-sponsors may have the opportunity to communicate with ACTION II members through the portal as well.

- ACTION II Partnerships will be expected to play an active and continuing role in creating and updating a comprehensive knowledge repository that will be housed on the ACTION II portal. This data bank will contain profiles with contact information for each ACTION II Partnership, as well as documents and resources of interest to members (e.g. relevant literature, tools, products, health data resources, evaluation instruments, templates, project management resources).

- Representatives of all ACTION II Partnerships will be expected to participate in annual (or perhaps semi annual) face-to-face or virtual meetings. Other meeting participants may include ACTION II Staff, AHRQ Task Order Officers, the AHRQ Contracting Officer, experts in federal requirements, and experts in dissemination. ACTION II members will be expected to help AHRQ staff and ACTION II Steering Committee members shape the agenda for these meetings to assure their relevance to participants' needs. Meeting topics may include sharing insights and lessons learned about ACTION II work, new opportunities for collaboration, or strategies developed to meet contractual requirements or overcome common obstacles.

External Steering Committee: AHRQ expects to convene an External Steering Committee of leading operationally-based experts in healthcare delivery and other stakeholders and champions (including some already involved in advising AHRQ on related topics) to provide direction for ACTION II. Guidance from the Steering Committee on how best to achieve program goals is intended to supplement that provided by AHRQ Center and Office Directors, portfolio leads and Task Order Officers, and will focus on identifying the most promising opportunities for the program and providing continuous input on strategic planning. The Steering Committee will also serve as an "effector arm"

to help disseminate and promote uptake of ACTION II innovations.

Meeting Federal Requirements: Task order contract research conducted under federal auspices, and products and deliverables generated by such research, must meet a number of requirements, including those associated with compliance with the Paperwork Reduction Act, Section 508 of the Americans with Disabilities Act, and regulations governing research involving human subjects. As is further discussed below and in Appendix 3, AHRQ will help ACTION II Partners access technical assistance and other resources to support these efforts.

Support and Technical Assistance for ACTION II Partnerships: AHRQ seeks to help contractors more quickly and efficiently meet specific federal requirements for ACTION II task orders and deliverables (e.g. obtain OMB clearance, meet Section 508 compliance and other web-based product requirements) and enhance dissemination, communication and marketing efforts (see Appendix 3). To this end, AHRQ has arranged to provide support and technical assistance in the above-specified areas to Partnerships, as needed, on a case by case basis for awarded task orders. It is anticipated that some Partnerships already may have some or all required expertise within the project team they propose in response to an RFTO and may not require additional support or technical assistance. In such cases, the contractor must include in task order proposals evidence of expertise within the project team and demonstrated success in fulfilling any such requirements related to the proposed work. Whether the expertise is subcontracted through AHRQ-organized experts or supplied by the team itself, technical proposals will be required to include details on how these needs will be met and by whom, and cost proposals will be required to include associated personnel hours, other resources and costs.

Eligibility Criteria

AHRQ encourages submission of proposals from Partnerships that will represent, in total, expertise that spans a broad array of organizations involved in health care delivery and recipients of care (including AHRQ's priority populations). These include, but are not limited to health services research organizations; health care delivery systems and organizations (inpatient, ambulatory and long-term care); health plans; academic health centers, research consulting firms; Quality Improvement Organizations; Veterans Administration sites and other governmental organizations; employers or employer coalitions; state and local government health care agencies; community-based collaboratives to improve health care, consumer advocacy groups, and other organizations that work at the national, state or regional level to promote or leverage evidence-based innovation in health care delivery. Given trends in recent funding and priority topics, AHRQ is particularly interested in Partnerships that center on, or include, substantial numbers of primary care providers interested in participating in ACTION II implementation research. It is important to note that the range of settings/providers included in any specific partnership will not be a scoring criteria; AHRQ hopes to achieve overall diversity across the network of partnerships selected for awards.

There are no restrictions or requirements regarding the number or types of organizations that should be included in a Partnership, and there are many different models that Partnerships may consider in configuring themselves, including but not limited to the following examples:

- A Partnership may wish to focus on a particular type of provider/care setting/access organization. An example might be a Partnership of primary care practice-based research networks (PBRNS). Other examples might includes hospital systems, long-term care facilities, safety net delivery systems, or health plans that the Partnership would enlist to represent a diverse group of that type of organization;

- A Partnership may wish to enlist participation from a broad group of stakeholders who span the full range of settings within which care is delivered to a specific priority population (e.g., children, the elderly, the underserved);
- A Partnership may wish to focus on achieving change through a particular type of innovation (e.g., payment) and enlist the participation of interested providers, health plans, and public and private payers
- A Partnership may be a multi-stakeholder collaborative, composed of plans, providers, payer and consumers from a given geographic region
- A Partnership may be composed of safety net providers who serve multiple priority populations

The Partnership's proposal must describe how specific characteristics of each participating member organization shall contribute to meeting ACTION II's objectives.

NOTE: The lead, or prime, offeror in a Partnership submitting a proposal may be a not-for-profit or for-profit organization. While primes cannot be included in any other submission, non-prime collaborators may be included in more than one Partnership.

ACTION II Performance Requirements

To successfully complete task orders that achieve the goals and objectives of the ACTION II program, ACTION II Partnerships must meet the following requirements:

Requirement #1: Understand and conform to the requirements of the Task Order Master Contract Mechanism. ACTION II Partnerships must be familiar with federal task order contract mechanisms and must be prepared to adhere to the requirements of the master contract signed by the lead Partner. While this point seems obvious, past experience has shown some misunderstanding of the terms and conditions of the signed task order contract by the lead contractor organization or the subcontractors on a given task order. Task order contracts differ substantially from grants. For example: task orders must conform strictly to the scope of work for which the task order is awarded unless a modification is agreed to in advance by appropriate AHRQ staff; deliverables must be submitted on time and their quality must be approved by AHRQ staff; deliverables must be approved by AHRQ staff prior to publication or presentation; invoices for hours worked during the invoice period must be submitted regularly and must include all required details; payment is conditional on submission of invoices and task order officer approval of the quality of the work performed; work conducted past the end date of the task order period of performance will not be reimbursed; and OMB clearance is required for collection of certain types and amounts of data. Partnerships that can demonstrate a track record of successful task order contract work, and/or have a clear understanding of, and willingness to conform to, contractual requirements will be preferred.

Requirement # 2: Understand and be committed to the benefits and purposes of practice-based implementation research generally, and of ACTION goals and objectives more specifically. ACTION II Partnerships must have a keen awareness of where their research might, and should, be applied in practice. As has already been noted, but bears repeating, AHRQ is particularly interested in process: how implementation and dissemination of innovations works (or why it does not work). In cases where real-time learning is occurring, it will be important to capture sufficient information on the process itself to allow other health care delivery systems, organizations, and practitioners to adapt (or avoid) the innovation for their own use. There must be sufficient scrutiny and documentation of processes to assure that others can gain from the experience of the task order team.

In preparing proposals in response to RFTOs, Partners should address questions such as:

a. Who are the end users who will apply the innovation in practice?
b. What barriers or obstacles need to be addressed and overcome? What facilitators can be engaged?
c. Which implementation partners can help involve the most appropriate users?
d. Which dissemination partners can help reach additional appropriate users?
e. How can the research outcomes best be communicated to the intended audiences?
f. What is the best way to evaluate how the innovation works and if it will be sustainable?

Requirement #3: Enlist the committed, continuing participation of organizations whose missions and capacities enable them to successfully complete task orders serving one or more of the four ACTION objectives for practice-based research (see Objectives).

AHRQ seeks involvement of: diverse providers and provider and system sites; providers of all levels of care that serve underserved populations; public and private payers interested in working with providers to achieve large scale and sustained innovation; organizations representing consumers/recipients of care; organizations with large data bases; researchers with clinical, organizational, measurement and other interests and expertise in health care delivery. Since the goal of ACTION II is to accelerate the development, implementation and sustainability of evidence-based innovations to improve health delivery, AHRQ has an obvious interest in including providers who have a track record of being innovators, early adopters, change agents or otherwise at the cutting edge of developing or implementing innovation. However, AHRQ believes that it is equally important that ACTION II include organizations that are broadly representative of the full spectrum of providers in terms of their past experience with implementing innovation or their capacity to do so.

Requirement #4: Perform high quality, practice-based implementation research. Partnerships will be expected to demonstrate research capacity and experience with all facets of practice-based implementation research, as described above. Such research shall of necessity center on a broad range of health care settings, providers, recipients of care, payers, and possibly on particular health conditions and will be expected to span diverse demographic, payer and geographic mixes. Multi-method research will often, if not always, be required. This will in turn require collaborations among well-recognized researchers, clinicians and others with expertise and experience in the full range of implementation research methods (including both qualitative and quantitative methods); in manipulating large, robust databases (particularly electronic databases); in evidence-based management; and in a wide range of substantive clinical and organizational/management issue areas. Finally, an ability to properly perform the desired research will require access to data bases whose size, scope and specificity are well-aligned with the research questions they are expected to help answer.

Requirement #5: Be prepared to enlist the participation of additional organizations in response to emergent needs and opportunities. Because the period of performance is three years with a two-year option to extend, important topics and opportunities may emerge over time. Thus, Partnerships must be able to flexibly respond to new and unanticipated topics and opportunities. This flexibility is likely to result from a combination of the existing capacities of the Partnership and its member organizations, as well as from an ability to nimbly expand and change over time to accommodate new challenges and opportunities as they arise. As was noted earlier, AHRQ also expects to encourage more intersections with other initiatives and programs within or external to AHRQ.

Requirement #6: Perform research that supports AHRQ's research priorities as reflected in its portfolios. Generally, funding for ACTION II task orders will come from one or more of AHRQ's portfolios. The subjects of these task orders will thus reflect the research interests and objectives of the portfolios (see Appendix 2). The composition and capacities of ACTION II Partnerships should be shaped by a desire to serve these interests and objectives.

Requirement #7: Target priority populations. AHRQ seeks to include ACTION II Partnerships that serve large numbers of one or more priority populations (see Definitions). Because of the importance of this requirement, offerors are required to complete a matrix that provides information on the characteristics of the Partnership's recipients of care (Appendix 4.

Requirement #8: Engage and involve operational and quality improvement leaders. AHRQ will expect to see evidence of strong commitment from operational and quality improvement leaders and champions of innovation, learning and change within ACTION II's Partnerships. Champions and leaders are expected to actively support healthcare delivery and organization improvement (e.g., making efforts to encourage the adoption of best practices, where promising, within and beyond their organizations).

Requirement #9: Understand and meet the needs of AHRQ target audiences. Understanding and serving the needs of AHRQ's multiple target audiences (see Definitions) is a central requirement of ACTION II. While no single Partnership is expected to represent or include every one of these audiences, AHRQ intends to ensure that all of these audiences will be well represented within the ACTION II network. Offerors will thus be asked to provide information on the basic characteristics of their Partnership's participants and any additional audiences the Partnership is in a position to reach and influence (Appendices 4 and 5).

Requirement #10: Identify and utilize communications and dissemination vehicles, methods and mechanisms that will maximize the likelihood of broad and meaningful translation of research into practice. Dissemination of findings or products will be a key requirement of every ACTION II RFTO. Partnerships will have the option of demonstrating expertise and experience within their teams of what is variously referred to as knowledge transfer and exchange, knowledge communication, knowledge translation. Alternatively, Partnerships may wish to subcontract out the dissemination/knowledge translation functions on a case by case basis for individual task orders. For some task order deliverables considered to be particularly important, additional assistance with dissemination, communication and marketing will be provided by AHRQ's Office of Communication and Knowledge Transfer (see Appendix 3).

Requirement #11: Manage complex research projects and coordinate widely varying activities across multiple, diverse sites and actors. Each Partnership will be required to designate a point person or small team located within the lead Partner organization to assume responsibility for: meeting ACTION II contract requirements (including the federal requirements described above); coordinating tasks and activities within the Partnership; assuring ongoing engagement of operational and quality improvement leadership; assuring quality control of task order deliverables; and maintaining effective communication with AHRQ staff throughout the period of performance of the ACTION II master contract. This point of contact or team will be expected to develop and maintain a solid working relationship with AHRQ staff affiliated with ACTION II (Task Order Officers, Contracting Officer, Program Officer, Support and Technical Assistance staff, if needed) and shall be responsible for maintaining current information on Partnership activities, participants and task order progress and deliverables on the ACTION II portal. Every technical proposal submitted in response to an RFTO must include information on who shall perform this role and how these needs shall be met; cost proposals will be required to include associated personnel

hours and costs.

Requirement #12: Comply with federal requirements. As noted above, completion of task orders shall generally require compliance with one or more federal laws or regulations, such as those associated with the Paperwork Reduction Act, Section 508 of the Americans with Disabilities Act, and regulations governing research involving human subjects. In addition, all deliverables must adhere to AHRQ publishing guidelines. As detailed in Requirement #11, an individual or small team within the lead Partner organization must ensure that all federal requirements are met and coordinate all activities associated with doing so.

Requirement #13: Work on an accelerated basis. Partnerships must have the organizational expertise, experience and willingness to conduct and complete task orders within as short a time frame as feasible. As was noted above, on average task orders not requiring OMB clearance will have periods of performance of approximately 20 months (range: 18-30 months).

Requirement #14: Meet deadlines: ACTION II contractors shall assist AHRQ staff in their monitoring and tracking responsibilities by assuring the timely submission of high-quality deliverables. For each task order, progress reports and other deliverables must be submitted electronically at regular, specified intervals.

Requirement #15: Engage in knowledge sharing activities within and across Partnerships. Representatives from ACTION II Partnerships will be expected to participate in an annual face-to-face invitational meeting and periodic phone conferences and webinars. In addition, Partnerships and their members will be expected to be active users of the ACTION web portal described above (see Appendix 3). For example, the prime Partner will be expected to help supply data for the knowledge repository and to maintain up-to-date contact information and profiles of its member organizations. ACTION Partnerships will be encouraged to avail themselves of portal collaboration tools such as web conferences, collaborative work spaces, technical assistance request processes, online reporting, a suggestion box and threaded discussion lists.

"In-Kind" resources: A Partnership's commitment to a project increases when that project reflects the organization's own goals for, and investments in, quality improvement. While it is not a requirement, a willingness to commit "in kind" or other resources, if possible and appropriate for future task orders, is desirable. Most Partnerships will end up volunteering some staff time to ACTION II task orders. Such contributions are difficult to predict and quantify, and may depend on the type of organization involved. However, AHRQ wants to both acknowledge such contributions and more accurately gauge the level and type of commitment provided by Partnerships. For these reasons, "in kind" resources should be accounted for by Partnerships in ACTION II proposals for specific future task orders, if and when they arise.

Guidelines/Instructions for Demonstrating Ability to Meet Performance Requirements

The Agency seeks Partnerships that are capable of successfully completing task orders designed to achieve the ACTION II goals and objectives described above. Offerors should complete the Proposal Requirements Table in Appendix 6, which mirrors the Requirements in the section above and the guidelines/instructions provided below. Completion of Appendix 6 will help ensure that all proposal requirements are addressed. In addition this table will assist proposal reviewers with their reviews.

To demonstrate necessary capacities and capabilities, prospective Partnerships must:

1. Exhibit a clear understanding of the task order contracting mechanism and how it differs from the grant mechanism. Offerors should identify potential challenges and benefits to themselves and to AHRQ arising from use of this mechanism and describe how challenges may be managed or resolved. Offerors should provide evidence of past experience in working as contractors and, where possible, draw on this experience in identifying challenges and benefits of contractual relationships.
2. Demonstrate a clear understanding of, and commitment to, practice-based implementation research; provide evidence of a proven track record in this area.
3. Describe the reason/s for including each of the proposed partnering organizations, highlighting their specific capacities and expected contributions. Where applicable, describe past experience in working with proposed partnering organizations. Demonstrate an awareness of the challenges and benefits of collaborations across diverse organizations, areas of expertise, and/or geographic sites. Use examples from past experience to identify challenges that may arise and possible resolutions.
4. For all proposed key personnel, provide evidence of the necessary education/expertise/skills for conducting practice-based implementation research. Discuss expertise with specific qualitative and quantitative research methods (including but not limited to: interrupted time series analysis, instrumental variables, comparative case studies, surveys, focus groups, RCTs, key informant interviews, cost-benefit analyses, qualitative data analysis software). In addition, provide specific evidence for key personnel of past experience with conducting such research, highlighting: the methods used; the findings, products and outcomes; the target audience/s; and the methods utilized for disseminating research findings and outputs. Summarize the researcher's overall contribution to the field of work. Describe problems or challenges that arose in conducting the research, including but not limited to problems in implementation, data collection, evaluation or coordination. Describe attempted solutions to the problems.
5. For all participating organizations, provide evidence of capacity to conduct practice-based implementation research. Describe available infrastructure for conducting quantitative and qualitative research. Provide evidence of specific past experience with conducting such research, highlighting: the methods used; the findings, products and outcomes of the research; the intended audience(s) for the research; and the methods utilized for disseminating research findings and outputs. Summarize the overall contribution of the research to the field of work. Describe problems or challenges that arose and attempted solutions to the problems.
6. Provide evidence of the participating organizations' collective ability to identify access or collect and successfully manipulate data needed to support practice based research. Describe the quality, integration, size and diversity of databases and information systems that are available directly or through their Partners/subcontractors (e.g., administrative, claims, or encounter data, enrollment data, clinical or medical record data, survey data, provider and facility data, and other data). Describe, preferably in matrix or chart format, whether and to what degree the information systems and data from different Partners are compatible and comparable. Data descriptions may include: comprehensiveness and completeness; ability to electronically link necessary data; reliability and validity; and timeliness. Identify and justify data gaps and describe methods to address them.
7. Provide evidence of being able to flexibly and expeditiously respond to emergent or otherwise unanticipated needs for specialized skills or additional expertise, staffing or other resources. If you have had experience in forging partnerships or collaborations in a compressed time frame, please note this.
8. Provide evidence of specific interest in, and capacities to address AHRQ's research priorities as reflected in its portfolios (see Appendix 2).

9. Provide evidence of commitment and engagement of operational leaders. Include signed letters of commitment detailing the types and levels of commitments they shall make to this effort.
10. Describe the types and levels of in-kind resources that member organizations shall contribute to this effort.
11. Provide evidence of service to priority populations, including low-income populations, racial/ethnic minorities, rural residents, the disabled and those with special needs, children, the elderly and women. Use the matrix in Appendix 4 to provide this information.
12. Provide information about which of AHRQ's target audiences the Partnership is in a position to best reach and influence. Describe specific methods/vehicles/ mechanisms to reach these audiences. Using the template in Appendix 5, provide evidence of past performance in successfully reaching such audiences.
13. Describe any additional expertise, capacity, or experience Partnership members have with dissemination or knowledge transfer. If you expect to use sub-contractors to serve these functions, describe any similar experience you have had in doing so or what specific capacities and expertise you would be seeking.
14. Provide evidence of ability to manage large, multidisciplinary research and implementation projects across multiple and diverse sites, and involving collaboration with a variety of clinical, academic/research, and management professions. Provide evidence of a proven track record in the management of equally large and complex endeavors. Describe methods that shall be used to ensure smooth communication, coordination and oversight; quality assurance; timely reporting; a high level of responsiveness to project directors' need and concerns. Describe in detail all planned subcontracting and consulting relationships. Provide letters of intent from proposed consultants and subcontractors to carry out work under task orders.
15. Provide evidence of ability to complete complex work within 18 -30 months of project kickoff, including evidence of past performance of work completed in this time frame.
16. Demonstrate an understanding of the purposes, requirements and benefits of the reporting, communications and knowledge-sharing activities that will be required of all ACTION II Partnerships and describe how you intend to meet these requirements. Demonstrate an understanding of federal requirements associated with the paperwork Reduction Act and section 508 of the Americans with Disabilities Act. Identify the individual/s you shall dedicate to ensuring compliance with these, and any other relevant federal laws or regulations.

SECTION D - PACKAGING AND MARKING

Not Applicable

SECTION E - INSPECTION AND ACCEPTANCE

E.1 INSPECTION AND ACCEPTANCE

a. The contracting officer or the duly authorized representative will perform inspection and acceptance of materials and services to be provided.

b. For the purpose of this SECTION the Government Project Officer is the authorized technical representative of the contracting officer.

c. Inspection and acceptance will be performed at:

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

E.2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

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

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

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

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 August 1, 2010 and run through July 31, 2013, with one two year option period.

F.3 DELIVERABLE SCHEDULE

The items specified for delivery below are subject to the review and approval of the Government Task Order Officer before final acceptance. Items # 1 and 2 shall be provided to the Task Order Officer as electronic and hard copy. The Contractor shall be required to make revisions deemed necessary by the Task Order Officer.

The Contractor shall produce the following scheduled reports/deliverables in the amount, and within the time frame indicated. Complete delivery instructions will be provided with each Task Order awarded.

The Contractor shall submit the following items in accordance with the stated delivery schedule:

Item	Description	Quantity/Delivery Date
1	Administrative, progress, and financial reports	As specified in each task order
2	All other deliverables identified in each task order	As specified in each task order
3	Subcontracting Report for Individual Contracts (SF -294)	April 30 (annually) October 30 (annually) (1 original and 2 copies to the Contracting Officer)
4	Summary Subcontractor Report (SF 295)	October 30 (annually) (1 copy to the Office of Small and Disadvantaged Business Utilization (DHHS))

5	Small Disadvantaged Business Participation Report	1 copy at contract completion

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

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

Agency for Healthcare Research and Quality
ATTN: Nicola L. Carmichael, Contracting Officer
Contracts Management / OPART
540 Gaither Road
Rockville, Maryland 20850

Agency for Healthcare Research and Quality
ATTN: Cynthia Palmer
Delivery System Partners Program Officer
CDOM
540 Gaither Road
Rockville, Maryland 20850

SECTION G - CONTRACT ADMINISTRATION DATA

G.1 KEY PERSONNEL

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

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 CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE & TASK ORDER OFFICER

The following Contracting Officer's Technical Representative (s) and Task Order Officer(s) will represent the Government for the purpose of this contract:

(TO BE COMPLETED AT TIME OF CONTRACT AWARD)
(TASK ORDER OFFICER DESIGNATION PER TASK ORDER)

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

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

The Government may unilaterally change its Contracting Officer's Technical Representative or Task Order Officer designation

G.3 INVOICE SUBMISSION

a. INVOICE SUBMISSION

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

Invoices/financing requests shall be submitted in an original and three copies to:

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

G.4 INFORMATION ON VOUCHERS

G.4 INFORMATION ON VOUCHERS

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

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

(2) The Contractor shall furnish the following minimum information in support of costs submitted:

(a) Direct Labor – include all persons, listing the person's name, title, number of hours or days worked, hourly rate (unburdened), the total cost per person and a total amount of this category.

(b) Fringe Costs - show rate, base and total amount as well as verification/allowability or rate changes (when applicable);

(c) Overhead or Indirect Costs - show rate, base and total amount as well as verification/allowability or rate changes (when applicable);

(d) Consultants - include the name, number of days or hours worked, a total amount per consultant and a total amount for this category;

(e) Travel - include for each airplane or train trip taken the name of the traveler, date of travel, destination, the transportation costs including ground transportation, shown separately, and per diem costs. Other travel costs shall also be listed. A total amount for this category shall be provided;

(f) Subcontractors - include for each subcontractor, the same data that is being provided for the prime contractor. A total number for this category shall be provided.

(g) Data Processing - include all non-labor costs, i.e., computer time, equipment purchase, lease or rental, data tapes, etc. A total amount for this category shall be provided.

(h) Other - include a listing of all other direct charges to the contract, i.e., office supplies, telephone, equipment rental, duplication, etc.

(i) Equipment Cost - itemize and identify separately from material costs including reference to approval in all cases;

(j) G&A - show rate, base and total as well as verification/allowability of rate changes (when applicable);

(k) Fee - show rate, base and total and;

(l) Current amount billed by individual cost element and total dollar amount and cumulative amount billed by individual cost element and total dollar amount.

(3) Payment shall be made by:

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

G.5 INDIRECT COST RATES and FEE

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

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

G.6 ELECTRONIC FUNDS TRANSFER

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

SECTION H – SPECIAL CONTRACT REQUIREMENTS

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

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

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

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

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

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

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

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

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

(A) the research professional at the Contractor responsible for the quality of the Contract work will, in advance of any release or use of such data, certify in a letter to the Contracting Officer what differences of opinion cannot be resolved regarding the statutory standards referenced in condition (1) (C) and the basis for Contractor assertions that these standards have been met; and

(B) The Contractor must print prominently on the release or other product, or on any portion that is released, or state prior to any oral presentation or release of such material, the following disclaimer:

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

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

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

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

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

(d) *Copyright – Data first produced in the performance of the Contract.* Subject to the terms of this Section regarding release and use of data, AHRQ, through its Contracting Officer, will grant permission under FAR 52.227-17(c) (1) (i) to the Contractor to establish claim to copyright subsisting in scientific and technical articles based on or containing data first produced in the performance of this contract that are submitted for publication in academic, technical or professional journals, symposia proceedings or similar works. When claim to copyright is made, the Contractor shall affix

the applicable copyright notice of 17 U.S.C. 401 or 402 and acknowledgment of Government sponsorship (including contract number) to the data when such data are delivered to the Government, as well as when the data are published or deposited for registration as a published work in the U.S. Copyright Office. In such circumstances, the Contractor hereby agrees to grant to AHRQ, and others acting on its behalf, a paid-up, nonexclusive, irrevocable, worldwide license for all such data to reproduce, prepare derivative works, distribute copies to the public, and perform publicly and display publicly, by or on behalf of AHRQ. A description of this license will be incorporated into the copyright notices required above.

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

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

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

H.3 SUBCONTRACTS

The contractor must include in any subcontracts executed or used to provide the support specified in this contract the terms of requirements H.1, H.2, H.4, H.5, H.6, H.7, H.10, H.11 and H.13. These requirements are to be included without substantive alteration, and no clause may be included to diminish these requirements.

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

H.4 LATE PAYMENTS TO THE GOVERNMENT

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

a. The basis of indebtedness.

b. The amount due.

c. The fact that interest will be applied if payment is not received within 30 days from the date of mailing of the notice.

d. The approximate interest rate that will be charged.

H.5 PRIVACY ACT

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

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

H.6 SALARY RATE LIMITATION

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

For purposes of the salary limitation, the terms direct salary, salary, and institutional base salary have the same meaning and are collectively referred to as direct salary in this clause. An individual's direct salary is the annual compensation that the Contractor pays for an individual's appointment whether that individual's time is spent on research, teaching, patient care, or other activities. Direct salary excludes any income that an individual may be permitted to earn outside of duties to the Contractor. Direct salary also excludes fringe benefits, overhead, and general and administrative expenses (also referred to as indirect costs or facilities and administrative [F&A] costs).

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

Public law	Period Covered	Salary Limitation (based on Executive Level I)
Consolidated Appropriations Act, 2010 Public Law 111-117	1/1/10 – Until revised	$199,700

H.7 PRO-CHILDREN ACT of 1994

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

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

H.8 PERSONNEL SECURITY REQUIREMENTS

BACKGROUND

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

GENERAL

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

DHHS ID Badge Request (HHS-745)

E-QIP Initiation Request Form

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

H.9 PROTEST

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

H.10 SECTION 508 COMPLIANCE

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

Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) requires Federal agencies to purchase electronic and information technologies (EIT) that meet specific accessibility standards.

This law helps to ensure that federal employees with disabilities have access to, and use of, the information and data they need to do their jobs. Furthermore, this law ensures that members of the public with disabilities have the ability to access government information and services.

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

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

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

References:

HHS Policy for Section 508 Electronic and Information Technology (E&IT) (January 2005): http://www.hhs.gov/od/Final_Section_508_Policy.html

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

HHS ASPA Web Communications Division Web site: http://www.hhs.gov/web/policies/index.html

US General Services Administration (GSA) Section 508 Web site: http://www.section508.gov/index.cfm

H.11 SECURITY AND PRIVACY REQUIREMENTS

1. **Adherence to security and privacy policy.** The Contractor shall comply with all Federal and Department of Health and Human Services (HHS) security and privacy guidelines in effect at the time of the award of this contract. A list of applicable United States (U.S.) laws, Office of Management and Budget (OMB) requirements, HHS policies, standards and guidance, and Federal Government Computer Security guidelines can be located on the Secure One HHS website. The Contractor shall perform periodic reviews to ensure compliance with all information security and privacy requirements. The Contractor shall make all system information and documentation produced in support of the Contract available to the agency and agency auditors upon request.

2. **Perimeter defense and notification.** The Contractor shall ensure that the system and the information it contains are secured using appropriate perimeter defense technologies and that these technologies are monitored for anomalous traffic behavior. The Contractor shall immediately report any unauthorized system access to the agency COTR and/or System Owner.

3. **Protection of sensitive information.** The Contractor shall ensure that sensitive information is protected by information security and privacy controls commensurate with the risk associated with the potential loss or compromise of this information. For purposes of this contract, information is sensitive if *the loss of confidentiality or integrity could be expected to have a* ***serious, severe or catastrophic*** *adverse effect on organizational operations, organizational assets, or individuals.*[8] *Further, the loss of sensitive information confidentiality or integrity could: (i) cause a significant or severe degradation in mission capability to an extent and duration that the organization is unable to perform its primary functions or the effectiveness of the functions is significantly reduced; (ii) result in significant or major damage to organizational assets; (iii) result in significant or major financial loss; or (iv) result in significant, severe or catastrophic harm to individuals.*

   Personally identifiable information (PII) is a subset of sensitive information and is defined as data which can potentially be used to identify, locate, or contact an individual, or potentially reveal the activities, characteristics, or other details about a person.[9] PII shall receive a level of protection commensurate with the risk associated with the loss or compromise of sensitive information.

4. **Sensitive information on public systems.** The Contractor shall ensure that sensitive information is not stored, processed or transmitted on a publicly-available system (via the Internet) without the appropriate controls in place and specific authorization from the AHRQ Chief Information Officer (CIO).

5. **Privacy requirements.** The Contractor shall conduct and maintain a Privacy Impact Assessment (PIA) as defined by Section 208 of the E-Government Act of 2002 and Federal Acquisition Regulation (FAR) Clause 52-239-1, and required by HHS policy. The PIA shall be completed in accordance with HHS PIA guidance. Periodic reviews shall be conducted to determine if a major change to the system has occurred, and if a PIA update is subsequently required. If it is determined that an update is necessary, the Contractor shall make the necessary changes to the PIA.

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

6. **System accreditation.** The Contractor shall certify and accredit all systems in conformance with the standards set forth by the Federal Information Security Management Act (FISMA) and National Institute of Standards and Technology (NIST) Special Publication (SP) 800-37, *Guide for the Security Certification and Accreditation of Federal Information Systems*, prior to the system becoming operational. This activity shall be performed in conjunction with the initial development of the system, updated when a major change occurs to the system, and renewed no less than every three years. All system certification and accreditation (C&A) packages shall be compliant with all Public Law (PL)-107-347, OMB mandates, FIPS, and additional applicable

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[8] Federal Information Processing Standard (FIPS) 1999, *Standards for Security Categorization of Federal Information and Information Systems*, February 2004.

[9] HHS Rules of Behavior, February 12, 2008.

NIST guidance. This guidance includes, but is not limited to FIPS 199, FIPS 200, NIST SP 800-18, NIST SP 800-30, NIST SP 800-37, NIST SP 800-53, NIST SP 800-53A, and NIST SP 800-60. All NIST and FIPS documentation can be found at the NIST website.

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

7. **Annual requirements.** The Contractor shall be responsible for meeting ongoing information security and privacy system requirements. These include, but are not limited to, performing annual system testing, completing an annual system self-assessment, and supporting quarterly and annual AHRQ FISMA reporting. Additionally, AHRQ reserves the right to test or review the system security and privacy controls at any time.

8. **Security and privacy training.** All Contractors shall receive general awareness training and role-based training, commensurate with the responsibilities required to perform the work articulated in the terms and conditions of the Contract.

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

   The Contractor shall ensure that all contractors with significant security responsibilities, as defined by HHS, receive commensurate role-based training. As stated in the Secure One HHS Memorandum, *Role-Based Training (RBT) of Personnel with Significant Security Responsibilities*, significant security responsibilities are defined as the responsibilities associated with a given role or position, which, upon execution, could have the potential to adversely impact the security posture of one or more HHS systems.[10] The Contractor shall maintain a list of all individuals that possess significant security responsibilities and the subsequent role-based training courses completed, and shall submit this list to the COTR upon request.

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

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

[10] HHS Memorandum, *Role-Based Training (RBT) of Personnel with Significant Security Responsibilities*, October 3, 2007.

granted a Public Trust clearance before access to the System or other HHS resources is granted.

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

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

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

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

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

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

    Additionally, for desktops and laptops within the system boundary, the Contractor shall comply with the configurations defined in the HHS Federal Desktop Core Configuration (FDCC) standards, which were designed to meet the requirements mandated by OMB. The FDCC

standards will be provided upon contract initiation. The installation, operation, maintenance, update, and/or patching of software shall not alter the approved HHS Minimum Security Configurations or the HHS FDCC standards. Applications designed for normal end users shall run in the standard user context without elevated system administration privileges. Exceptions to the HHS requirements must be documented, accompanied by compensating controls, and approved by the HHS CISO and the AHRQ CISO in advance of implementation.

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

References

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

H.12 OPTIONS

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

H.13 AHRQ APPLICATION AND SYSTEM DEVELOPMENT REQUIREMENTS

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

AHRQ uses a System Development Lifecycle (SDLC) framework which is consistent with the HHS Enterprise Lifecycle Framework (EPLC). This framework is the basis for implementation of the DSEL, conduct of development projects and the Rational Unified Process (RUP)/Capability Maturity

Model (CMM) based processes that support its implementation. The SDLC framework provides a disciplined approach which employs the following traditional project phases:

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

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

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

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

Table 1.1 – Documentation Deliverables

Deliverable	AHRQ Life Cycle Phase	Formats
Project Initiation Document	Project Initiation	MS Word
Project Work Plan	Project Planning	MS Project
System Requirements Document (SRD)	Requirements and Analysis	Rational Requisite Pro, MS Word

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

System Documentation

The Contractor will provide to the Agency system documentation of all proposed hardware, software, security, backup/recovery, and other information technology infrastructure and components and solutions needed to support this project. The documentation is to be delivered to the COTR for review and approval for each release. This documentation will be provided according to the content standards specified by AHRQ and will be maintained in the Agency's Rational ClearCase Repository as a unique project library created and maintained by the AHRQ CM Manager. All documentation will be baselined with each system release. In addition, the source code for each production release will be delivered and stored in the same project library as the documentation artifacts. The contractor will be required to update these baselined artifacts for each production release of the system. Sample documents and templates for the required documentation artifacts are available as guidance. The following documents as mentioned in Table 1.1, "Documentation Deliverables", are required by AHRQ.

Project Initiation Document

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

Management requirements as derived from Departmental standards and accepted Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) standards. In the case of external development contracts, the PID is satisfied by the formal proposal submitted by the vendor and accepted by AHRQ.

Project Work Plan

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

System Requirements Document

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

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

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

Requirements Traceability Matrix

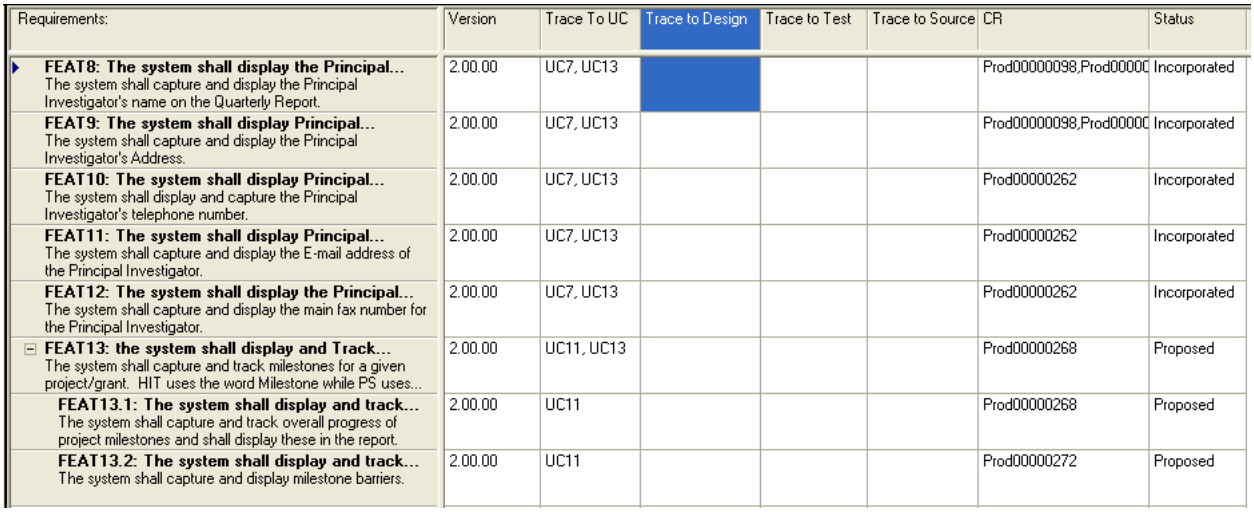
The Requirements Traceability Matrix (RTM) associates requirements with the work products that satisfy them. This matrix is created at the beginning of a project's lifecycle to trace the requirements from identification through testing. The project elements are traced as they relate to other project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

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

The following values are required for the traceability matrix:

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

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



Requirements:	Version	Trace To UC	Trace to Design	Trace to Test	Trace to Source	CR	Status
FEAT8: The system shall display the Principal... The system shall capture and display the Principal Investigator's name on the Quarterly Report.	2.00.00	UC7, UC13				Prod00000098,Prod00000	Incorporated
FEAT9: The system shall display Principal... The system shall capture and display the Principal Investigator's Address.	2.00.00	UC7, UC13				Prod00000098,Prod00000	Incorporated
FEAT10: The system shall display Principal... The system shall display and capture the Principal Investigator's telephone number.	2.00.00	UC7, UC13				Prod00000262	Incorporated
FEAT11: The system shall display Principal... The system shall capture and display the E-mail address of the Principal Investigator.	2.00.00	UC7, UC13				Prod00000262	Incorporated
FEAT12: The system shall display the Principal... The system shall capture and display the main fax number for the Principal Investigator.	2.00.00	UC7, UC13				Prod00000262	Incorporated
FEAT13: the system shall display and Track... The system shall capture and track milestones for a given project/grant. HIT uses the word Milestone while PS uses...	2.00.00	UC11, UC13				Prod00000268	Proposed
FEAT13.1: The system shall display and track... The system shall capture and track overall progress of project milestones and shall display these in the report.	2.00.00	UC11				Prod00000268	Proposed
FEAT13.2: The system shall display and track... The system shall capture and display milestone barriers.	2.00.00	UC11				Prod00000272	Proposed

System Design Document

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

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

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

Test Plan

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

A. Test Description

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

B. Acceptance Criteria

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

C. Approach

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

D. Tasks

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

E. Schedule, Resources & Milestones

Test Scripts

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

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

User Acceptance Test Report

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

User Guide

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

- Introduction
- Summary of the application
- Glossary (Definitions/Acronyms)

- Procedures (Step-by Step instructions on how to use the system)
- Troubleshooting tips

Operations Manual

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

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

Version Description Document

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

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

Web Product and Web Site Development Guidelines

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

Guidelines for Web-Based Products

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

Titles of Products

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

Quality Control/Editorial Review

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

Accessibility

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

Intellectual Property Rights

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

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

Usability

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

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

Privacy Act Protections

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

be requested if this would involve collection of individual identifiers from the users. Although exemptions to both rules can be sought, this involves a strong justification and several levels of review for approval through the U.S. Department of Health and Human Services (HHS).

Guidelines for Web Sites

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

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

For recommendations and guidance on requirements and best practices, go to:
http://www.firstgov.gov/webcontent/reqs_bestpractices/best_practices.shtml

Clearance

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

Domain Names

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

Editorial Review

All content for upload needs to be reviewed to ensure consistency and compliance with best practices and established style and conventions. As a minimum, the copy needs to be production edited to ensure there are no typos and the GPO Style Manual is followed for punctuation, spelling, use of numerals, abbreviations, etc. Do not use unexplained acronyms; they need to be spelled out on first reference in any document or file. There should not be anything marked DRAFT on a public site. Once the materials are uploaded, they are published and considered in the "public domain." Do not use placeholders for content that does not exist. Government funded sites should not have anything designated "under construction." A process needs to be established for regular review of content and updating. Additional materials need to undergo editorial review and be approved before uploading. The GPO Style Guide is available electronically as a reference
at: http://www.gpoaccess.gov/stylemanual/browse.html

Accessibility

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

Privacy

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

Web Site Mailbox

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

Records Management

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

Information Collection Budget

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

Intellectual Property

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

Linking

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

Electronic FOIA

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

Usability

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

Web Sponsor Identity

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

- ***Web site URL name****:* The name of a Web site should always contain AHRQ in the URL. A Web resource should either be a folder on the main AHRQ Web site (www.ahrq.gov/chiri) or a third-level domain of the Web site (www.webmm.ahrq.gov).
- ***Title of Web site project:*** AHRQ's name should be part of the formal title and appear at the beginning of the Web site's project name when referenced in print or promotional materials. For example: AHRQ's Web Morbidity and Mortality online journal.
- ***HHS and AHRQ logos****:* The HHS and AHRQ logos should be featured prominently on the Web site and in materials that are used to market that Web site.
- ***Web site home page format****:* The Web site home page should have common design and navigation elements with the HHS Portal and the AHRQ Web site so that all Web sites look as though they belong to the Department and AHRQ Web family. All AHRQ domain sites

must include a standard banner and footer that are branded for Web resources. Technical specifications and templates for developers to consult when designing Web resources are provided by the AHRQ Web Manager.

H. 14 TASK ORDER SELECTION CRITERIA AND PROCEDURES

All work required under this contract will be authorized through the issuance of task orders (TOs) signed by the Contracting Officer and accepted by the Contractor. TOs may be issued at any time within the contract period.

TOs may often vary in terms of content, cost and duration. Task orders will normally be cost-reimbursement type contracts. Task Orders may be negotiated and awarded on a cost reimbursement, firm fixed price or performance-based cost plus award fee basis. By GAO rule, the set-aside provisions of Federal Acquisition Regulation (FAR) 19.502-2(b) apply to competitions for task orders issued under multiple-award contracts. Accordingly, when the need for a Task Order arises, the Government will first determine if it is possible to limit the competition to small businesses within the domain if there is a reasonable expectation of receiving offers from at least two capable, responsible small business concerns and if the award can be made at a fair market price. Otherwise, it is anticipated that all contractors within the domain will be given the opportunity to compete for the Task Order.

Each Contractor will be guaranteed a minimum of one task order during the 3-year base contract. The minimum dollar amount guaranteed per Contractor is $25,000. The purpose of this task order is to provide for general management and administrative work that is not directly attributable to a particular task order topic. Services requested under this task order will be obtained on an as-needed basis through issuance of specific work assignments, as directed by the Task Order Officer (TOO).

1) Travel to AHRQ or other locations for meetings concerning ACTION II as directed by the TOO. These funds are not to be used for meetings relating to a specific task order, but rather for the purpose of the overall initiative.
2) Miscellaneous work associated with the general management and administration of this task order and other assignments as determined by the TOO.

It is expected that TOs will average between $250,000 and $750,000 and last between eighteen (18) to twenty-four (24) months with an average being twelve months. There may be circumstances where the amount and duration of task orders exceed these average amounts.

Task Order Officer (TOO) will be designated for each TO issued under this contract. The TOO will function as principle technical liaison between the Contracting Officer and the Contractor's Project Manager.

Procedures for Issuance of TOs

1. Each awardee will be provided a fair opportunity to be considered for each TO. Factors such as past performance, quality of deliverables, cost control, price, cost, or other factors that the Contracting Officer believes are relevant to the placement of orders will be considered.

2. When a TO is to be awarded, the Government will solicit proposals from awardees based on those factors mentioned above. The TO Statement of Work will be sent to those selected awardees and a cost proposal and a brief discussion of technical approach shall be submitted within twenty (20) calendar days. In unusual circumstances, contractors may be requested to reply within a shorter amount of time. Oral proposals and streamlined procedures may be used in selecting the TO awardee.

3. The determination of award of the TO will be based on cost, technical merit, and any other relevant factors.

4. Awardees need not be given an opportunity to be considered for a particular TO if the Contracting Officer determines that:

   A. The Agency need for such supplies or services is of such urgency that providing such opportunity would result in unacceptable delays;

   B. Only one such contractor is capable of providing such supplies or services required at the level of quality required because the supplies or services ordered are unique or highly specialized;

   C. The order should be issued on a sole-source in the interest of economy and efficiency as a logical follow-on to an order already issued under the contract, provided that all awardees were given a fair opportunity to be considered for the original order;

   D. It is necessary to place an order to satisfy a minimum guarantee; or

   E. When the dollar value of the order is less than $2500.

5. Each TO proposal will be subject to review and negotiation and will not be effective until signed by both parties.

   Required content of TO proposals will usually include, but not necessarily be limited to, the following:

   --offeror's understanding of TO objectives;

   --proposed approach to solving the problem in terms of major steps or subtasks of the proposed study program;

   --types of final products anticipated;

   --proposed staff by name and percentage of time each individual will be assigned to the work; and

   --management plan for conducting the TO.

6. The cost and fee for each TO will be negotiated based on the fixed maximum labor rates set forth in Section B - Supplies or Services and on other cost/fee issues.

7. Upon negotiation and agreement on the proposal submitted, the Contracting Officer shall issue for the signature of the Contractor a formal TO. The Contractor shall not proceed with performance until the Contracting Officer has signed the TO and provided written approval to proceed.

8. The Contractor's performance of the TO is subject to the terms and conditions in the contract, and the TO may be modified by the Contracting Officer and **ONLY** the Contracting Officer.

9. Protests **ARE NOT** authorized in connection with the issuance or proposed issuance of a TO except for a protest on the ground that the order increases the scope, period, or maximum value of the contract under which the order is issued.

10. The Contractor is not required to compete for a particular TO if it chooses not to do so, i.e., the Contractor may elect not to submit a proposal on a particular TO. Such election will not preclude the Contractor from an opportunity to submit proposals on future TOs.

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

PART II - CONTRACT CLAUSES

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

CLAUSES INCORPORATED BY REFERENCE (FEBRUARY 1998)

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

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

FAR Clause No.	Title and Date
52.203-3	Gratuities (APR 1984)
52.203-5	Covenant Against Contingent Fee (APR 1984)
52.203-6	Restrictions on Subcontractor Sales to the Government (SEPT 2006)
52.203-7	Anti-Kickback Procedures (JUL 1995)
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity (JAN 1997)
52.203-10	Price or Fee Adjustment for Illegal or Improper Activity (JAN 1997)
52.203-12	Limitation on Payments to Influence Certain Federal Transactions (SEP 2007)
52.203-13	Contractor Code of Business Ethics and Conduct (DEC 2008)
52.203-14	Display of Hotline Poster(s) (DEC 2007) (Department of Health and Human Services Poster at: http://www.oig.hhs.gov/hotline/OIG_Hotline_Poster.pdf)
52.203-15	Whisteblower Protections Under the American Recovery and Reinvestment Act of 2009 (MAR 2009)
52.204-4	Printing or Copying Double-Sided on Recycled Paper (AUG 2000)
52.204-7	Central Contractor Registration (APR 2008)
52.209-6	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (SEPT 2006)

52.215-2	Audit and Records - Negotiation (MAR 2009)
52.215-8	Order of Precedence-Uniform Contract Format (Oct 1997)
52.215-10	Price Reduction for Defective Cost or Pricing Data (OCT 1997) (applicable to contract actions over $550,000)
52.215-12	Subcontractor Cost or Pricing Data (OCT 1997) (applicable to contract actions over $550,000)
52.215-15	Pension Adjustments and Asset Reversions (OCT 2004)
52.215-17	Wavier of Facilities Capital Cost of Money (OCT 1997)
52.215-18	Reversion or Adjustment of Plans for Postretirement Benefits (PRB) Other Than Pensions (JUL 2005)
52.215-19	Notification of Ownership Changes (OCT 1997)
52.216-7	Allowable Cost and Payment (DEC 2002)
52.216-8	Fixed Fee (MAR 1997)
52.216-18	Ordering (OCT 1995)
52.216-19	Ordering Limitations (OCT 1995)
52.216-20	Definite Quantity (OCT 1995)
52.216-21	Requirements (OCT 1995)
52.216-22	Indefinite Quantity (OCT 1995)
52.217-2	Cancellation Under Multiyear Contracts (OCT 1997)
52.217-8	Option to Extend Services (NOV 1999)
52.217-9	Option to Extend the Term of the Contract (MAR 2000)
52.219-8	Utilization of Small Business Concerns (MAY 2004)
52.219-9	Small Business Subcontracting Plan (APR 2008) (Applicable to task Orders over $550,000)
52.219-14	Limitation on Subcontracting(DEC 1996) (Applicable to 8(a) awards or if any portion is set aside for small businesses)
52.219-16	Liquidated Damages - Subcontracting Plan (JAN 1999)
52.219-28	Post-Award Small Business Program Representation (JUNE 2007)

52.222-2	Payment for Overtime Premiums (JUL 1990). The amount in paragraph (a) is "zero" unless different amount is separately stated elsewhere in contract.
52.222-3	Convict Labor (JUNE 2003)
52.222-26	Equal Opportunity (APR 2002)
52.222-35	Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans. (SEPT 2006)
52.222-36	Affirmative Action for Workers With Disabilities (JUNE 1998)
52.222-37	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans. (SEPT 2006)
52.222-39	Notification of Employee Rights Concerning Payment of Union Dues or Fees (DEC 2004)
52.222-41	Service Contract Act of 1965 (NOV 2007)
52.222-50	Combating Trafficking in Persons (FEB 2009)
52.222-54	Employment Eligibility Verification (FEB 2009)
52.223-6	Drug Free Workplace (MAY 2001)
52.223-14	Toxic Chemical Release Reporting (AUG 2003)
52.224-1	Privacy Act Notification (APR 1984)
52.224-2	Privacy Act (APR 1984)
52.225-1	Buy American Act - Supplies (FEB 2009)
52.225-13	Restrictions on Certain Foreign Purchases (JUNE 2008)
52.227-1	Authorization and Consent (DEC 2007)
52.227-2	Notice and Assistance Regarding Patent and Copy-Right Infringement (DEC 2007)
52.227-3	Patent Indemnity (APRIL 1984)
52.227-17	Rights in Data – Special Works (DEC 2007)
52.228-7	Insurance-Liability to Third Persons (MAR 1996)
52.230-2	Cost Accounting Standards (OCT 2008)
52.230-3	Disclosure and Consistency of Cost Accounting Practices (OCT 2008)
52.230-6	Administration of Cost Accounting Standards (MAR 2008)

52.230-7	Proposal Disclosure – Cost Accounting Practice Changes (APR 2005)
52.232-9	Limitation on Withholding of Payments (APRIL 1984)
52.232-17	Interest (OCT 2008)
52.232-18	Availability of Funds (APRIL 1984)
52.232-20	Limitation of Cost (APR 1984)
52.232-22	Limitation of Funds (APR 1984) (This clause supersedes the Limitation of Cost clause found in the General Clauses of this contract.)
52.232-23	Assignment of Claims (JAN 1986)
52.232-25	Prompt Payment (OCT 2008)
52.232-33	Payment by Electronic Funds Transfer Central Contractor Registration (Oct 2003)
52.233-1	Disputes (JULY 2002)
52.233-3	Protest After Award (AUG 1996) Alternate I (JUNE 1985)
52.233-4	Applicable Law for Breach of Contract Claim (OCT 2004)
52.237-10	Identification of Uncompensated Overtime (Oct 1997)
52.239-1	Privacy or Security Safeguards (AUG 1996)
52.242-1	Notice of Intent to Disallow Costs (APRIL 1984)
52.242-3	Penalties for Unallowable Costs (MAY 2001)
52.242-4	Certification of Final Indirect Costs (Jan 1997)
52.242-13	Bankruptcy (JULY 1995)
52.243-2	Changes - Cost Reimbursement (AUG 1987) - Alternate II (APRIL 1984)
52.244-2	Subcontracts (JUNE 2007)
52.244-5	Competition in Subcontracting (DEC 1996)
52.245-5	Government Property (Cost Reimbursement, Time-and-Material, or Labor-Hour Contract (MAY 2004)
52.246-5	Inspection of Services-Cost Reimbursement (APRIL 1984)

52.246-23	Limitation of Liability-(FEB 1997)
52.248-1	Value Engineering (FEB 2000)
52.249-6	Termination (Cost-Reimbursement) (MAY 2004)
52.249-14	Excusable Delays (APRIL 1984)
52.251-1	Government Supply Sources (APRIL 1984)
52.253-1	Computer Generated Forms (JAN 1991)

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

HHSAR

Clause No.	Title and Date
352.202-1	Definitions (JAN 2006) Alternate h
352.223-70	Safety and Health (JAN 2006)
352.224-70	Confidentiality of Information (JAN 2006)
352.228-7	Insurance - Liability to Third Persons (DEC 2006)
352.232-9	Withholding of Contract Payments (JAN 2006)
352.233-70	Litigation and Claims (JAN 2006)
352.242-71	Final Decisions on Audit Findings (APRIL 1984)
352.270-1	Accessibility of Meetings, Conferences, and Seminars to Persons With Disabilities (DEC 2006)
352.270-5	Key Personnel (JAN 2006)
352.270-6	Publication and Publicity (JAN 2006)
352.270-7	Paperwork Reduction Act (JAN 2006)

PART III- LIST OF DOCUMENTS, EXHIBITS AND ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

Attachment		Pages
1.	Past Performance Questionnaire and Contractor Performance Form	5
2.	SF LLL-A, Disclosure of Lobbying Activities	3
3.	Proposal Intent Form	1
4.	Small Business Subcontracting Plan	8
5.	Guidelines for Developing Web-Based Products	5

Appendix

1. Frequently Asked Questions
2. AHRQ PORTFOLIOS
3. SUPPORT AND TECHNICAL ASSISTANCE FOR ACTION PARTNERSHIPS
4. Characteristics of Partnership's Health Care Systems and Recipients of Health Care
5. Partner Reach and Influence for AHRQ Target Audiences
6. Proposal Requirements Checklist/Page Locator
7. Breakdown of proposed Estimated Cost (PLUS FEE) and Labor Hours

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

PART IV. REPRESENTATIONS AND INSTRUCTIONS

SECTION K

(FAC 2005-30)

PART IV. REPRESENTATIONS AND INSTRUCTIONS

SECTION K

REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS

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

K.I REPRESENTATIONS AND INSTRUCTIONS

(a) Section K, Representations, certifications, and other statements of offerors.
(1) This section shall begin with the following and continue with the applicable representations and certifications:

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

_____

(Name of Offeror) (RFP No.)

_____

(Signature of Authorized Individual) (Date)

(Typed Name of Authorized Individual)

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

K.2. ANNUAL REPRESENTATIONS AND CERTIFICATIONS (FEB 2009) (FAR 52.204-8)

ANNUAL REPRESENTATIONS AND CERTIFICATIONS (FEB 2009)

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

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

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

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

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

[ ] (i) Paragraph (c) applies.

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

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

FAR CLAUSE #	TITLE	DATE	CHANGE
_____	_____	_____	_____

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

(End of provision)

K. 3 Certification Regarding Responsibility Matters (Dec 2008)

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

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

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

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

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

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

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

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

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

(2) Examples.

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

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

Should the taxpayer seek tax court review, this will not be a final tax liability until the taxpayer has exercised all judicial appeal rights.

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

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

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

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

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

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

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

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

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

(End of provision)

K.4. PROHIBITION OF SEGREGATED FACILITIES (FEB 1999) (FAR 52.222-21)

(a) "Segregated facilities," as used in this clause, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees, that are segregated by

explicit directive or are in fact segregated on the basis of race, color, religion, or national origin because of written or oral policies or employee custom. The term does not include separate or single-user rest rooms or necessary dressing or sleeping areas provided to assure privacy between the sexes.

(b) The Contractor agrees that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where segregated facilities are maintained. The Contractor agrees that a breach of this clause is a violation of the Equal Opportunity clause in this contract.

(c) The Contractor shall include this clause in every subcontract and purchase order that is subject to the Equal Opportunity clause of this contract.

(End of Clause)

K.5. COST ACCOUNTING STANDARDS NOTICES AND CERTIFICATION
(FAR 52.230-1) (JUNE 2000)

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

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

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

I. Disclosure Statement - Cost Accounting Practices and Certification

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

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

(c) Check the appropriate box below:

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

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

Date of Disclosure Statement:_____
Name and Address of Cognizant
ACO or Federal official where filed:
The offeror further certifies that practices used in estimating costs in pricing this proposal are consistent with the cost accounting practices disclosed in the Disclosure Statement.

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

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

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

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

[ ] (3) Certificate of Monetary Exemption.

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

[ ] (4) Certificate of Interim Exemption.

The offeror hereby certifies that (i) the offeror first exceeded the monetary exemption for disclosure, as defined in (3) of this subsection, in the cost accounting period immediately preceding the period in which this offer was submitted and (ii) in accordance with 48 CFR, Subpart 9903.202-1, the offeror is not yet required to

submit a Disclosure Statement. The offeror further certifies that if an award resulting from this proposal has not been made within 90 days after the end of that period, the offeror will immediately submit a review certificate to the Contracting Officer, in the form specified under subparagraph (c)(1) or (c)(2) of Part I of this provision, as appropriate, to verify submission of a completed Disclosure Statement.

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

II. Cost Accounting Standards - Eligibility for Modified Contract Coverage

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

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

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

III. Additional Cost Accounting Standards Applicable to Existing Contracts

The offeror shall indicate below whether award of the contemplated contract would, in accordance with subparagraph (a)(3) of the Cost Accounting Standards clause, require a change in established cost accounting practices affecting existing contracts and subcontracts.
[ ] Yes [ ] No

(End of Provision)

ALTERNATE I (APR 1996)

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

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

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

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

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

(END OF ALTERNATE I)

K.6. CERTIFICATE OF CURRENT COST OR PRICING DATA (FAR 15.406-2)

CERTIFICATE OF CURRENT COST OR PRICING DATA

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

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

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

FIRM

NAME _____ Signature

TITLE

DATE OF EXECUTION***

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

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

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

End of Certificate

K.7. ENVIRONMENTAL TOBACCO SMOKE

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

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Organization:_____

Signature_____ Title_____

Date_____

K.8 Certification of Filing and Payment of Federal Taxes

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

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

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

1) It has filed all Federal tax returns required during the three years preceding this certification;

2) It has not been convicted of a criminal offense under the Internal Revenue Code of 1986; and

3) It has not been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

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

_____

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 DUNSnumber—
(i) If located within the United States, by calling Dun and Bradstreet at 1-866-705-5711 or via the iInternet 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, sity, state and Zip Code (if separate from physical).
(v) Company telephone number.
(vi) Date the company was started.
(vii) Number of employees at your location.
(viii) Chief executive officer/ key manager.
(ix) Line of business (industry)

(X) Company Headquarters name and address (reporting relationship within your entity).

(End of provision)

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

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

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

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

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

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

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

(b) *Amendments to solicitations.* If this solicitation is amended, all terms and conditions that are not amended remain unchanged. Offerors shall acknowledge receipt of any amendment to this solicitation by the date and time specified in the amendment(s).

(c) *Submission, modification, revision, and withdrawal of proposals.*

(1) Unless other methods (*e.g.*, electronic commerce or facsimile) are permitted in the solicitation, proposals and modifications to proposals shall be submitted in paper media in sealed envelopes or packages

(i) addressed to the office specified in the solicitation, and

(ii) showing the time and date specified for receipt, the solicitation number, and the name and address of the offeror. Offerors using commercial carriers should ensure that the proposal is marked on the outermost wrapper with the information in paragraphs (c)(1)(i) and (c)(1)(ii) of this provision.

(2) The first page of the proposal must show --

(i) The solicitation number;

(ii) The name, address, and telephone and facsimile numbers of the offeror (and electronic address if available);

(iii) A statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item;

(iv) Names, titles, and telephone and facsimile numbers (and electronic addresses if available) of persons authorized to negotiate on the offeror's behalf with the Government in connection with this solicitation; and

(v) Name, title, and signature of person authorized to sign the proposal. Proposals signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

(3) *Submission, modification, revision, and withdrawal of proposals.*

(i) Offerors are responsible for submitting proposals, and any modification, or revisions, so as to reach the Government office designated in the solicitation by the time specified in the solicitation. If no time is specified in the solicitation, the time for receipt is 4:30 p.m., local time, for the designated Government office on the date that proposal or revision is due.

(ii) (A) Any proposal, modification, or revision received at the Government office designated in the solicitation after the exact time specified for receipt of offers is "late" and will not be considered unless it is received before award is made, the Contracting Officer determines that accepting the late offer would not unduly delay the acquisition; and --

(1) If it was transmitted through an electronic commerce method authorized by the solicitation, it was received at the initial point of entry to the Government infrastructure not later than 5:00 p.m. one working day prior to the date specified for receipt of proposals; or

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

(3) It is the only proposal received.

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

(iii) Acceptable evidence to establish the time of receipt at the Government installation includes the time/date stamp of that installation on the proposal

wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of Government personnel.

(iv) If an emergency or unanticipated event interrupts normal Government processes so that proposals cannot be received at the office designated for receipt of proposals by the exact time specified in the solicitation, and urgent Government requirements preclude amendment of the solicitation, the time specified for receipt of proposals will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal Government processes resume.

(v) Proposals may be withdrawn by written notice received at any time before award. Oral proposals in response to oral solicitations may be withdrawn orally. If the solicitation authorizes facsimile proposals, proposals may be withdrawn via facsimile received at any time before award, subject to the conditions specified in the provision at 52.215-5, Facsimile Proposals. Proposals may be withdrawn in person by an offeror or an authorized representative, if the identity of the person requesting withdrawal is established and the person signs a receipt for the proposal before award.

(4) Unless otherwise specified in the solicitation, the offeror may propose to provide any item or combination of items.

(5) Offerors shall submit proposals in response to this solicitation in English, unless otherwise permitted by the solicitation, and in U.S. dollars, unless the provision at FAR 52.225-17, Evaluation of Foreign Currency Offers, is included in the solicitation.

(6) Offerors may submit modifications to their proposals at any time before the solicitation closing date and time, and may submit modifications in response to an amendment, or to correct a mistake at any time before award.

(7) Offerors may submit revised proposals only if requested or allowed by the Contracting Officer.

(8) Proposals may be withdrawn at any time before award. Withdrawals are effective upon receipt of notice by the Contracting Officer.

(d) *Offer expiration date.* Proposals in response to this solicitation will be valid for the number of days specified on the solicitation cover sheet (unless a different period is proposed by the offeror).

(e) *Restriction on disclosure and use of data.* Offerors that include in their proposals data that they do not want disclosed to the public for any purpose, or used by the Government except for evaluation purposes, shall --

(1) Mark the title page with the following legend:

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

(2) Mark each sheet of data it wishes to restrict with the following legend:

Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this proposal.

(f) *Contract award.*

(1) The Government intends to award a contract or contracts resulting from this solicitation to the responsible offeror(s) whose proposal(s) represents the best value after evaluation in accordance with the factors and subfactors in the solicitation.

(2) The Government may reject any or all proposals if such action is in the Government's interest.

(3) The Government may waive informalities and minor irregularities in proposals received.

(4) The Government intends to evaluate proposals and award a contract without discussions with offerors (except clarifications as described in FAR 15.306(a)). Therefore, the offeror's initial proposal should contain the offeror's best terms from a cost or price and technical standpoint. The Government reserves the right to conduct discussions if the Contracting Officer later determines them to be necessary. If the Contracting Officer determines that the number of proposals that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, the Contracting Officer may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals.

(5) The Government reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit cost or prices offered, unless the offeror specifies otherwise in the proposal.

(6) The Government reserves the right to make multiple awards if, after considering the additional administrative costs, it is in the Government's best interest to do so.

(7) Exchanges with offerors after receipt of a proposal do not constitute a rejection or counteroffer by the Government.

(8) The Government may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items. Unbalanced

pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if the Contracting Officer determines that the lack of balance poses an unacceptable risk to the Government.

(9) If a cost realism analysis is performed, cost realism may be considered by the source selection authority in evaluating performance or schedule risk.

(10) A written award or acceptance of proposal mailed or otherwise furnished to the successful offeror within the time specified in the proposal shall result in a binding contract without further action by either party.

(11) If a post-award debriefing is given to requesting offerors, the Government shall disclose the following information, if applicable:

(i) The agency's evaluation of the significant weak or deficient factors in the debriefed offeror's offer.

(ii) The overall evaluated cost or price and technical rating of the successful and the debriefed offeror and past performance information on the debriefed offeror.

(iii) The overall ranking of all offerors, when any ranking was developed by the agency during source selection.

(iv) A summary of the rationale for award.

(v) For acquisitions of commercial items, the make and model of the item to be delivered by the successful offeror.

(vi) Reasonable responses to relevant questions posed by the debriefed offeror as to whether source-selection procedures set forth in the solicitation, applicable regulations, and other applicable authorities were followed by the agency.

(End of provision)

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

The Government contemplates award of a cost reimbursement, completion type, task order contract resulting from this solicitation.

It is anticipated that 12 -15 Task Order Contract awards will be made from this solicitation and that the awards are estimated to be made in August 2010.

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

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

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

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

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

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

L.7 POINT OF CONTACT FOR TECHNICAL INQUIRIES

The technical contact for additional information and answering inquiries is the Contracting Officer. All questions regarding this solicitation shall be in writing and received by the Contracting Officer no later than 12:00 noon ET on February 4, 2010. All questions shall be e-mailed to Nicola L. Carmichael at nicola.carmichael@ahrq.hhs.gov.

L.8 REFERENCE MATERIALS

Offers are directed to information about ACTION at www.ahrq/research/ACTION.htm.

L.9 GENERAL INSTRUCTIONS

Introduction

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

a. Contract Type and General Provisions: It is contemplated that a cost-reimbursement, task order 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.10). Please mark as original or copy.

II. PAST PERFORMANCE INFORMATION: See Past Performance Information Instructions for format (L.11)

III. SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN: See Small Disadvantaged Business Plan Instructions for format (L.12**) FOR INFORMATION ONLY**

IV. BUSINESS PROPOSAL: See Business Proposal Instructions for recommended format (L.13).

c. Separation of Technical, Past Performance Information, and Business Proposal: The proposal shall be in 3 parts:

(1) Technical Proposal; (2) Past Performance Information; and (3) Business Proposal. Each of the parts shall be separate and complete in itself so that evaluation of one may be accomplished independently of, and concurrently with, evaluation of the other. **The technical proposal shall not contain reference to cost**; however resources information, such as data concerning labor hours and categories, materials, subcontracts, etc., shall be contained in the technical proposal so that your understanding of the Statement of Work (SOW) may be evaluated. It must disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of the technical proposal instructions.

d. Evaluation of Proposals: The Government will evaluate technical proposals in accordance with the criteria set forth in Section M, Evaluation/Award Criteria.

e. Rejection of Proposals: The Government reserves the right to reject any or all proposals received. It is understood that your proposal will become part of the official contract file.

f. Unnecessarily Elaborate Proposals: Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective proposal are not desired and may be construed as an indication of the offeror's lack of cost consciousness. Elaborate art work, expensive visual and other presentation aids are neither necessary nor wanted.

g. Privacy Act: The Privacy Act of 1974 (Public Law (P.L.) 93-579) requires that a Federal agency advise each individual whom it asks to supply information: 1) the authority which authorized the solicitation; 2) whether disclosure is

voluntary or mandatory; (3) the principal purpose or purposes for which the information is intended to be used; (4) the uses outside the agency which may be made of the information; and 4) the effects on the individual, if any, of not providing all or any part of the requested information.

Therefore:

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

(2) Provisions of the information requested are entirely voluntary.

(3) The collection of this information is for the purpose of conducting an accurate, fair, and adequate review prior to a discussion as to whether to award a contract.

(4) Failure to provide any or all of the requested information may result in a less than adequate review.

(5) The information provided by you may be routinely disclosed for the following purposes:

-to the cognizant audit agency and the General Accounting Officer for auditing;
-to the Department of Justice as required for litigation;
-to respond to Congressional inquiries; and
-to qualified experts, not within the definition of Department employees for opinions as a part of the review process.

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

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

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

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

L.10 TECHNICAL PROPOSAL INSTRUCTIONS

The technical proposal shall contain an original and twelve (12) hard copies, plus two electronic copies on CD. The technical proposal described below shall be limited to **100 pages** not including biographic sketches, with no less than a 11 point font, double-spaced (lists of deliverables, person loading charts, and similar materials need not be double-spaced, so long as they are legible). Brief biographic sketches or CVs (less than ten pages in length) providing the relevant qualifications necessary for this effort are only required for key personnel. The technical proposal shall not contain reference to cost; however resources information, such as data concerning labor hours and categories, labor mix, materials, subcontracts, etc., shall be contained in the technical proposal so that your understanding of the Statement of Work (SOW) may be evaluated. It must disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of these instructions. Lengthy proposals and voluminous appendices are neither needed nor desired as they are difficult to read and evaluate and may indicate the offeror's inability to concisely state their proposal. Appendices are to be provided electronically in MS Office format on CD, in the same quantity as the technical proposal.

a. Recommended Technical Proposal Format

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

(1) Cover Page: The name of the proposing organization, list of proposed subcontractors, author(s) of the technical proposal, the RFP number and the title of the RFP should appear on the cover. The cover page must also include the DUNS and TIN as well as a point of contact and contact information. One (1) manually signed original of the proposal and the number of copies specified in the RFP cover letter are required.

(2) Table of Contents: Provide sufficient detail so that all important elements of the proposal can be located readily.

(3) Introduction: This should be a one or two page summary outlining the proposed work, your interest in submitting a proposal, and the importance of this effort in relation to your overall operation.

(4) Technical Discussion: The offeror shall prepare a technical discussion which addresses evaluation criteria. Please see the Proposal Specifications which include a list of the evaluation criteria. The offeror shall further state that no deviations or exceptions to the Statement of Work (SOW) are taken.

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

A. Technical Approach

1. The Offerer shall submit a narrative that demonstrates a clear understanding of, and commitment to, practice-based implementation research and exhibits a clear understanding of the task order contracting mechanism and how it differs from the grant mechanism, including challenges and benefits.
2. The Offerer shall demonstrate that the proposed partnership has a well–defined purpose that reflects the missions, capabilities, populations served, and strategic/competitive advantages of the partnering organizations, and shall also demonstrate its specific interest in, and capacities to address, AHRQ's research priorities as reflected in its portfolios.
3. The Offerer shall provide evidence of service to priority populations, including low-income populations, racial/ethnic minorities, rural residents, the disabled and those with special needs, children, the elderly and women.
4. The Offerer shall describe methods that will ensure smooth communication, coordination and oversight; quality assurance; timely reporting.
5. The Offerer shall describe the target audiences that its member organizations are in position to reach and influence and proposed methods/vehicles/ mechanisms for doing so.
6. The Offerer shall demonstrate an understanding of the purposes, requirements and benefits of the reporting, communications and knowledge-sharing activities that will be required of all ACTION II Partnerships and shall describe methods for meeting these requirements.
7. The Offerer shall demonstrate an understanding of federal requirements associated with the paperwork Reduction Act and Section 508 of the Americans with Disabilities Act.

B. Partnership and Organizational Capacities

1. The Offerer shall demonstrate an appropriate mix of partnering organizations, given the defined purpose of the Partnership.
2. The Offerer shall provide evidence of likely significant impact on targeted population/s and/or targeted care delivery settings.
3. The Offerer shall provide evidence of capacity to conduct practice-based implementation research, including evidence of: infrastructure necessary for conducting quantitative and qualitative research; evidence of infrastructure and organizational practices and structures needed to manage large, multidisciplinary research and implementation projects across multiple and diverse sites.
4. The Offerer shall provide evidence of the participating organizations' collective ability to identify, access or collect, and successfully manipulate, data needed to support practice based research. The offerer shall discuss and address issues of
    - quality, integration, size and diversity of databases and information systems that are available directly or through their Partners/subcontractors
    - data compatibility, comparability, comprehensiveness, completeness, reliability, validity and timeliness that may impact their usefulness
    - existing or anticipated data gaps and methods for addressing them are identified.
5. The Offerer shall provide evidence of being able to flexibly and expeditiously respond to emergent or otherwise unanticipated needs for specialized skills or additional expertise, staffing or other resources

6. The Offerer shall provide evidence of capacities to undertake dissemination and knowledge transfer beyond simply publishing research reports in peer-reviewed journals.
7. The Offerer shall provide evidence of commitment and engagement of operational leaders.
8. The Offerer shall provide descriptions and documentation for all planned subcontracting and consulting relationships.

C. Personnel

1. The Offerer shall identify as key personnel individuals with the necessary education/expertise/skills and ability to conduct practice-based implementation research.
2. The Offerer shall identify as key personnel individuals who demonstrate expertise with a wide array of qualitative and quantitative research methods, business case and financial analyses, and statistical approaches to analyzing and presenting data.
3. The Offerer shall identify as key personnel individuals with experience and expertise in managing large, multidisciplinary research and implementation projects across multiple and diverse sites, and collaboration with a variety of clinical, academic/research, and management professions.
4. The Offerer shall identify and designate an individual to ensure compliance with relevant federal laws, regulations, or other requirements.

L.11 PAST PERFORMANCE INFORMATION

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

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

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

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

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

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

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

Nicola L. Carmichael
Agency for Healthcare Research and Quality
Division of Contracts Management
540 Gaither Road
Rockville, Maryland 20850
FAX: 301-427-1740

Evaluation forms must be received by **12:00 noon Local Time, March 23, 2010** in order to be included in the review process. It is the responsibility of the offeror to ensure that these documents are forwarded to the Contracting Officer.

L.12 SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN

(Informational Only. A Small Disadvantaged Business Participation Plan will be requested if a Task Order meets or exceeds the $500,000.00 threshold.)

In accordance with FAR Part 15.304(c)4, the extent of participation of Small Disadvantaged Business (SDB) concerns in performance of the contract shall be evaluated in unrestricted acquisitions expected to exceed a total estimated cost of $500,000 ($1,000,000 for construction) subject to certain limitations (see FAR 19.201 and 19.1202).

A. All offerors, regardless of size, shall submit the following information in an original and 2 copies.

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

1. The extent of an offeror's commitment to use SDB concerns. Commitment should be as specific as possible, i.e., are subcontract arrangements already in place, letters of commitment, etc. Enforceable commitments will be weighted more heavily than non-enforceable ones.

2. Specifically identify the SDB concerns with point of contact and phone number.

3. The complexity and variety of the work SDB concerns are to perform.

4. Realism for the use of SDB in the proposal.

5. Past performance of the Offeror in complying with subcontracting plans for SDB concerns.

6. Targets expressed as dollars and percentage of total contract value for each participating SDB; which will be incorporated into and become part of any resulting contract.

7. The extent of participation of SDB concerns in terms of the total acquisition.

B. SDB participation information will be used for both responsibility determinations and as an evaluation factor against which offeror's relative rankings will be compared to assure the best value to the Government. The Government will focus on information that demonstrates realistic commitments to use SDB concerns relative to the size and complexity of the acquisition under consideration. The Government is not required to contact all references provided by the offeror. Also, references other than those identified by the offeror may be contacted by the Government to obtain additional information that will be used in the evaluation of the offeror's commitment to SDB participation.

(End of Information provided on Small Disadvantaged Business Participation Plan)

L.13 BUSINESS PROPOSAL INSTRUCTIONS

The offeror shall submit as part of the proposal a separate enclosure titled "Business Proposal" for each proposal being submitted. 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, in the amount of an original and five (5) hard copies, plus two electronic copies on CD, shall be provided only to the extent that it shall include:

1. Certified, unloaded, labor rates for individuals expected to work on a project of this size and nature. See the attached Proposal Specifications which provides

a list of the specific labor categories. Labor rates or ranges of rates shall be indicated for each labor category.

2. A statement certifying that the offeror has a cost accounting system in place which allows for the collection, tracking and reporting of all costs under a cost reimbursement-type contract.

3. Certified documentation that the offeror has a current indirect cost rate agreement in place with a federal agency or that is in the process of obtaining or revising such an agreement. A copy of the indirect cost rate agreement or the proposed rate agreement shall be provided.

B. Small Business Subcontracting Plan:

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

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

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

The offeror understands that:

a. No Task Order above the threshold will be awarded unless and until an acceptable plan is negotiated with the Contracting Officer. The plan will be incorporated into the Task Order.

b. An acceptable plan must, in the determination of the Contracting Officer, provide the maximum practicable opportunity for small business concerns and small business concerns owned and controlled by socially and economically disadvantaged persons to participate in the performance of the Task Order.

c. If a subcontracting plan acceptable to the Contracting Officer is not negotiated within the time limits prescribed by the contracting activity and such failure

arises out of causes within the control and with the fault or negligence of the offeror, the offeror shall be ineligible for award. The Contracting Officer shall notify the Contractor in writing of the reasons for determining a subcontracting plan unacceptable early enough in the negotiation process to allow the Contractor to modify the plan within the time limits prescribed.

d. Prior compliance of the offeror with other such subcontracting plans under previous contracts will be considered by the Contracting Officer in determining the responsibility of the offeror for award of the contract.

e. It is the offeror's responsibility to develop a satisfactory subcontracting plan with respect to small business concerns and small business concerns owned and controlled by socially and economically disadvantaged individuals, and women-owned small business concerns, and that each such aspect of the offeror's plan will be judged independent of the other.

f. The offeror will submit, as required by the Contracting Officer, subcontracting reports in accordance with the instructions thereon, and as further directed by the Contracting Officer. Subcontractors will also submit these reports to the Government Contracting Officer or as otherwise directed, with a copy to the prime Contractor's designated small and disadvantaged business liaison.

(End of information on Small Business Subcontracting Plan requirements)

C. 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 Contract. If these are not represented in your current operations, they should normally be supported by commitment or explicit arrangement, which is in existence at the time the contract is to be awarded, for the rental, purchase, or other acquisition of such resources, equipment, facilities,

or personnel. In addition, you shall indicate your ability to comply with the required or proposed delivery or performance schedule taking into consideration all existing business commitments, commercial as well as Government.

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

L.14 SELECTION OF OFFERORS

a. The acceptability of the technical portion of each contract proposal will be evaluated by the technical review committee. The committee will evaluate each proposal in strict conformity with the evaluation criteria of the RFP, utilizing point scores and written critiques. The committee may suggest that the Contracting Officer request clarifying information from an offeror.

b. The business portion of each contract proposal will be subjected to a limited cost review, management analysis, etc.

c. Past performance, Small Business Subcontracting Plan and the Small Disadvantaged Business Participation Plan of the technically acceptable offerors will be evaluated by AHRQ staff. A competitive range will be determined. Oral or written discussions will be conducted with all offerors in the competitive range, if necessary. All aspects of the proposals are subject to discussions, including cost, technical approach, past performance, Small Disadvantaged Business Participation Plan and contractual terms and conditions. Final Proposal Revisions will be requested with the reservation of the right to conduct limited negotiations after submission of the Final Proposal Revisions.

d. A final best-buy analysis will be performed taking into consideration the results of the technical evaluation, cost analysis, past performance, and ability to complete the work within the Government's required schedule. The Government reserves the right to make an award to the best advantage of the Government, technical merit, cost, past performance, and other factors considered.

e. The Government reserves the right to make a single award, multiple awards, or no award at all to the RFP.

L.15 PROPOSAL INTENT

It is requested that if an offeror intends to submit a proposal to this solicitation that the attached Proposal Intent Form (Attachment 3) be completed and returned to the address indicated by **March 1, 2010**. The submission of the intent form is not binding on an offeror to submit a proposal, nor does the failure to submit the form prohibit an offeror from submitting a proposal. The purpose is to provide us with an estimated number of proposals to assist us in our planning and logistics for proposal reviews. We have added a request to include your contact information to a bidders list. The bidders list will be provided to interested offerors for subcontracting opportunities. In order for AHRQ to include your contact information on the bidders list, you must return the Proposal Intent Form and check the box that grants permission to add your name no later than the date listed above.

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 three factors and award will be made to that responsible offeror whose proposal is most advantageous to the Government. The four factors are: scientific technical merit, cost, 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

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 1 through 3 (including subcriteria). 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 1 through 3, for a total of 100 points, will be evaluated by a peer review technical committee that will also recommend technical acceptability or unacceptability of the proposal. Program staff and contracting personnel will review and evaluate Criteria 4 for a total of 25 points. The total possible points for Evaluation Criteria 1 though 4 are 125 points.

ACTION II Evaluation Criteria **Weight**

General Technical Proposal (20 points)

- Demonstrates a clear understanding of, and commitment to, practice-based implementation research
- Exhibits a clear understanding of the task order contracting mechanism and how it differs from the grant mechanism, including challenges and benefits
- Has a well–defined purpose that reflects the missions, capabilities, populations served, and strategic/competitive advantages of the partnering organizations

- Provides evidence of specific interest in, and capacities to address, AHRQ's research priorities as reflected in its portfolios
- Provides evidence of service to priority populations, including low-income populations, racial/ethnic minorities, rural residents, the disabled and those with special needs, children, the elderly and women
- Identifies and describes methods that will ensure smooth communication, coordination and oversight; quality assurance; timely reporting
- Describes the target audiences that it is in a position to reach and influence and proposed methods/vehicles/ mechanisms for doing so
- Demonstrates an understanding of the purposes, requirements and benefits of the reporting, communications and knowledge-sharing activities that will be required of all ACTION II Partnerships and describes methods for meeting these requirements.
- Demonstrates an understanding of federal requirements associated with the paperwork Reduction Act and Section 508 of the Americans with Disabilities Act

Partnership and Organizational Capacities (40 points)

- Contains an appropriate mix of partnering organizations, given the defined purpose of the Partnership
- Provides evidence of likely significant impact on targeted population/s and/or targeted care delivery settings
- Provides evidence of capacity to conduct practice-based implementation research
- Provides evidence of infrastructure necessary for conducting quantitative and qualitative research
- Provides evidence of infrastructure and practices needed to manage large, multidisciplinary research and implementation projects across multiple and diverse sites
- Provides evidence of the participating organizations' collective ability to identify, access or collect, and successfully manipulate, data needed to support practice based research
    - quality, integration, size and diversity of databases and information systems that are available directly or through their Partners/subcontractors are appropriate and well-described
    - issues of data compatibility, comparability, comprehensiveness, completeness, reliability, validity and timeliness are adequately discussed and data gaps and methods for addressing them are identified
- Provides evidence of being able to flexibly and expeditiously respond to emergent or otherwise unanticipated needs for specialized skills or additional expertise, staffing or other resources
- Provides evidence of capacities to undertake dissemination and knowledge transfer beyond simply publishing research reports in peer-reviewed journals
- Provides evidence of commitment and engagement of operational leaders
- Provides descriptions and documentation for all planned subcontracting and consulting relationships

Personnel (40 points)

- Provides evidence of the necessary education/expertise/skills for conducting practice-based implementation research
- Provides evidence of expertise with a wide array of qualitative and quantitative research methods, business case and financial analyses, and statistical approaches to analyzing and presenting data
- Provides evidence of experience and expertise in managing large, multidisciplinary research and implementation projects across multiple and diverse sites, and collaboration with a variety of clinical, academic/research, and management professions

- Identifies the individual/s designated to ensure compliance with relevant federal laws, regulations, or other requirements

Past Performance (25 points)

- Provides evidence of relevant past performance demonstrating competency in all areas necessary for meeting technical proposal requirements
- Provides evidence of relevant past performance for all partnering organizations
- Provides evidence of relevant past performance for all key personnel, including citations of specific contributions to the field of health services research

NOTICE: Past Performance questionnaires are to be provided to the Contracts Office NO LATER than the closing date and time for receipt of proposals. It is the offeror's responsibility to ensure that these documents are forwarded to the Contract Office (FAX 301 427-1740).

TOTAL AVAILABLE POINTS……125

ATTACHMENT 1

PAST PERFORMANCE QUESTIONNAIRE

PART ONE: INSTRUCTIONS

The offeror listed below has submitted a proposal in response to the Agency for Healthcare Research and Quality (AHRQ) Solicitation No. AHRQ-10-10005, entitled "Accelerating Change and Transformation in Organizations and Networks II (ACTION II)." 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 Nicola L. Carmichael, the AHRQ Contracting Officer and is NOT to be disclosed to the offeror either verbally or in writing.** Please provide an honest assessment and return to AHRQ to the address shown below, no later than **March 23, 2010**. If you have any questions, please contact Ms. Nicola L. Carmichael at (301) 427-1705.

Ms. Nicola L. Carmichael
Agency for Healthcare Research and Quality
Division of Contracts Management
540 Gaither Road
Rockville, Maryland 20850

FAX: (301) 427-1740

NAME OF OFFEROR:_____

ADDRESS:_____
_____

Contractor Performance Form

1. Name of Contractor:_____

2. Address:_____

   _____

3. Contract/Grant Number: _____

4. Contract/Grant Value (Base Plus Options): _____

5. Contract/Grant Award Date: _____

6. Contract/Grant Completion Date: _____

7. Type of Contract/Grant: (Check all that apply) ( )FP ( )FPI ( )FP-EPA
   ( ) Award Fee ( ) CPFF-Completion ( ) CPFF-Term ( ) CPIF ( ) CPAF
   ( ) IO/IQ ( ) BOA ( ) Requirements ( ) Labor-Hour ( )T&M ( ) SBSA
   ( )8(a) ( )SBIR ( ) Sealed Bid( )Negotiated( )Competitive ( )Non-Competitive

8. Description of Requirement:

CONTRACTOR'S PERFORMANCE RATING

Ratings: Summarize contractor performance and circle in the column on the right the number which corresponds to the performance rating for each rating category. Please see reverse page for explanation of rating scale.

Quality of Product or Service	Comments	0 1 2 3 4 5
Cost Control	Comments	0 1 2 3 4 5
Timeliness of Performance	Comments	0 1 2 3 4 5
Business Relations	Comments	0 1 2 3 4 5

Customer Satisfaction - Is/was the Contractor committed to customer satisfaction?__Yes__ No ;

Would you use this Contractor again? __Yes__No

Reason:

NAME OF EVALUATOR: _____

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.”

ATTACHMENT 2

Complete form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal 2. Status of Federal 3. Report Type:

4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier_____, if known: Congressional District, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime Congressional District, if known:
6. Federal Department/Agency:	7. Federal Program Name/Description CFDA Number, if applicable: _____
8. Federal Action Number, if known:	9. Award Amount, if known: $
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach Continuation Sheet(s)	b. Individual Performing Services (including address if different from No. 10a) (last name, first name, MI) SF-LLL-A, if necessary)
11. Amount of Payment (check all that apply): $_____ ☐ actual ☐ planned	13. Type of Payment (check all that apply): ☐ a. retainer ☐ b. one-time fee ☐ c. commission ☐ d. contingent fee ☐ e. deferred ☐ f. other; specify: _____
12. Form of Payment (check all that apply): ☐ a. cash ☐ b. in-kind; specify: nature_____ value_____	

14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for payment indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)

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

16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each failure.	Signature:_____ _____ Print Name:_____ _____ Title:_____ _____ Telephone No.:_____Date:_____ _____

	Authorized for Local Reproduction Standard Form--LLL

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by OMB
0348-0046

Reporting Entity:_____ Page _____ of _____

Authorized for Local Reproduction
Standard Form--LLL-A

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

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

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

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

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a); Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material charge report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title and telephone number.

ATTACHMENT 3

PROPOSAL INTENT RESPONSE SHEET

RFP No. AHRQ-10-10005

Accerlerating Change and Transformation in Organizations and Networks (ACTION II)

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

[ ] INTEND TO SUBMIT A PROPOSAL

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

[ ] I GRANT PERMISSION TO THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, CONTRACTS OFFICE TO ADD THE CONTACT INFORMAION BELOW TO A BIDDERS LIST TO PROVIDE TO OTHER INTERESTED OFFERORS FOR SUBCONTRACTING OPPORTUNITIES. (*MUST INCLUDE AUTHORIZED SIGNATURE)

COMPANY/INSTITUTION NAME:

***AUTHORIZED SIGNATURE:**

TYPED NAME AND TITLE:

DATE:

[ ] PLEASE DO NOT RELEASE THE CONTACT INFORMATION.

Please return to:

Nicola L. Carmichael
Agency for Healthcare Research and Quality
Contracts Management
540 Gaither Road
Rockville, Maryland 20850

Attachment 4

SMALL BUSINESS SUBCONTRACTING PLAN
(FOR INFORMATION PURPOSES ONLY)

DATE OF PLAN: _____

CONTRACTOR _____

ADDRESS: _____

_____

DUNN & BRADSTREET NUMBER:

_____

SOLICITATION OR CONTRACT NUMBER:

_____

ITEM/SERVICE (Description):

_____

_____

TOTAL CONTRACT AMOUNT: $_____

$_____
Total contract or Base-Year, if options

Option #1 (if applicable)
$ _____

$_____
Option #2 (if applicable)

$ _____
Option #3 (if applicable)

$ _____
Option #4 (if applicable)

TOTAL MODIFICATION AMOUNT, IF APPLICABLE $ _____
TOTAL TASK ORDER AMOUNT, IF APPLICABLE$ $ _____

PERIOD OF CONTRACT PERFORMANCE (Month, Day & Year): _____

The following outline meets the minimum requirements of section 8(d) of the Small Business Act, as amended, and implemented by Federal Acquisition Regulations (FAR) Subpart 19.7. While this outline has been designed to be consistent with statutory and regulatory requirements, other formats of a subcontracting plan may be acceptable. It is not intended to replace any existing corporate plan that is more extensive. Failure to include the essential information of FAR Subpart 19.7 may be cause for either a delay in acceptance or the rejection of a bid or offer when a subcontracting plan is required. "SUBCONTRACT," as used in this clause, means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime contractor or subcontractor calling for supplies or services required for performance of the contract or subcontract. **If assistance is needed to locate small business sources, contact the Office of Small and Disadvantage Business Utilization (OSDBU) at (202) 690-7300 or the OPDIV Small Business Specialist at _____. Sources may also be obtained from SBA's PRONET website**. Please note that the Department of Health and Human Services (HHS) has subcontracting goals of _30__% for small business (SB), _11_% for small disadvantaged business (SDB), _3__% for HubZone businesses (HUBZone), ___5__% for women-owned business (WOSB), __3__% for veteran-owned business (VOSB), and service disabled veteran-owned small business (SDVOSB) concerns for fiscal year _____.

For this procurement, HHS expects all proposed subcontracting plans to contain the following goals, at a minimum, _____% for small business, ____% small disadvantaged business, ____% for HubZone businesses, _____% for woman owned businesses, and _____% for veteran-owned businesses. These percentages shall be expressed as percentages of the total estimated subcontracting dollars. **The offeror is required to include an explanation for a category that has zero as a goal.**

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

1. Type of Plan (check one)

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

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

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

2. Goals

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

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

FY ___1st Option	FY ___2nd Option	FY ___3rd Option	FY ___4th Option
$ _____	$ _____	$ _____	$ _____

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

FY ___1st Option	FY ___2nd Option	FY ___3rd Option	FY ___4th Option
$ _____	$ _____	$ _____	$ _____

c. Total estimated dollar value and percent of planned subcontracting with SMALL DISADVANTAGED BUSINESSES: (% of "a") $ _____ and _____% (Base Year)

FY ___1st Option	FY ___2nd Option	FY ___3rd Option	FY ___4th Option

$ _____ $ _____ $ _____ $ _____

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

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option
$ _____ $ _____ $ _____ $ _____

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

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option
$ _____ $ _____ $ _____ $ _____

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

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option
$ _____ $ _____ $ _____ $ _____

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

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option
$ _____ $ _____ $ _____ $ _____

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

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option
$ _____ $ _____ $ _____ $ _____

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

Provide a description of ALL the products and/or services to be subcontracted under this contract, and indicate the size and type of business supplying them (check all that apply).

Product/Service	Other	SB	SDB	WOSB	HUBZone	VOSB	SDVOSB

i. Provide a description of the method used to develop the subcontracting goals for SB, SDB, WOSB, HUBZone, and VOSB concerns. Address efforts made to ensure that maximum practicable subcontracting opportunities have been made available for those concerns and explain the method used to identify potential sources for solicitation purposes. Explain the method and state the quantitative basis (in dollars) used to establish the percentage goals. Also, explain how the areas to be subcontracted to SB, SDB, WOSB, HUBZone, and VOSB concerns were determined, how the capabilities of these concerns were considered contract opportunities and how such data comports with the cost proposal. Identify any source lists or other resources used in the determination process. (Attach additional sheets, if necessary.)

_____
_____
_____
_____
_____
_____
_____

j. Indirect costs have ____ have not ____ been included in the dollar and percentage subcontracting goals above (check one).

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

_____
_____
_____
_____
_____
_____
_____

3. Program Administrator:

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

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

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

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

a. Ensuring periodic rotation of potential subcontractors on bidder's lists; _____ yes _____ no

b. Assuring that SB, SDB, WOSB, HUBZONE, SDVOSB and VOSB businesses are included on the bidders' list for every subcontract solicitation for products and services that they are capable of providing.
_____ yes _____ no

c. Ensuring that requests for proposals (RFPs) are designed to permit the maximum practicable participation of SB, SDB, WOSB, HUBZone, SDVOSB and VOSB concerns. _____ yes _____ no

d. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, HubZone small, small disadvantaged, and women-owned small business participation.
_____ yes _____ no

e. Accessing various sources for the identification of SB, SDB, WOSB, HUBZone, SDVOSB and VOSB concerns to include the SBA's PRO-Net and SUB-Net Systems, (http://www.sba.gov), the National Minority Purchasing Council Vendor Information Service, the Office of Minority Business Data Center in the Department of Commerce, local small business and minority associations, contact with local chambers of commerce and Federal agencies' Small Business Offices; _____ yes _____ no

f. Establishing and maintaining contract and subcontract award records; _____ yes _____ no

g. Participating in Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, Procurement Conferences, etc;

h. Ensuring that SB, SDB, WOSB, HUBZone, and VOSB concerns are made aware of subcontracting opportunities and assisting concerns in preparing responsive bids to the company;

i. Conducting or arranging for the conduct of training for purchasing personnel regarding the intent and impact of Section 8(d) of the Small Business Act, as amended;

j. Monitoring the company's subcontracting program performance and making any adjustments necessary to achieve the subcontract plan goals;

k. Preparing, and submitting timely, required subcontract reports;

l. Conducting or arranging training for purchasing personnel regarding the intent and impact of 8(d) of the Small Business Act on purchasing procedures.

m. Coordinating the company's activities during the conduct of compliance reviews by Federal agencies; and

n. Other duties:

_____

4. Equitable Opportunity

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

a. Outreach efforts to obtain sources:

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

b. Internal efforts to guide and encourage purchasing personnel:

1. Conducting workshops, seminars, and training programs;

2. Establishing, maintaining, and utilizing SB, SDB, WOSB, HUBZone, and VOSB source lists, guides, and other data for soliciting subcontractors; and

3. Monitoring activities to evaluate compliance with the subcontracting plan.

Additional efforts:

_____
_____
_____
_____
_____
_____

5. Flow Down Clause

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

52.244-6(c).)

6. Reporting and Cooperation

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

Reporting Period	Report Due	Due Date
Oct 1 - Mar 31	SF 294	4/30
Apr 1 - Sept 30	SF 294	10/30
Oct 1 - Sept 30	SF 295	10/30
Contract Completion	OF 312	30 days after completion

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

a. Submit SF 294 to cognizant Awarding Contracting Officer.

b. Submit Optional Form 312, (OF-312), if applicable, to cognizant Awarding Contracting Officer.

c. Submit SF 295 to cognizant Awarding Contracting Officer and to the:

Office of Small and Disadvantaged Business Utilization
Department of Health and Human Services
200 Independence Avenue, SW
Humphrey H. Building, Room 517-D
Washington, D.C. 20201

d. Submit "information" copy of the SF 295 and the SF 294 upon request to the SBA Commercial Market Representative (CMR); visit the SBA at http://www.sba.gov/gc and click on assistance directory to locate your nearest CMR.

7. Record keeping

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

a. SB, SDB, WOSB, HUBZone, and VOSB source lists, guides and other data identifying such vendors;

b. Organizations contacted in an attempt to locate SB, SDB, WOSB, HUBZone, and VOSB sources;

c. On a contract-by-contract basis, records on all subcontract solicitations over $100,000, which indicate for each solicitation (1) whether SB, SDB, WOSB, HUBZone, and/or VOSB concerns were solicited, if not, why not and the reasons solicited concerns did not receive subcontract awards.

d. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conferences and trade fairs;

e. Records to support internal guidance and encouragement provided to buyers through (1) workshops, seminars, training programs, incentive awards; and (2) monitoring performance to evaluate compliance with the program and requirements; and

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

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

_____

_____

_____

_____

_____

___

8. Timely Payments to Subcontractors

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

Your company has established and uses such procedures: _____ yes _____ no

9. Description of Good Faith Effort

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

_____
_____
_____
_____
_____
_____

SIGNATURE PAGE

Signatures Required:

This subcontracting plan was submitted by:

Signature: _____
Typed Name: _____
Title: _____
Date: _____

This plan was reviewed by:

Signature: _____
Typed Name: _____
Title: **Contracting Officer**
Date: _____

This plan was reviewed by:

Signature: _____
Typed Name: _____
Title: **Small Business Specialist**
Date: _____

This plan was reviewed by:

Signature: _____
Typed Name: _____
Title: **SBA Procurement Center Representative**
Date: _____

And Is Accepted By:

OPDIV: _____
Typed Name: _____
Title: _____
Date: _____

APPENDIX 1

Frequently Asked Questions

A. Questions on Composition of Partnerships

1) Please define an "offeror"? Is the entire partnership considered to be an "offeror" or is only one of the partners an offeror and others are subcontractors/collaborators?

From AHRQ's perspective, "offeror" refers primarily to the partnership as a whole. The participants in the partnership consist of the "prime", or lead, organization with which AHRQ will contract, and its subcontractors/collaborators.

2) Can a subcontractors/collaborator organization participate on two separate proposals from two different offerors?

Yes, an organization can collaborate with more than one "prime" (i.e., the lead organization) in a partnership.

3) Would it be permissible for ACTION II to fund partnerships that include organizations based outside the United States?

AHRQ's mission is to improve the quality, safety, efficiency and effectiveness of health care for all Americans. In order to meet ACTION II's objectives and to assist in meeting AHRQ's mission, this program is expected to attract and consider offers from US-based healthcare delivery systems that serve US populations and have access to US healthcare system data.

B. Questions on Process

4) Will ACTION II contract awardees be awarded any funds immediately, or do partnership awardees constitute a "pool" from which AHRQ will develop and solicit proposals for contract task orders at future dates?

Each prime awardee will receive an initial task order for $25,000 to help defray the cost of travel to occasional ACTION II meetings for partnership representatives, and other miscellaneous administrative tasks. Aside from this initial task order, AHRQ will indeed develop Requests for Task Order at future dates and solicit proposals from ACTION II partnerships.

5) Are partnerships to include ideas for task orders in their responses to the ACTION II RFP, or are they simply applying for a contract to become an ACTION contract awardee?

Ideas for task orders are not requested and should not be included in the proposal.

6) Will the ACTION partnerships participate in the development of future potential tasks and requests for task order?

Yes, submission of 1-2 page concepts for Requests for Task Order is anticipated to be encouraged from all sources: the ACTION partnerships, AHRQ staff, co-funding organizations, HHS, and others. The Requests for Task Order themselves are generally

developed by AHRQ staff. Staff from co-funding organizations will also be involved in this process if co-funding is obtained.

C. Questions on Past Performance

7) If past performance of the organizations involved is in terms of research grants (e.g. NIH RO1 type and foundations), rather than contracts, how will this record be evaluated? Are these organizations at a disadvantage if they do not have past contract experience?

Past performance evaluations on relevant contracts are preferred because they show the offeror's performance on quality, cost control, timeliness and business relations. If an offeror does not have relevant past performance evaluations on contracts, past performance evaluations on relevant grants will be considered.

8) Is past performance information required from all individual organizations within the partnership?

Past performance of the partnership as an entity is highly desirable. However, if the partnership is entirely new or includes new collaborators, past performance of individual collaborating organizations should be included. Please note that if an organization has a proposed subcontractor submitting a Past Performance evaluation form on this procurement, the name of the Prime Contractor should be included in order to be evaluated as part of the correct partnership.

9) If collaborators in a partnership have held federal contracts, and their performance on those contracts is relevant to the partnership's ability to demonstrate past performance quality, may these be included in the past performance evaluations?

Yes

10) It is the responsibility of the partnerships to ensure that their past performance evaluations are completed and forwarded on time directly to AHRQ by the contracting organizations listed in the Past Performance submission. Can partnerships ask the contracting organizations to cc them on their responses to ensure that AHRQ has been sent the evaluations and that they should have been received on time?

Past performance evaluations are to be completed confidentially; offerors may not see the evaluations being submitted. Partnerships should emphasize to their evaluation contract organizations that evaluations must be received on time. Only those evaluations received by the date specified in the solicitation will be considered.

11) How should relevant projects that have been funded internally by a health care provider as part of its operations or research and development be handled? Should such projects be included in the organizational and corporate experience section of the technical proposal but not in the past performance section, since there are no external funders/clients to complete the past performance questionnaire and contractor performance form?

Yes, past performance evaluations should only be requested from external customers.

12) How many projects should be evaluated for the partnership as a whole? Does the number of evaluations vary with the size of the partnership?

Five relevant projects total should suffice unless the partnership is very large, in which case a few more examples could be added.

D. Questions on Labor Categories and Rates

13) Although the RFP states that contractors shall be reimbursed for costs incurred for labor based on hourly rates, no rates are listed. Is the offeror to provide the Proposed Labor Rates for each of the Years listed?

Yes, the offeror is to propose the "Proposed Labor Category Hourly Rate Ranges," for each of the Years listed for each of the six labor categories. The cost analysis will consist of establishing a Labor Category Hourly Rate Range for the six Labor Categories (I, II, III, IV, V and VI).

14) With regard to the presentation of labor rates by class level and year, would it be sufficient to provide a range, established on the basis of a sample of rates, within which we intend to stay? Also, is there a specific inflation factor that should be used to show these labor rates in the out years or is the commonly used 3-4% acceptable?

A representative sample of positions that could be averaged to propose each Labor Category Hourly Rate Range per class is requested. The negotiations for the proposed Labor Category Hourly Rate Range will include the evaluation of the reasonableness of the individual cost components (unburdened rate, indirect rates and fee/ profit, if applicable.) The recommended labor escalation rate for future Government Fiscal Years should be approximately 3%.

15) Is certified documentation of an indirect rate agreement approved for federal awards only necessary for the prime organization or for the other participants in the partnership as well?

It is required for the prime organization and each participant in the partnership as well If an indirect rate is not established by the time of contract award, the organization will be provided up to 90 days to establish the indirect cost rate.

E. Questions on Participant Characteristics and Key Personnel

16) From the table in Appendix 4 it appears that some partner organizations should be providers/insurers. In the section on partnership eligibility however, the list of organizations eligible to be included is much broader. Please clarify. Should Appendix 4 be completed for each partner organization or should it be a summary of all partner organizations including the offeror?

The table in Appendix 4 serves the purpose of very roughly summarizing for reviewers some characteristics of any participating organizations for which the named characteristics apply , particularly those serving patients, residents or health plan enrollees. Offerors are encouraged to present these characteristics either for the partnership as a whole or for individual participants in the partnership. AHRQ's preference would be to report by organization, if feasible. Offerors are also encouraged to present, in similar table format, any desired complementary information (e.g., number of employers in a coalition and the employer characteristics.)

17) Can the key personnel include people from each of the partner organizations? Can "major subcontractors" be key personnel? Should it be assumed that each partner organization has a key person tied to it?

Yes, key personnel may include persons from collaborating organizations as well as the prime organization. It is correct to assume that each collaborating organization should have a designated main contact.

18) If the chart in Appendix 4 that documents delivery system settings and providers does not fit the offeror partnership's model of health care delivery. may an offeror redesign this table in order to document the types of services provided by its programs in the way which best reflects program reality?

Feel free to add information in a separate table that may better reflect the components of the partnership in question.

F. Questions on Small and Disadvantaged Businesses

19) Could AHRQ clarify the similarities and differences between a Small Business Subcontracting Plan and a Disadvantaged Business Participation Plan? Could AHRQ clarify which of these two Plans should be addressed when an awardee responds to a task order?

The requirement for the Small Business Subcontracting Plan and the Disadvantaged Business Participation Plan will be required only for task orders in excess of $500,000. The purpose of the Small Business Subcontracting Plan (FAR 19.704)is to provide information as to how an offeror plans to meet the DHHS/ AHRQ (departmental) goals for socioeconomic contracting for the instant procurement (particular task order in this case). The Small Business Subcontract Plan will be negotiated on an as needed basis.

The Disadvantaged Business Participation Plan (FAR 19.12) is a plan that provides information on how the organization as a whole has subcontracted with disadvantaged businesses in the past and how it plans to do so in the future.

20) While the offeror realizes that no formal Subcontracting Plan or Small Disadvantaged Business Participation Plan is required with the initial proposal submission, and is only required at the Request for Task Order level, please clarify the SBA requirements that a prime contractor's small business percentages are derived from the total planned subcontract amount on Task Order proposals, not a percentage of the total Task Order value.

The small business percentages would be derived from the total planned subcontract amount on the Task Order proposal. Note the Task Order proposal amount may change as a result of negotiation.

21) The RFP indicates that a Small Disadvantaged Business Participation Plan will be requested if a future Task Order meets or exceeds the $500,000 threshold. Could AHRQ clarify whether a Small Disadvantaged Business Participation Plan should be included in the current proposal response to this RFP and if so, is this applicable both to the prime and to major subcontractors (if any of them are not small businesses)? Is there any added value for including Small Disadvantaged Business Participation plan in the current proposal application?

The proposal is not required to include either a Small Business Subcontracting Plan or a Small Disadvantaged Business Participation Plan in order to be responsive to the RFP. The submission of a Small Business Participation Plan with the proposal would add no value to the proposal.

G. Question on Review Committee

22) Will there be any non-academically affiliated health care provider organizations represented on the ACTION II proposal review committee?

AHRQ's statute requires that all contract proposals are peer reviewed by reviewers who do not have a conflict of interest with any of the offerors' participating organizations. Reviewers names remain confidential and are not be released even through the Freedom of Information Act in order to ensure an impartial evaluation. AHRQ appreciates your suggestion.

H. Question on Proposal Delivery to AHRQ

23) Please indicate whether other "express mail" services (such as UPS or Federal Express) may be used to deliver the proposal AHRQ's Rockville, Maryland address and if there are security restrictions that would delay timely receipt of a proposal using express or other mail services.

The offeror may use any express mail carrier it chooses. The offeror assumes responsibility for that choice (i.e., an error or delay encountered by the express carrier is the responsibility of the offeror). Please be cautioned that security restrictions at AHRQ may delay timely receipt of a proposal. It is the offeror's responsibility to ensure the proposal arrives on or before the deadline. Also be cautioned that a proposal missing any required components (e.g., insufficient number of copies) will not be accepted.

APPENDIX 2

AHRQ PORTFOLIOS

The AHRQ portfolios are used to organize and prioritize research supported by the Agency. These portfolios have become the organizing framework for how Agency research is funded and how the products and findings of the research are disseminated. Each portfolio has a portfolio team and team lead. AHRQ's Office of Communication and Knowledge transfer (OCKT) has organized its communication and dissemination activities by assigning strategic planners to work with each portfolio team. Where appropriate, AHRQ Task Order Officers will coordinate AHRQ portfolio teams and OCKT's strategic planners to disseminate and market ACTION II research products and findings resulting from ACTION II task orders.

Description of AHRQ Portfolios

Comparative Effectiveness

The mission of the comparative effectiveness portfolio is to provide health care decision makers—including patients, clinicians, purchasers, and policymakers—with up-to-date, evidence-based information about their treatment options to make informed health care decisions.

Health Information Technology

This portfolio aims to identify challenges to health information technology (IT) adoption and use, solutions and best practices for making health IT work, and tools that will help hospitals and clinicians successfully incorporate new health IT. Research supported by the portfolio aims to develop evidence and inform policy and practice on how health IT can improve the quality of American health care. Further portfolio goals include making the best evidence and consumer health information available electronically when and where it is needed, and developing secure and private electronic health records.

Innovations/Emerging Issues

At this time, the Innovations and Emerging Issues Portfolio is being established and is expected to evolve in the coming months. The portfolio aims to identify and support research that has the potential to lead to significant advances in health care. Research and activities will reflect ideas substantially different from those already being pursued by AHRQ, and will constitute transformative research to solve pressing health care problems

Patient Safety

This portfolio aims to identify risks and hazards that lead to medical errors and find ways to prevent patient injury associated with delivery of health care. Important goals include: providing information on the scope and impact of medical errors, identifying the root causes of threats to patient safety, and examining effective ways to make system-level changes to help prevent

errors. Disseminating and translating research findings and methods to reduce errors are also important. Additionally, the portfolio aims to develop an environment or culture within health care settings that encourages health professionals to share and report information about medical errors and ways to prevent them.

Prevention and Care Management

The mission of the prevention and care management portfolio is to improve the quality, safety, efficiency, and effectiveness of the delivery of evidence-based preventive services and chronic care management in ambulatory care settings. Portfolio goals include: 1) supporting clinical decision making for preventive services through the generation of new knowledge, synthesis of evidence, and dissemination and implementation of evidence-based recommendations, and 2) developing the evidence base for and implementation of activities to improve primary care and clinical outcomes through health care redesign, clinical-community linkages, self management support, integration of health information technology, and care coordination.

Value

The goal of the value portfolio is to help assure that consumers and patients are served by health care organizations that reduce unnecessary costs (waste) while maintaining or improving quality. This is done by developing measures, data, evidence, tools, and strategies that health care organizations, systems, insurers, purchasers, and policymakers use to reduce unnecessary costs while maintaining or improving quality. Strategies include process redesign, leadership and management strategies, organizational and community-wide quality improvement initiatives, legal and regulatory changes, consumer choice, public reporting, incentives, and payment changes. Also, the portfolio conducts and supports methodological work and modeling to improve data and research, and to facilitate its use for policy and management.

APPENDIX 3

SUPPORT AND TECHNICAL ASSISTANCE FOR ACTION PARTNERSHIPS

NEED TO ADD SOMETHING HERE REFERRING TO THE ININTIAL TASK ORDER FOR +/- $25 K FOR TRAVEL AND OTHER EXPENSES RELATED TO THE PRIME COORDINATING FUNCTION.

ACTION II Portal

AHRQ will develop and maintain an ACTION II portal to enhance collaborative efforts for all ACTION partnerships. The portal will include tools to support dialogue and collaboration, such as web conferencing capability, provision of collaborative work spaces, technical assistance request processes, online reporting and assessment, a suggestion box and threaded discussion lists. The portal will serve as an avenue for communication between Task Order Officers or other ACTION II staff, and contractors. The portal may be used to host teleconferences or webinars to solicit input or feedback from ACTION II members or to provide members with technical support or information updates. External task order funders or co-sponsors may have the opportunity to communicate with ACTION II members through the portal as well.

ACTION II Partnerships will play an active and continuing role in creating and updating a comprehensive knowledge repository to be housed on the ACTION II portal. This data bank will contain profiles with contact information for each ACTION II Partnership, as well as documents and resources of interest to members (e.g. relevant literature, tools, products, health data resources, evaluation instruments, templates, project management resources).
, for example: contact information for partnership members, profiles for each of these members, a library of ACTION II-related templates and examples of documents, relevant published literature, and a calendar of events of interest.

AHRQ will provide technical staff to operate and maintain portal software applications. The portal will maximize security and data privacy.

Technical Assistance

On a case by case basis, technical assistance will be available to ACTION II Partnerships for:

1. OMB clearance package development
2. Adherence to 508 compliance and web product requirements for all electronic deliverables
3. Dissemination, communication and marketing for selected deliverables intended for public release

1. OMB Clearance Package Development

Office of Management and Budget (OMB) clearance is an outgrowth of the Paperwork Reduction Act of 1995. It was designed to minimize the burden that data collection activities might have on the public and to ensure the quality and utility of the information collected.

OMB clearance is used interchangeably with ICR Clearance (Information Collection Request Clearance) or PRA Clearance (Paperwork Reduction Act Clearance).

OMB Clearance is needed for all federal contract research if any data collection activities involve ten or more respondents for whom the questions are standardized in nature. This includes any instances where an interview schedule composed of a set of core questions will be used for 10 or more subjects, even if it is modified for subgroups of nine or fewer interviewees (e.g. doctors vs. nurses, managers vs. front-line employees). These data collection activities include research project surveys, interviews, questionnaires, epidemiology studies, health risk factor assessments, and evaluations. Institutional Review Board (IRB) Clearance and OMB Clearance are two separate clearances. Having one of the two clearances does not negate the need for the other.

The normal OMB Clearance process currently takes approximately 7-9 months from beginning to end. More details about the timeline are available at http://www.os.dhhs.gov/ocio/policy/collection/infocollectiontimeline.html. An OMB Clearance Package includes a number of documents and processes. These include:

a. 83-I: A Form that provides a listing of the information required under the Paperwork Reduction Act, of which copies are submitted with each package to be reviewed by OMB.

b. Supporting Statement: The supporting statement consists of two parts and follows a standard format. Section A provides the justification for the proposed data collection activity and Section B outlines the statistical methods and design. The supporting statement is generally prepared by the group contracted to conduct the research on behalf of AHRQ.

c. Attachments: Any additional materials supporting the proposed data collection or instruments that will be used as part of the study are included as attachments, such as data collection instrument(s); a copy of the Federal Register Notice; a copy of instructions or letters sent to respondents describing the study; a copy of applicable sections of laws or regulations regarding the data collection (may not be applicable); and a list of consulted individuals (if a focus group or expert panel was consulted during the development of the data collection instrument).

ACTION II Partnerships must comply with OMB Clearance for task orders whenever applicable (see Requirement #12 in SOW). Thus, each ACTION II Partnership will be required to identify an individual or small team within the lead Partner organization to be responsible for ensuring that such federal requirements are met and coordinating all activities associated with doing so.

Some Partnerships already may have the required expertise within their project team to obtain OMB Clearances and may not require additional technical assistance. In such cases, the contractor must include in task order proposals evidence of that expertise within the project team and demonstrated success in fulfilling any such requirements related to the proposed work. If the team does not have the required expertise, it can request to subcontract for the expertise, using task order award funds, through a pre-arranged AHRQ contractor. Arrangements to work with the subcontractor to develop the OMB Clearance package shall be included in the technical proposal and the cost of the subcontract shall be included in the cost proposal for the task order in question. That is to say, whether the proposal team requests a subcontractor through AHRQ or supplies the expertise itself, technical proposals will be required to include details on how these needs will be met and by

whom, and cost proposals will be required to include associated personnel hours, other resources and costs.

2. Adherence to Section 508 Compliance and Web Product Requirements

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).

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 - including text, audio or video - 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.

All contractors and subcontractors 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 as codified in 36 CFR Part 1194, and where applicable, those set forth in the Federal Acquisition Regulation (FAR) and the HHS Acquisition Regulation (HHSAR). Remediation of any materials that do not comply with all necessary accessibility standards shall be the responsibility of the contractor or consultant retained to produce the Web-suitable content or communications material. 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 for Section 508 Compliance:

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.

Some Partnerships already may have the required expertise within their project team to meet these federal requirements for electronic products and may not require additional technical assistance. In such cases, the contractor must include in task order proposals evidence of that expertise within the project team and demonstrated success in fulfilling any such requirements related to the proposed work. If the team does not have the required expertise, it can request assistance from AHRQ's Section 508 Technical Assistance Center (www.ahrw.gov/508tac/tacover.htm). The Center's web page includes a menu of services and the charges related to each requested service. Services include: conversion and remediation of developed, non-compliant products, training and education, and consulting and expert services. If a Partnership plans to avail itself of specific Section 508 Technical Assistance Center services, the technical task order proposal shall include information on necessary tasks to be accomplished via a subcontract with Section 508 Technical Assistance Center staff; the cost of the required services shall be included in the cost proposal.

In addition to assistance with adherence to Section 508 of the amended Rehabilitation Act, the Center can assist with website usability of task order products, and other HHS and federal regulations regarding management, privacy and security of IT systems, and/or designing websites and creating website graphics. Technical assistance will be available for ACTION II contractors that need help to support evolving user needs for electronic products, or improved system administration, performance, search, navigation and usability for such products. In addition, technical assistance may include development of websites and other electronic products that are in full compliance with all relevant sections of the Americans with Disabilities Act (ADA). In addition to the Section 508 compliance Web resources provided above, information on accessibility can be found at:

- www.access-board.gov/508.htm
- www.usability.gov

4. Dissemination, Communication and Marketing

Simply providing information to potential users is insufficient to generate substantial rates of actual use of the information by specific target audiences. A key to successful implementation in health care delivery is to more closely link researchers, users and other decision makers to ensure both the usefulness of information generated and the actual use of that information in practice. The literature suggests that actual use of research increases when:

- The research findings meet the expressed needs of the target audience
- Short-term and long-term information-sharing relationships and networks are created between researchers and target audiences
- An integrated set of strategies and tactics, specifically designed to support practical use of research, is employed over a substantial period of time.

For ACTION II project results considered by AHRQ to merit further investment in dissemination, communication and marketing, technical assistance from AHRQ's Office of Communication and Knowledge Transfer (OCKT) may include, but is not limited to:

- creation of varied and appropriate dissemination products and vehicles
- assistance in determining the most appropriate target audiences and the content needs of those audiences

- performing and promoting website marketing and dissemination; and/or convening technical expert panels and meetings
- identifying, conducting, preparing and delivering educational activities, teleconferences and webinars
- identifying opportunities for collaboration and sharing of ideas, approaches, best practices and lessons learned across AHRQ grantees, contractors and project initiatives, and coordinating and facilitating identified common activities and interests across these efforts where cost-effective
- providing assistance in use of health information exchanges, IT networks, connectivity, hardware, software, interoperability and standards
- designing and offering special, limited technical assistance engagements, to meet the needs of regional AHRQ partners, stakeholders and others in their project efforts.
- Reviewing awardee final reports and findings, providing summaries of key findings, lessons learned and best practices identified while providing technical assistance.
- devising adoption strategies that can be readily accepted and are likely to be sustained. Examples may include issue papers, briefs, implementation stories, podcasts, Webinars, etc.

The value of task order deliverables for intended audiences it is not always known with certainty in advance. As such, this level of dissemination, communication and marketing activity is not necessarily expected to be included in a task order proposal. However, if AHRQ deems that additional dissemination, communication and marketing for a specific deliverable is likely to have potential value, the Partners involved will be expected to work collaboratively with OCKT staff to – at a minimum - familiarize them with the features, benefits and limitations of the task order deliverables in question.

APPENDIX 4

Characteristics of Partnership's Health Care Systems and Recipients of Health Care

(Matrices to be completed and submitted with Technical Proposal)

Recipients of Care *

Name of Partner/Collaborator	Total # of Persons Served	# Medicare	# Medicaid	# Commercial	# Uninsured	# Other	# Rural	# Racial/Ethnic Minority	# Under Age 18	# Over Age 65
Add lines as necessary										

Delivery System Settings and Providers *

Name of Partner/Collaborator	# and Size of Acute Inpatient Facilities	# and Type of Outpatient Practices / Clinics	# and Size of Nursing Homes	# and Size of Home Health Agencies	# and Size of Dental Facilities	# and Size of Other Facilities (add columns as necessary)	# MDs	# Nurses	# Other Providers (specify type)
Add lines as necessary									

***** numbers should represent current or most recent year available, not the overall number who have ever been included.

Location of Partners and Collaborators by City and State

Name of Partner / Collaborator	**Headquarters City**	**State**
Add lines as necessary		

APPENDIX 5

Partner Reach and Influence for AHRQ Target Audiences

Use the matrix below to provide the best examples you have for Partners in your Partnership who are in a position to reach and influence, or have already reached and influenced, specific AHRQ target audiences. If possible, indicate specific methods/vehicles/ mechanisms that could be or have been used to reach/influence these audiences.

Target Audience*	Partner	Brief Description of Potential or Past Reach/Influence**	Methods, Vehicles, Mechanisms
Add lines as necessary			

* be as specific as possible in identifying target audiences: name clinical, health care provider, purchaser/business, policy, or consumer/patient decision-makers

** Differentiate between potential and past reach/influence

APPENDIX 6

Proposal Requirements Checklist/Page Locator

Instructions: Please indicate the page numbers in your proposal on which each of the following requirements is addressed. This Table will help you make sure that your proposal is complete. It will assist the proposal reviewers with their review.

Requirement	Page Numbers
Exhibits a clear understanding of the task order contracting mechanism (and how it differs from a grant)	
• identifies potential challenges and benefits to the partnership and to AHRQ and describes how challenges may be managed or resolved	
• provides evidence of past experience in working as a contractor	
Demonstrates clear understanding of practice-based implementation research	
• understanding is based on a proven track record	
Overall Partnership Characteristics	
• partnering organizations are identified and reasons for inclusion are cited	
• specific capacities and expected contributions are cited	
• provides evidence of past experience of collaboration with partnering organizations	
• indicates awareness of challenges and benefits of collaborations across diverse organizations, areas of expertise, and/or geographic sites	
• indicates ability to flexibly and expeditiously respond to unanticipated needs for additional expertise, staffing or other resources (e.g. experience in forging partnerships or collaborations on a new topic in a compressed time frame)	
Capacities of Partnering Organizations to Support Research	
• provides evidence of capacity to support/conduct practice-based implementation research	
• provides evidence of infrastructure for conducting quantitative and qualitative implementation research	
• provides evidence of past high quality implementation research findings, products, outcomes	
• discuses experience with implementation research problems or challenges and attempted solutions to the problems	
Partnership Data Collection and Analysis Capabilities	
• provides evidence of ability to identify, access or collect, and successfully manipulate	

data needed to support practice-based implementation research.	
• adequately describes quality, integration, size and diversity of databases and information systems	
• describes issues of data comparability and compatibility	
Qualifications of Key Personnel	
• provides evidence of the necessary education/expertise/skills for conducting practice-based implementation research (e.g. for the Partnership Director and the types of staff that are needed for that particular Partnership's core business, which might include project managers, evaluators, or experts in fields such as methods, care management, communications, data analysis, etc.).	
• provides evidence of personnel expertise with specific qualitative and quantitative implementation research methods	
• provides evidence of past experience with conducting implementation research and contributions to the field	
Project Management Capabilities	
• provides evidence of ability to manage large, multidisciplinary implementation projects involving collaboration with a variety of clinical, academic/research, and management professions across multiple and diverse sites	
• indicates a proven track record in the management of equally large and complex endeavors	
• discusses methods to be used to ensure smooth communication, coordination and oversight; quality assurance; timely reporting; a high level of responsiveness to AHRQ needs and concerns	
• identifies individual/s who must ensure compliance with relevant federal laws or regulations	
• describes all planned subcontracting and consulting relationships	
• provides evidence of past experience with completing complex implementation research within a short time frame (18 -30 months)	
Dissemination capabilities	
• provides evidence of past performance in successfully reaching specific target audiences (Appendix 5)	
• describes specific methods/vehicles/ mechanisms used to reach these audiences (Appendix 5.	
• provides evidence of expertise, capacity, or experience with dissemination or knowledge transfer or description of plans to subcontract for these functions	
Evidence of commitment and engagement from organizations and leaders	
• provides signed letters of commitment from operational leaders	
• provides evidence of commitment of in-kind resources from member organizations	
Evidence of specific interest in and capacities to address AHRQ's research priorities as reflected in	

its Portfolios	
Evidence of service to priority populations (Appendix 4	